Champlain School Facilitation Pilot Program 2013-2014

SUMMARY REPORT OF FINDINGS
The Champlain School Facilitation Pilot Program 2013-14 was co-implemented by the Champlain Cardiovascular Disease Prevention Network (CCPN), the Heart and Stroke Foundation (HSF), and the Propel Centre for Population Health Impact (Propel). Thanks and appreciation are extended to all those involved in the design, implementation, and evaluation of the Champlain Pilot.
WHAT IS THE CHAMPLAIN PILOT?

Born from a unique partnership between the Heart and Stroke Foundation (HSF), the Champlain Cardiovascular Disease Prevention Network (CCPN), and the Propel Centre for Population Health Impact (Propel) at the University of Waterloo, the Champlain School Facilitation Pilot Program 2013-14 (Champlain Pilot) was designed to support healthy eating and physical activity amongst school-aged children in the Champlain region of Eastern Ontario. The objective of this collaboration was to inform, implement, and evaluate an 18-month, school-based intervention. Sixteen English elementary schools representing a diverse mix of urban and rural communities were selected from a pool of applications from across the region (Figure 1).

Pilot schools had access to ongoing support from a full-time school facilitator (one person for all 16 schools, March 2013 to June 2014), hired by the CCPN, to develop and implement a 2013-14 school action plan in one or more of three priority areas: school nutrition, school travel planning, and active play. Schools also received one-time seed funding (September 2013) in the amount of $1,150 to support implementation activities identified on their plan.

Figure 1: Map of Champlain region and participating intervention schools (n =16)

Participating School Boards

- Catholic District School Board of Eastern Ontario (1 school)
- Ottawa Catholic School Board (4 schools)
- Renfrew County Catholic District School Board (2 schools)
- Renfrew County District School Board (3 schools)
- Upper Canada District School Board (5 schools)
- Private (1 school)
WHY THIS APPROACH?

There is evidence in Canada and internationally that points to the effectiveness of varied facilitation and capacity building approaches to improving school environments, increasing physical activity, and improving eating behaviours of school-aged children. Success has been further linked to the use of a dedicated support person (i.e., facilitator) to help guide and develop healthy school initiatives with school communities. Use of a comprehensive school health (CSH) approach is well documented as the cornerstone of success; it fosters engagement of the whole school community including partners outside of the school setting and supports a shift in both the physical and social environments of a school, in addition to learning both in and outside the class. CSH is expressed by the Ontario Ministry of Education as the *Foundations for a Healthy School* framework and includes four pillars: High Quality Instruction and Programs, Healthy Physical Environment, Supportive Social Environment, and Community Partnerships.

The Champlain Pilot was informed by existing evidence and designed to guide schools in creating environments where healthy behaviours (physical activity and healthy eating) could be more easily encouraged, supported, and celebrated. At its core, the Champlain Pilot aimed to “kick start” a shift in school culture – one in which health is recognized as a foundation for student success, and over time, applies a health “lens” across all aspects of school life.

As outlined in Figure 2, the Champlain Pilot addressed foundational processes, such as leadership, student engagement, and policies, to advance healthy school efforts. A focus on environments also infers a broader, health-promoting perspective; the emphasis is on healthy behaviours for all, as opposed to a weight management strategy for a targeted population. Everyone has an opportunity to benefit – including future generations of students.

Existing CCPN relationships with public health, school boards, and other key partners, alongside an established regional vision for healthy schools, were leveraged to support a unified, complementary approach to supporting schools through the process of change.

*Figure 2: Focus of the Champlain Pilot*

**STRENGTH OF FOCUS OF CHAMPLAIN PILOT**

Contexts and environments outside school setting (not measured)
The primary role of the school facilitator was to support the development and implementation of school action plans by guiding schools through a process (Figure 3) that emphasizes relevant, comprehensive goal setting and action planning. The Steps to Success draw on key conditions for effecting change within school environments. Seven steps are expressed in a “hopscotch” format, inferring that once you reach the end, you start the “hopscotch” again. In essence, the facilitator is coaching schools through a process for planning and implementing health-related goals and activities, which collectively, aim to shift the school environment to be more conducive to the adoption of healthy behaviours.

The process is grounded in the *Foundations for a Healthy School* framework, meaning that all schools were guided towards establishing school action plans that were multi-faceted and addressed all four pillars of the framework.

Depending on the school’s readiness, the facilitator also assisted directly to implement healthy school activities. These activities were deliberately “faded” as readiness increased. The facilitator also linked schools to relevant, credible resources and to community partners (most notably, public health) to support this process.

*Figure 3:* “Hopscotch” Steps to Success

![Figure 3: “Hopscotch” Steps to Success](image)
Our developmental evaluation had three primary purposes:
1) Examine the impact of the program at school- and student-levels;
2) Contribute to continuous improvement of the Pilot program; and,
3) Explore considerations for scaling up.

This evaluation approach, as outlined in Figure 4, used both quantitative and qualitative methods to explore different stakeholder perspectives (i.e., students, parents, principals, teachers, and implementation staff at the CCPN). In addition, comparison schools (n=5) also participated in the student- and school-level surveys at the same time periods as the Pilot schools.

**Figure 4: Evaluation approach**

To fulfill purpose 2, the evaluation team summarized and shared each source of data with the implementation team to both verify the findings and to support program learning. The main themes were then examined and synthesized to examine similarities across each data collection procedure (refer to Table 1).

Baseline and final evaluation reports were presented to the partners and are available at www.healthyschools2020.ca.
Table 1: Summary of Evaluation Procedures in Intervention Schools

<table>
<thead>
<tr>
<th>METHODS</th>
<th>TYPE</th>
<th>TOPICS</th>
<th>TIME</th>
<th>RESPONSE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student survey (grades 5, 7, 8)</td>
<td>Quantitative</td>
<td>Attitudes, social norms, behaviours related to physical activity, healthy eating, positive mental health Self-report height and weight</td>
<td>Spring 2013 Spring 2014</td>
<td>51% 57%</td>
</tr>
<tr>
<td>School environment survey (Healthy School Planner)</td>
<td>Quantitative</td>
<td>Foundations of healthy school community, healthy eating (HE), physical activity (PA) environments and opportunities at the school</td>
<td>Spring 2013 Spring 2014</td>
<td>Foundational (100%) PA (94%); HE (94%) Foundational (88%) PA (88%); HE (75%)</td>
</tr>
<tr>
<td>Principal interviews</td>
<td>Qualitative</td>
<td>School readiness for the Pilot Pilot expectations Pilot experience Recommendations for program improvement</td>
<td>Spring 2013 Spring 2014</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Principal focus groups</td>
<td>Qualitative</td>
<td>Feasibility and implementation of program</td>
<td>Jan–Mar 2014</td>
<td>75%</td>
</tr>
<tr>
<td>Parent focus groups</td>
<td>Qualitative</td>
<td>Parent perspectives of the Pilot, and of healthy eating and physical activity environment at the school and related school activities</td>
<td>Feb–Mar 2014</td>
<td>Conducted in select schools (n=2)</td>
</tr>
<tr>
<td>Student photovoice</td>
<td>Qualitative</td>
<td>Student perspectives about the school environment</td>
<td>Winter 2014 Spring 2014</td>
<td>Conducted in select schools (n=2) with grade 5 &amp; 6 students</td>
</tr>
<tr>
<td>CCPN staff and facilitator interviews</td>
<td>Qualitative</td>
<td>Pilot implementation</td>
<td>Fall 2013 Winter 2014 Spring 2014</td>
<td>100% 100% 100%</td>
</tr>
</tbody>
</table>
Schools are moving in the right direction. There was considerable evidence that Pilot schools established foundational processes for improving healthy eating and physical activity environments compared to school foundational processes at the beginning of the Pilot (i.e., Baseline).

Some examples include:

- All Pilot schools had developed an action plan related to their priority area(s) of focus (school nutrition, school travel planning and active play);
- All Pilot schools had a leader to advance their work;
- More Pilot schools had established plans for leadership succession;
- More Pilot schools reported new food/beverage policies or greater attention to implementing the policies already in place;
- More Pilot schools implemented mandated daily physical activity, and schools increased minutes of physical education compared to baseline;
- Pilot schools had more meaningful partnerships (e.g., public health, Green Communities Canada); and,
- Pilot schools provided greater access to healthy food through school breakfast programs, healthy snack programs, and events where healthy food was promoted.

Leveraging funds for sustainability

Three schools implemented a school breakfast or snack program to increase access to and consumption of healthy foods during the school day. These programs were initiated with the seed funds provided by the Pilot.

To help schools create a sustainable program, the facilitator linked them to the appropriate regional contact for the Ontario Student Nutrition Program (SNP). SNP provides one-year funding for the purchase of food for breakfast or snack programs that are universal and available to all students.

Two of the three schools applied and received funding to enhance their program for the 2013-14 school year; the other has made connections and will be considered for funding in 2014-15.
**WHAT WAS THE IMPACT AMONG OUR STUDENTS?**

Positive student behaviour change was observed. Principals and parents reported more physical activity at Pilot schools by students. There were also reports of fewer behavioural referrals at school; for example, one school tracked behavioural referrals before and after the Pilot and noted a reduction in them as a result of the initiative. Some schools reported that students were engaged and exhibited greater focus and they attributed these factors to the Pilot. Finally, in some schools the culture and morale of students and staff reportedly improved; the Pilot was believed to have moved the school community to work towards a common vision with purpose that resulted in a sense of excitement.

Overall, there was limited self-reported change in student behaviour over time, leaving significant room for improvement in healthy eating and physical activity behaviours. When we examine our student findings, we see that healthy eating and physical activity behaviours continue to be far short of National guidelines which is consistent with other National data available on student behaviours (refer to Table 2).

That said, we did observe positive examples of changes in schools that focused on sugar-sweetened beverages (SSBs). A strong and consistent reduction in consumption of SSBs was seen in Pilot schools more than in comparison schools. In Pilot schools, 63% of students reported consuming SSBs on the previous day, as compared to 76% in comparison schools.

**Table 2: Comparison of National student-level data to our Pilot school findings**

<table>
<thead>
<tr>
<th>Sugar-sweetened beverage (SSB) consumption (on previous day)</th>
<th>Canada’s Food Guide recommends limiting consumption of SSBs and quenching thirst with water</th>
<th>In a study among 3 Canadian communities 80% of youth ages 13 to 18 consumed at least 1 SSB per day; 44% consumed 3 or more SSB per day(^6). Others have found boys consume more SSB than girls(^7).</th>
<th>63%</th>
<th>76%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily milk consumption</td>
<td>3–4 servings per day</td>
<td>In a study among 3 Canadian communities 80% of youth ages 13 to 18 consumed at least 1 SSB per day; 44% consumed 3 or more SSB per day(^6). Others have found boys consume more SSB than girls(^7).</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Daily physical activity</td>
<td>60 minutes of moderate to vigorous physical activity per day on 5 or 7 days per week</td>
<td>In a study among 3 Canadian communities 80% of youth ages 13 to 18 consumed at least 1 SSB per day; 44% consumed 3 or more SSB per day(^6). Others have found boys consume more SSB than girls(^7).</td>
<td>32%</td>
<td>27%</td>
</tr>
<tr>
<td>Daily screen time</td>
<td>Less than 2 hours per day</td>
<td>In a study among 3 Canadian communities 80% of youth ages 13 to 18 consumed at least 1 SSB per day; 44% consumed 3 or more SSB per day(^6). Others have found boys consume more SSB than girls(^7).</td>
<td>47%</td>
<td>51%</td>
</tr>
<tr>
<td>Daily junk food consumption</td>
<td>No National Guideline for this</td>
<td>In a study among 3 Canadian communities 80% of youth ages 13 to 18 consumed at least 1 SSB per day; 44% consumed 3 or more SSB per day(^6). Others have found boys consume more SSB than girls(^7).</td>
<td>93%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Gender was a significant predictor of student behaviour. For example, males were more likely than females to meet physical activity guidelines. Females were more likely than males to achieve less than 2 hours of screen time a day. Females were also more likely than males to eat breakfast, and to eat fruit and vegetables six times per day. On the other hand, males were more likely than females to consume 3 servings of milk each day which is consistent with national findings11.

Determinants of behaviour (e.g., attitudes, beliefs, subjective norms) significantly predicted physical activity and healthy eating behaviours. For example, confidence in choosing healthy foods at home and school, as well as students feeling they could “eat healthy foods if I wanted to”, were consistently significant predictors of eating fruits and vegetables six or more times daily. Those with higher confidence were more likely to achieve this benchmark. Similar trends were seen with students who achieved at least 60 minutes of physical activity on 5 days per week. All were positively associated with the behaviour, so those who strongly liked active play, who have a lot of friends that play actively, and who believed they could play actively if they wanted to, were more likely to achieve the physical activity benchmark.

...And I thought, here are kids cheering for their vegetables; how awesome is that? – Principal

Schools water down sugar-sweetened beverage consumption

Two schools focused on reducing consumption of sugar-sweetened beverages (SSBs). One of the schools created a policy allowing only water in classrooms, provided education re: SSBs to the school community via agendas, newsletters, and principal announcements, and discouraged consumption of pop, sports drinks and other SSBs. The proportion of student SSB consumption at this school was reduced from 67% to 58% over the course of the Pilot.

At an intermediate school, one of their goals was to decrease the consumption of high-sugar, high-fat foods and drinks. Students were not permitted to sign out of class (or school) to limit the purchasing of snacks and drinks from a local convenience store. As well, water was the only drink allowed in class. To educate students, a presentation entitled “sugar shocker” was made to all grade 7 and 8 students. The proportion of student SSB consumption at this school improved from 67% to 63%. Students also reported consuming fewer baked sweets, frozen desserts, and candy or chocolate on the previous day.
Role of the facilitator: accountability and encouragement

Overall, schools enjoyed being part of this initiative and appreciated having the support of a facilitator. They felt it provided them with a process and direction to make improvements within the school, accountability for their plans and actions as set out, and a source of encouragement, guidance, and “hands-on-deck” support along the way. The personal characteristics of the facilitator (e.g., enthusiastic, adaptable, reliable, approachable, positive) were also shown to be influential in successfully engaging and working with the schools. Schools tended to rely on the facilitator more heavily when the facilitation process was first introduced, but less so over time as structure and momentum were established.

Table 4: Facilitation “By the numbers”

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of school boards</td>
<td>5</td>
</tr>
<tr>
<td>Number of schools</td>
<td>16</td>
</tr>
<tr>
<td>Number of facilitators</td>
<td>1</td>
</tr>
<tr>
<td>Total amount of seed money ($) to schools</td>
<td>17,250</td>
</tr>
<tr>
<td>Total number of school visits</td>
<td>133</td>
</tr>
<tr>
<td>Total number of presentations delivered</td>
<td>34</td>
</tr>
<tr>
<td>Total distance traveled (kilometers)</td>
<td>13,883</td>
</tr>
<tr>
<td>Range of school visits (per school)</td>
<td>2 – 17</td>
</tr>
<tr>
<td>Total facilitator hours in school</td>
<td>248</td>
</tr>
<tr>
<td>Total facilitator hours in travel</td>
<td>190</td>
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</tbody>
</table>

Leadership development and ongoing commitment

Staff and volunteer turnover and burn-out are a reality in schools and create challenges for sustainability. By building leadership capacity within a school community, schools are better able to sustain the process of creating healthy environments. It is important for schools to have principal buy-in but leadership and ongoing commitment at the school-level is required. Often, more than one school “champion” or “lead” is needed to keep efforts moving forward.

School committee structures and stakeholder involvement

Schools were guided to form a multi-disciplinary team/committee to drive this work. The majority of schools had an identified lead(s) and used existing committees/channels to communicate, rather than establishing a fully representative committee. Schools who used multiple communication methods to reach a variety of groups (e.g., parents, teachers, students) were able to create awareness, seek input, and mobilize action – meaning the committee structure did not need to be formal to be functional. This approach is also highly practical, given that time to formally gather is often limited in a school environment.
It keeps the priority top of mind amongst all the other things going on in a school. – Principal

Relevant goal setting and comprehensive action planning
Schools were guided to use a CSH approach when creating their individual school action plans, and the majority of plans touched all four pillars of the Foundations for a Healthy School framework.

Goals that were more discrete/focused seemed to gain more traction. They were less overwhelming, allowed for easier communication to the school community, supported progress tracking, and fostered clearer expectations of roles and responsibilities among school staff and other partners (i.e., who is involved, what needs to be organized, etc.).

School-specific data proved critical in helping schools identify specific, relevant goal(s) for their action plan. In general, schools seemed to value the student-level data and wanted their school action plan to be responsive to the needs of their school.

Examples of action plan activities

School Nutrition
- Adjusting the menu of school events to reflect healthier options and demonstrate the message of healthy food through actions
- Implementing a Student Nutrition Program
- Altering fundraising initiatives to reflect healthier food options, or no food at all
- Implementing a few student-prepared healthy hot lunches to replace some pizza lunches

Active Play
- Implementing the Playground Activity Leaders in Schools (PALS) program
- Hosting family activity nights at the school
- Profiling a “teacher of the month” and highlighting activities he/she enjoys to stay active
- Creating opportunities for indoor play during inclement weather (indoor recess)
- Participating in active fundraisers (e.g., Jump Rope for Heart, dance-a-thon)

School Travel Planning / Active Transportation
- Participating in iWalk (International Walk to School) in October
- Creating “Walking Wednesdays” to encourage families and students to walk to school
- Creating a map of the area around the school to identify suitable walking routes
- Issuing memos to parents about modifications to reduce car traffic, encourage more active transport, and increase safety for walkers/bikers
Student engagement

Students provide an important perspective for effecting change. Input from students might be better gained not only from representation on a committee, but through more fulsome opportunities for input and engagement, such as classroom activities or focus groups, throughout the planning, implementation and participation process. Creating opportunities for students to develop leadership skills builds student interest and ownership of initiatives. Pilot schools involved students in a variety of ways; for example, preparing food for a school-wide dinner, and mentoring/coaching other children in active play.

Meaningful community partnerships

Buy-in from a variety of stakeholders (i.e., staff, parents, students, community partners and groups) also helped to support healthy school activities. By engaging diverse stakeholders throughout the process, schools had greater support in planning, organizing and running events that appeal to a broad population at the school. Community partners, while sometimes a challenge for schools to engage, can provide valuable resources for schools (e.g., people, resources, infrastructure, knowledge, funding). Over the course of the Pilot, schools began to think of partners as more than just a source of funding, but in terms of what else they may be able to provide, such as tool kits, public health expertise, and on-going support.

Clear, frequent communication

As noted above, engaging stakeholders by communicating often and broadly, using existing channels where possible, helps to generate awareness, solicit input/validate plans, and support implementation.

Schools also acknowledged the importance of clarifying expectations at the outset of the Pilot; i.e., purpose of the endeavour, process to be used, evaluation commitments & timelines, and so on. These aspects were addressed at the initial kick-off meeting between the facilitator and the school key contact(s).

There was also a desire to contextualize our Pilot activities with core, provincial frameworks and guiding documents used by school boards and schools. Speaking the same language demonstrated our knowledge of school expectations and enabled us to position the school action plans as integrated within their overall school improvement goals and objectives, as opposed to another (separate) initiative.

Recognizing and addressing competing/conflicting priorities

Schools are busy places. Staff are often scheduled to the minute, juggling multiple priorities simultaneously. Schools need to find the right balance between all of the demands placed on them and find ways to prioritize creating a healthy school environment; for example, sharing leadership, or taking a more comprehensive approach to creating a healthy school rather than implementing numerous new activities.

Meetings happen around the photocopier with a few people; [the facilitator] brought us together to have a focused conversation. – Principal
Aligning actions with already-occurring events and activities within the school was a useful tactic. It is also important to recognize that there are specific times within the school year that are busier than others. Acknowledging this, and being respectful of everyone’s time, goes a long way.

**Celebrating success**

Recognizing achievements along the way generates awareness, sparks interest, builds a sense of “school community” and can inspire ongoing action. Schools celebrated the events, actions, accomplishments, and participation of students through such mechanisms as:

- Sharing pictures from events on their website and social media sites;
- Sending notes in newsletters and memos; and,
- Recognizing achievements during announcements or school assemblies.

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**Role modeling and the student perspective**

One school (K-7) emphasized staff role modeling of healthy behaviours. Examples of this included staff drinking only water in class, bringing coffee in a generic cup, walking the halls eating fruit, playing on staff sports teams, and participating in games outside at recess with students. Staff also looked at things such as healthy classroom rewards and celebrations – all in an effort to set a positive example for students.

The efforts were noticed!

- Students noticed a teacher drinking a fruit smoothie every morning and said it intrigued them to learn how to make one and try it.
- Another student enjoyed having a teacher, who was not on duty, participate in recess games. The student said it made recess more fun and encouraged others to join in.

These examples demonstrate how positive role modeling from staff can contribute to creating a healthier school environment and influencing student behaviours. As the principal of this school noted, “Don’t worry that they are not listening, worry that they are watching.”
WHAT ARE OUR CONSIDERATIONS FOR THE FUTURE?

The following are implications to consider for future scaling up of the Champlain Pilot:

An established vision for healthy school environments
Underpinning the Champlain Pilot is a context that includes a regional vision and an established network of education, health, and community partners. The CCPN has been working collaboratively since 2008-09 to support healthy school environments across the Champlain region in different ways, including this Pilot. Strong partnerships with and between the nine school boards and four public health units in Champlain, among other community partners, provided significant influence and value-add for implementation of the Champlain Pilot.

Commitment to a CSH approach
Schools involved in facilitation for improving school environments need to commit to the process of using a comprehensive school health framework. Facilitation continues to be tailored to history, capacity, and the context of each school community.

Recognize change as a process that takes time
School facilitation needs to be implemented over a longer period (more than two years), as culture change and changes to school-level environments take time. Depending on resource availability for implementation, some schools may begin in one year with greater involvement from the facilitator, and other schools may begin the following year. Experienced schools can provide support and mentorship to new schools for greater sustainability.

Knowledge exchange opportunities
Ongoing knowledge exchange opportunities between schools (in-person or by teleconference) was identified by principals as very worthwhile. A gathering of participating schools and their respective stakeholders early in the process could facilitate effective sharing. Knowledge exchange may also occur through sharing program information, templates, and creative ideas on an online platform.

Having the program run for at least two years would be helpful. The first year we are just getting everything set up, learning, organizing and getting people involved. You feel like you are just getting there by the end of the year. In the second year I think you would be more knowledgeable and committed to keeping it going. – Principal
Evaluation is not only important for accountability and improvement, but also to inspire relevant school-level actions

Over the course of the Pilot, evaluation results were used for continuous improvement and to understand impact. Summaries of evaluation results were shared shortly after data were collected with Pilot partners for learning purposes. Baseline data served to inform the encouragement of schools by the facilitator on ensuring foundational assets such as leadership, action plans, engagement of students, and community partnerships were in place to support their plans.

While participants may feel evaluation activities are time consuming at the start, their use for school-level action planning (as well as monitoring impact) makes them valuable to most participants.

Sustainability and momentum

As part of our facilitation process, we sought to build in sustainability by leveraging existing mechanisms such as School Improvement Plans (SIP) and policy-based approaches. We were also deliberate in working alongside public health, fostering relationships between public health nurses and schools that would (hopefully) carry on beyond the course of the Pilot. Creating leadership succession plans and involving multiple leaders in different ways can also be important factors in sustaining school-level actions. Finally, greater involvement of community partners may support actions in schools, and extend healthy environments outside of the school which is essential for sustainability.

We highly valued student-level data assessing attitudes and anecdotal evidence, as well as school climate [HSP] data. We want to reflect the “whole child”, and not just focus on academics. The Propel data have provided, in a way, a first step in helping us collect data outside of academics.

– Principal

Maintaining momentum – planning for next year

For one K-6 school, focusing on healthy active celebrations, an initial “year in review” was held between the facilitator and school lead; this was later presented to the entire staff for input and future planning. All staff agreed it was beneficial and something that should continue within the school, for all events, next year. The planning and implementation efforts in support of this endeavor had fallen primarily on two key staff members in 2013-14; it was identified that to continue, more people would need to play a role. Consequently, other staff members came forward to work together next year.
CONCLUSION

The Champlain Pilot was a unique opportunity to demonstrate innovation and further explore the application of evidence-based approaches for health promoting interventions in school settings. Findings of this Pilot will be used to refine the facilitation process, to expand and grow the Healthy Schools 2020 program to reach more schools in the Champlain region of Ontario, in addition to informing expansion to other regions in Canada.

Our school facilitation experience provides quantitative, qualitative, and anecdotal evidence of the positive progress made in the 16 participating schools, within the context of recognized conditions for success in effecting change in school environments. While the changes realized in each school varied, the shifts in initial engagement, leadership, and in their physical and social environments, lay the foundation for more substantive improvements in student perceptions, attitudes, and ultimately behaviours, as they pertain to physical activity and healthy eating. This type of cultural change takes time, patience, and nurturing – a process conducive to a longer timeline than the one school year afforded in this experience.

Certainly, the established regional vision for healthy schools in the Champlain region, alongside existing partnerships with school boards and public health, was of significant value in initiating, mobilizing, and inspiring collective ownership of this initiative. The expertise and experience of our teams, and working collaboratively to inform our respective facilitation and evaluation processes, is worthy of replication in future.

For more information, visit www.healthyschools2020.ca.

It’s been a really, really positive experience and I’m just really excited that we got to be involved in it.
– Principal
REFERENCES


4. The Ontario Ministry of Education’s Foundations for a Healthy School framework has since been updated to better align with student effectiveness and is available for download at: http://www.edu.gov.on.ca/eng/healthyschools/foundations.html


