

2018



APPLE Schools
Expansion Report

Executive Summary

The 2018 APPLE Schools Expansion Report provides a summary of findings from the first year of the process evaluation. Key findings for each of the four report sections are detailed below.

School Health Facilitator (SHF) Competence & Confidence

After one year, SHFs (100% of those surveyed) reported an average increase in their knowledge and confidence to implement a comprehensive school health (CSH) approach in nearly all areas. These increases suggest that the professional learning events, mentorship, and peer support provided to the SHFs increased knowledge and confidence. SHFs also demonstrated shifts in their perceived confidence under different known challenges, suggesting a growth in understanding how to navigate the unique challenges encountered when creating a healthy school community.

Facilitating Change in Rural & Remote Environments

School communities worked to facilitate change within their unique rural and remote environments. Qualitative interviews with SHFs revealed three key themes related to implementation: 1) *Accessibility and Availability of Healthy Opportunities*, 2) *Strong Sense of Community*, and 3) *Embedding Culture*.

1. Accessibility and Availability of Healthy Opportunities

A lack of availability and high cost were often associated with accessing healthy opportunities. Remote, and rural schools had to pay more for limited local options or look outside the community.

2. Strong Sense of Community

Communities were close knit, with an established sense of connection to individuals and families, and this helped SHFs to make gains quickly and supports the philosophy of hiring local community members to be a SHF.

3. Embedding Culture

The presence of Indigenous staff to connect with Indigenous youth and culture was important to facilitate change by embedding culture to promote holistic wellness and mental well-being.

School Culture

Previous research has identified seven essential conditions and three contextual conditions related to taking a CSH approach. Core conditions include: 1) *Students as Change Agents*, 2) *School-Specific Autonomy*, 3) *Demonstrated Administrative Leadership*, 4) *Dedicated Champion to Engage School Staff*, 5) *Community Support*, 6) *Evidence*, and 7) *Professional Development*. Contextual conditions include: 1) *Time*, 2) *Funding and Project Support*, 3) *Readiness and Prior Community Connectivity*. After one year of implementation, SHFs rated how essential each condition was on a scale of 1 (not essential) to 10 (very essential). The average for all core conditions was 9.0 while the average for the contextual conditions was 9.2. SHFs were also asked whether they felt their school had met each condition. SHFs consistently reported (range of 80-100%) that their school was addressing each condition. Specific and practical examples were highlighted demonstrating the operationalization of these conditions.

Strategies for Continued Success

While not an expectation for the first year of implementation, administrators reported an overall high level of supportive policies in their school communities. Given that policies help to support and sustain the creation of healthy school communities, this is encouraging. SHFs gained insight during their first year working in the school communities, and shared key strategies to build on the existing momentum for continued success.

Overall, the evaluation of the implementation of CSH within the new APPLE Schools presented in this report seems to indicate a high level of acceptance, growth, and knowledge gained within the school communities. There are also some unique promising practices arising from the remote, rural schools.

2018 APPLE Schools Expansion

APPLE Schools is an innovative school-based health promotion initiative. It improves the lives of more than 19,000 students annually in 63 schools across Northern Alberta. The project supports healthy eating, physical activity, and mental health by implementing CSH. In 2016, APPLE Schools expanded to 12 schools in rural areas of Northern Alberta. Many of these schools are located in extremely remote geographic locations, therefore it is necessary to understand what implementing a CSH approach looks like in this unique context. The 2018 Expansion report highlights experiences of the following 12 school communities included in the Northern Alberta expansion.

- Anzac Community School, Anzac
- Bill Woodward School, Anzac
- Athabasca Delta Community School, Fort Chipewyan
- Chief Napeweaw Comprehensive School, Frog Lake First Nation
- Aurora Middle School, Lac La Biche
- Cold Lake Middle School, Cold Lake
- Conklin Community School, Conklin
- Father R. Perin School, Janvier
- Glendon School, Glendon
- Vera M. Welsh Elementary School, Lac La Biche
- Fort McKay School, Fort McKay

Expansion Evaluation

As part of the expansion, a process evaluation was planned. The 2018 Expansion Report provides a summary of the findings from the first year of the process evaluation. Data was generated from six different data sources. Note that the 2018 Expansion Report includes data from the first five sources listed below.

1. School Health Facilitator Self-Efficacy Survey

The Self-Efficacy Survey assesses SHFs' confidence in implementing a CSH approach. It asks questions about their specific knowledge as well as their ability to implement activities in a variety of conditions. It was developed and administered prior to implementation (August 2016, n=12) and again after one year of implementation (June 2017, n=10) by researchers in the School of Public Health at the University of Alberta using adapted versions of pre-existing tools (i.e., Leurs et al., 2007; Naylor et al., 2013).

2. School Health Facilitator Qualitative Interviews

Interviews were conducted with nine SHFs after one year of implementation (October 2017, n=9). The purpose of the interviews was to understand the facilitators and barriers when implementing a CSH approach in rural areas.

3. Principal Survey

The Principal Survey was developed to gather information from school administrators regarding their school community. It asks questions about the school culture, physical environment, food choices, and physical activity opportunities. It was developed and administered prior to implementation (Spring 2016, n=11) by researchers in the School of Public Health at the University of Alberta.

4. The Essential Conditions Survey

The Essential Conditions are the conditions necessary to implement a CSH approach. The Essential Conditions Survey asks SHFs to rate the importance of the essential conditions and identify if their school has met each condition. It was developed and administered at the start of implementation (September-October 2017, n=10) by researchers in the School of Public Health at the University of Alberta.

5. School Action Plans

Every APPLE School has an action plan that is developed by a SHF and core committee (i.e., school principal and staff, students, parents, and community members). The purpose of the action plan is to outline school-specific goals for creating a healthy school culture. Action plans were developed after one year of implementation (June 2017, n=11). Templates can be accessed at www.appleschools.ca.

6. Joint Consortium for School Health (JCSH) Healthy School Planner

The Healthy School Planner is an online self-assessment tool used to assess a school's environment. It is an evidence-based resource that moves schools from planning to action. It is currently used by over 400 schools across Canada and can be accessed at hsp.uwaterloo.ca/. The Healthy School Planner was completed after one year of implementation (June 2017, n=10), and changes will be reported in the 2020 Expansion Report.

Report Overview

The 2018 Expansion Report has been divided into four sections.

Section 1: School Health Facilitator Competence & Confidence

This section documents the changes in knowledge, competence, and confidence of SHFs. Using pre- and post-measures, it demonstrates specific areas of growth and improvement for the SHFs working with the Northern Alberta expansion schools, and can be used to inform professional development opportunities.

Section 2: Facilitating Change in Rural & Remote Environments

This section provides an overview of the facilitators and barriers when implementing a CSH approach in rural and remote areas of Northern Alberta. It focuses specifically on cultural and geographical factors, including strengths and challenges.

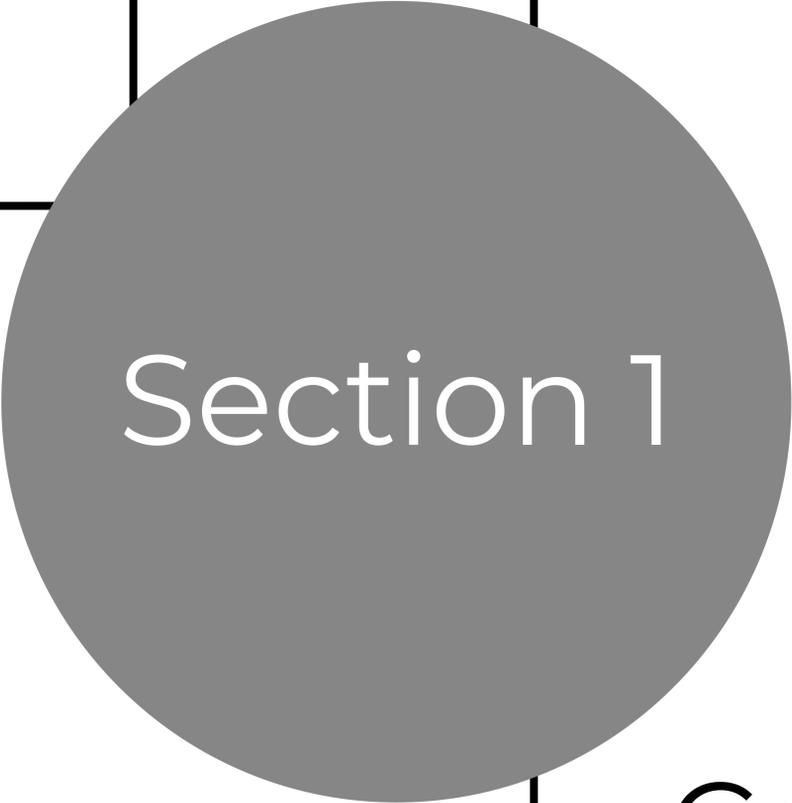
Section 3: School Culture

This section provides a summary of how the CSH approach is currently being implemented in the Northern Alberta expansion schools. Data in this section have been divided into eight areas that are aligned with the Essential Conditions (seven core conditions and the contextual conditions):

1. Students as Change Agents
2. School-Specific Autonomy
3. Demonstrated Administrative Leadership
4. Dedicated Champion to Engage School Staff
5. Community Support
6. Evidence
7. Professional Development
8. Time, Funding and Project Support, Readiness and Prior Community Connectivity

Section 4: Strategies for Continued Success

This section provides recommendations to continue and support the Year 1 momentum of the 2016 Northern Alberta Expansion. It highlights potential areas for improvement and outlines key strategies in how best to move forward identified by SHFs.

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Section 1

Competence & Confidence

This section provides a summary of SHFs' perceptions about their ability to implement a CSH approach. Using data from the School Health Facilitator Self-Efficacy Survey (see Item 1, Page 1) at two time points (August 2016 and June 2017), changes in knowledge and confidence are reported. As well, a summary of changes to perceptions of implementation given different contextual situations is provided.

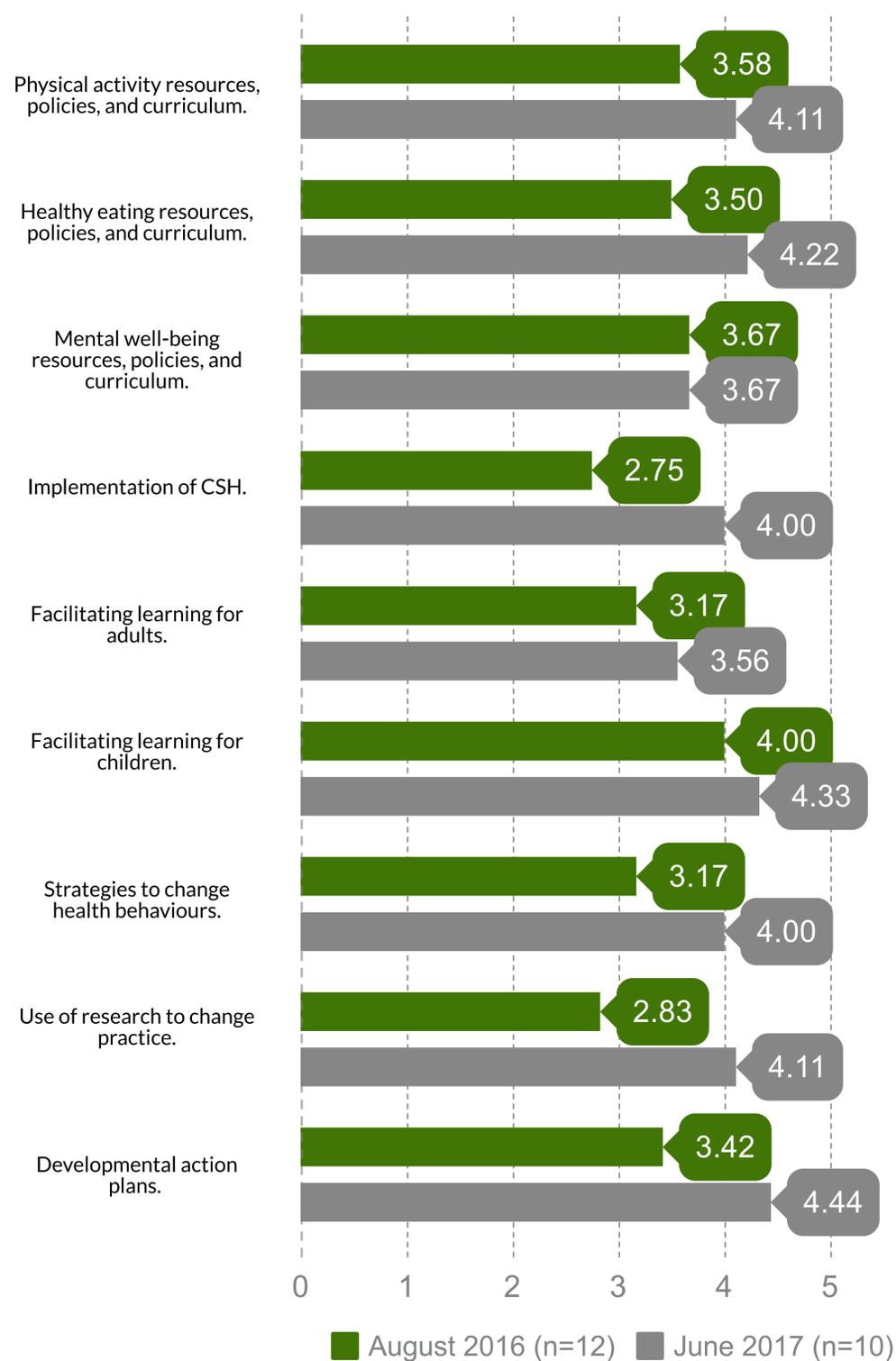
Knowledge and Confidence in Ability to Implement a CSH Approach

Knowledge of CSH refers to SHFs' level of knowledge in a number of areas related to the CSH approach. Confidence to implement a CSH approach refers to SHFs' confidence in providing experiences across a number of areas related to CSH. SHFs were asked to rate both their knowledge and confidence at two time points using a 5-point Likert scale for knowledge (1=no knowledge, 2=very little knowledge, 3=some knowledge, 4=quite a bit of knowledge, 5=a lot of knowledge), and confidence (1=not at all confident, 2=not very confident, 3=somewhat confident, 4=confident, 5=very confident). The average response (out of five) for each area and at each time point is documented in the charts below.

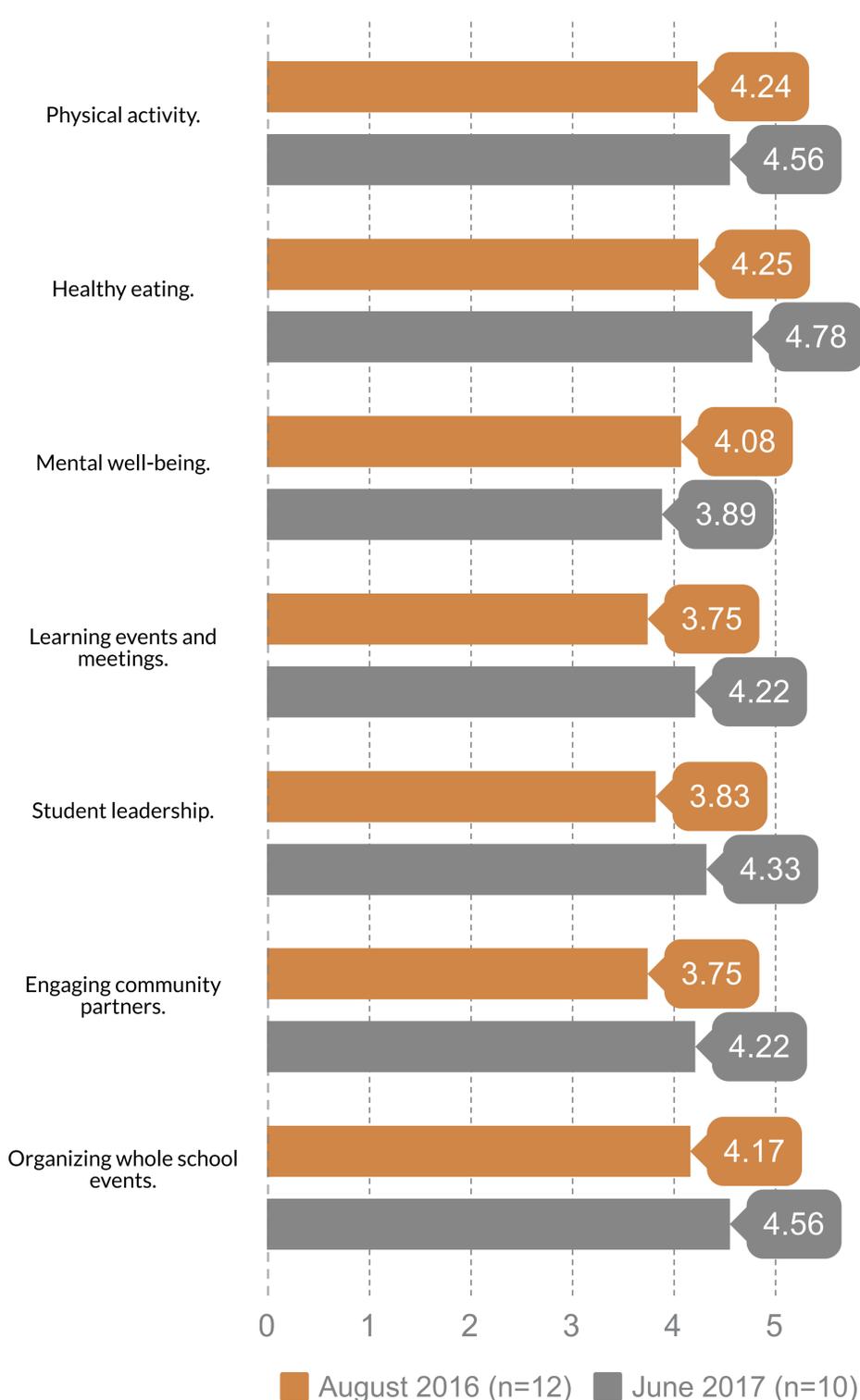
As demonstrated below, in August 2016 most SHFs reported having some knowledge of CSH (averages ranged between 2.75 and 4.00 in all nine areas) and confidence in providing experiences (averages ranged between 3.75 and 4.25). After working in the Northern Alberta expansion schools for a year, and taking part in regular professional development provided by APPLE Schools, SHFs reported an increase in both their knowledge (averages increased to between 3.67 and 4.44) and confidence (averages increased to between 4.22 and 4.78) in every area except mental well-being which often takes longer to see impact.

These increases are an indication that with time, experience, and support via professional development provided by APPLE Schools, SHFs become more knowledgeable and confident when implementing a CSH approach. Given the focus APPLE Schools places on continued professional development and learning opportunities, this is expected.

Level of knowledge in the following areas:



Level of confidence in the ability to provide experiences in the following areas:



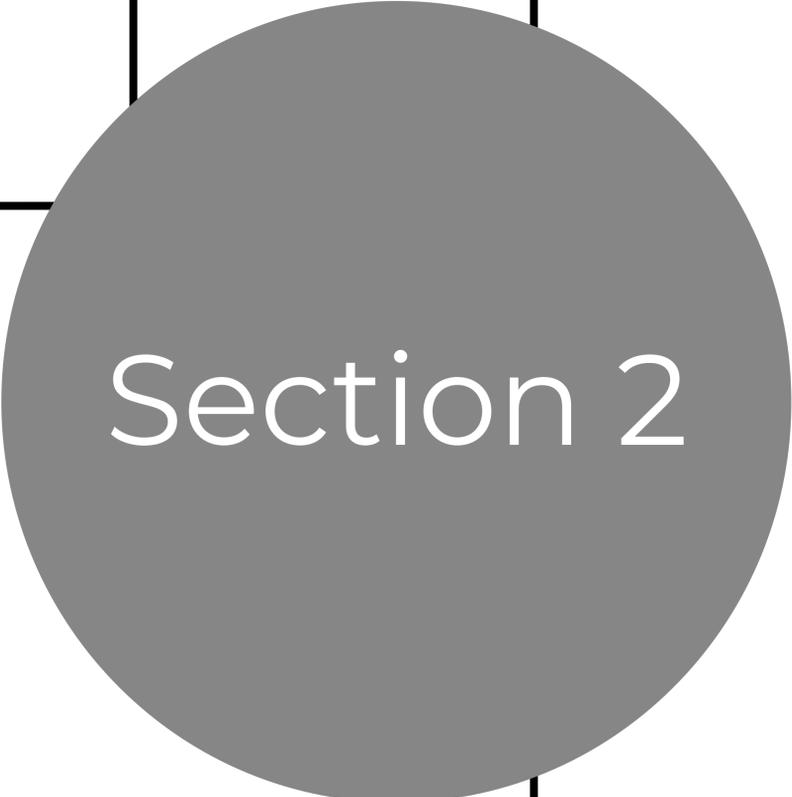
Confidence in Ability to Implement CSH Given Different Contextual Situations

This section provides information about how confident SHFs were in their ability to facilitate the implementation of physical activity, healthy eating, and mental well-being opportunities in their schools under a number of conditions listed below. They rated their perceptions out of 100 (0=I can't do it, 50= moderately certain I can do it, 100=completely certain I can do it).

- ...when colleagues are not involved.
- ...when administration disagrees with its importance.
- ...when parents/guardians disagree with its importance.
- ...when students disagree with its importance.
- ...when students are not engaged.
- ...when parents/guardians are not involved.
- ...when community stakeholders are not involved.
- ...when lacking supporting materials.
- ...when supportive policies are not in place.
- ...when students find the concepts difficult.
- ...when I find the concepts difficult.
- ...when the overall workload is high.

After one year of implementation, SHF perceptions of implementation given the above conditions changed. There were two conditions that were consistent across all content areas: a) involvement of the administrator and, b) involvement of the parents. Notably, SHFs perceived a decrease in their ability to implement physical activity (61.25 to 45.44), healthy eating (57.50 to 44.89), and mental well-being (65.92 to 48.89) if the administration disagreed with its importance. In contrast, SHFs perceived an increase in their ability to implement physical activity (66.25 to 74.77), healthy eating (65.33 to 75.77), and mental well-being (62.42 to 76.33) when parents/guardians were not involved. SHFs also perceived a decrease in their ability to implement physical activity (70.83 to 59.11) and healthy eating (69.58 to 63.00) even if students were not engaged.

The reported changes in SHF perceptions are in alignment with previous research. After one year of working to create a healthy school community, it becomes apparent just how difficult it is to facilitate healthy opportunities if the administration disagrees with its importance. As well, while SHFs initially perceived that both parents and students needed to be engaged; after one year, SHFs' perceived confidence changed. SHFs felt that even in the absence of parent involvement, implementing a CSH approach was possible as long as students were engaged.

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Section 2

Facilitating Change in Rural & Remote Environments

This section provides a summary of the strengths and challenges of implementing a CSH approach when working in rural and remote communities. Data is primarily from the SHF qualitative interviews (see Item 2, Page 1), but also includes some data from the Principal Survey (see Item 3, Page 1).

Facilitating Change

School communities worked to facilitate change within their rural and remote environments. Findings from the SHF qualitative interviews revealed three key themes related to implementing a CSH approach. These themes are: 1. Accessibility and Availability of Healthy Opportunities; 2. Strong Sense of Community; and 3. Embedding Culture.

1. Accessibility and Availability of Healthy Opportunities

Given the remote and rural location of the school communities, SHFs reported a lack of availability and high cost associated with accessing healthy opportunities. SHFs indicated that many of their communities did not have grocery stores, businesses, or recreation venues locally. This meant that in order to access healthy opportunities, they either had to pay more for limited local options or look outside the community. Both were associated with high costs.

"You cannot purchase any fresh fruits or vegetables in this area...if you wanted something healthy to eat there is nothing to get...[One of my schools] is super, super remote in the sense that you need to drive an hour and a half to go or to do anything...[In the other school community] they have a corner store which has no healthy choices whatsoever...You have almost two hours if you want to drive to Fort McMurray to get half-decent groceries.... Getting the healthy snacks and the things that you need for taste testing or if you want to make smoothies and things like that, that's definitely a barrier because we need to drive pretty far to get those things" (P 6).

"If they wanted to go swimming in Fort Mac it costs us almost \$800 to get a bus just to take the kids into Fort McMurray. Our school only provides \$500/year for field trips. So unless we can do it here it's hard to get them into Fort Mac to do field trips" (P 5).

"Parents or guardians have to actually drive in to be able to come to the town to do anything...it's hard for all parents to be able to bring their kids in, you know, fuel and the time that it costs to bring [them] here" (P 3).

"I find that really difficult for getting supplies. For example, I couldn't get anybody to deliver milk to the school to start up a milk program, because we were so far away from everywhere. We're not on anybody's route...So finally, I got one grocery store to do it, but it was a \$50 fee. Well you pay \$50 once a week for a month, that's \$200 extra dollars that we have to pay just because we're isolated, we're in a remote location. So I find the cost of things are always higher" (P 8).

2. Strong Sense of Community

Being located in rural and remote areas meant that communities were close knit with an established sense of connection to individuals and families.

"...our sense of community is quite strong...our family games night, because it's inclusive to the whole community, our teachers come in with their families in a different role...because the school in lots of ways is still the centre of the community."(P 4).

SHFs with previously established relationships (i.e., from the community) made gains quickly. However, SHFs who were new to the community experienced challenges establishing rapport and gaining buy-in, as it is known that this takes time. These findings reinforce and support the APPLE Schools preferred practice of hiring SHFs from the community.

"..when it comes to relationships, I already had them...I've had a lot of conversations with staff previously...I had built those relationships... I've also had very positive conversations, but I've also had very tough conversations with them about that kind of stuff in the past. And so my face isn't something new. Hard questions coming out of my mouth aren't something new. Positives coming out of my mouth aren't something new. And I know the staff quite well...I didn't have to worry about building relationships like a lot of the other facilitators had to because they were new to the building" (P 4).

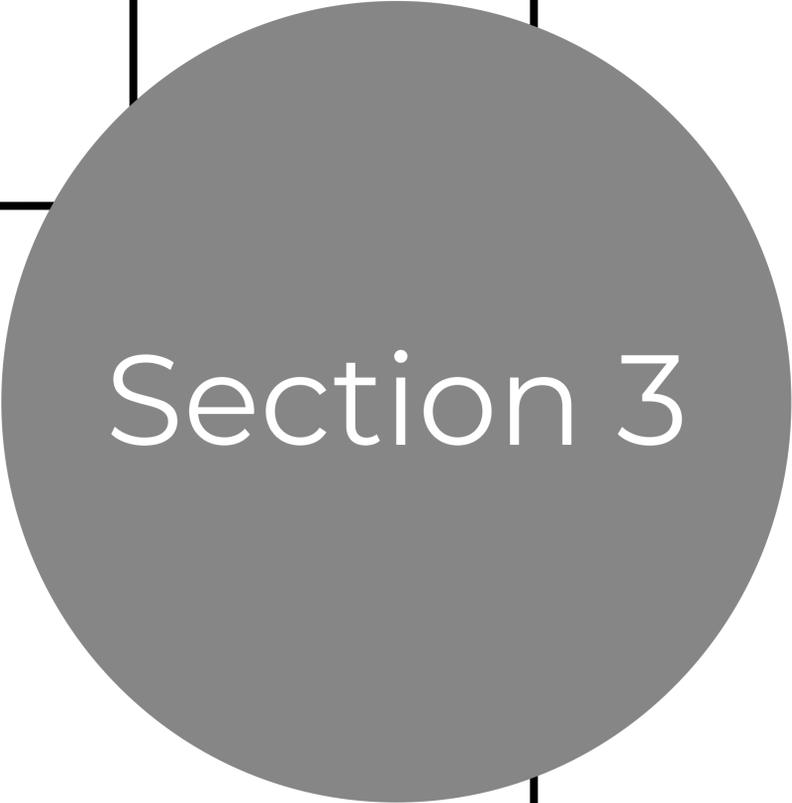
3. Embedding Culture

SHFs described the importance of having Indigenous staff to connect with Indigenous youth in the school community, and provided examples of how this was being integrated. This was especially relevant to ensure that activities and programs embedded culture to promote holistic wellness and mental well-being with links to language, ceremony, and traditional way of life.

"The culture instructors both do Traditional games on Fridays with the kids. They do Traditional hand games and in January as part of the phys. ed program we will be doing the Arctic Winter games as one of our phys. ed days. And our school, along with another, Glendon School, came up with the Arctic Winter games as one of the APPLE Schools' monthly campaigns" (P 5).

"We do have an FNMI committee of teachers and staff within our school and they look at developing different activities and games and they've been working on the [Truth and] Reconciliation part. So providing some of that program to all of our kids in our school in a K to 3 friendly manner...when it comes to Aboriginal week and those types of things providing the activities but also trying to pull in now some of the Aboriginal games and literature and having Elders....Their focus has been in the last couple of years is to make sure that there's appropriate Aboriginal literature in our classrooms and in our libraries and in our school" (P 4).

Sixty-seven percent of principals indicated they had specific committees to address culturally relevant curriculum and programs and 82% of principals reported that offering such programs was reflected in their mission statement/strategic business plan.

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Section 3

School Culture

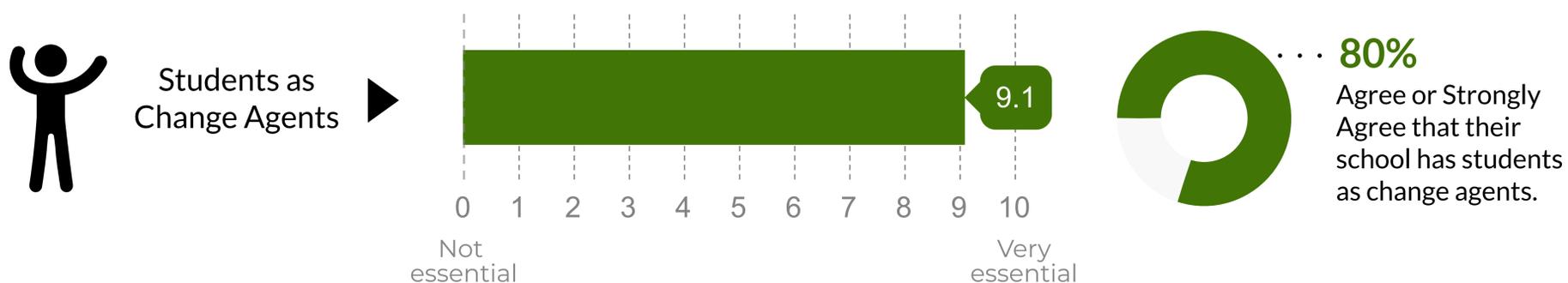
This section provides a summary of how the CSH approach is currently being implemented in the Northern Alberta expansion schools. Data in this section have been divided into eight sections that are aligned with the Essential Conditions (seven core conditions and the contextual conditions). Data is primarily from the Essential Conditions Survey (see Item 4, Page 1), but also includes some data from the SHF qualitative interviews (see Item 2, Page 1), the Principal Survey (see Item 3, Page 1), and the School Action Plans (see Item 5, Page 1).

Essential Conditions

Previous research has identified seven essential conditions and three contextual conditions related to taking a CSH approach (Storey et al., 2016). The Essential Conditions Survey was developed to rate the perceived importance of each condition and to identify if their school was addressing each condition. SHFs were asked to rate each condition on a scale of 1 (not essential) to 10 (very essential). After rating each condition, they were asked if they felt their school had met each condition. There were four possible responses to this question: 1) strongly disagree; 2) disagree; 3) agree; and 4) strongly agree. The charts and graphs provided in this section outline the **average response** (out of 10) for the perceptions of importance, and the total percent of SHFs who indicated the conditions were being met in their schools (agreed or strongly agreed).

1. Students as Change Agents

Students are the heart of any project and their enthusiasm and energy creates increased engagement. In the home environment, students are the drivers of change and can help engage parents through their buy-in. SHFs discussed ways to promote meaningful student engagement, and 100% of principals indicated they sometimes or always support the development of leadership skills in students. Despite the importance of student engagement, SHFs still reported challenges when engaging students and did not always have a clear understanding of what meaningful student engagement should look like.



"Sometimes it's easier to do things yourself than to try to get kids to do things. Finding the kids that are interested in doing it, because not all kids want to. Sometimes they think, you talk about health, you're going to talk about only eating salads, and they're not really sure what's expected of them" (P 7).

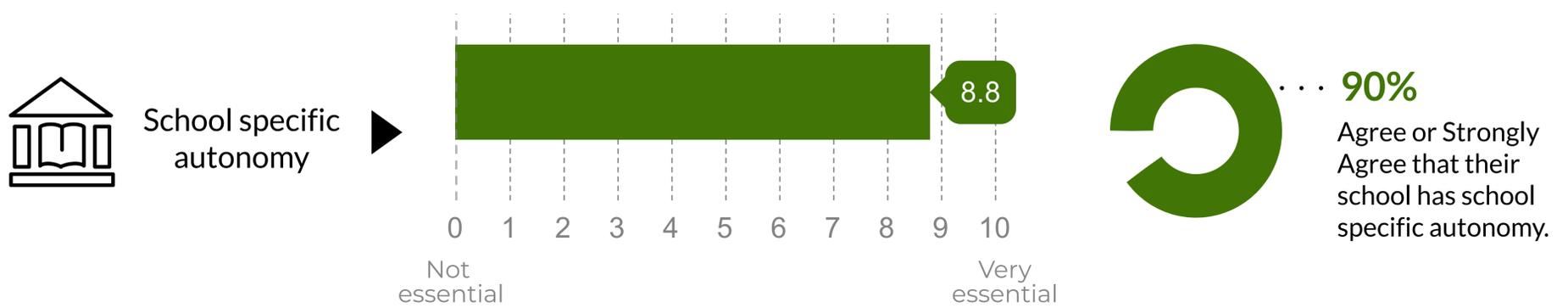
"Coming in we don't want to start anything new...if we do start something new, we want it to come from the students. 'Cause if the teachers see that the students are wanting this and buying into this, they're trying to make a great place for their students right" (P 8).

Specific examples of how some schools planned to support leadership opportunities for students were provided in the School Action Plans. Some of these examples are listed below:

- Providing opportunities for student-led activities (e.g., leading active breaks at the school assembly, making decisions related to canteen food choices, leading activities during recess).
- Developing student wellness action teams, which helps to implement student centered activities.
- Sending students to relevant events and opportunities (e.g., events hosted by Ever Active Schools).

2. School-Specific Autonomy

School health initiatives need to be customized to meet the needs of the local school community. Initiatives should be flexible, build on the school's strengths and assets, be tailored based on school specific evidence, and provide a sense of school ownership.

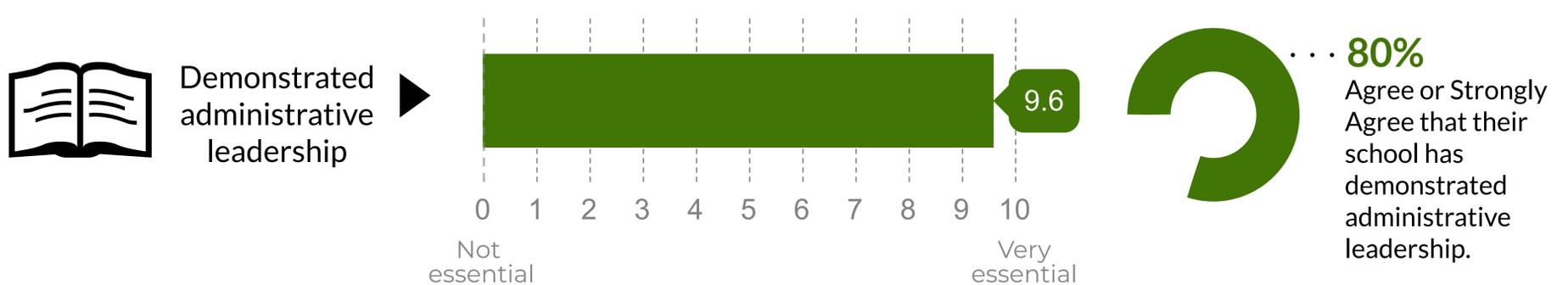


Specific examples of how schools tailored the project to address healthy eating, physical activity and mental well-being were provided in the School Action Plans. Some of the examples are listed below:

- Ensuring students have access to healthy food (e.g., meal programs, healthy food exchanges).
- Increasing students' knowledge and skills around healthy food (e.g., school greenhouse and gardens, cooking classes, embedding nutrition information in curriculum).
- Structured programs during recess, lunch and after school (e.g., walking club, morning run club, after school sports club).
- Physical activity challenges.
- Structural changes (e.g., new outdoor spaces, *Don't Walk in the Hallway* tiles).
- Increases in physical education and recess time.
- Incorporating physical activity into other activities (e.g., walking classrooms, daily physical activity (DPA) breaks).
- Field trips (e.g., hiking, activities at local recreation centres).
- Mindful moments incorporated in activities throughout the day.
- Development of a wellness room for students.
- Presentations and resources about mental health and addictions.
- Healthy eating (e.g., salad bars, nutrition challenges) and physical activity (e.g., yoga, walking groups, physical activity challenges) for staff.

3. Demonstrated Administrative Leadership

School principals are seen to play an invaluable role when implementing a CSH approach and are a key stakeholder in facilitating a culture shift within a school community. It is important that principals are actively engaged, rather than merely supporters of school health champions and offering passive buy-in. SHFs described how active engagement of the administration was essential to the implementation process, and without their support it was difficult to be intentional in their planning and gain whole school buy-in.



"When you need something done, you know, your admin has to play a huge part...because if you don't have that, if you have no one to go back to that has the final say, you're not going to get anywhere" (P 3).

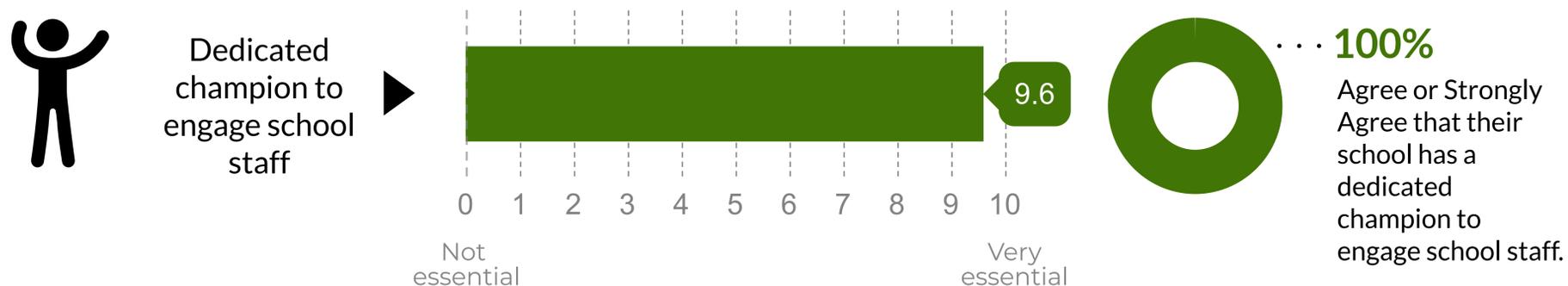
"My biggest barrier has been the admin team...Like I have support as in like 'Yes go ahead do that by all means. That's a great idea, go ahead. But I'm doing the doing. Nobody else really steps up to help or participate in any way. I just feel like the admin here doesn't back me to kind of get the staff buy-in...they're okay with me doing it, as long as I'm the one doing it" (P 8).

Specific examples of how administrative leaders supported the implementation of a CSH approach were provided in SHF interviews and included:

- Involvement of the principal in creating the School Action Plan.
- Facilitating connections to bring external partners to the school (i.e., physical education experts).

4. Dedicated Champion to Engage School Staff

School health champions (i.e, SHFs) are imperative from a leadership perspective for getting projects up and running and ongoing integration of school health in schools. Gaining buy-in from all school staff is crucial for sustainability; thus a key focus for SHFs. Some SHFs explained how implementation and sustainability is easier when working with staff who are passionate about, and invested in, creating a healthy school community. However, there were challenges primarily due to resistance of healthy practices and lack of action.



“There have been some really great staff members that have worked hard on different projects. So that makes it easy when you get some staff buy-in. Some staff really believe in it and want to see the change and create the healthier school community” (P 8).

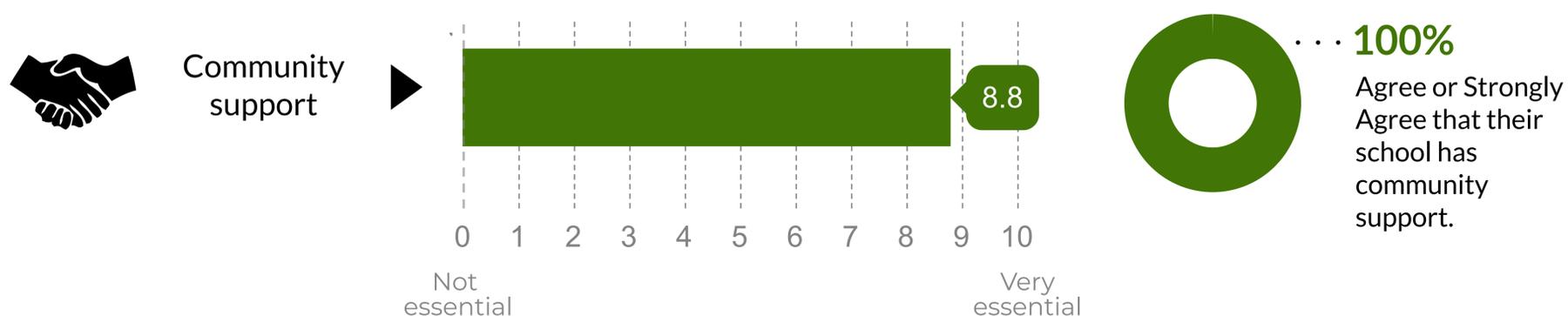
“I get those who kind of still oppose it and don’t really see what the big deal is if they sell cinnamon buns and brownies, and ice cream cones and floats. That’s how they always do their fundraisers so what’s the big deal. I guess they just don’t see it as a priority or a need. I think they want to see change and they want the kids to be healthier, but actually making that step to be the change is hard” (P 8).

Specific examples of how SHF engaged staff were provided in SHF interviews and included:

- Regularly attend staff meetings where CSH is on the agenda.
- Seek and understand staff perspectives and interests for their school community.
- Spend time in the classrooms.

5. Community Support

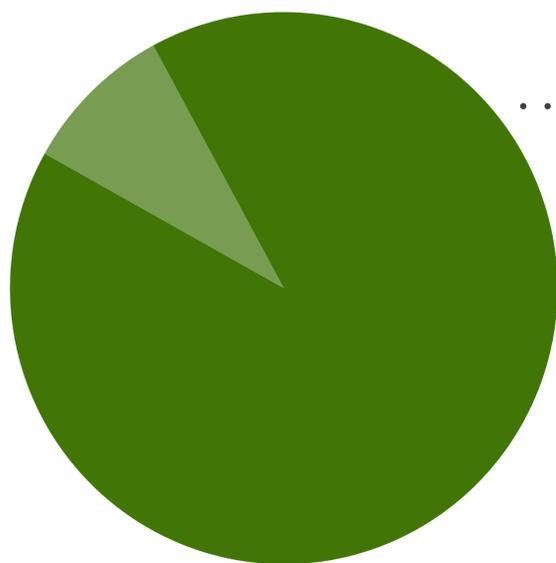
Establishing strong internal and external relationships and building partnerships with the community play a key role in project success, especially before and during implementation. Community connections can help strengthen the type of programs schools are able to offer. SHFs described the crucial role community partners (including parents/guardians) play when implementing a CSH approach, but also discussed challenges when attempting to develop community partnerships. Reasons for lack of community engagement included competing interests (i.e., community members were asked to volunteer on a number of committees), having a limited number of potential partners due to the community size, busy schedules, and a perceived hesitancy or resistance to change by the parents. Principals and SHFs described the importance of sharing information with families, including specific activities or programs happening in the school and supportive resources. SHFs provided examples of how they partnered with community members and organizations.



"We do have a group of parents who do alot of activities in the community such as hockey, skating, and then we have a dance and drumming group and then a beading group...So if it's physical activity, we have a couple of the volunteers that will come out and do say the skating classes with the group, or if we're doing the cooking club we have a couple of volunteers from the parents who will come in and work with the teachers and the students to provide that instruction" (P 5).

"I just know there is some push back from parents...I know we tried last year to do say a candy exchange for Halloween and we're thinking about doing it this year maybe. But there was a lot of push back from parents and kind of negative feedback for doing something like that" (P 2).

"On our celebration of learning night, the first one I did I was expecting a big turnout and I had all this stuff planned and ready to go - food and information. Then one of the teachers was like, 'How many parents are you expecting?' And I'm like 'wow I just assumed every kids parents would come.' But generally only maybe one to four parents come per class...So it was a really small turnout...that was kind of an eye opener for me. Parents don't come in and volunteer time in the classroom or anything like that" (P 8).



91%

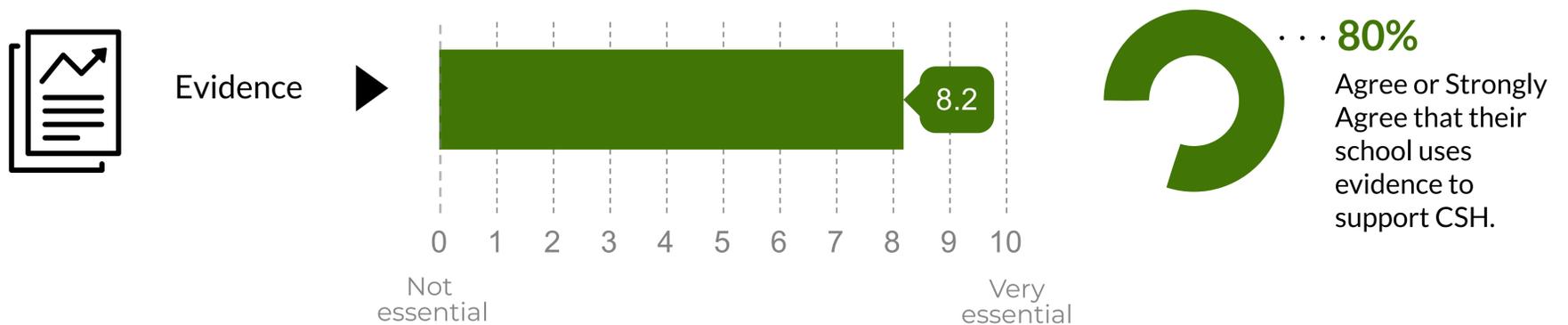
Percentage of school principals who reported that their school regularly communicates with families and students regarding healthy eating, active living, and/or positive mental well-being.

Specific examples of how some schools planned to share health messages outside the school and partner with community members were provided in the School Action Plans. Some of these examples are listed below:

- Sending resources home to parents (e.g., newsletters, healthy recipes, information about community events and activities).
- Family challenges (e.g., no screen time challenge, physical activity challenges).
- Partnering with local organizations (e.g., recreation centre, gymnastics facility, lacrosse organization, cadets).
- Securing donations from community members (e.g., donations for monthly fruit boxes, gift cards from local restaurants for school prizes, donations for registration fees for student activities).
- Hosting community activities (e.g., cooking classes, winter walk day, public gym night, fun runs, BMX bike program, community game nights).

6. Evidence

Evidence in the form of school-based process and outcome data, individualized school reports, and research findings are essential for planning, refining, and supporting implementation. SHFs reported on the importance of evidence, and also indicated that evidence can be used as a tool when having difficult conversations with staff.



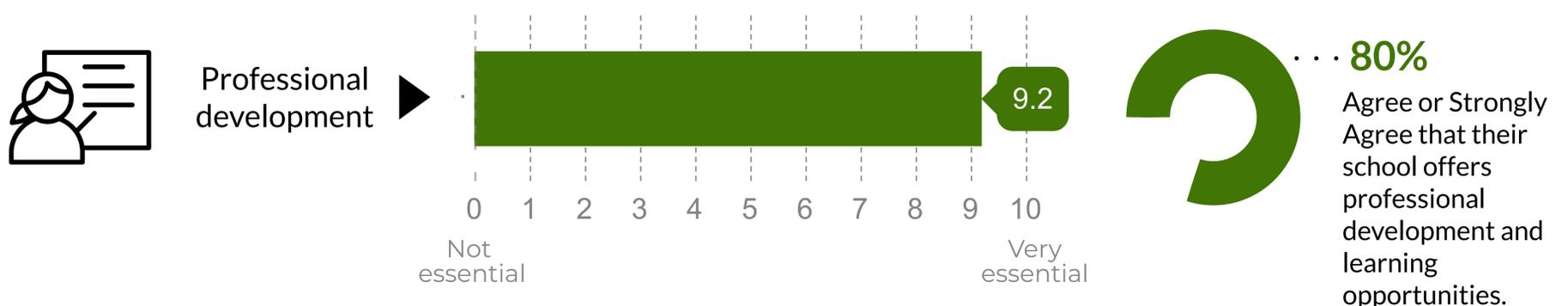
“If you have a lot of people that aren’t on board with change, you need your evidence to be able to show why [change is necessary]...I always make sure if...I’m going to have that conversation I take proof with me, or I take something to back up what I’m trying to say...[if] you have evidence to back it up, your tough argument turns into an easy argument. Because you can [say], ‘Hey this is why I’m trying to tell you...this is why we need to change our food, this is why we need more activity, this is why we’re going to try and practice some mental health strategies’”(P 3).

Evidence is used to inform implementation and the development of the School Action Plans:

- School reports summarize baseline data collection and are used to inform action plans.
- JCSH Healthy School Planners provide data to assess changes to school culture.

7. Professional Development

Professional development and training prior to implementation is key for understanding the approach and building self-efficacy. Ongoing professional development is essential for strengthening knowledge and skills needed to support the success of implementing a CSH approach. APPLE Schools provides continuing support to school communities based on their standard practice.

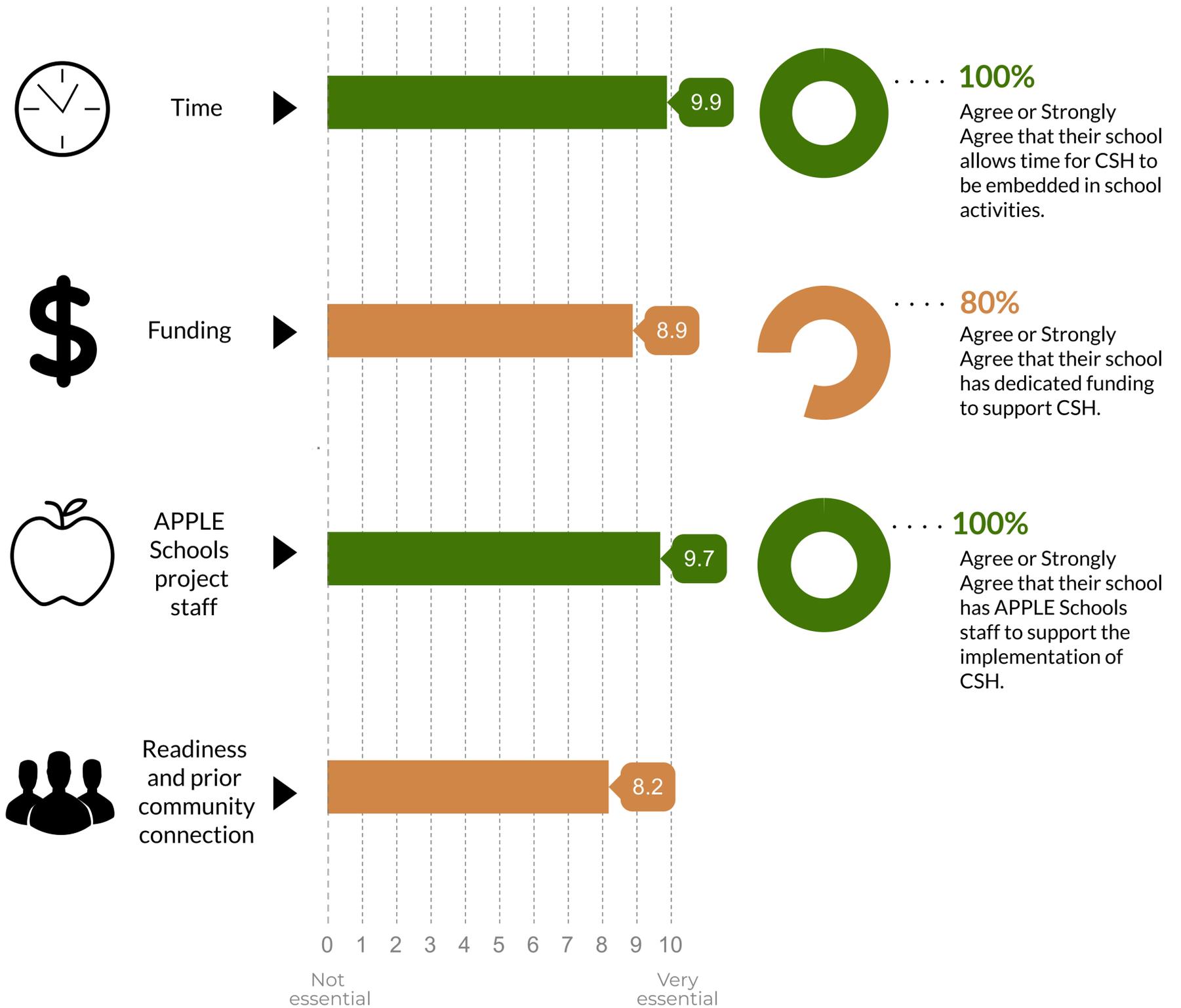


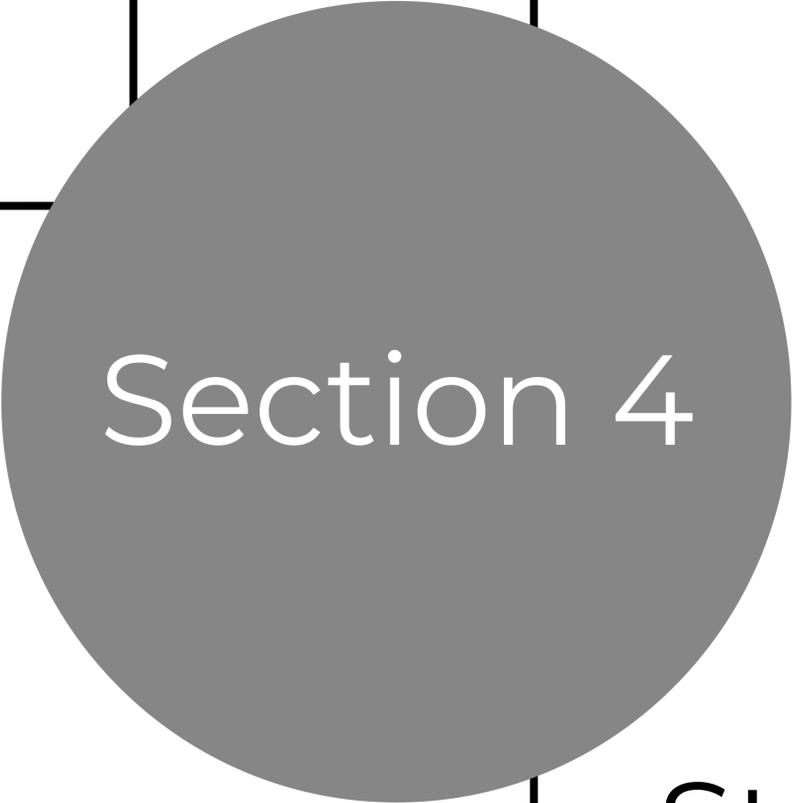
Specific examples of how some schools planned to support professional development were provided in the School Action Plans. Some of these examples are listed below:

- Sending staff to relevant conferences (e.g., Ever Active Schools Shaping the Future Conference).
- SHFs providing daily physical activity (DPA) training for teachers.
- Hosting workshops and presentations directly in the school (e.g., presentations by Alberta Health Services, workshops by local organizations, activities with Elders).

8. Time, Funding and Project Support, Readiness and Prior Community Connectivity

Enough time needs to be dedicated for implementation and success. Allotting time allows for CSH to be viewed as an embedded part of the school's culture. Sustainable funding and support from CSH team managers and project staff greatly contribute to the facilitation of implementation. A clear understanding of CSH (i.e, readiness) and why it is important along with trusting relationships (i.e., prior community connection) help stakeholders build competency, enthusiasm, and ownership, which can lead to a more natural implementation.



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Section 4

Strategies for Continued Success

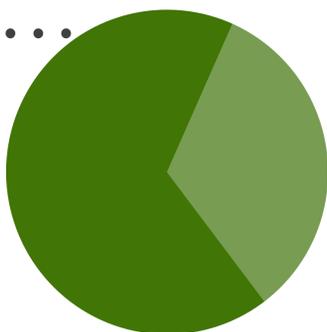
This section provides a summary of strategies for continued success. This includes an overview of baseline data of policy implementation (see Item 3, Page 1), as well as key strategies identified by SHFs through the SHF qualitative interviews (see Item 2, Page 1).

Policies to Support Healthy School Culture

The development and implementation of policy is one strategy for continued success. Implementation of policy takes time, and was therefore not a focus of Year 1 of the Northern Alberta APPLE Expansion. However, supportive policies help to sustain and support the creation of healthy school communities. Administrators reported an overall high level of supportive policies in their school communities.

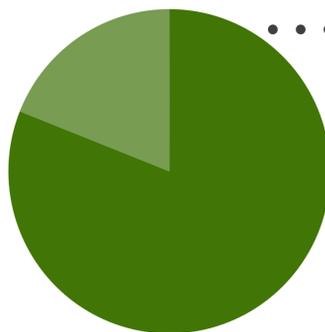
67%

Percentage of school principals who reported that their schools offer physical activity programs during recess and lunchtime.



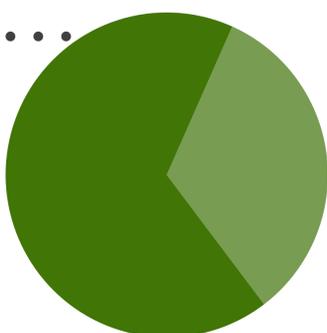
81%

Percentage of school principals who reported that their school has a teacher with a physical education/physical activity training or specialized knowledge designated to deliver physical education classes in either all or some grades.



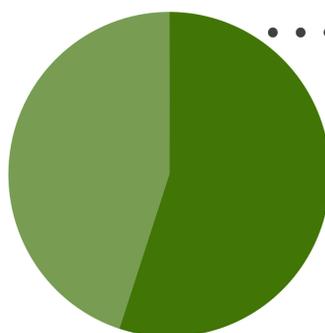
67%

Percentage of school principals who reported that the Alberta Nutrition Guidelines for children and youth are being used to determine either some or most of the food choices in their school.



55%

Percentage of school principals who reported that the food or beverages that are served or available for sale in their schools were either all healthy choices or mainly healthy choices.



Key Strategies

As part of the qualitative interviews, SHFs were asked the question “What advice would you give to a new SHF as they come into their role?”. SHFs identified strategies necessary when implementing a CSH approach. These are shared below to build on the existing momentum for continued success.

STRATEGIES FOR SHFs

- Take constructive criticism.
- Ask teachers for input and approvals.
- Don't be afraid to ask for help.
- Engage fully in staff meetings.
- Listen to the school staff and community members.
- Don't compare your school to other schools.
- Take baby steps and celebrate the small things.
- Recognize you can't do everything.
- Do classroom visits.
- Recognize that rural and remote communities are different to urban centres.
- Respect the uniqueness of the community.
- Develop relationships.
- Identify your dedicated health champions.
- Ensure you have administrator support.
- Know what resources exist and utilize the APPLE Schools supports.
- Develop student leadership groups.

Questions?

If you have any questions related to this report, please contact Dr. Kate Storey, Assistant Professor, School of Public Health at kate.storey@ualberta.ca or 780.492.9609.

For questions about APPLE Schools, please contact Landra Walker, School Health Mentor at landra.walker@appleschools.ca or 780.492.3955.

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