Year 3 Evaluation
Health Promoting Schools Coordinator Initiative

FINAL REPORT

Submitted by:

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Executive Summary

Project Description

The Health Promoting Schools (HPS) Coordinator Initiative is a core strategy adopted by Interior Health as part of its Healthier Schools, Healthier Students Three Year Implementation Plan. The purpose of the HPS Coordinator Initiative is to promote and support “Health Promoting Schools” within School Districts, as defined by the 6 pillars of the health promoting schools approach (comprehensive school health): Social Environment; Physical Environment; Teaching & Learning; Healthy School Policy; Partnerships; and, Services.¹ The language referring to the pillars of comprehensive school health has changed in the past 3 years. Social and Physical Environment are now one pillar and Partnerships and Services are one pillar; there are therefore 4 pillars supporting comprehensive school health.

With a grant budget of $330,000 in year one (2010 – 2011) of this 3 year Initiative, Interior Health supported 11 School Districts in hiring HPS Coordinators who were expected to implement 8 areas of activity to achieve 12 deliverables (indicators of success) aligned with the 6 pillars.

An evaluation² was approved to take place in 2 phases: at the end of Year 1, an assessment as to whether the Initiative was being implemented as intended; and at the end of year 3, an assessment of the Initiative’s impact as of June 2013.

The Year One Evaluation Report confirmed the 11 HPS Coordinators achieved the 12 deliverables in their school districts.

Purpose of Evaluation

The purpose of the Year 3 evaluation is to examine the impact of the HPS Coordinator Initiative in 3 areas: Teaching and Learning; Healthy School Policy; and Partnerships. As the Province recently adopted an Evaluation Plan for the Healthy Families BC Schools (HFBC) Initiative³, it was decided to incorporate that Plan’s relevant evaluation questions of as part of this evaluation. This report summarizes the evaluation findings for the 11 School Districts which were part of the Year 1 evaluation.

Key Findings with Respect to the Evaluation Questions

Evaluation Question 1: Impact of the HPS Coordinator on Teaching and Learning & on Capacity Building - Knowledge Exchange & Skill Development

The HPS Coordinator Initiative has increased the ability of teachers to deliver curriculum and access resources. The Initiative also contributed to increasing the ability of schools to support improvements in levels of physical activity, healthy eating and school connectedness among students. However the gains are not equal among the 3 areas. Survey results indicate the greatest impact has happened in the area of healthy eating; followed by physical activity and lastly by social connectedness.

Evaluation Question 2: Impact of the HPS Coordinator on Healthy School Policy

² Health Promoting Schools Coordinator Initiative Evaluation Plan, February 2, 2010 was prepared by Geeta Cheema.
³ Launched in May 2011, the HFBC Initiative is to a large extent based on the IHA’s HPS Coordinator Initiative and includes partnerships and Health Authority support.
Principals are engaged in implementing Healthy School policies and practices in their schools and know they can ask the HPS Coordinator for assistance if they need it. The policies and practices that have worked well tend to be the area of healthy eating. 92% of all Principals who responded to the survey were involved in delivering the BC Fruit and Vegetable Program in their schools.

**Evaluation Question 3: Impact of the HPS Coordinator on Partnerships and Health Authority Supports**

The HPS Coordinator Initiative has had a positive impact on School District partnerships and on the creation of School District Health Committees. However most Interior Health staff did not believe the HPS Initiative has enabled them to be more effective in supporting the education sector to implement healthy school activities.

**Evaluation Question 4: Assessment, Planning & Implementation Tools and Resources**

64% of School Districts have one or more schools with Healthy School Action Plans. 50% of the 8 School Districts who completed a Health Assessment used the Action Schools BC Assessment Tool. The role of the HPS Coordinator in assisting with the School Health Assessment or Healthy School Action Plan ranged from asking schools to do an assessment to being the facilitator of the process using the assessment results to build the “Comprehensive School Health Plan”.

**Evaluation Question 5: Benefits to School Districts from Participation in Initiative**

*Increased awareness* of importance of physical activity & healthy eating among students, teachers and parents was identified by School Stakeholder groups as the greatest benefit from their participation in the HPS Coordinator Initiative. Other benefits included access to resources to support school programs and community partnerships. IH staff saw the benefits more around partnership building between IH and the School Districts; or no benefits due to lack of partnerships or collaboration with the School Districts.

**Evaluation Question 6: Lessons Learned**

Involvement of HPS Coordinators at the school level was identified as working well by both Principals and teachers. Having a “point person” within the School District and a “go-to” person for schools to access information on resources and assistance with program development and implementation was seen as working well. Insufficient time for Coordinators to be in schools and for school staff to implement programs was identified as not working well. Unfortunately many local IH staff such as Public Health Nurses do not feel connected to the HPS Coordinator Initiative nor to HPS Coordinators.

**Recommendations**

**Recommendations for Interior Health**

1. Using the 3 year funding model, continue to fund the HPS Coordinator Initiative as it is a very successful partnership between School Districts and Interior Health.

2. Identify barriers to collaboration and partnerships between IH Health Promotion staff (in particular Public Health Nurses) and HPS Coordinators and work with both parties to resolve.
3. Develop a communication plan for disseminating information to IH Health Promotion staff about the HPS Coordinator Initiative in order to improve connections between IH staff and HPS Coordinators.

4. Review how funds to School Districts could be made more equitable so that the number of schools is taken into account.

5. As part of IH’s contract with School Districts, ask School Districts to identify a senior staff member as supervisor for the HPS Coordinator and a Healthy Schools champion in each school who will be the key contact between the HPS Coordinator and the school.

6. Work with School Districts to develop a Healthy Schools Reporting Framework which will enable consistent reporting by schools on health goals and Healthy School Action Plans.

7. Provide School Districts with current information on demographic and health trends and issues which need to be addressed; e.g. obesity, poverty.

8. Building on the gains made in the area of healthy eating, the Healthier Schools, Health Students Advisory Committee should identify strategies and programs which HPS Coordinators could use within their School Districts to achieve improvements in physical activity and school connectedness among students.

**Recommendations for School Districts & HPS Coordinators**

1. Examine ways to increase the Coordinator’s time with individual schools.
   - Principals and Teachers identified this as their #1 recommendation for improvement.

2. Identify a Healthy Schools Champion in each school who could be the contact person for both HPS Coordinator and IH staff.

3. Support the HPS Coordinator Supervisor to attend HPS Coordinator Forums and in being a champion for Comprehensive School Health in the School District.

4. Require all schools to have a health goal.

5. Work with IH School Engagement Educator to develop a Healthy Schools Reporting Framework which will enable consistent reporting by schools on their health goals and Healthy School Action Plans.

6. Include improving student health as part of the School District’s 3 year Strategic Plan.

**Recommendations for Ministry of Education**

1. Improve the messaging to School Districts about the benefits of Healthy Schools such as improved student learning, less absenteeism, and more successful students.
2. As part of the annual review of Achievement with School District Superintendents, include a review of Comprehensive School Health.

I. Introduction

The Health Promoting Schools (HPS) Coordinator Initiative is a core strategy adopted by Interior Health as part of its Healthier Schools, Healthier Students Three Year Implementation Plan. The purpose of the 3 year HPS Coordinator Initiative is to promote and support “Health Promoting Schools” within School Districts, as defined by the 6 pillars of the health promoting schools approach (comprehensive school health): Social Environment; Physical Environment; Teaching & Learning; Healthy School Policy; Partnerships; and, Services.4

As the HPS Coordinator Initiative is unique in Canada, the Healthier Schools – Healthier Students Advisory Committee recommended an evaluation of the Initiative in order to support accountability, learning and quality improvement as well as to inform decision-making by IH and by participating School Districts. An evaluation5 was therefore approved to take place in 2 phases: at the end of Year 1, an assessment as to whether the Initiative was being implemented as intended and opportunities for improvement; and at the end of year 3, an assessment of the Initiative’s impact as of June 2013.

The conclusions of the Year 1 Evaluation, conducted by this consultant, were as follows:

*Based on the evaluation findings, it can be concluded that the Health Promoting Schools Coordinator Initiative is being implemented as planned. In addition, School District representatives expressed a great deal of appreciation for the funding partnership with Interior Health as the additional resources have helped them move towards the comprehensive school health approach within their District.*

This report summarizes the evaluation findings with respect to the Year 3 Evaluation Questions6 which examine the impact of the HPS Coordinator Initiative on the 11 School Districts funded by Interior Health over the 3 year period and who were part of the Year 1 evaluation.

II. Description of Health Promoting Schools Coordinator Initiative

The Health Promoting Schools (HPS) Coordinator Initiative is one component of the Healthier Schools, Healthier Students project which recommends a comprehensive approach and specific strategies with respect to how IH staff work with schools to promote health. A logic model (see Appendix A) outlines the 3 key components of its approach:

1. **The HPS Coordinator Initiative**: to build the capacity of School Districts to use the health promoting schools approach;
2. **Knowledge Exchange**: to build the capacity of IH staff to use the health promoting schools approach; and
3. **Coordination**: to ensure the effectiveness of IH services to schools.

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5 Health Promoting Schools Coordinator Initiative Evaluation Plan, February 2, 2010 was prepared by Geeta Cheema.
6 See Evaluation Methodology; p. 8 for evaluation questions.
The Health Promoting Schools (HPS) approach used by Interior Health is one developed by the Joint Consortium for School Health which includes 6 pillars defined as follows⁷:

1. **Social Environments**: the quality of the relationships among and between students and staff in the school; the emotional well-being of students.

2. **Physical Environments**: includes the buildings, grounds, play space and equipment in and surrounding the school; sanitation and cleanliness.

3. **Teaching and Learning**: resources, activities and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and well-being.

4. **Healthy School Policy**: management practices, decision-making processes, rules, procedures and policies at all levels that promote health and well-being and shape a respectful, welcoming and caring school environment.

5. **Partnerships**: the connections between the school and students’ families; supportive working relationships within schools, between schools, and between schools and other community organizations and representative groups; health, education and other sectors working together to advance school health.

6. **Services**: community and school based services that support and promote student and staff health and well-being.

The HPS Coordinator Initiative was designed to support school districts in implementing the HPS approach through a unique funding partnership. With a limited grant budget of $330,000 and a small IH project team, Interior Health enabled 11 School Districts to hire part-time or full-time Coordinators through contributing in-kind resources and other funds during year 1. In exchange for receipt of IH funds, the 11 HPS Coordinators were expected to produce 12 deliverables related to 8 areas of activity linked to the implementation of the 6 HPS pillars. The 8 areas of emphasis and 12 deliverables (in italics) are defined as follows⁸:

1. **Building Partnerships**: identifying and bringing together stakeholders in support of HPS.
   
   i. *Coordinator ensures School District health committees / working groups are in place and are composed of students, teachers, parents, school administrators, SD administrators, trustees, Interior Health staff, and community organizations.*

2. **Disseminating Evidence**: communicating to the school community evidence/best practice that will inform health promotion knowledge, planning and action.

   ii. *Coordinator has developed a communications strategy for disseminating best practice information to key audiences.*

3. **Linking to Resources**: enhancing access to resources that support health promotion knowledge, planning and action.

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⁷ Ibid. p.10. It should be noted the Joint Consortium for School Health model actually uses 4 pillars as: Social and Physical Environments and Partnerships and Services are combined. Many School Districts use this language. However IH uses 6 pillars in its Comprehensive School Health framework.

Coordinator is familiar with key school health resources such as provincially funded and recommended resources (e.g., BC Healthy Schools Network, Action Schools! BC, McCreary Adolescent Health Survey), including how to access them and how to apply them to planning and action.

Coordinator has an established a connection to IH staff providing services to schools.

4. **Teaching**: providing in-service training to members of the school community.

v. Coordinator provides a presentation on the application of the HPS approach to school principals.

vi. Coordinator provides a professional development workshop for teachers on the application of the HPS approach.

5. **Consulting**: recommending approaches to HPS; facilitating problem solving and decision making.

vii. School principals perceive the Coordinator as a credible, valuable source of expertise and assistance.

6. **Planning**: identifying priorities and developing plans for activities, initiatives and strategies in support of HPS.

viii. Coordinator is working with a SD health committee to develop strategies in support of Health Promoting Schools.

ix. Coordinator supports schools’ health assessment through the use of the Joint Consortium for School Health tool.

7. **Advancing Policy**: supporting development, interpretation and implementation of HPS policies.

x. Coordinator is involved in supporting implementation of policies related to health – e.g., nutrition, physical activity, tobacco, health promotion policy.

xi. Coordinator ensures that, when policy development occurs in School Districts, it involves participation of School District health committees / working groups, composed of students, teachers, parents, school administrators, SD administrators, trustees, Interior Health staff, and community organizations.

8. **Monitoring & Evaluating**: participating in HPS evaluation activities.

xii. Coordinator actively participates in IH’s evaluation of the HPS Coordinator initiative, including facilitating data collection and providing interim and year end reports.

Although the outcome for the HPS Coordinator Initiative is to promote and support Health Promoting Schools settings within school Districts as defined by the six pillars of the Health Promoting Schools (HPS) approach; the HPS Coordinator Initiative was designed to allow flexibility in how School Districts achieved this outcome. The funding program recognizes each School District has a unique culture, different student population characteristics and health needs, and therefore different priorities for action. As well, each school district covers very different geographic areas ranging from rural to urban requiring Coordinators to use different approaches to working with schools.

The Year One Evaluation Report confirmed the eleven HPS Coordinators achieved the 12 deliverables in their school districts and made the following recommendations for years two and three of the HPS Coordinator Initiative:

**Recommendations for Interior Health Community Integration**

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1. It is recommended the Interior Health Community Integration Leadership Team develop a plan to achieve the following objectives contained in the Year One Implementation Plan\(^\text{10}\) for the Healthier Schools, Healthier Students project:

- Develop and support an IH school level lead role including the following:
  - Clarify role expectations including the completion of their assigned school assessments as part of their work with schools,
  - Role to include support for implementation of school health needs assessment at the individual school level\(^\text{11}\),
  - Develop support resources for role, and
  - Provide training to carry out lead role

- Align IH services and supports to schools to the Comprehensive School Health approach; and
- Align IH services and support to schools with relevant Public Health Core Functions.

2. It is recommended Interior Health continue to maintain a Project Lead position to provide overall guidance and assistance to HPS Coordinator Initiative and furthermore, that IH continue to fund professional development opportunities which bring HPS Coordinators and Supervisors together for learning and sharing sessions.

3. It is recommended Interior Health consider an increase in funding to school districts to cover the cost of teachers attending professional development workshops on the health promoting school approach.

**Recommendations for Health Promoting School Coordinators**

1. It is recommended HPS Coordinators and their Supervisors implement a structure/process which enables regular communication and dialogue with Principals and Senior Administrators on progress in implementing the Health Promoting Schools Coordinator Initiative.

2. It is recommended HPS Coordinators work with and support school principals as well School District representatives to implement a school health needs assessment using the revised provincial school assessment tool.\(^\text{12}\)

**III. Evaluation Methodology**

**Purpose of Evaluation**

The Healthier Schools, Healthier Students Advisory Committee included a strategy to evaluate the HPS Coordinator Initiative as part of their Healthier Schools, Healthier Students Three Year Implementation Plan. An Evaluation Plan was therefore developed and subsequently approved. It outlines a 2 stage evaluation: a

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\(^{10}\) Interior Health's *Healthier Schools, Healthier Students Implementation Plan Year 1: July 2010 – June 2011 (Revised)*, August 30, 2010.

\(^{11}\) The Evaluator has been advised that the Province will be requiring Health Authorities to support school districts in implementing needs assessments.

\(^{12}\) The Evaluator has been advised that DASH BC may be recommending a province wide assessment tool.
process evaluation which examined the implementation of the Initiative at the end of Year 1; and an outcome evaluation which examines the impact of the Initiative after Year 3.

The purpose of the evaluation is to determine in what ways and to what extent the HPS Coordinator initiative has been effective in supporting the establishment and/or further development of Health Promoting School settings in funded School Districts.\(^\text{13}\)

Three audiences and uses for evaluation findings were identified\(^\text{14}\):

1. Leadership within IH Promotion and Prevention and Mental Health and Substance Abuse program areas and within funded School Districts.
   - Improvements to the HPS Coordinator service, as well as to inform future planning and budgeting for IH’s work in school health.

2. Staff within IH, addictions agencies, and teachers, support staff and district Parent Advisory Councils from funded School Districts
   - Primarily serving a learning function – e.g., learn about the initiative and about health promotion.

3. Other organizations who may be interested in the evaluation results, including non-funded School Districts, the Ministry of Education, and provincial and national associations that promote school health.

Evaluation Questions

The Year 3 Evaluation Questions outlined in the Initiative’s Evaluation Plan are as follows:

**Year 3: Impact of the HPS Coordinator Initiative**

4. How effective was the HPS Coordinator initiative in advancing “Teaching and Learning”?  
5. How effective was the HPS Coordinator initiative in advancing “Healthy School Policy” in School Districts? What are newly developed policies about? Are the policies being implemented?  
6. How effective was the HPS Coordinator initiative in developing and engaging “Partnerships” at the School District level?\(^\text{15}\)

In consultation with the Interior Health Lead for the HPS Coordinator Initiative, the evaluation questions have been reformulated to make them easier to answer by increasing their specificity and therefore measurability. In addition, as the Province has recently adopted an Evaluation Plan for the Healthy Families BC Schools (HFBC) Initiative\(^\text{16}\), it was decided to incorporate that Plan’s relevant evaluation questions as part of this evaluation.

The reformulated evaluation questions are as follows:

1. **Impact of the HPS Coordinator on Teaching and Learning:**

Did the HPS Coordinator initiative increase the ability of teachers to deliver curriculum and to access resources which support improvements in physical activity, healthy eating and school connectedness levels among students? What factors facilitated or prevented HPS Coordinators in being successful?

**Capacity Building - Knowledge Exchange & Skill Development**

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\(^\text{13}\)Health Promoting Schools Coordinator Initiative Evaluation Plan, February 2, 2010; p.3.  
\(^\text{14}\)Ibid.  
\(^\text{15}\)Ibid. p. 4.  
\(^\text{16}\)Launched in May 2011, the HFBC Initiative is to a large extent based on the IHA’s HPS Coordinator Initiative and includes partnerships and Health Authority support.
1.1 Were schools better able to provide supports to improve student physical activity, healthy eating and school connectedness levels? Were there improvements in physical activity, healthy eating and school connectedness levels among students? 17

1.2 Were the key priorities identified by schools in their school health needs assessments addressed adequately and appropriately?

2. Impact of the HPS Coordinator on Healthy School Policy:

Did the HPS Coordinator initiative increase the engagement of Principals in implementing Healthy School policies and practices in their schools? What are some examples of Healthy School policies and practices that worked well? What factors facilitated or prevented HPS Coordinators in being successful?

3. Impact of the HPS Coordinator on Partnerships:

Did the HPS Coordinator initiative increase the ability of School District Health Committees to engage a cross section of school community members and community agencies, such as Interior Health, in promoting comprehensive school health? What are some examples of partnerships which worked well? What factors facilitated or prevented HPS Coordinators in being successful?

Partnerships and Health Authority Supports

3.1. Do School Districts believe they are receiving sufficient improved support from Interior Health in planning and implementing healthy school initiatives using a Comprehensive School Health approach?

3.2. Do Interior Health staff believe they are better able to support the education sector? Have they been able to participate in their School Districts’ school health assessment, planning, implementation and evaluation activities? 18

4. Assessment, Planning & Implementation Tools and Resources

What percent of School Districts/schools have completed Healthy Schools Action Plans and which tool was used? 19 What role did the HPS Coordinator play?

5. Benefits to School Districts from Participation in Initiative

Have the School Districts who participated in the Health Promoting Schools Coordinator Initiative benefited from their participation and if so, what have been the key benefits?

6. Lessons Learned: What are the lessons learned re what worked well and what did not?

7. Recommendations for Improvement: What are the recommendations for improvement?

Data Collection and Analysis

The data collection strategy approved for the Year 3 evaluation is patterned after the strategy outlined in the Healthier Schools, Healthier Students Advisory Committee’s Evaluation Plan. However due to budget limitations, interviews were not conducted with all 11 HPS Coordinator; rather a focus group was held with

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17 Healthy Families BC Schools – Evaluation Plan (Draft May 1, 2012), Ministry of Health/Ministry of Education; p. 32
18 Ibid. p. 31
19 Ibid. p. 32
Coordinators and key informant interviews were conducted with 3 Coordinators and 3 Senior Administrators. As well an on-line survey of IH Health Promotion staff (Public Health Nurses; Community Nutritionists) was conducted. See Appendix B for a copy of the Consultant's proposal which outlines the plan for data collection and analysis used for this evaluation.

IV. Evaluation Findings

The evaluation findings are presented below in relation to the Year 3 Evaluation Questions approved by IH.\(^\text{20}\)

**Evaluation Question 1: Impact of the HPS Coordinator on Teaching and Learning & on Capacity Building - Knowledge Exchange & Skill Development**

1.1. *Did the HPS Coordinator Initiative increase the ability of Teachers to deliver curriculum and to access resources which support improvements in physical activity, healthy eating and school connectedness levels among students? What factors facilitated or prevented HPS Coordinators in being successful?*

1.2 *Were schools better able to provide supports to improve student physical activity, healthy eating and school connectedness levels? Were there improvements in physical activity, healthy eating and school connectedness levels among students?*

1.3 *Were the key priorities identified by schools in their school health needs assessments addressed adequately and appropriately?*

**Conclusion**

The HPS Coordinator Initiative has increased the ability of teachers to deliver curriculum and access resources. The Initiative also contributed to increasing the ability of schools to support improvements in levels of physical activity, healthy eating and school connectedness among students. However the gains are not equal among the 3 areas. Survey results indicate the greatest impact has happened in the area of healthy eating; followed by physical activity and lastly by social connectedness.

1.1. *Did the HPS Coordinator Initiative increase the ability of teachers to deliver curriculum and to access resources which support improvements in physical activity, healthy eating and school connectedness levels among students? What factors facilitated or prevented HPS Coordinators in being successful?*

**Discussion of Findings**

The teachers’ survey demonstrated that survey respondents knew who the HPS Coordinator is for their school district\(^\text{21}\) as well as what their role is. 97% agreed (83% strongly) *I am able to ask the HPS Coordinator for assistance when I need it.*

Table 1 presents results of the Coordinator survey regarding support to teachers for lesson plans. Seven of the 11 Coordinators helped teachers with their lesson plans; only 5 Coordinators helped with accessing

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\(^{21}\) Teacher Survey – 99 % agreed:
resources. Results of the teacher survey corroborated these results with 88% of respondents agreeing that *Our HPS Coordinator has helped me access resources to support my lesson plans and helped me add health promoting programs or activities to my lesson plans.*\(^{22}\) Coordinators were also seen as being very familiar with *key school health resources* such as provincially funded and recommended resources (*e.g.* BC Healthy Schools Network, Action Schools BC!) including how to *access them and how to apply them to lesson plans*\(^{23}\).

7 of the Coordinators provided a professional development workshop for teachers on applying the Comprehensive School Health approach. Again these results were corroborated by teachers who were surveyed with 96% agreeing. However only ¾ of the Principals surveyed agreed and ¼ disagreed. These Principals were probably involved with school Districts were 4 of the Coordinators had not yet planned workshops.

1.2 *Were schools better able to provide supports to improve student physical activity, healthy eating and school connectedness levels? Were there improvements in physical activity, healthy eating and school connectedness levels among students?*\(^{24}\)

### Discussion of Findings

Results of the surveys of teachers and principals are shown in Table 2.

<table>
<thead>
<tr>
<th>Teachers Survey (TS)</th>
<th>% Agreed</th>
<th>% Disagreed</th>
<th>% Agreed</th>
<th>% Disagreed</th>
<th>% Agreed</th>
<th>% Disagreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The HPS Coordinator Initiative has contributed to our school’s ability to support student physical activity. (TS: n=56; PS: n=87)</td>
<td>86%</td>
<td>14%</td>
<td>93%</td>
<td>7%</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Principals Survey (PS)</td>
<td>70%</td>
<td>30%</td>
<td>90%</td>
<td>10%</td>
<td>72%</td>
<td>28%</td>
</tr>
</tbody>
</table>

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\(^{22}\) Coordinator Survey results for Question #19; n=83.

\(^{23}\) Teacher Survey – 100 % agreed; Principal Survey 96% agreed.

\(^{24}\) Healthy Families BC Schools – Evaluation Plan (Draft May 1, 2012), Ministry of Health/Ministry of Education; p. 32
The results indicate the strongest gains made in capacity building within schools were in the area of healthy eating where there was unanimity among teachers and Principals regarding the positive impact of the HPS Coordinator Initiative. 26 Principals disagreed the HPS Coordinator Initiative has contributed to our school's ability to support student physical activity and 23 Principals disagreed The HPS Coordinator Initiative has contributed to our school's ability to support social connectedness among students.

These strong results for healthy eating were also shown in the classroom where 90% of teachers agreed The HPS Coordinator Initiative has contributed to improving the level of healthy eating among students in my classroom (n=61). Although 85% of respondents agreed The HPS Coordinator Initiative has contributed to improving the level of physical activity among students in my classroom; only 62% agreed The HPS Coordinator Initiative has contributed to improving the level of social connectedness among students in my classroom.

1.3 Were the key priorities identified by schools in their school health needs assessments addressed adequately and appropriately?

**Discussion of Findings**

Results of the surveys of teachers and principals are shown in Table 3.

<table>
<thead>
<tr>
<th></th>
<th>Our HPS Coordinator supported our school in setting the key priorities based in the results of the School Health Assessment (TS: n=40; PS: n=79)</th>
<th>% Agreed Our HPS Coordinator supported our school in addressing the key priorities identified by our School Health Assessment. (TS: n=44; PS: n=81)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Agreed</td>
<td>% Disagreed</td>
</tr>
<tr>
<td>Teachers Survey (TS)</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Principals Survey (PS)</td>
<td>62%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Although there was agreement among the majority of respondents that the HPS Coordinator had assisted in addressing key priorities identified by the School Health Assessment; 23 Principals are in schools where the HPS Coordinator was not active in addressing priorities identified by the School Health Assessment.

**Evaluation Question 2: Impact of the HPS Coordinator on Healthy School Policy**

2.1 Did the HPS Coordinator initiative increase the engagement of Principals in implementing Healthy School policies and practices in their schools? What are some examples of Healthy School policies and practices that worked well? What factors facilitated or prevented HPS Coordinators in being successful?

**Conclusion**

Although there is no baseline to determine whether there has been an increase, Principals are engaged in implementing Healthy School policies and practices in their schools and know they can ask the HPS Coordinator for assistance if they need it. The policies and practices that have worked well tend to be the area...
of healthy eating. 92% of all Principals who responded to the survey were involved in delivering the BC Fruit and Vegetable Program in their schools.

Discussion of Findings

100% of Principals responding to the survey knew who the HPS Coordinator is for their Districts and 96% knew the Coordinator’s role and 97% agreed they were able to ask the HPS Coordinator for assistance if they needed it.  

9 of the 11 Coordinators had given a presentation to principals that described the application of the HPS approach. This was corroborated by Principals; 91% agreed Our HPS Coordinator provided a presentation on the application of the Comprehensive School Health approach to school principals in our district.  

10 of the 11 Coordinators said they had implemented a structure or process that enables regular communication and dialogue with principals and senior administrators on the progress of implementing the HPS Initiative.

Although 92% (See Table 4) of Principals have been involved in implementing health promoting activities in their schools, only 55% of Principals agreed the HPS Coordinator helped me develop and implement policies and practices related to health in my school (e.g. nutrition, physical activity, tobacco, and school connectedness.

Table 4

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>% of Principals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Involved in implementing Health Promoting Schools activities in our school</td>
<td>92%</td>
</tr>
<tr>
<td>2. Involved in implementing Health Promoting Schools activities at a district level</td>
<td>13%</td>
</tr>
<tr>
<td>3. Not involved in Health Promoting Schools activities (if not involved end the survey now by clicking “Next” at the bottom of the page and then “Done”)</td>
<td>8%</td>
</tr>
</tbody>
</table>

Table 5 outlines the frequency of activities for each of the 4 pillars of Comprehensive School Health that Principals have been engaged in as part of the Health Promoting Schools Coordinator Initiative during the past 3 years. The Initiative which received the most attention is the BC Fruit and Vegetable Program; 92% of all Principals who responded to the survey.

Table 5

<table>
<thead>
<tr>
<th>Healthy Initiatives that have taken place at schools as part of the Health Promoting Schools Coordinator Initiative during the past 3 years</th>
<th># of Principals engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillar #1 - Teaching and Learning: (n=86)</td>
<td></td>
</tr>
<tr>
<td>1. BC Fruit and Vegetable Program</td>
<td>79</td>
</tr>
<tr>
<td>2. Action Schools BC</td>
<td>37</td>
</tr>
</tbody>
</table>
Healthy Initiatives that have taken place at schools as part of the Health Promoting Schools Coordinator Initiative during the past 3 years

<table>
<thead>
<tr>
<th>Initiative</th>
<th># of Principals engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Tobacco Awareness</td>
<td>23</td>
</tr>
<tr>
<td>4. Sip Smart</td>
<td>4</td>
</tr>
<tr>
<td>5. SOAR</td>
<td>3</td>
</tr>
<tr>
<td>6. Got Health</td>
<td>2</td>
</tr>
<tr>
<td>7. Farm 2 School</td>
<td>2</td>
</tr>
<tr>
<td>8. Grade 3 Swimming</td>
<td>2</td>
</tr>
<tr>
<td>9. Positive Action Program</td>
<td>2</td>
</tr>
<tr>
<td>Many other programs cited by only one principal: Roots of Empathy; Fun Friends; HACE; etc.</td>
<td></td>
</tr>
</tbody>
</table>

**Pillar #2 - Healthy School Policy: (n=75)**

<table>
<thead>
<tr>
<th>Initiative</th>
<th># of Principals engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nutrition in Schools Policy</td>
<td>32</td>
</tr>
<tr>
<td>2. Smoking on School Grounds Policy</td>
<td>30</td>
</tr>
<tr>
<td>3. Employee Wellness Policy</td>
<td>26</td>
</tr>
<tr>
<td>4. District Healthy Food Sale policy</td>
<td>25</td>
</tr>
</tbody>
</table>

**Pillar #3 Social and Physical Environment: (n=77) In order of frequency where >1:**

<table>
<thead>
<tr>
<th>Initiative</th>
<th># of Principals engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Roots of Empathy</td>
<td>32</td>
</tr>
<tr>
<td>2. Me to We</td>
<td>30</td>
</tr>
<tr>
<td>3. Breakfast for Learning</td>
<td>29</td>
</tr>
<tr>
<td>4. Community School Gardens</td>
<td>20</td>
</tr>
<tr>
<td>5. Friends for Life</td>
<td>19</td>
</tr>
<tr>
<td>6. Circle of Courage</td>
<td>3</td>
</tr>
<tr>
<td>6. Positive Action</td>
<td>3</td>
</tr>
</tbody>
</table>

**Pillar #4 Partnerships and Services [n=64] In order of frequency where >1**

<table>
<thead>
<tr>
<th>Initiative</th>
<th># of Principals engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MCFD = 24 Principals</td>
<td>24</td>
</tr>
<tr>
<td>2. Wheelchair BC/Rick Hanson Foundation</td>
<td>13</td>
</tr>
<tr>
<td>3. Friends for Life</td>
<td>11</td>
</tr>
<tr>
<td>4. BC Heart &amp; Stroke Foundation Jump Rope for Heart</td>
<td>10</td>
</tr>
<tr>
<td>5. DPAC = 9 Principals</td>
<td>9</td>
</tr>
<tr>
<td>6. Terry Fox Foundation</td>
<td>7</td>
</tr>
<tr>
<td>6. RCMP (DARE) = 7 Principals</td>
<td>7</td>
</tr>
<tr>
<td>7. BC Lung - Tobacco Cessation</td>
<td>5</td>
</tr>
<tr>
<td>8. Screen Smart</td>
<td>3</td>
</tr>
<tr>
<td>8. IH Public Health</td>
<td>3</td>
</tr>
<tr>
<td>8. UBC-O Nursing students</td>
<td>3</td>
</tr>
<tr>
<td>8. Big Brothers &amp; Sisters</td>
<td>3</td>
</tr>
</tbody>
</table>

Coordinators were asked what topic areas were covered by health policies. Again Food/Nutrition is the area which has received the most focus followed by physical activity and tobacco reduction.

Table 6

<table>
<thead>
<tr>
<th>Coordinators Survey (n=11)</th>
<th>What topic areas do health policies in your SD cover? (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - My SD does not have health policies</td>
<td>0%</td>
</tr>
<tr>
<td>Food / Nutrition</td>
<td>91%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>73%</td>
</tr>
<tr>
<td>Tobacco Reduction</td>
<td>73%</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>55%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>46%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>73%</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>64%</td>
</tr>
<tr>
<td>Health Promoting Schools</td>
<td>55%</td>
</tr>
</tbody>
</table>
Principals were asked if there were health policies and practices that worked well; 70% of Principals responded yes. The types of policies and practices that worked well and identified by 4 or more for Principals are as follows:

1. Policies & Guidelines: examples included Healthy Food Guidelines; Nutrition in Schools Policy; District Healthy Living Policy (n=11);
2. Distribution of Fruit & Veggies: Fruit & vegetable distribution programs (n=10);
3. Healthy Choices: healthy choices by canteen; lunch programs; litterless lunch n=8);
4. Daily Physical Activities n=6; and
5. Anti-smoking policies & presentations n=4.

Again the predominant area of health policy and practices that work well are in for healthy eating.

One Principal stated that what worked well was “having an active “lead team” of staff working on school based health school initiatives (supported by District leaders, the Health-Promoting Schools District Plan and the Toolkit document – a very useful resource)

Another Principal stated that these activities (Pillar #1) have been around for more than three years. The Coordinator, however, has been instrumental in continuing to promote them. Our coordinator sends out Health Promoting Tips for publication in our school newsletters.

**Evaluation Question 3: Impact of the HPS Coordinator on Partnerships and Health Authority Supports**

3.1 Did the HPS Coordinator initiative increase the ability of School District Health Committees to engage a cross section of school community members and community agencies, such as Interior Health, in promoting comprehensive school health? What are some examples of partnerships which worked well? What factors facilitated or prevented HPS Coordinators in being successful?

3.2 Do School Districts believe they are receiving sufficient improved support from Interior Health in planning and implementing healthy school initiatives using a Comprehensive School Health approach?

3.3 Do Interior Health staff believe they are better able to support the education sector? Have they been able to participate in their School Districts’ school health assessment, planning, implementation and evaluation activities?

**Conclusion**

The HPS Coordinator Initiative has had a positive impact on School District partnerships and on the creation of School District Health Committees. However most Interior Health staff did not believe the HPS Initiative has enabled them to be more effective in supporting the education sector to implement healthy school activities.
3.1 **Did the HPS Coordinator initiative increase the ability of School District Health Committees to engage a cross section of school community members and community agencies, such as Interior Health, in promoting comprehensive school health?** What are some examples of partnerships which worked well? What factors facilitated or prevented HPS Coordinators in being successful?

**Discussion of Finding**

There have been 5 new School District level Health Committees since the start of the HPS Initiative. 88% of Principals agreed *The HPS Coordinator Initiative increased the ability of our School District Health Committee to engage a cross section of school community members (students, teachers, parents, school administrators, SD administrators, and trustees) and community agencies such as Interior Health staff, and community organizations.*

98% of teachers surveyed agreed *Our HPS Coordinator is working with the School District Health Committee to develop strategies in support of Health Promoting Schools.*

![Table 7](image)

**Table 7**

<table>
<thead>
<tr>
<th>Stages of Development</th>
<th>Coordinators Survey (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A SD-level health committee was developed prior to Sept 2010, and its meetings are ongoing</td>
<td>5</td>
</tr>
<tr>
<td>My SD does not yet have a health committee</td>
<td>2</td>
</tr>
<tr>
<td>My SD’s health committee is under development, but we have not yet met</td>
<td>2</td>
</tr>
<tr>
<td>Since Sept 2010, I have formed a SD-level health committee and we have begun regular meetings</td>
<td>2</td>
</tr>
</tbody>
</table>

Most Coordinators involved School District Administrators, Trustees and teachers in policy development. However only 2 Coordinators engaged community agencies and 3 Coordinators engaged Interior Health staff. See Table 8.

**Table 8**

29 Principals Survey Question 3; n=78
30 Teachers Survey Question 5; n=62.
88% of surveyed Principals agreed **The HPS Coordinator ensures policy development involves participation of stakeholder groups such as students, teachers, parents, school administrators, SD administrators, and trustees) and community agencies such as Interior Health staff, and community organizations.**

75% of Principals surveyed stated there were partnerships that worked well in implementing Comprehensive School Health. However when asked to name the partner, no clear themes emerged. Partnerships varied and tended to include those organizations providing programs such as BC Fruit and Veggie program and Heart & Stroke Foundation (Jump Rope for Heart); and organizations providing services such as MCFD and Interior Health as well as nonprofits such as Boys and Girls Club and Big Brothers & Sisters Mentorship.

### 3.2 Do School Districts believe they are receiving sufficient improved support from Interior Health in planning and implementing healthy school initiatives using a Comprehensive School Health approach?

**Discussion of Findings**

98% of teachers and 92% of Principals surveyed agreed **Our HPS Coordinator has established a connection with Interior Health staff (e.g. Public Health Nurses or Nutritionist) providing services to schools.** Furthermore 99% of Principals agreed **when requested, Interior Health staff have assisted us with planning and implementing Healthy School Initiatives.**

Table 9 below identifies the types of IH staff positions contacted by Coordinators. All 11 Coordinators contacted Public Health Nurses and the 2nd most frequently contacted staff position are Community Nutritionists. However most other IH positions were contacted by 4 or fewer Coordinators. The reason for

---

31 Principals Survey Question 3; n=75
32 Principals Survey Question 6; n=81
33 Principals Survey Question 5; n=73
 contacting IH staff tended to be for assistance with program development followed by requests for information or IH services.

Table 9

<table>
<thead>
<tr>
<th>Coordinators Survey (n = 11)</th>
<th>Which Interior Health staff have you contacted since the beginning of this school year? (Sept 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Health Officer(s)</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal Health Staff</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Officer(s)</td>
<td>3</td>
</tr>
<tr>
<td>Dental Health Program Consultant or Dental hygiene Staff</td>
<td>2</td>
</tr>
<tr>
<td>Substance Use Staff</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Staff</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health Promotion Facilitator</td>
<td>3</td>
</tr>
<tr>
<td>Tobacco Reduction Coordinator(s)</td>
<td>3</td>
</tr>
<tr>
<td>Community Nutritionist(s)</td>
<td>10</td>
</tr>
<tr>
<td>Nursing Support Nurse(s) (i.e., children with...</td>
<td>1</td>
</tr>
<tr>
<td>Public Health Nurse(s)</td>
<td>11</td>
</tr>
<tr>
<td>NA - I have not yet contacted any IH staff</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 10

<table>
<thead>
<tr>
<th>Coordinators Survey (n=11)</th>
<th>What are the reasons that you contacted Interior Health (IH) staff since the beginning of this school year (Sept 2012)? (select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable - I have not contacted any Interior Health staff</td>
<td>0.0%</td>
</tr>
<tr>
<td>I wanted information about IH services, or wanted to request an IH service</td>
<td>72.7%</td>
</tr>
<tr>
<td>I wanted information about community services (outside of IH)</td>
<td>36.4%</td>
</tr>
<tr>
<td>I wanted assistance with policy development</td>
<td>18.2%</td>
</tr>
<tr>
<td>I wanted assistance with program development</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

Coordinators were asked about their level of satisfaction with the support received from IH staff in planning and implementing healthy school initiatives using a comprehensive school health approach. Table 11 suggests the majority of Coordinators were mostly satisfied with the support received; while 4 Coordinators were very satisfied. When asked about benefits from their contact with IH staff\textsuperscript{34}, Coordinators cited how helpful IH staff have been in providing support ranging from developing policies to input from community nutritionists and

\textsuperscript{34} Coordinators Survey Question 14; n=11.
public health nurses in delivering specific programs. They greatly value collaboration with local IH staff; as one Coordinator stated:

_They are a key player in school health, from helping formulate policies regarding addressing lice in school, to supporting staff to support students with seizures; they provide the expertise we need to provide the highest quality comprehensive services to children and youth._

### Table 11

<table>
<thead>
<tr>
<th>Coordinators Survey (n=11)</th>
<th>To what extent are you satisfied with the support you have received from Interior Health in planning and implementing healthy school initiatives using a Comprehensive School Health approach?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, I am very satisfied with the support I have received from IH staff</td>
<td>[ ] 0</td>
</tr>
<tr>
<td>In general, I am mostly satisfied with the support I have received from IH staff</td>
<td>[ ]</td>
</tr>
<tr>
<td>In general, I am somewhat dissatisfied with the support I have received from IH staff</td>
<td>[ ]</td>
</tr>
<tr>
<td>In general, I am very dissatisfied with the support I have received from IH staff</td>
<td>[ ]</td>
</tr>
<tr>
<td>NA- I have not yet had contact with any IH staff</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### 3.3 Do Interior Health staff believe they are better able to support the education sector? Have they been able to participate in their School Districts’ school health assessment, planning, implementation and evaluation activities?

**Discussion of Findings**

Although 94% of IH staff responding to the survey know who the HPS Coordinator is for their School Districts, 77% of respondents do **not** believe the HPS Initiative has enabled them to be more effective in supporting the education sector to plan and implement healthy school activities than prior to the HPS Initiative. Similarly 77% of IH staff have **not** participated in their School Districts’ school health assessment. However 61% of IH staff were involved in school health planning activities and provided resources to support comprehensive school health.

Only 48% of IH staff felt supported by IH in working with schools on comprehensive school health and only 53% were clear on their role in supporting comprehensive school health. See Table 12.
Evaluation Question 4: Assessment, Planning & Implementation Tools and Resources

4.1 What percent of School Districts/schools have completed Healthy Schools Action Plans and which tool was used? What role did the HPS Coordinator play?

Conclusion

64% of School Districts have one or more schools with Healthy School Action Plans. 50% of the 8 School Districts who completed a Health Assessment used the Action Schools BC Assessment Tool. The role of the HPS Coordinator in assisting with the School Health Assessment or Healthy School Action Plan ranged from asking schools to do an assessment to being the facilitator of the process using the assessment results to build the “Comprehensive School Health Plan”.

Discussion of Findings

Healthy School Action Plans

\[35\text{ Ibid. p. 32}\]
Seven of the 11 (64%) School Districts have one or more schools with School Health Action Plans and one small School District is working on a District level Health Plan. The number of Schools with Health Action Plans in each School District ranges from one school to all schools.

**School Health Assessments**
Three of the 11 School Districts have completed a School District Assessment. Eight of the 11 School Districts have schools with completed school health assessments ranging from 3 schools to all schools.

**Assessment Tool**
Four of the 8 School Districts schools used the Action Schools BC Assessment Tool and 3 School Districts used the BC Health Schools Network Assessment Tool. Other Assessment Tools included: Joint Consortium for School Health Assessment; Healthy Schools BC Assessment Tool and the SD 23 HPS Planning & Assessment Tool.

<table>
<thead>
<tr>
<th>Table 13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our HPS Coordinator supported our school’s health assessment through use of a school health assessment tool (TS: n=44; PS: n=79)</strong></td>
</tr>
<tr>
<td>% Agreed</td>
</tr>
<tr>
<td>Teachers Survey (TS)</td>
</tr>
<tr>
<td>Principals Survey (PS)</td>
</tr>
</tbody>
</table>

**Role of HPS Coordinator in assisting with School Health Assessment and/or School Action Plans**

As discussed above (see Table 3) there was agreement among the majority of respondents that the HPS Coordinator had assisted in addressing key priorities identified by the School Health Assessment; although there were 23 Principals in schools where the HPS Coordinator was not active in addressing priorities identified by the School Health Assessment.

Coordinators were asked to describe their role in doing the School Health Assessment and/or School Action Plan. The roles played by the Coordinator varied depending on the Coordinator and where the School District and schools were at in the process. The range of responses included the following:

- **18 schools met in October for a health forum. Prior to the forum, schools filled out an assessment and developed or initiated their action plan at the forum.**
- **Hosted a Healthy Schools Summit for all elementary Schools to describe Comprehensive School Health and have schools do an assessment of their school and fill out an action plan for this school year.**
- **Facilitator of the process. - understanding of Comprehensive School Health model, instructions in use of the assessment (results) and support in building the individual school Comprehensive School Health plan.**
Promoted use of assessments to start process in year 1 of initiative; gained support of Superintendent who directed administrators to complete assessment by end of March, 2011; attended assessment session for 3 schools; encouraged development of action plans; followed up on action plan development.

Worked with Student Inquiry teams on training days: do school assessments, develop inquiry questions and formulate action plans.

Develop the plan, coordinate implementation.

Provided assessment choices and contributed to ideas

Sent request via email to schools asking schools to use the Healthy Schools BC assessment tool, with the help of their PHN.

Goal is to put a School Health Committee in place at each school within the District by the end of this school year. 

Evaluation Question 5: Benefits to School Districts from Participation in Initiative

5.1 Have the School Districts who participated in the Health Promoting Schools Coordinator Initiative benefited from their participation and if so, what have been the key benefits?

Conclusion

Increased awareness of importance of physical activity & healthy eating among students, teachers and parents was identified by School Stakeholder groups as the greatest benefit from their participation in the HPS Coordinator Initiative. Other benefits included access to resources to support school programs and community partnerships. IH staff saw the benefits more around partnership building between IH and the School Districts; or no benefits due to lack of partnerships or collaboration with the School Districts.

Discussion of Findings

School District Stakeholder Groups were asked what they considered the 3 most important benefits or outcomes resulting from their participation in the HPS Coordinator Initiative. There was remarkable similarity across the school based stakeholder groups: principals, teachers and coordinators.

<table>
<thead>
<tr>
<th>#1 Increased awareness of importance of physical activity &amp; healthy eating among students, teachers and parents</th>
<th>#2 Access to resources &amp; funding/grants to support school programs</th>
<th>#3 Partnerships with community agencies, including IH</th>
<th>#4 Programs such as sexual health education, after-school programs, and anti-bullying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principals (n=82)</td>
<td>37%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Teachers (n=77)</td>
<td>47%</td>
<td>31%</td>
<td>16%</td>
</tr>
<tr>
<td>Coordinators (n=14)</td>
<td>71%</td>
<td></td>
<td>36%</td>
</tr>
</tbody>
</table>

Table 1
Identification of 3 most important Benefits by Stakeholder Groups

---

36 Coordinators Survey Question 33.; n=11.
Two other benefits were identified by 2 or more groups:

1. **Food Programs** such as breakfast programs or more healthy food available - 23% of Principals and 9% of Teachers
2. **Staff Training; Employee Wellness** – 21% of Coordinators; 12% of Teachers; and 10% of Principals.

IH staff were asked what they considered the 3 most important benefits or outcomes resulting from their participation in the Health Promoting Schools Coordinator Initiative. The responses in order of frequency are:

1. **Partnership Building between IH and School District** 26%
   - Connection / partnership building with IH and community partners around CSH
   - Building relationships between the education and health sector

2. **None/No IH Participation** 26%
   - IH and the schools are not yet on the same page. Principals and teachers are not sure what we can do for them. Public health nurses also don't know what they can do for the schools.
   - There has been no collaboration from the School District
   - After the first summer of education re: this initiative, I spoke to the principals at all of my schools and offered to be a part of their school health/sense of belonging programs. I did not receive a single call from any of the principals.

2. **HPS Coordinator - Defined connection between schools & IHA** 18%
   - It is clear who to contact with health information for schools/students. I would guess it is easier for schools to know who to contact about health issues
   - Someone who's role is fully dedicated to focusing on health promoting in schools; therefore, it can get the attention it deserves

3. **Access to resources & funding/grants to support school programs** 11%
   - Connection to resources - both internal and external capacity building.

3. **Access to good information on improving health** 11%
   - The schools are receiving current promising practice information on improving health from the HPS coordinators.

Teachers were asked if they could give examples of improvements in the health of students in their classroom and/or school where the HPS Coordinator Initiative played a role. Although most of the 59 respondents described improvements in programs and services rather than health improvements; there were several teachers who described improvements to either fitness levels or how students were making healthier food choices. Two examples are given below:

- I have noticed a huge improvement in the overall behaviour of my students with the increased physical activity. 2. Students are highly engaged in health topics and have never been more eager to participate.
3. Students are constantly bringing in advertisements/YouTube videos, etc. that showcase healthy or unhealthy eating habits. 4. An increased awareness of the role the media plays in our diets. 5. A decrease in screen time :)

- One K student started the year with a very limited set of foods that she would eat at school and at home. She is underweight and undersize for her age and has a history of severe tooth decay. Our school’s healthy eating program exposed her to new foods daily. She is eating almost everything now, and her Mom is ecstatic that she is doing the same at home.

IH staff were asked\(^{38}\) if they could give some examples of improvements in the health of students in their school district(s). The responses in order of frequency are as follows:

1. **No** 56%
   - No, as a PHN I feel quite disconnected from what is actually happening in the schools assigned to me, despite my offers and motivation to be involved. I have no way of collecting or evaluating the health of students in the schools I work with.
   - My schools have made great improvements in the programs to improve student and school health. They just haven’t accessed PH nurses to achieve that.

2. **Healthier Food choices such as breakfast and lunch programs** 16%
3. **Increased student engagement** 12%
4. **Increased health & decreased behaviour problems** 12%
   - Less behavior problems in schools with programs

**Evaluation Question 6: Lessons Learned**

*What are the lessons learned re what worked well and what did not?*

**Conclusion**

Involvement of HPS Coordinators at the school level was identified as working well by both principals and teachers. Having a “point person” within the School District and a “go-to” person for schools to access information on resources and assistance with program development and implementation was seen as working well. Insufficient time for Coordinators to be in schools and for school staff to implement programs was identified as not working well. Unfortunately many local IH staff such as Public Health Nurses do not feel connected to the HPS Coordinator Initiative nor to HPS Coordinators. The IH HPS Initiative Project Manager has identified this issue as a priority to be addressed.

**Discussion of Findings**

Each Stakeholder group was asked what worked well and did not in implementing the HPS Coordinator Initiative. The responses differed by stakeholder group as each group had their own perspective and interests. The lessons learned are therefore presented by stakeholder group in order of frequency; with quotes in italics.

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\(^{38}\) IH staff Survey Question 7; n=25.
What is Working Well

**Principals (n=66)**

1. **Involvement of HPS Coordinator at the school level 30%**
   - Having a person with the time, money, and passion to pursue this initiative. This is imperative!
   - Involvement of Coordinator at the school level.
   - The availability and wide knowledge base as well as the enthusiasm of the coordinator

2. **Workshops & Presentations to Staff 14%**
   - The workshops and services they provide - they are flexible and work with school to promote best practices
   - Healthy Schools Forum with coordinator - every school sent a team of admin and teachers

3. **Access to Resources & Funding (n=8) 12%**
   - Coordinated effort to access resources
   - Availability to resources

4. **Promotion of Awareness of health & wellness (n=8) 12%**
   - Requiring us to think on broad health terms not specific Physical Education terms only.
   - Creating awareness

5. **Nothing was initiated/Not sure/no follow-through at school level (n=7) 11%**
   - Some valuable information was sent to us and challenges organized between districts but there was very little follow through. Each school needed someone on staff to take charge of the suggestions from the coordinator and run with them. Maybe needs another step of support for the coordinator. The District person maybe needs to be more informed of the educational institutions and support the Coordinator.

6. **Programs (e.g. anti-bullying; Roots of Empathy) (n=4) 6%**
   - The staff have made the initiatives work well and all the programs previously mentioned have been beneficial.

**Teachers (n=62)**

1. **Support from HPS Coordinator in the classroom/school 26%**
   - Support with unit plans (support in planning field trips, etc.), as well as lesson plans (coming into gym classes to teach wheelchair lessons, etc.).
   - That the coordinator comes to the classroom on a scheduled basis to assist in helping to achieve our school health goals

1. **Access to Resources & Funding 26%**
   - Much support has been given towards the funding for healthy food choices within the school. Great knowledge given about grants and funds available. These programs have encouraged positive choices and feelings for each student.
2. **Engaging/Allowing students to be leaders 13%**
   - Allowing students to be the leaders. We want them to make the right choices even when there isn't an adult around. We are preparing them for this.
   - Making sure students are accountable and participating on a daily basis. Once the coordinator has come in to teach the students that the students get out there and make sure that they teach the younger students before they forget.

3. **Workshops & Presentations to Staff 8%**
   - *In servicing on Action Schools/Healthy Eating.*

3. **Programs 8%**

The talking circles were a huge success with our students.

**Coordinators (n=14)**

1. **Bringing community people into schools/partnerships 36%**
   - Access to community & resources; participate in interagency sexual health committee
   - Community connections

1. **Bring People together to Plan to improve student health 36%**
   - Bringing people together to improve student health – assessment revealed holes
   - Bringing people together re what doing and plan how to do better
   - Everyone buying into school plan & common message
   - Had 2 goals and stuck to them

2. **Consistent Person who is champion for health 29%**

2. **Consistent Funding 29%**

2. **Able to connect with & Support from Principals/Administration 29%**
   - What worked well is opportunity to work with Principals
   - Strong support of Administrators & opportunity to connect on regular basis

3. **Value of being in schools 14%**
   - Meeting staff at the schools is very important

**IH Staff (n=21)**

1. **Nothing; not sure; not done anything yet 29%**

2. **Having HPS Coordinator position managed by School Districts 24%**
   - That the HPS coordinators are funded in partnership with SDs and managed by the SDs
   - HPSC openness and collaboration with community partners. Dedicated resources and time of one go-to person
2. Making health a focus for School District 24%
   - Better recognition of health as an important school district focus.
   - Increased awareness of importance of health promotion to this population; for example, bringing up discussions at each level of school hierarchy.

3. Work done by IH staff (PHN) 14%
   - Coordinator coming to PHN meetings and emailing me
   - My previous role facilitated action on the Social Support pillar in several of the Districts. It also enabled access to District Parents to promote anxiety reduction strategies via the Friends for Life program.

HPS Initiative IH Project Manager
1. Schools have increased knowledge about healthy schools resources and starting to understand benefits of healthy schools.

2. Some schools have made policy change to improve student’s health.

3. Some schools have increased partnerships.

4. Having one person in each district to coordinate work (HPSC) and a point person for schools in the district to go to.

5. Ton of healthy school work going on in individual schools and wouldn’t have worked without Coordinator.

What is NOT Working Well

Principal (n=48)
1. N/A; not sure; All good 31%

2. Insufficient Coordinator time to be in schools 19%
   - Not enough allotted time to be in the schools and work with teachers.
   - Insufficient hours to run comprehensive programs.

3. Lack of staff time to implement programs at school 17%
   - Time to implement programs at the school level often falls on the ‘plate’ of people who are already extremely busy.
   - There is not enough time in the day to do justice to everything that is available and to run a school.

4. Lack of communication and follow-up in schools 10%
   - Communication, specific plans with specific schools has NOT happened, we are on our own
   - Inconsistency of follow up.

5. Difficult to implement programs in rural schools 8%
DRAFT Interior Health: Year 3 Evaluation Health Promoting Schools Coordinator Initiative

- Has been difficult to coordinate given our rural school proximity to town
- It's difficult to have many of the programs used in rural schools, due to low enrollment.

Teachers (n=48)
1. N/A; nothing; all really well done (n=19) 40%
   - Nothing from the HPSC side of things.

2. Insufficient Coordinator time to be in all schools 25%
   - This type of position should be something that exists in every institution. Having only one person,
     especially in the far reaching districts leaves an insurmountable workload for the coordinator, leaving them
     to have to pick and choose priority issues. This type of program should have more resources at its disposal
     in terms of human resources and funding. Insufficient hours to run comprehensive programs.

3. Lack of staff Time to implement programs at school 17%
   - The time for all staff to sit together and dialogue with HPS to reflect on our goals and move forward with
     next steps.
   - Finding time to run all the programs we are implementing WELL

Coordinators (n=14)
1. IH focus on having a school health committee 100%
   - IH stresses too much on having a school health committee & committee doesn’t help engagement of
     teachers – often too many committees
   - Should not be Committee first; needs a purpose.
   - So many committees; don’t need another one. For example they (SD) have an Education Committee and
     HPS is a standing agenda item.

2. Some School Districts don’t provide any financial support and all School Districts receive same level of IH
   funding even though # of schools per SD ranges from 8 (Boundary) to 43 for Kamloops-Thompson; and some
   are very rural while others are more urban.

IH Staff (n=27)
1. Local IH staff (PHNs/Tobacco reduction) feel less connected to schools 30%
   - IH wide coordination has lead me to feel less connected with my local HPS coordinators, and I rarely know
     what the priorities are, what they're being updated on, etc. I get asked questions about the funding and I
     don't know the answers (e.g. is it going to be extended).
   - I was not included in any activities or planning sessions at the school level, even though I had contacted
     the teacher to indicate my willingness to help.
   - Poor planning with and involvement of existing health staff, PHN staff have limited access to HPS
     initiatives, health fairs, education info for funding of projects etc. PHN are not identified as team members
     because the coordinators have identified themselves as the key go to person. We are not notified of
     initiatives that are happening in our schools and often find out after the fact….the program has created a
     disengagement of school staff to PHNs. Some school staff have been told not to contact school PHNs.
     Staff are confused about our role now and think that all this HPS initiative is happening at the SD level only
     and their health person is the HPS coordinator.

2. Insufficient Coordinator hours (n=4) 15%
The HPS Coordinators do not have enough hours allotted to them to do their job properly

2. Inequity of Funding: Not all School Districts have Coordinators (n=4) 15%
   - It seems unfair that all SDs obtain the same funding despite the variation in size of school districts. e.g. SD19 has 4 schools and SD23 has 45. Additional funding should be considered for large geographic school districts that require several hours of travel to get from one end of the District to the other.
   - The fact that there are still not any coordinators in the East Kootenay. The same service is not being delivered across IHA.

2. School staff do not have time to participate or work with IH staff (n=4) 15%
   - Many of the front line teaching staff don't have the time or resources to participate.
   - School staff do not have the time to work with us.

3. Some School Districts are not committed or don't value HPS Coordinator Initiative (n=3) 11%
   - School district being on board. It is like banging your head against the wall when discussing with my schools as they are not interested. No time.
   - Not convinced that the school partners have a commitment to the project or even an understanding of it

HPS Initiative IH Project Manager

1. Not all School Districts have district committees which makes it more difficult to do this work from a district level – about ½ of School Districts have Committees
   - Schools saw it as one more thing to do and coordinators didn’t have time and interest

2. Some viewed inequity between districts in how they use the money. (Different levels of staff doing work, working different hours and getting different pay) Some School Districts seem to have added funds to this position and others did not, adding to the appearance of inequity.

3. Not such a good connection between Public Health Nurse (PHN) and Coordinator and some PHNs still didn’t know who coordinator was & what they did; for some reason seemed to be a separate program – we didn’t do a good job of educating IH staff about HPS Initiative.

V. Recommendations

Stakeholder groups were asked for their recommendations for improvement to the Health Promoting Schools Coordinator Initiative and how to ensure its future sustainability and success. As the recommendations were directed at Interior Health, School Districts and the Ministry of Education, they are outlined accordingly.

Recommendations for Interior Health

1. Using the 3 year funding model, continue to fund the HPS Coordinator Initiative as it is a very successful partnership between School Districts and Interior Health.
   - As stated by one School District Senior Administrator, Has been a marvelous initiative; having a person with time and responsibility so important; a fantastically successful initiative.
2. Identify barriers to collaboration and partnerships between IH Health Promotion staff (in particular Public Health Nurses) and HPS Coordinators and work with both parties to resolve.

3. Develop a communication plan for disseminating information to IH Health Promotion staff about the HPS Coordinator Initiative in order to improve connections between IH staff and HPS Coordinators.

4. Review how funds to School Districts could be made more equitable so that the number of schools is taken into account.
   - Currently all 11 School Districts receive the same allocation of $30K regardless of the size of School Districts, which ranges from 8 schools for the Boundary School District to 43 schools for the Kamloops/Thompson School District.

5. As part of IH’s contract with School Districts, ask School Districts to identify a senior staff member as supervisor for the HPS Coordinator and a Healthy Schools champion in each school who will be the key contact between the HPS Coordinator and the school.

6. Work with School Districts to develop a Healthy Schools Reporting Framework which will enable consistent reporting by schools on health goals and Healthy School Action Plans.

7. Provide School Districts with current information on demographic and health trends and issues which need to be addressed; e.g. obesity, poverty.

8. Building on the gains made in the area of healthy eating, the Healthier Schools, Health Students Advisory Committee should identify strategies and programs which HPS Coordinators could use within their School Districts to achieve improvements in physical activity and school connectedness among students.

**Recommendations for School Districts & HPS Coordinators**

1. Examine ways to increase the Coordinator’s time with individual schools.
   - Principals and Teachers identified this as their #1 recommendation for improvement.

2. Identify a Healthy Schools Champion in each school who could be the contact person for both HPS Coordinator and IH staff.

3. Support the HPS Coordinator Supervisor to attend HPS Coordinator Forums and in being a champion for Comprehensive School Health in the School District.

4. Require all schools to have a health goal.
   - *SD 27 (Cariboo-Chilcotin) Achievement Plan includes Comprehensive School Health and Strategic Plan states schools should have school health goals – has been very effective as filters up from schools to School District.*
5. Work with IH School Engagement Educator to develop a Healthy Schools Reporting Framework which will enable consistent reporting by schools on their health goals and Healthy School Action Plans.

6. Include improving student health as part of the School District’s 3 year Strategic Plan.

**Recommendations for Ministry of Education**

1. Improve the messaging to School Districts about the benefits of Healthy Schools such as improved student learning, less absenteeism, and more successful students.

2. As part of the annual review of Achievement with School District Superintendents, include a review of Comprehensive School Health.