

# An Introduction to the Battle River Project: District Implementation of a Health Promoting Schools Approach

*By Doug Gleddie & Nancy Melnychuk, Ph.D.*

The school has become an important setting for individuals and organizations looking to positively affect health behaviours of children and youth (St Leger, 2004). As a societal institution, school exists to promote learning, prepare children for “real life,” and pass on societal values. The mission of Alberta’s Ministry of Education, for example, stipulates that, “Every child has access to educational opportunities needed to develop the knowledge, skills and attributes required for an enriched society and a sustainable economy” (Alberta Education Business Plan: 2009-2012). If this is truly the case, then the school is certainly an appropriate place to teach children about the importance of a healthy lifestyle and the necessary actions to improve the key determinants of health and risk factors for chronic disease. However, even though educators may recognize the importance of health outcomes, they may not recognize the ongoing opportunities to make direct connections between health and education that support their work in schools.

Editor’s Note: In the Summer 2009 issue of the PHE Journal, Volume 75, No. 2, we published a short article by Doug Gleddie on the Assessment for Learning-Healthy School Edition. In that issue we informed readers that Doug was working on a full-length feature article that highlights a district implementation of the HPS model. We are pleased to present that feature article here. Please also see our QSH section in this issue, which discusses Comprehensive School Health, another term used to describe the HPS model.

## **The Health Promoting Schools Approach**

School health promotion began in the 1950s with schools being seen as a place to teach children about the determinants of health (World Health Organization – WHO, 1951). Over time, this delivery system began to follow developments in health promotion policy such as the Declaration of Alma-Ata in 1978 and the Ottawa Charter for Health Promotion in 1986 (WHO, 1951, 1978, 1986). The Health Promoting Schools Approach (HPS – also called Comprehensive School Health and Coordinated School Health) was clarified through a set of

WHO guidelines developed in 1995 (WHO, 1996). At its heart, HPS strives to provide a way to link health and education outcomes by including the instruction, supports, and environment of the school setting as part of a foundation that allows for interaction and cohesion between home, school, and community.

The World Health Organization published a key review of the health promoting schools (HPS) approach (Stewart-Brown, 2006). The paper, which examines the effectiveness of HPS as found in controlled trials of school-based health promotion initiatives, was completed for



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the Health Evidence Network. Essentially, this paper is a review of reviews and thus, provided insightful information for the implementation and evaluation of HPS. Stewart-Brown concluded that although evidence exists for the effectiveness of the HPS model, not all HPS programs are effective. Mental health, physical activity, and nutrition interventions were found to be the most effective, especially if they were of long duration, high intensity, multi-factorial, and involved changes to the school environment. Stewart-Brown also recognized that large gaps remain in the areas of implementation at the school, district, and government levels.

### **Ever Active Schools and the Initiation of the Battle River Project**

In Alberta, the only provincial organization implementing a HPS approach is the Ever Active Schools Program (EAS). The program's mission is to partner with school communities to facilitate the development of healthy children and youth by fostering social and physical environments that support healthy active school communities (Ever Active Schools, 2009). EAS membership has grown over the past nine years to include over 250 school communities in a

number of school districts across Alberta. Even with a base of support within the Alberta Teachers' Association, funding from the Ministries of Health, Education, and Tourism; Parks and Recreation; as well as healthy membership growth, EAS staff have pondered the effectiveness of an implementation model that recruits individual schools. What would happen if the program aligned with both the priorities of a particular school district and the overall mission of education? If health and education outcomes are inextricably linked, then perhaps they can better be reached through a systemic, district-level approach rather than one school at a

*Schools have become an important setting to positively affect health behaviours of children and youth. Although evidence exists for the efficacy of the Health Promoting Schools (HPS) approach, not all HPS programs are effective and there are gaps in the areas of implementation. The Battle River Project (BRP) was initiated by the Ever Active Schools program (EAS-Alberta) to explore a school district level implementation model of the HPS approach. The BRP involves a partnership between EAS, the Battle River School Division, and the local health region to examine the question, "How can the school environment and health outcomes of children and youth, specifically healthy eating, physical activity, and mental well-being, be positively improved when a Health Promoting Schools model, the Ever Active Schools Program (EAS), is implemented with school district support?" Interventions focus on the social and organizational levels with the end goal to positively affect student health outcomes and micro-policy. Participating schools are supported by all partners, are involved in the research, and are working to facilitate the development of healthy active school communities. Through the intermingling of process, outcome, and output evaluation and study, the BRP is intended to contribute to a growing body of answers to the how, why, and what of HPS implementation.*

*Les écoles en sont venues à constituer un milieu de choix quand il s'agit d'orienter pour le mieux les comportements de santé des enfants et des adolescents. Quoique les données confirment l'efficacité de l'approche des « Écoles axées sur la promotion de la santé (EPS) », les programmes d'EPS ne sont pas toujours très efficaces et leur mise en œuvre laisse parfois à désirer. Le projet de Battle River a été conçu par le chapitre albertain du programme Ever Active Schools (EAS-Alberta) pour mettre à l'essai un modèle de mise en œuvre EPS à l'échelle du district scolaire. Ce projet vise à explorer la question en accord avec trois partenaires, soit EAS-Alberta, la division scolaire de Battle River et le bureau de santé régional. En quoi l'instauration, avec l'appui du district scolaire, d'un modèle EPS comme le programme Ever Active Schools peut-il améliorer le milieu scolaire et les résultats de santé des enfants et des adolescents, en particulier sur le plan des saines habitudes alimentaires, de l'activité physique et du bien-être psychologique? Les interventions mettent l'accent sur les niveaux sociaux et organisationnels dans le but ultime d'influencer pour le mieux les résultats de santé des élèves et les micropolitiques. Les écoles participantes profitent de l'appui de tous les partenaires et participent aux recherches de manière à faciliter l'épanouissement des élèves et l'établissement de collectivités scolaires plus actives et plus en santé. Grâce aux interactions entre les procédés, les résultats, l'évaluation des extrants et la recherche, le projet de Battle River devrait fournir de plus en plus de réponses pour expliquer le comment, le quoi et le pourquoi d'une approche favorisant les « Écoles axées sur la promotion de la santé ».*



time. In this way, district resources, strategies, and purpose can be aligned while still allowing for differences among individual school communities.

These ongoing thoughts and queries led to the creation and design of a grant-funded program called The Battle River Project (BRP) in the spring of 2007. This current initiative features a partnership between EAS, the Battle River School Division (BRSD) and East Central Health (ECH - a regional health services provider). Interventions focus on the social and organizational levels with the end goal to positively affect student health outcomes. The essential question of the BRP is, “How can the school environment and health outcomes of children and youth, specifically healthy eating, physical activity, and mental well being (Stewart-Brown, 2006), be positively improved when a Health Promoting Schools model, the Ever Active Schools Program, is implemented with school district support?”

The school division, the local health authority, and EAS support participating schools to facilitate the development of healthy active school communities. Using an action research model (Alberta

Teachers’ Association, 2000), measured student health outcomes are continuously shared with participating school communities and the school division to help refine and modify practice.

### Case Study Significance

A case study of the Battle River Project could provide the rationale and set the groundwork for the provincial implementation of an HPS approach. Although the approach is believed to be effective, and has been proven to some extent, many questions remain surrounding actual implementation (Stewart-Brown, 2006). Whereas most studies examine HPS in the context of a single school or a school grouped with others not in the same local jurisdiction (Franks, et al., 2007; Mitchell, J., Palmer, S., Booth, M., & Davies, G.P., 2000; Mukoma & Flisher, 2004), a thorough examination of one particular district implementation model, the Battle River Project, linked with clear health outcomes, could have a marked effect on future program implementation. Although the results cannot be generalized, organizations similar to EAS could choose to pursue a district model based on the findings and insights of this particular case study.

Implementation could be tailored to fit the needs of each specific school district and, over time, common themes and effective strategies could emerge.

### Review of Literature

A number of papers (Deschesnes, Martin & Hill, 2003; Franks et al., 2007; Mitchell et al., 2000; Mukoma & Flisher, 2004; Stewart-Brown, 2006; St Leger, 1999) have engaged in extensive analysis of the HPS approach to examine implementation, evaluation, and potential effectiveness. Deschesnes, Martin and Hill (2003) evaluated an intervention that took place in 22 local schools. Franks et al. (2007) shared lessons learned from three school-based programs that, although not all HPS related, highlighted effective change. Mitchell et al. (2000) evaluated 22 schools in Sydney, Australia that all received support and training about the HPS model as well as a resource kit. Mukoma and Flisher (2004) reviewed nine evaluations of HPS interventions, including seven published in peer-reviewed journals. Stewart-Brown (2006) explored the effectiveness of HPS as found in controlled trials of school-based health promotion initiatives. St. Leger’s 1999 review involved eleven studies utilizing the HPS approach as part of interventions in primary schools. This diverse collection of papers, united by their common examination of HPS, reveals emergent themes around the implementation and evaluation of the HPS approach.

The most dominant theme within implementation of the HPS approach relates to the time frame required for effective change. Some of the authors explicitly mention a preferred extended time frame (Mitchell et al., 2000; Mukoma & Flisher, 2004; Stewart-Brown, 2006), while others refer to political and financial commitment (Deschesnes, Martin & Hill, 2003), or long-term indicators (St Leger, 1999). Essentially, it is agreed that effecting lasting change, whether behavioural or environmental, takes time. Stakeholder inclusion and involvement

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also emerged as a primary factor for implementation. Mitchell et al. (2000) recommend the formation of a school committee that is engaged in a formalized planning process while others make reference to intersectoral action, multiple domains (home, school, community), and the inclusion of teachers in the entire process, from start to finish (Deschesnes, Martin & Hill, 2003; Franks et al., 2007; Mukoma & Flisher, 2004; Stewart-Brown, 2006). Finally, implementation should be complex and multifactorial in nature. St. Leger (1999) advocates for improved professional development for teachers which includes the training of teachers to work with parents and the community, linking curriculum elements with the HPS model, and considering the social environment as part of implementation. Deschesnes, Martin & Hill (2003) suggest changes that the environment, behaviours, and attitudes be part of implementation along with the need to move beyond a classroom-based approach. As well as a change to the

school environment, Stewart-Brown (2006) identifies mental health, physical activity and healthy eating as three of the factors most associated with effective implementation.

There seems to be agreement that for the HPS approach to take hold and ultimately impact children's health, an ability to demonstrate effectiveness is crucial. As effectiveness can only be determined through evaluative research, the parameters of these studies need to be made clear with identifiable components and proposed intervention models. Deschesnes, Martin and Hill (2003) proposed that process evaluation (i.e., how HPS is implemented) is most important with outcome evaluation (i.e., the impact of HPS) being less significant. Mukoma and Flisher (2004) argue that one of the key methodological challenges to evaluating HPS is the ability to synthesize process, outcome and output data, and to do so within a wide variety of schools. They recommend establishing clear indi-

cators that can be used with different applications in a variety of settings. Franks, et al (2007) used their review of three school-based programs to illustrate why program evaluation is critical. One of the four basic features identified as common to all three programs (Coordinated Approach to Child Health, Planet Health, and Not-On-Tobacco) was the rigorous evaluation of the interventions to establish efficacy. All three of these interventions have been shown to be effective and it is not surprising that evaluation has been key to that effectiveness. Finally, a number of the authors advocated further research, including diverse methodology, with the intent to clarify indicators, more closely link health and education outcomes, and to continue to shape the implementation and evaluation of the HPS approach (Deschesnes, Martin & Hill, 2003; Mitchell et al., 2000; Mukoma & Flisher, 2004; Stewart-Brown, 2006; St Leger, 1999).

### **Implementation of the Battle River Project**

The BRP concept, as implemented by EAS, is partially based on ecological theory (Bronfenbrenner, 1977; Kelly, 1990; Sallis & Owen, 1997) which recognizes the interplay and complexity that exists within and between each level; individual, social, organizational, community and policy, as well as the role of the physical environment throughout all levels. The BRP intervenes at the social and organizational levels to ultimately affect the individual children and youth within the Battle River School Division, while also impacting school division policy, for long-term sustainability and effective change (Mukoma and Flisher, 2004). Table 1 provides a brief summary of the BRP process.

## Table 1. Overview of the Battle River Project

**Pre-Intervention Process**

Grant proposals submitted to and approved by:

- the Alberta Sport, Recreation, Parks, and Wildlife Foundation
- the Alberta Healthy School Community Wellness Fund

Identification of school division partner.

Formation of the Steering Committee and establishment of partner parameters.

Hiring of a project coordinator from the Battle River School Division.

| Timelines   | Planning and Implementation   | Data Collection and Reflection   |
|---|---|--|
| <p><b>Year One</b><br/><i>September 2007 to August 2008</i></p>   | <p>Recruitment of participating school communities and identification of lead teachers.</p> <p>Development of support materials, planning template, and Health Assessment Tool for Schools (HATS).</p> <p>Initial lead teacher meeting to discuss the project, review the HPS approach, and begin to examine mental wellbeing, physical activity, and healthy eating within each school community.</p> <p>Steering Committee meetings focused on project buy in and design.</p>   | <p>Administration of SHAPES survey 2008 and REAL Kids Alberta survey 2008.</p> <p>Lead teachers engaged in reflection on the perceived health issues in their school and began to share ideas and processes to effect change.</p> <p>Lead teachers provided feedback to the project coordinator and partners to assist with planning the project in Year Two.</p>  |
| <p><b>Year Two</b><br/><i>September 2008 to August 2009</i></p>   | <p>Lead teacher meetings to jointly plan, learn and share.</p> <p>Implementation of supports for professional development, planning and implementation.</p> <p>Formation of Builder Team (small group of key stakeholders) to support the coordinator through discussion, sounding board and idea generation.</p> <p>School planning and implementation for mental wellbeing, physical activity, and healthy eating based on data and feedback gathered in Year One.</p> <p>Steering Committee meetings focusing on policy development.</p> | <p>Lead teachers used their school reports from SHAPES 2008 and REAL Kids 2008 as a basis for reflection on areas of strength and weakness, as well as to effectively plan for the current year.</p> <p>Project coordinator and partners used the school division data from 2008 to reflect on division strength and weakness, and as a catalyst for action surrounding policy and administrative procedure.</p> <p>Administration of SHAPES survey 2009, REAL Kids Alberta survey 2009, and the HATS survey 2009 (online)</p> <p>Lead teachers provided feedback to the project coordinator and partners to assist with planning the project in Year Three.</p> |
| <p><b>Year Three</b><br/><i>September 2009 to August 2010</i></p> | <p>Ongoing support for lead teachers and participating schools including professional development, resources, school visits, administrator meetings, planning sessions, and sharing to meet needs identified in the Year Two data.</p> <p>Continuation of Builder Team concept.</p> <p>Steering Committee meetings focusing on continued policy development as well as sustainability beyond the grant funding.</p>   | <p>Lead teachers continue to use school reports from SHAPES 2009, REAL Kids 2009, and also HATS 2009 as a basis for reflection to inform planning and implementation.</p> <p>Project coordinator and partners continue to use the school division data from 2009 to reflect on division direction for healthy school, inform policy, and look towards sustainability.</p> <p>Lead teachers continue to provide ongoing feedback to the project coordinator and partners.</p>   |

Participating schools (22 in total) are able to access a variety of supports and resources such as: tools to measure progress and aid in the planning process; release time (approximately 10 days per school) for lead teachers and their committees to be trained in the HPS model, as well as to meet, plan, and share strategies; facilitated collaboration and information exchange with school cohorts; access to expert advice and support in the areas of healthy eating, physical activity, and mental wellness; and opportunities to access a variety of resources, special

events, and professional development opportunities. A part-time coordinator (0.6 FTE in total with 0.4 FTE from grant dollars and 0.2 FTE contributed by the school division), hired from within the school division, liaises with the project partners, supports each participating school community, and promotes the BRP within the division. Utilizing available supports and resources, participating schools are expected to plan and implement the HPS approach. Lead teachers at each school, with the help of their committees, assist in administering and

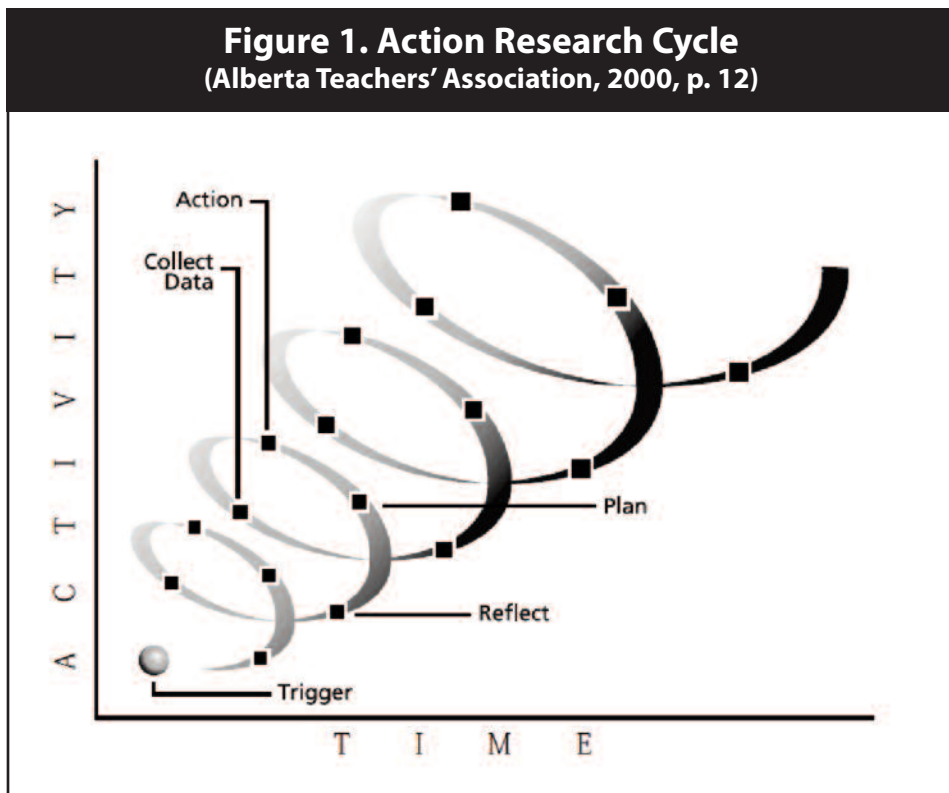
reviewing school capacity and student health measures, as well as share results with their school community.

As participants are engaged in a dynamic, cyclical process of action research (ATA, 2000), the BRP can be viewed as an ongoing conversation between the district, schools and EAS involving all individuals who are concerned with health and education outcomes for school aged children and youth. The purpose of the collaboration is to permit change and improvement at all levels, ultimately

resulting in individual, social, and organizational improvement, as well as positive change (Catelli, Padovano, & Costello, 2000; Smits, 1997).

The BRP obtains student health outcome data from two separate sources. Raising Healthy Eating and Active Living Kids in Alberta (REAL Kids Alberta) is a large-scale evaluation into the effectiveness of a number of Alberta Health and Wellness Initiatives. The evaluation includes grade five student surveys on physical activity, nutrition and health promotion knowledge as well as height and weight measurements, parent surveys regarding the home environment, and also principal surveys related to the school environment (REAL Kids Alberta, 2009). All grade five classes within the BRP participated in the evaluation in 2008, 2009 and will do so again in 2010. Over 150 other schools across the province also participated in 2008 and will be assessed again in 2010. The School Health Action, Planning and Evaluation System (SHAPES) is a survey tool used to obtain information from students in grades eight and eleven about their behaviours related to healthy eating, physical activity and mental wellbeing (SHAPES, 2009). All grade eight and eleven classes in the BRP participated in 2008, 2009 and will be surveyed again in 2010. Each participating school receives a detailed report with student health data (summary) from both SHAPES and REAL Kids Alberta. Data gathered from these tools will be shared in future publications as the priority was to share the results with the school communities and division first.

HPS committees at the school, led by the lead teacher, are encouraged to examine their school's reported results to guide the next planning phase as part of the action research cycles, as illustrated in Figure 1. Each HPS committee also completes the *Health Assessment Tool for Schools* (HATS – created by EAS), which determines a school's capacity to promote health according to the EAS Four E's, Essential Elements and Indicators (Ever Active



Schools, 2009). The BRP utilizes action research as an essential element to bridge theory and practice as well as to provide a basis for sustainability. Throughout the project planning, implementation and evaluation, the stakeholders and participants have been, and will continue to be, intricately involved. Data gathered through HATS, SHAPES, and REAL Kids Alberta is shared with each school community for the purposes of reflection, planning, and action. Even the formation of the BRP Steering Committee reflects this commitment to consultation as it is made up of EAS staff, teachers, administrators, public health professionals, school trustees, and school division staff. Lawry St. Leger captured this spirit of cooperation in his closing words to an editorial on the place of schools in health promotion.

*Let us rethink school health away from kits and projects to solve problems and use the school as an ongoing setting where health is created, supportive environments are built, partnerships made and many skills are learned. Then we might be able to say this is what school communities can realistically do to build the health and well*

*being of their students now and into the future (2004, p. 408).*

This vision is at the heart of the Battle River Project as EAS examines *how* the Health Promoting Schools approach can be implemented at a district level. Stewart-Brown (2006) recognizes that despite the depth of her review for the *Health Evidence Network* there is a failing to answer critical questions related to the success of HPS initiatives, such as: “How did this initiative work? Why did it succeed in this context and not that? What might make this initiative more effective?” (p. 18). Through an intermingling of process, outcome, and output evaluation and study, the Battle River Project is intended to contribute to what is hoped to be a growing body of answers to the how, why, and what of HPS implementation.

The Battle River Project is funded through the *Alberta Sport, Recreation, Parks and Wildlife Foundation* and the *Alberta Healthy School Community Wellness Fund*. For more information on EAS or the BRP visit [www.everactive.org](http://www.everactive.org). ■

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