

# Healthy Schools BC Evaluation – Year 1 Summary Report

## Introduction

Healthy Schools BC (HSBC) aims to strengthen relationships across the health and education sectors, and foster more coordinated action to improve the educational and health outcomes of all BC students. This initiative supports school communities in implementing the [Comprehensive School Health \(CSH\) approach](#), and it involves a partnership between the ministries of Health and Education, DASH, health authorities, education partners and other key stakeholders.

The HSBC initiative encompasses focused action in four key areas:

1. Cross-Sector Partnerships – supporting regional planning opportunities between health authorities, school districts and community partners
2. Capacity Building – providing healthy schools learning sessions, tools and resources and a stories map to support and showcase strong practice in BC
3. Coordination and Consolidation – coordinating provincial healthy living programs in schools and creating “one stop” access for healthy schools related information at [www.healthyschoolsbc.ca](http://www.healthyschoolsbc.ca)
4. Student Engagement – inviting BC youth to form a Healthy Living Youth Council, participate in student-led inquiry projects, and co-create a provincial student engagement strategy for healthy schools

In September 2013, Context Research was contracted to lead, with oversight from the Provincial Health Services Authority, a three year evaluation of HSBC. This brief summarizes the evaluation methods and results from the Year 1 (2013/14) HSBC evaluation report developed by Context Research.

## Methods

Between December 2013 and January 2014, district-level healthy schools leads<sup>1</sup> from each of the 60 BC school districts, and 181 health authority staff identified by the five regional health authorities as having responsibilities related to working with schools were invited to participate in separate online surveys. 27 healthy schools school district leads and 78 health authority staff participated in their respective surveys. With assistance from the BC Teachers' Federation, the BC Principals' and Vice-Principals' Association and the Federation of Independent Schools Associations, educators and school administrators across the province were invited to participate in an online survey tailored towards them (439 educators and administrators responded to the survey).

Concurrently, key informant interviews were conducted with two school district staff and two health authority staff in each of the five health regions, for a total of 20 interviews.



<sup>1</sup> Designated healthy schools leads vary by school district, ranging from staff positions that focus specifically on healthy schools (e.g. district health promoting schools coordinators) to staff members with a broader set of responsibilities (e.g. superintendent, district principal) that includes healthy schools.

**Table 1: Stakeholder perspectives on the benefits of cross-sector consultations/partnerships**

School Districts	Health Authorities
<ul style="list-style-type: none"><li>▶ Co-defining and augmenting the role of public health in schools</li><li>▶ Increasing knowledge of CSH in schools</li><li>▶ Identifying health data and funding sources that could support healthy schools initiatives</li><li>▶ Exploring strategies for changing families' attitudes regarding healthy choices</li></ul>	<ul style="list-style-type: none"><li>▶ Developing better understanding of respective roles and responsibilities between school districts and health authorities</li></ul>
<ul style="list-style-type: none"><li>▶ Greater communication and collaboration between health authorities and school districts</li><li>▶ Greater school district awareness of health authority services, supports and programs</li></ul>	

## Results

### 1. Cross-Sector Partnerships

#### Perspectives on Partnerships

The majority of school district respondents (86%) indicated that their district was in a partnership, at least to some extent, with their health authority to create healthy schools, and 67% reported that their district participated in HSBC-related consultations with their health authority. However, one in three school district respondents reported that they did not have, or were unsure if they had, a healthy schools contact at their health authority. One in four school district respondents reported that they did not personally communicate with their health authority at all. Establishing communication channels is an important first step towards building stronger health-education partnerships.

Health authority staff felt that school districts were receptive to working together. It was less common for them to indicate that schools were receptive to working together. Further, many health authority staff reported that their involvement in HSBC led to strengthened partnerships with school districts, with no change in partnerships at the school level. One contributing factor may be that HSBC partnership activities to date were focused largely at the school district level. Another factor could be that while all school districts had a designated healthy schools lead, only 40% of educators/administrators reported that they had a designated healthy schools lead at their school.

School district respondents were asked what they hoped to get out of consultations with their health authority, while health authority respondents were asked to describe the benefits of greater partnering with the education sector. Table 1 outlines the common themes that emerged, including areas of overlap.

A key challenge to greater partnering reported by health authority staff involved lack of capacity – only 18% of health authority staff indicated they had the capacity to support schools/districts in implementing CSH. More specifically, health authority staff reported that this capacity limitation pertained to a lack of time/resources/personnel, and not competencies/skills. Another challenge reported was a lack of awareness among schools and districts regarding CSH.

#### Health Authority Supports

Over 80% of school district and school respondents reported accessing health authority supports. While both school districts and schools had high awareness and usage of traditional health authority services (e.g. immunizations, screening, in-service training, classroom teaching support), schools had a relatively low awareness of other supports related to healthy schools (e.g. assessment and planning/implementation supports).

Both school district and school level respondents indicated an interest in greater promotion of available health

**Table 2: Knowledge exchange and skill development opportunities**

Stakeholder Group	Capacity Building Approach (% participated)	Outcomes
<b>Health Authority staff (78 respondents)</b>	<ul style="list-style-type: none"> <li><b>50%</b> Internal Health Authority Training Session</li> <li><b>25%</b> DASH-led Learning Session</li> <li><b>19%</b> DASH Webinar</li> <li><b>18%</b> Healthy Schools Network Meetings</li> <li><b>5%</b> DASH Healthy Schools Leadership Symposium</li> <li><b>29%</b> None</li> </ul>	Internal training sessions led to slightly increased knowledge of CSH. DASH-led Learning Sessions led to greatly increased knowledge of CSH. Both internal and DASH sessions led to: new skills to support schools/districts in implementing CSH, and more confidence to engage with education sector partners.
<b>School District staff (27)</b>	<ul style="list-style-type: none"> <li><b>48%</b> Workshop/Meeting Hosted by Health Authority</li> <li><b>41%</b> Workshop/Meeting Hosted by School District</li> <li><b>41%</b> DASH-led Learning Session</li> <li><b>41%</b> Healthy Schools Network Meetings</li> <li><b>37%</b> DASH Healthy Schools Leadership Symposium</li> <li><b>22%</b> DASH Webinar</li> <li><b>7%</b> None / Don't Know</li> </ul>	Most participants reported slightly increased knowledge of CSH (63%); while 20% indicated greatly increased knowledge of CSH.
<b>School staff (439)</b>	<ul style="list-style-type: none"> <li><b>23%</b> Workshop/Meeting Hosted by School District</li> <li><b>14%</b> DASH-led Learning Session</li> <li><b>13%</b> Workshop/Meeting Hosted by Health Authority</li> <li><b>13%</b> Healthy Schools Network Meetings</li> <li><b>5%</b> DASH Healthy Schools Leadership Symposium</li> <li><b>3%</b> DASH Webinar</li> <li><b>58%</b> None / Don't Know</li> </ul>	Many participants reported slightly increased knowledge of CSH (35-60% depending on the session or opportunity). The majority of staff (52%) who attended the DASH Healthy Schools Symposium felt their knowledge of CSH had greatly increased.

authority services and supports, and an increased health authority presence in schools (e.g. more outreach and interaction, onsite public health nurses). School district respondents indicated an additional interest in face-to-face training opportunities for teachers regarding CSH and HSBC, and regular meetings and increased opportunities

for dialogue between health authorities, school districts and schools. School respondents were also interested in the provision of additional programs/services (e.g. nutritionist visits, mental health support, sexual health education), educational support (teaching and co-teaching), information for students and families, and workshops/training for teachers.



## 2.Capacity building

### Knowledge Exchange and Skill Development

To increase CSH knowledge and skills, a number of knowledge exchange, training, and skill development opportunities are supported through HSBC. Table 2 outlines the various tactics used to address knowledge exchange and skill development by different stakeholder groups to support capacity building.

Some key recommendations from stakeholders for improving knowledge exchange and skill development include:

- Increase the availability of learning opportunities (e.g. more often, at Pro-D days, in rural communities) and increase awareness about these opportunities
- Provide additional supports (e.g. resources, teacher release time) for educators to participate in these sessions
- Provide more examples or models of how CSH can be implemented at the school and district levels





















### Tools and Resources

To support the building of CSH knowledge and the implementation of a CSH approach on the ground, a number of tools and resources have been created or are administered by HSBC. Table 3 outlines the percentage of stakeholders who were aware of key HSBC resources. Use of the resource was measured only among those school staff and school district staff who responded that they were aware of the resource.

As outlined in Table 3, the HSBC website was the most used resource across all stakeholder groups. Health Authorities reported the greatest use of the HSBC website (83%), while only 54% of school staff reported being aware of the website, indicating promotion of the website to educators needs to be increased. The HSBC Newsletter was the second most used resource by school staff (20%) and school district staff (48%).

The Resource Guide for Teaching and Learning was used by 44% of health authority staff compared to only 16% of

**Table 3: Awareness and use of key HSBC resources**





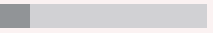




	School Staff		School District		Health Authority
	Awareness	Use*	Awareness	Use*	Use**
Healthy Schools BC Website					
Resource Guide for Teaching and Learning					
CSH Knowledge Guide					
CSH Resource for Health Professionals	N/A	N/A	N/A	N/A	
Healthy Schools BC Newsletter					N/A

N/A indicates awareness and use not measured in this stakeholder group.

\* Use was measured only among those school staff and school district staff who responded that they were aware of the resource.

\*\* Awareness of these resources was not measured in this stakeholder group.

**Table 4: Stakeholder perspectives on coordination of school-based healthy living programs**

Perceptions of current program coordination			
	Yes/To Some Extent	No	I Don't Know
School Staff	36% 	30% 	28% 
School District staff	78% 	15% 	7% 
Health Authority staff	45% 	23% 	32% 

school staff, which is an interesting finding as this guide is primarily intended for an education sector audience. This is likely explained by the fact that most of the HSBC direct contact to date has been with the health sector, and therefore greater promotion of the guide to school staff is needed. Only 38% of health authority staff reported having used the CSH Resource for Health Professionals, which was created specifically to support the health sector. However, this resource had been released just prior to the collection of these survey responses.

Recommendations for improving HSBC tools and resources included increasing awareness of existing tools and resources, consolidating existing tools and resources, and providing workshops to support stakeholders in better understanding how to access and use existing resources.

### 3. Coordination and Consolidation

There were mixed perceptions among respondents as to whether school-based healthy living programs are currently operating in a coordinated way. While school district staff generally perceived current programs to be coordinated, school staff and health authority staff perceptions were varied (see Table 4).

Suggestions from respondents for increasing coordination of healthy living programs included: increasing awareness of existing programs, having a dedicated district coordinator to support awareness and implementation, and streamlining programs and communication through one program or website. Interestingly, regarding the latter suggestion, one of the goals of HSBC is to use the HSBC website ([www.healthyschoolsbc.ca](http://www.healthyschoolsbc.ca)) to streamline communications, and enhance the promotion of, and access to, these various programs.

### 4. Student Engagement

Due to labour action in the education sector, student engagement activities were not evaluated during the 2013/2014 school year. This component of HSBC will be evaluated in subsequent years and reports.

### 5. Outcomes

As the overall emphasis of HSBC is on supporting school communities in implementing the CSH Approach, the initiative is very interested in outcomes that demonstrate any progress towards greater awareness, knowledge and implementation of CSH. At this early stage of the initiative, we can see this progress illustrated in three ways:

- 1) From evaluation of HSBC knowledge exchange and skill development opportunities, we know that health authority staff, school district staff and school staff had increased knowledge of CSH after participating.
- 2) CSH is on the radar, to a varying extent, for education stakeholders, as indicated by their responses to how they apply CSH in their work.
- 3) The majority of school staff reported that they noticed changes towards a healthy school environment at their school, as a result of HSBC activities, over the last school year.

#### Awareness and Implementation of CSH

The majority of school district respondents (63%) indicated they were knowledgeable about CSH and applied it in their work. In comparison, only 16% of school respondents indicated they were knowledgeable about CSH and applied it in their work, while 46% of school respondents had never heard of CSH.



A number of school districts reported having policies, goals, committees and/or plans related to healthy schools:

- 59% of district staff identified having a district policy aimed at creating healthier schools
- 44% had goals related to healthy schools/student well-being in their district achievement contracts
- 26% had a healthy schools plan
- 41% had committees that address healthy schools

However, a subsequent document review<sup>2</sup> revealed that the majority of these district policies, goals and plans focus exclusively on healthy eating (e.g. guidelines for food and beverage sales) and/or physical activity, while very few have incorporated CSH.

### Changes to School Environment as a Result of HSBC Activities

School respondents indicated the following changes to their school environment as a result of HSBC activities to date:

- 32% indicated no changes towards a healthy school environment at their school
- 25% indicated some changes towards a healthy school environment at their school
- 20% indicated slight changes towards a healthy school environment at their school
- 6% indicated great changes towards a healthy school environment at their school

HSBC is in its early stages of implementation, and activities to date have focused largely at the school district level. The above results will serve as a baseline as we continue to monitor our progress in creating healthier school environments over time.

<sup>2</sup> This document review was conducted separately by the HSBC Management Team, and is not included in the evaluation report developed by Context Research. Please contact [evaluation@healthyschoolsbc.ca](mailto:evaluation@healthyschoolsbc.ca) for more information.

## Acknowledgements

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This summary report was prepared by DASH BC, the BC ministries of Health and Education, and PHSA, based on the evaluation report completed by Context Research. The full evaluation report is available upon request.

## Contact

For further information or to access the full evaluation report, contact:

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