

Exploring a School Health Committee's Role in School Based Health Promotion

by

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ABSTRACT

This study examined the role that a School Health Committee (SHC) plays in enhancing school-based health promotion. Designed in collaboration with the local district health unit to inform practice, I used a qualitative case study design of one school in Northern Ontario with a SHC to explore the roles of the public health nurse, a teacher, a parent, and four students using semi-structured interviews, a student focus group, document analysis, and participant observation. The theoretical framework that guided the study included the Diffusion of Innovations theory and the Comprehensive School Health model. The findings were organized into three main themes: creates and strengthens partnerships, encourages the implementation of Comprehensive School Health, and supports and strengthens school health culture. The SHC served as a vehicle for building a healthy school for the future of all its students. The diffusion of the SHC into the school environment relied heavily on the following key components: awareness and application of the Comprehensive School Health model, a strong partnership between the school and the public health nurse (PHN), a positive school health culture, and the support and leadership of the principal.

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CHAPTER ONE

Introduction

“Health is inextricably linked to educational achievements, quality of life, and economic productivity.”

Dr. Hiroshi Nakajima
Director-General, 1978-1988
World Health Organization

The World Health Organization’s (WHO) Expert Committee on School Health noted as long ago as 1950 that to learn effectively, children need good health (World Health Organization, 1999). Education that provides children with health-related knowledge, skills and attitudes is vital to their physical, psychological and social well-being. This is true not only in the short term; such education lays the foundation for a child’s healthy development through adolescence and the rest of his or her life (World Health Organization, 1996). Yet, the prevalence of childhood obesity has risen consistently since the early 1980s to today’s epidemic proportions (Tremblay & Willms, 2003). The seriousness of childhood obesity has prompted calls for broad public health education. Because schools have been identified as the most influential place to diffuse interventions with the goal of promoting children and youth to make healthy choices (French & Stables, 2003; Sorenson, Linnan, & Hunt, 2004; Taylor, Evers, & McKenna, 2005), it is not surprising to see a growing trend of health promotion initiatives in North American schools.

Researcher's Role

The World Health Organization (1978) defines health as "...a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." This concept of health has become the driving force behind my personal decisions and the way I choose to live my life. As a health and physical educator, I thrive upon sharing my passion for health and wellness with my students with the hopes of inspiring them to adopt this concept of health. In order to gain an understanding of the motivating factors that have influenced this research project, it is important to explain where I have come from and how my experiences have helped shape this study.

I am a twenty-seven-year-old white Euro-Canadian. I was born and raised in the province of British Columbia on Vancouver Island. While growing up in a mid-size suburban city, I had the opportunity to participate in a wide variety of sports, dance, Brownies and other leisure pursuits. My values were shaped primarily through my interactions with my parents—both parents are working professionals—and through active relationships with my older brother and sister. Together, our family took part in many leisure activities that helped me define my true love for the outdoors and being active.

After completing a Bachelor of Arts in Physical Education and a Bachelor of Education from Vancouver Island University, I decided to move to a very remote Northern Aboriginal community in British Columbia for a physical education teaching position. While teaching in a predominantly First Nations community, I struggled with the need to identify ways to bring Aboriginal culture into the curriculum with the intention of engaging my students more effectively. At this point, I realized the special role the surrounding community can play in

emphasizing the importance of being a healthy community member. I came to understand that education should not rely on the curriculum alone to facilitate student learning, especially when the content focuses on personal body health.

I continue to grapple with the constant contradictions of health and wellness issues that First Nations students face between the curriculum and their community (out of school) lives. In class, we would discuss issues related to smoking, drug and alcohol abuse. Because of the isolation of the community, there was little access to trained professionals who could help those students overcome their struggles with various addictions during the school day or in the community. We discussed the importance of maintaining an active lifestyle, yet there was little opportunity to get involved in some type of physical activity in the school and community setting. We examined the importance of appropriate nutritional habits in class and then students would flee to the beverage and vending machines on school property or to the local store to buy a tub of fries for their lunch.

I attempted to overcome these challenges by raising awareness of these on-going issues with other staff and community members. I started to offer co-curricular activities that relied on little equipment (such as yoga) and found it difficult to get other staff members to also embrace this positive change. I created a student-led health and wellness newspaper, hoping to give students an opportunity to voice their opinions. This newspaper raised many issues specifically around drug and alcohol abuse, suicide and depression. These topics were brought up in staff 3 meetings and often the teaching staff and administration felt there were other important issues that needed greater attention. With everything else going on in the school, it was difficult for the administration to see the importance of looking at areas where the school environment and the

teaching staff could change to potentially encourage students to embrace healthier lifestyles. I quickly questioned how a school could encourage students, parents, other educators and stakeholders to reflect on the school environment and its ability to promote healthy living among students.

From this experience, I continue to question what role a school should play in helping students adopt a healthy lifestyle. My own teaching philosophy is based on the idea that school educators and administrators should create opportunities that could encourage students to lead healthy and active lives while they are at school. I am convinced that before educators can even think about enacting change in a school, they must identify whether or not their school actually wants to change and if so, how they will prepare for this process of change. In conducting this research, I brought the following assumptions about school readiness in terms of promoting student health. Stakeholders such as students, teachers, parents, administration and public health nurses will all have different views of the role schools should play in promoting health. Students, parents, teachers and the administration must buy into the concept of change in order for this change to be successfully implemented and maintained over a long period of time. Finally, the Comprehensive School Health framework is essential in successfully developing and maintaining any school health initiative.

Statement of Problem

The World Health Organization states that an active school health program can be one of the most effective investments a nation can make to improve both the education and health of all

students (World Health Organization, 1996). Furthermore, findings from the literature suggest that schools cannot affect student health behaviours through the curriculum alone, nor through the combination of curriculum and environment. Collaboration with families, other institutions and community services provided at or through the school creates the third partner necessary to advance health promotion (Resnicow & Allensworth, 1996). This is referred to as the Comprehensive School Health model, which has been studied in the past two decades by various health officials and researchers in North America (see Resnicow & Allensworth, 1996; Sallis, McKenzie, Conway, Elder, Prochaska, et al., 2003).

As a method of promoting healthy behaviours in publicly funded schools in Ontario, the Ministry of Education and the Ministry of Health Promotion have come together to develop the Healthy Schools Recognition Program (Ontario Ministry of Education, 2008). Based on the Comprehensive School Health model this program encourages all schools to identify and implement health promotion strategies for encouraging healthy behaviours. Additionally, district health units are mandated by the Ontario Ministry of Health and Long Term Care to establish partnerships within the community as a way of promoting health initiatives. In order to achieve this mandate, a health unit in Northern Ontario created a School Health Committee (SHC) (pseudonym) program that partners with schools to assist them in setting a school health goal and successfully implementing the identified health-related activities. The program was adapted from the guidelines set out in the Ontario Healthy Schools Coalition's Toolkit (2005).

The aim of the SHC program is to assist schools in addressing health goals based on the Comprehensive School Health model and the settings approach to health promotion (L. Molendyke, personal communication, Aug. 31, 2008). Acknowledged by researchers as

important to the success and sustainability of health promotion, the settings approach goes beyond the examination of individual determinants of health to include the broader social and environmental determinants of health and the complex interaction of these factors (Rowling & Jeffreys, 2006). After forming the SHC, the public health nurse engages the school and community in a collaborative development process in order to identify local health issues and to develop, implement and evaluate strategies to address these concerns within a Comprehensive School Health framework. Program initiatives are most effective when they are modified to fit the needs of the school community (Deschesnes, Martin, & Hill, 2003; Rowling & Jeffreys, 2006). Schools may choose from any of the following health content areas: physical activity, healthy eating, tobacco use, substance abuse prevention, injury prevention and sun safety. With the guidance of a public health nurse, the SHC encourages the school to follow a five-step process: picking a focus for the school, working on an action plan, putting it into action, and celebrating and evaluating the results. Although many schools are enthusiastic about being involved in the SHC program, public health nurses have reported varying degrees of success among schools with respect to the implementation of health promoting activities. In order to effectively assist Northern Ontario schools with this process, public health nurses seek to determine what factors contribute to school success. In conversation with the public health nurses from the SHC program, the following questions were asked:

- 1) What makes a school ready for change?
- 2) What makes a school ready to commit to the SHC?
- 3) What holds them back from participating in a SHC?
- 4) What determines whether a school will succeed or fail in implementing a SHC?

Implementation of school programs is more influenced by the interaction of the program with its organizational context and the culture within which the implementation occurs than by the program design and the person implementing the program (Cothran & Ennis, 2001; MacDonald & Green, 2001). Rowling and Jeffreys (2006) discuss the significance of health-promoting schools as a settings approach to health promotion that acknowledges the complex interaction of factors that impact individual health in a system or organization. The authors attempt to challenge what evidence should be used to assess the effectiveness of school health and the challenges related to this process. Jeffreys and Rowling recommend that future studies assess interventions by using a broader range of evidence rather than using controlled conditions as a method of testing the effectiveness of a health intervention. This process ignores an essential quality of the settings approach, which the authors define as the “interaction of components in a specific context” (Rowling & Jeffreys, 2006, p. 708). Studies that use a controlled environment are deficient in the sense that they ignore the school culture and the organizational structure that operates within the school, which has been shown to impact the diffusion of health-promoting interventions within a school setting (Rowling & Jeffreys, 2006).

Therefore, the purpose of this study is to explore the role that the School Health Committee plays in enhancing health promotion initiatives in a Northern Ontario school community.

Research Question

What role does the SHC play in enhancing health promotion initiatives in a Northern Ontario elementary school community?

Scope

The data collection phase of my inquiry was limited to one elementary school in Northern Ontario. This location was selected because the community public health nurses in Northern Ontario expressed a need for research that will help inform their facilitation of SHCs in elementary schools. Focus groups and individual interviews were used to explore the role of stakeholders, specifically the principal, teachers, parents, students and a public health nurse. The stakeholders represented individuals that are involved with the SHC as well as individuals that are not members of the SHC. The school selected for this research has had a School Health Committee operating for three years at the time of this study.

Definition of Terms

1. Health: A state of complete physical, mental and social well-being, not merely the absence of disease or infirmity (World Health Organization, 1978).
2. Comprehensive School Health: An integrated approach to health promotion that gives students numerous opportunities to observe and learn positive health attitudes and behaviours by combining four main elements: instruction, support services, social support and a healthy environment (Public Health Agency of Canada, 2008).
3. Healthy Schools: A school that promotes good food, daily physical activity and a healthy environment that supports learning and growth, and that helps students reach their full potential (Ontario Ministry of Education, 2008).

4. School Health Committee: Comprised of students, teachers, parents, administration and a public health nurse that all come together to develop and implement a comprehensive school health plan to achieve their school health goal.
5. Health Innovation: Referred to as the School Health Committee.
6. Stakeholders: Consists of students, teachers, parents, a public health nurse and administration.

Significance of the Study

This research study explored the role that the School Health Committee (SHC) played in enhancing health initiatives in the school community. A case study approach to exploring the role of the SHC in enhancing school health promotion has shed light on the complexities of how a SHC can help enhance school health promotion initiatives in Northern Ontario. The results presented in this study will give local district health units a good understanding of ways to help support schools adopt and sustain a variety of healthy promotion initiatives. It will also provide public health nurses with the key components that are necessary in aiding the successful diffusion of a SHC into a school environment. Public health nurses will continue to have a greater understanding of the necessary dynamics that are needed from a variety of different stakeholders on the SHC, specifically with students, teachers, parents and the principal.

CHAPTER TWO

Literature Review

*"Why is Jason in the hospital?
Because he has a bad infection in his leg.
But why does he have an infection?
Because he has a cut on his leg and it got infected.
But why does he have a cut on his leg?
Because he was playing in the junk yard next to his apartment building and there was some sharp,
jagged steel there that he fell on.
But why was he playing in a junk yard?
Because his neighbourhood is kind of run down. A lot of kids play there and there
is no one to supervise them.
But why does he live in that neighbourhood?
Because his parents can't afford a nicer place to live.
But why can't his parents afford a nicer place to live?
Because his Dad is unemployed and his Mom is sick.
But why is his Dad unemployed?
Because he doesn't have much education and he can't find a job.
But why ...?"*

*- From *Toward a Healthy Future: Second Report on the Health of Canadians* (2001)*

The purpose of this study is to help identify the role of how a School Health Committee (SHC) can enhance health promotion in its school community in a Northern Ontario elementary school. This chapter is devoted to an examination of the literature in the areas of health education, health-promoting models, health committees, theories of change, school organizational culture and school partnerships.

Background information will be presented about health education in schools and will address the following issues:

- Definition of terms (World Health Organization, 2008; Ontario Ministry of Education, 2008)
- Health within the school setting (Macdonald & Green, 2001; Rowling & Jeffreys, 2006).

The discussion of literature specific to health-promoting models will include the following models:

- Ecological framework for health promotion (Bronfenbrenner, 2005; Egger & Swinburn, 1997; Spence & Lee, 2002),
- Ottawa Charter for Health Promotion (World Health Organization, 1986),
- Comprehensive School Health Model (Canadian Association for School Health, 2006; and Public Health Agency of Canada Canada, 2008).

The discussion of the literature specific to school health committees will highlight the following topics:

- The role of students, teachers, parents, administration and surrounding community (MacDonald & Green, 2001; MacDougall, 2004),
- Functions of school health committees (Davis & Allensworth, 1994; MacDougall, 2004; Resnicow & Allensworth, 1996),
- Challenges associated with school health committees (Davis & Allensworth, 1994; MacDougall, 2004; Resnicow & Allensworth, 1996).

The discussion of the literature will examine one theory of change:

- Diffusion of Innovations theory (Osganian, Parcel, & Stone, 2003; Owens, Glanz, Sallis, & Kelder, 2006; Rogers, 1995).

The discussion of the literature specific to school organizational culture will focus on two topics:

- Definition of organizational culture (Ott, 1989),
- The role organizational culture plays in school readiness (Green & Kreuter, 2005).

The discussion of the literature specific to partnerships will address:

- The role of students, teachers and community partnerships (Kelder, Mitchell, McKenzie, Derby, Strikmiller et al., 2003; Smith, McCormick, Steckler, & McLeroy, 1993).

School Health Education

In the 1970s, school health education consisted primarily of information packages informing students about health risk behaviours, which proved to be ineffective in changing student health behaviours (Green & Kreuter, 2005). Seeking a more innovative method, health education shifted towards developing skills and attitudes, and enhancing self-esteem that would enable students to make healthy lifestyle choices. However, these methods often resulted in immediate moderate behavioural effects that largely disappeared over time (Botvin, Eng, & Williams, 1980; Marcus, Forsyth, Stone, Dubbert, McKenzie et al., 1997). During the 1980s, the World Health Organization (1999) acknowledged the need for a comprehensive health promotion framework that could be implemented worldwide, as previous approaches had little or no long-term impact on the health behaviour of school children (WHO, 1999).

Health-Promoting Models

The Ottawa Charter for Health Promotion was created in 1986 and has become the basic building block for all health programs, including the Comprehensive School Health model. The

Ottawa Charter for Health Promotion outlines five broad principles to be used in providing a universal health promotion program: building public health policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services (World Health Organization, 1986). This model recognizes that education is just one strategy for improving children's health and argues for a more holistic view of health behaviour, which takes into account the environment and community in which one lives (Lynagh, Schofield, & Sanson-Fischer, 1997; McCullum-Gomez, Barroso, Hoelscher, Ward, & Kelder, 2006). More importantly, it identifies the need for communities to take ownership of their own health issues and to rekindle an individual connection to their social, physical and cultural environment (Leurs, Schaalma, Jansen, Mur-Veeman, Van Breukelen et al., 2007).

Urie Bronfenbrenner proposed an ecological model that provides support for a comprehensive approach to the implementation of health promotion in educational settings, outlining interacting subsystems that address the multiple dimensions of influences on health behaviour (Bronfenbrenner, 2005). It specifically identifies the impact the environment can have on human behaviours (McCullum-Gomez et al., 2006). The ecological model is comprised of four successively enveloping subsystems: the microsystem, the mesosystem, the exosystem and the macrosystem. The microsystem encompasses the most direct influences on a child's behaviour, particularly home and school. In previous decades, school systems were only able to reach out to a student via the microsystem through the constant bombardment of a health curriculum. The mesosystem extends beyond the boundary of the microsystem to include linkages and relationships between homes and schools, as well as other community and neighborhood institutions. The third subsystem, the exosystem, expands beyond the mesosystem

to incorporate institutions that may or may not be directly involved with the local school, such as the local town, community dynamics, the school system, minority/majority culture, and the available community resources (Bronfenbrenner, 1995). Finally, the macrosystem includes the beliefs, attitudes and values of the broader social systems encompassing all three small subsystems. Specific institutions within the macrosystem include the media, societal beliefs and culture. Bronfenbrenner's Ecological Systems theory examines student health within the context of multiple systems that form a student's environment. Each system has an impact on student health and change in one subsystem can effect change in other subsystems. McLeroy, Bibeau, Steckler and Glanz (1988) identified how quickly the subsystems can change as beliefs and attitudes within the surrounding environment change. The model encompasses the same principles as the Ottawa Charter of Health Promotion, as they both view health through a holistic lens that outlines the role an individual's social, organizational and institutional environment plays in one's health.

Allensworth and Kolbe (1987) documented a three-component model originating in the United States in the early 1900s. It was comprised of health instruction (comprehensive health curriculum to increase student understanding of health principles and to modify health behaviours), health services (prevention, early identification and remediation of student health problems) and a healthy environment (both physical and psychosocial). In 1987, Allensworth and Kolbe described an expanded eight-component model referred to as Comprehensive School Health (CSH), which in addition to the three aforementioned components included physical education, counselling, psychology and social services, staff wellness, and family/community involvement (Resnicow & Allensworth, 1996). Today it is called Coordinated School Health,

while in Canada it is referred to as Comprehensive School Health. In Europe, Latin America and countries in the Western Pacific such as New Zealand and Australia, it is called Health Promoting Schools (Canadian Association for School Health, 2006). These terms are all seen in the literature and are all based on the same principles. Comprehensive School Health will be the term used for the remainder of this thesis.

The World Health Organization defines a health-promoting school as “a school that is constantly strengthening its capacity as a healthy setting for living, learning, and working” (World Health Organization, 2008). The Comprehensive School Health model is a framework for establishing and implementing successful school-based health promotion programs. It requires an integrated approach that combines health and health messaging into school and community environments (CASH, 2007). Further, CSH relies on an “integrated approach that incorporates health and health messaging into all aspects of school activities and engages the community at large” (CASH, 2007, p. 2). The foundation of this framework underscores the importance of community partnerships and the school environment for student health (Allensworth, 1994; French & Stables, 2003; Kubik, Lytle, Hannan, Perry, & Story, 2003; Spence & Lee, 2002). CASH (2007) states that initiatives are more effective when a comprehensive approach is used that includes quality instruction, change in the social environment and collaboration within the community. Bertrand and Giles (2010) further support the need for integrating community partnerships into the school environment based on the foundations of the Comprehensive School Health model. Teachers interviewed in this study reported that their approach to teaching was strongly influenced and enhanced by the inclusion of members of the school community (Bertrand and Giles, 2010). These principles continue to be the driving

force behind the Comprehensive School Health model, as they encourage the individual to respond proactively to various health issues within their environment (Deschesnes et al., 2003; Cullen, Baranowski, Baranowski, Hebert, DeMoore et al., 1999).

The goals of Comprehensive School Health are as follows:

- 1) To promote health and wellness,
- 2) To prevent specific diseases, disorders and injury,
- 3) To intervene to assist children and youth who are in need or at risk; and
- 4) To help support those who are already experiencing poor health (Canadian Association For School Health, 2008).

In order to achieve these goals, the literature supports the need for schools to provide effective health instruction, support services, a positive psychosocial environment and a healthy physical environment. Instruction is the most common way students receive information about health and wellness, health risks and health issues, which helps students develop the knowledge, attitudes and behavioural skills necessary for healthy living. Available and accessible support services are key to the early identification and treatment of many health issues that can cause long-term learning difficulties. In addition, schools are encouraged to strengthen ties within their community so that students are aware of different support networks from parents, peers, policymakers, staff, local media and the community. The psychosocial environment refers to the psychological and social supports available within the school and in the home and community. This support can be informal (friends, peers and teachers) or formal (school policies, rules, clubs or support groups). Finally, the CSH framework challenges schools to offer a healthy physical environment, which includes the buildings, grounds, play space, and equipment in and

surrounding the school. It also includes basic amenities such as sanitation and air cleanliness.

(Public Health Agency of Canada, 2008).

The health and well-being of children, youth and school personnel is influenced by many factors, including family income, social support networks, personal health practices and coping methods, biology and genetics, education, and the physical environment of the home and school (Cash, 2007, Public Health Agency of Canada, 2008). The Ottawa Charter for Health Promotion, Bronfenbrenner's ecological model and the Comprehensive School Health model all underscore the complexity of these influences on an individual's health. These models can guide school health committees with program development, as they target the various influences on individual health in multiple subsystems (McLeroy et al., 1988).

Successful school-based health promotion relies on the school's ability to facilitate the implementation process through an organized school health program or committee (French & Stables, 2003; Kubik et al., 2003; Osganian et al., 2003). Schools that are open to the idea of innovative health promotion ideas understand that health promotion initiatives are not to be viewed as prescriptive, but are to be flexible and adaptable to suit the needs of the school community (MacDonald & Green, 2001; MacDougall, 2004; Rowling & Jeffreys, 2003; Veugelers & Fitzgerald, 2005).

School Health Committees

A school health committee is often comprised of students, teachers, administration and a public health nurse that all come together to develop and implement a comprehensive health plan to achieve their school's health goal. Through this collaboration, stakeholders are encouraged to

share strategies, identify problem-solving techniques and ways to advocate upcoming health initiatives within the school, and/or change existing practices (Resnicow & Allensworth, 1996). The role of school health committees can be broken down into two primary functions: program planning and advocacy. Effective planning allows members to convene regularly about how they are attempting to achieve the goals of their school health committee. With regard to advocacy, Resnicow and Allensworth (1996) describe how this committee can serve as a unified front to help ensure at the school and board levels that sufficient resources are allocated to the health program and, when necessary, can intervene when individuals or groups within or outside the school seek to eliminate or unfavourably alter the school health program.

School health committees often comprise, but are not limited to, representatives of school administration, teachers, parents, students and relevant community partners such as public health nurses (Davis & Allensworth, 1994; MacDougall, 2004; Resnicow & Allensworth, 1996; World Health Organization, 1997). Successful school health committees identify the need for an individual leadership role within the committee that is responsible for administrative tasks, supervision and guidance. While effective leadership within the committee is key to its success, it may not be realistic or feasible for all school health committees to appoint a head position given the committee's fiscal constraints and government fiscal constraints (Resnicow & Allensworth, 1996; World Health Organization, 1998).

Resnicow and Allensworth emphasize the importance of equally valuing each member within the school health committee. This is especially significant when the members include students, as they may feel intimidated and as a result they wouldn't bring forward health concerns (MacDougall, 2004).

MacDonald and Green (2001) identify challenges in this area as in their implementation study in school-based health promotion there was confusion among the teaching staff and the administration about the actual goals of the program and what role prevention workers played in the facilitation of their school's health program. School health committees also rely on the active involvement of administrators, who provide opportunities for innovation and experimentation with health initiatives (World Health Organization, 1998).

Diffusion of Innovation Theory

Implementing school change is often seen as a challenging process, even when it may represent positive outcomes. There is a gap in the literature about how to enhance change at the school and at the individual class level (Cothran & Ennis, 2002; Osganian et al., 2003). It is often challenging to study the process of change mainly because most innovations require a significant amount of time before they are widely adopted (Giles & Hargreaves, 2006; Rogers, 1995). The common challenge individuals and organizations experience is how to speed up the rate of diffusion of an innovation.

Rogers (1995, p. 10) defines diffusion as “the process by which an innovation is communicated through certain channels over time among the members of a social system.” Diffusion of Innovations theory is comprised of four components: the innovation itself, communication channels, time and social systems. With respect to the innovation, the rate of adoption is impacted by five factors: the relative advantage that an innovation can offer in comparison to what is already being done, the innovation's ability to be compatible with existing values and past experiences, the level of complexity that is required to understand the innovation,

the degree to which the innovation can be experimented with and finally, the degree to which the results can be observed (Rogers, 1995).

Communication channels are identified as “the means by which messages get from one individual to another” (Rogers, 1995, p. 18). Homophily communication channels occur when messages are sent to and from individuals who share similar attributes such as beliefs, education and social status. One of the most distinctive problems in the diffusion of innovations is that the participants are usually quite heterophilous, especially in organizational settings such as schools (Rogers, 1995). The diffusion of innovations requires some degree of heterophily to be present between the two participants in order for the diffusion process to occur. Rogers further identifies the importance of effective heterophilous communication between two individuals, as it leads to greater homophily in knowledge, beliefs and overt behaviour.

The third element in the diffusion process is time. An individual or an organization must have a sufficient amount of time to go through their own decision-making process (Rogers, 1995). This innovation decision process is comprised of “... four sequential stages of decision-making: from first knowledge of an innovation to forming an attitude toward the innovation, the decision to adopt or reject the innovation, implementation and use of the innovation, and confirmation of this decision” (p. 20).

The final component of the theory is the role of social systems in the diffusion of innovations. Rogers (1995) defines social systems as “a set of interrelated units that are engaged in joint problem-solving to accomplish a common goal” (p. 23). The members of the unit can be distinguished from one another (e.g. students, parents, teachers).

Understanding the current social system that is prevalent within the school health committee and the school is essential to the success of diffusing the innovation (Giles & Hargreaves, 2006; Lévesque, Guilbault, Delormier, & Potvin, 2005; MacDonald & Green, 2001; Osganian et al., 2003; Owens et al., 2006). It is important that the School Health Committee fosters a positive and collaborative environment that facilitates equal input from each committee member, particularly those of students. The school health committee is more likely to be accepted by the surrounding school community if the members have a clear understanding of the various social systems that are prevalent within the school environment (Rogers, 1995). Once this occurs, the committee stakeholders have the opportunity to communicate this information to other committee members (Rogers, 1995). This will help ensure the School Health Committee has some understanding of the various social systems that make up the school community when they are planning upcoming health initiatives.

School Organizational Culture

Organizational culture is defined as the culture that exists in an organization (Ott, 1989; Owens & Valesky, 2007). This culture is often made up of such things as values, beliefs, assumptions, perceptions, behaviour norms, artifacts and patterns of behaviour (Ott, 1989). The culture of an organization is one factor that must be considered when attempting to bring about fundamental change in an institution (Giles & Hargreaves, 2006; Macdonald & Green, 2001).

A qualitative study conducted by MacDonald and Green (2001) used grounded theory to study Prevention Workers' (PWs) perspectives of implementing a school-based alcohol and drug prevention project in secondary schools. PWs were responsible for working with school and

community personnel in a collaborative process to develop, implement and evaluate prevention strategies in the school using an adaptation of the Precede-Proceed Model (Green & Kreuter, 2003) for health promotion planning (MacDonald & Green, 2001). The authors identified the importance of the PW's role in establishing their credibility in the school. Upon acceptance, the focus of the PW's work was to align the goals, values and philosophies of the project with those of the school. Their findings indicated many challenges and practical dilemmas in the implementation process. The most prominent challenge experienced by the PWs was gaining entry and establishing legitimacy in the school among staff members and administration, which was influenced by the level of school readiness. School readiness was determined by the presence of one or more of the following features:

- a) The teachers and administration within the school had adopted the project because they believed it would help them address and acknowledge problems in the school,
- b) Teachers and administrators supported and had a clear understanding of the funder's expectation of the project,
- c) A fit existed or evolved between the school's philosophy, vision, and goals, and the philosophy of the project,
- d) School personnel understood and valued the meaning of prevention,
- e) The school's commitment to implementing the project was reflected in the allocation of resources for implementation; and,
- f) The school supported comprehensive school health.

The findings indicated that schools with higher levels of readiness facilitated a smoother entry and role creation than schools with low levels of readiness. Based on these findings, MacDonald

and Green recommended that schools spend more time ensuring that the desired changes are driven internally within the school rather than from an external organization. Once this has been decided, it is recommended that schools understand how to prepare for the desired change so that they are ready when the time comes to implement the health initiative in the school. MacDonald and Green also recognized the importance of hiring the right people to lead the implementation process and that schools should not be left to tackle these problems alone.

The authors noted a large gap in the literature surrounding the influence of social, political and cultural variables in implementation. Macdonald and Green (2001) encourage future change agents to take into account that the implementation of school programs is more influenced by the interaction of the program within its organizational context and by the culture within which implementation occurs than by the program's design and the person implementing the program. The qualitative nature of this study significantly contributed to the literature, as it successfully captured some of the challenges of the implementation process within complex school settings such as gaining entry, role confusion and teacher buy-in. However, the study only focused on the perspectives of Prevention Workers. Because this study took place over four years, the researchers were able to understand the evolving nature of implementation along with the social and political factors within the context of each individual school.

A school's social environment or ethos can also impact student health (Denman, 1999; French & Stables, 2003; Lévesque et al., 2005; Simovska, 2004). Each student's personal and social development is dependent on a positive school environment where everyone is valued and respected (Denman, 1999; Cullen et al., 1999). As an example, schools can enable children to put health behaviours that have been taught into practice by providing students with healthy food

choices (Denman, 1999). This can positively influence the organizational culture within the school for both students and teachers during the school day (French & Stables, 2003; Shannon, Story, Fulkerson, & French, 2003; Kubik et al., 2003; Veugelers & Fitzgerald, 2005). As an educator, I can identify with this statement. However, I also understand how difficult this change can be in a school setting if there is lack of support for each other among the teaching staff and administration. In this case, it is essential that a school health committee has an understanding of the school's organizational culture in order to identify where additional support may be needed to help sustain intervention (Giles & Hargreaves, 2006; Rowling & Jeffreys, 2006).

Rowling and Jeffreys (2006) discuss the significance of health-promoting schools as a settings approach to health promotion that acknowledges the complex interaction of factors that impact individual health in a system or organization. They challenge what evidence should be used to assess the effectiveness of school health programs and the challenges related to this process. It is recommended that studies assess interventions by using a broader perspective of evidence rather than using randomized control trials as a method of testing the effectiveness of a health intervention (Rowling & Jeffreys, 2006). Although randomized control trials possess strong methodological rigour, they ignore the school culture and the informal as well as formal organizational structures that operate within the school, and fail to assess the effect these variables interacting in a specific context has on the implementation of a health initiative (Rowling & Jeffreys, 2006).

Stakeholder Buy-in

Teachers play a supportive role in the success of diffusing an innovation into the school environment (Kelder et al., 2003; Smith et al., 1993). An innovation must be supported by members within the social system first, before it can be adopted and implemented into an environment. Members within the organization who support the innovation are more likely to communicate its relative advantages to other members of the social system who have not yet adopted the innovation.

A study conducted by St. Leger (1998) identifies that teachers think mainly about school health in terms of the curriculum, have little understanding of how community partnerships might work and have limited pre-service and in-service training in health issues. Based on the Comprehensive School Health model, St. Leger used a mixed-method approach in an attempt to discover teachers' understandings pertaining to actions needed to expand school health, to gather information on how teachers rated the importance of the components of the comprehensive school health model, and finally to check findings and clarify uncertainties with teachers. The survey sample included only teachers who were actively involved in the school health program. The research findings point to the importance of stakeholder buy-in for successful implementation to occur in an organizational setting. It would have been more informative if the survey was administered to all teachers within the school setting, as it would give an understanding of whether teachers not associated with the school health program demonstrated as much buy-in as those associated with the school health program. The findings from this study indicate that many of the teachers had little understanding of how community partnerships might

work, possibly because the partnerships had never been in place (St. Leger, 1998). Although this study utilized the Comprehensive School Health model, no reference was made to the roles that students, parents and community partnerships played in the school health programs that were studied.

Fullan and Stiegelbauer (1991) made reference to the correlation between staff development and successful implementation of innovations, though most people underestimate what it takes to develop individual staff members into one cohesive unit that shares the same vision. Challenges often associated with staff development are viewed as technical and political. In technical terms, it takes a great deal of wisdom, motivation and time to carry out successful staff development activities. In political terms, many staff experience power struggles when a change is implemented from the top down. Administrators and educators should have a shared purpose on school visions, goals and program objectives to help facilitate the process of change within a school (Fullan & Stiegelbauer, 1991).

Successful school health committees must also represent the voice of students. With 191 other nations, Canada ratified the United Nations *Convention on the Rights of the Child* (2002), recognizing that children must be given opportunities to express their views on matters that affect them in accordance with their developmental capabilities, and that their views be considered (Canadian Coalition for the Rights of Children, 2002). A study conducted by Cothran and Ennis (2001) examined the potential multiple meanings assigned to a curricular change effort in a secondary physical education program. Their results indicated that at least part of the success or failure of the teachers' curricular change efforts was the difference between the meanings that teachers and students assigned to physical education and the program changes.

This study revealed two areas of discrepancy amongst students and teachers: the value of physical education and learning in physical education. Unfortunately, as the researchers pointed out, students are rarely considered participants in change and little is known about the meaning they assign to curricula and change. The authors also believed “it is imperative to understand the students’ perspective as current education theories suggest that students are not passive recipients of knowledge, but rather are active agents in their own education” (Nicholls, Patashnik, & Nolen, 1985; Shuell, 1986, as cited in Cothran & Ennis, 2001, p. 1). Student voice is an integral piece to the successful diffusion of a school health initiative (Frost & Holden, 2008; Rogers, 1995); and it is important to note that students are more likely to feel intimidated working with other committee members such as teachers and administration who exhibit a high degree of authority during the school day.

CHAPTER THREE

Methodology and Method

I have designed this qualitative research study to explore the role a School Health Committee plays in enhancing health promotion initiatives in a school community. Qualitative research is defined as “an inquiry approach useful for exploring and understanding a central phenomenon where the inquirer asks participants broad, general questions, collects the detailed views of participants in the form of words or images, and analyzes the information for description and themes” (Creswell, 2008, p. 644). One of the key strengths of qualitative research is the comprehensive perspective it can give researchers (Babbie, 2007). Qualitative research allows the researcher to interpret the meaning of the information, drawing on personal reflections and past research (Creswell, 2008). “Field research is especially appropriate to the study of those attitudes and behaviours best understood within their natural setting, as opposed to the somewhat artificial settings of experiments and surveys” (Babbie, 2007, p. 286). In this study, the research took place within the natural environment of the designated school. The use of qualitative research allowed me to develop a deeper and broader understanding of the School Health Committee’s impact on the school community from the perspectives of multiple school stakeholders.

Theoretical Framework

The theoretical framework that guides this study is founded on the Diffusion of Innovations theory (Rogers, 1995) yet acknowledges the role of the Comprehensive School Health model.

The SHC's ability to successfully diffuse into the school environment relies on the presence of the four components of the Diffusion of Innovations theory: innovation, communication, social systems, and time. In this study, I have identified the innovation as the School Health Committee (SHC) and the stakeholders as the public health nurse, students, teachers, parents and administration. I also explored how the School Health Committee communicates their outlined school health goals and activities to other students, teachers and parents within the school community. Lastly, I examined the social system within the School Health Committee and how it has contributed to strengthen the health culture within the school community.

The Comprehensive School Health model play a key role in identifying ways to influence health behaviours of those within an organization as it acknowledges the schools' individual role in changing behaviours. The Comprehensive School Health also describes how the health behaviours of students can be positively influenced through the school. Within this model, classroom instruction, community partnerships, support services and a healthy physical environment play equal roles in supporting healthier behaviours amongst staff and students.

Research Design

This research study used the case study approach, which is described as focusing attention on one or a few instances of a social phenomenon (Babbie, 2007). A case study has a conceptual structure and is often based around small research questions (Stake, 1995). The dominant theory used to guide this study is Roger's (1995) Diffusion of Innovations theory. For the purpose of this study, the health innovation is operationally defined as the School Health Committee (SHC). Specifically, the study explored the role that the School Health Committee played in enhancing health promotion initiatives in a Northern Ontario school community. Data were gathered from a public health nurse, four students, one teacher, one parent and the principal, using individual in-depth interviews and a focus group interview. In order to help corroborate data, the researcher had the opportunity to observe the school environment during a school day, participate in a SHC meeting, and take part in an SHC initiative.

Triangulation is described as "being neither a tool nor strategy of validation, but an alternative to validation" (Denzin & Lincoln, 2005, p. 5). The process of triangulation helps to clarify meaning, verifying the repeatability of an observation or interpretation (Stake, 2000), and "the use of triangulation reflects an attempt to secure an in-depth understanding of the phenomenon in question, though objective reality can never be captured" (Denzin & Lincoln, 2005, p. 5). Data was collected from multiple perspectives (e.g., members of the SHC including the public health nurse, one parent, two students, the principal, and non-members of the SHC including one teacher and two students), and multiple methods of data collection (interviews, a focus group and document analysis) were used. The data collection strategies enhanced the

trustworthiness of data, drawing from various individuals, information and processes (Creswell, 2008).

Creswell (2008) identifies the importance of researchers checking their findings with participants in the study in order to determine if their data is accurately represented. This technique is referred to as member checking and was used in this study. Each participant had the opportunity to give feedback about many aspects of the study, such as whether descriptions were complete and realistic, if themes were accurate to include and if interpretations were fair and representative (Creswell, 2008). The interview data did not need to be modified as all of the participants felt it was an authentic representation of their ideas.

Setting

One Northern Ontario elementary school was selected for this research study based on the presence of an SHC that has been operating at the school for three years. This location was selected because the community public health nurses in Northern Ontario expressed a need for research that would help inform their facilitation of SHCs in elementary schools. This was the only school in the given school district that fit the criteria and was willing to participate. The interviews with the students, a teacher and a parent took place at their designated school during the school day. The interviews with the selected public health nurse and those associated with community partnerships took place at their own establishment.

Ethical Considerations

All research was conducted in accordance with the ethics procedures and guidelines set forth by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (1998). The researcher received ethics approval from the Lakehead University Research Ethics Board in December 2008, and research approval from the designated school board and district public health unit in February 2009. Participants were given a cover letter (Appendix A) that identified the purpose of this research and adult participants gave written informed consent, acknowledging their participation in the outlined research study. For student participants, parental consent forms (Appendix B) were signed to acknowledge the approval of student participation and student assent was sought to acknowledge interest in participating in the study.

During the interview process, each participant had the option to answer above and beyond the specific interview questions to help capture their views. Each participant had the opportunity to contact me if they wanted to seek any additional information or clarifications on any aspect of their role in this research study or to provide any additional information regarding their responses for data collection.

Participant Selection

This study explores the role that the stakeholders from the school community and the School Health Committee. Purposive sampling was used as the main technique in selecting participants. Babbie (2007) defines this process as “a type of non-probability sampling in which the units to be observed are selected on the basis of the researcher’s judgment about which ones will be the most useful or representative” (p.184). Babbie also highlights the importance of

sampling participants who may not fit the regular patterns of attitudes and behaviours of the research focus. In addition to interviewing four of the seven members of the SHC, the school principal assisted in the process of selecting a teacher and two students who were not directly associated with the SHC. The principal helped to ensure that the selected participants had not been directly involved with the SHC. The following participants took part in the study:

- One public health nurse who was designated to work with the SHC,
- One parent member of the SHC,
- One focus group of four students in grades five and six—two of the students were in grade six and were members of the SHC,
- One teacher who was not directly involved with the SHC.

Data Collection

Data collection consisted of three in-depth interviews, one small focus group and document analysis including school documents (e.g., minutes of SHC meetings recorded by the teacher SHC member, school newsletters, the school's mission statement) Ontario Ministry of Education documents (e.g., Healthy Schools Program) and public health documents (e.g., School Health Committee program, school health promotion resources, emails from the public health nurse to the principal, official memos from the principal.). The researcher also spent some time at the school observing the physical surroundings and was a participant observer at a SHC meeting and a health initiative function, which was included in the data collection process. Although the principal was not formally interviewed, her ideas and opinions were gleaned through personal communication and email messages. The largest portion of data came from the

one-on-one in-person interviews with the parent, public health nurse and teacher, as well as the student focus group interview. Each semi-structured interview was audio-taped and transcribed to ensure the highest level of consistency. Nonverbal communication, such as body language was carefully noted and recorded to ensure that it was included in the interview data (Fontana & Frey, 2005).

Interviews.

The individual interview is a data collection process in which the researcher asks questions to and records answers from only one participant in the study at a time (Creswell, 2008). The interviews reflect a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the respondent (Babbie, 2007). It is "...flexible, iterative, and continuous, rather than [fully] prepared in advance and locked in stone" (Babbie, 2007, p. 46). This method was used to explore the opinions of the public health nurse, the parent participant from the School Health Committee and a teacher who was not actively involved in the School Health Committee. An interview guide for the interviewer was used to help facilitate this process for each interview (Appendix C). Interview questions were created to minimize answers reflecting social desirability and to ensure that it allowed for the respondent's opinion to be drawn out of the conversation. Responses were audio recorded and additional notes were recorded on note paper during the interview session. Each interview was carefully transcribed and sent to the participant to review to ensure that the information recorded captured the interviewees ideas. A pilot test of the interview guide was conducted to establish its clarity and face validity. A public health nurse, a teacher, a parent and a student not included in the research sample participated in a pilot test interview where they

provided feedback and recommendations for the questions. The interview pilot tests with the teacher and parent revealed that some of the questions were repetitious and could be condensed to help clarify responses and to keep the interview within the given time frame. The student's interview pilot test indicated that more time was needed to get through all of the interview questions. With permission from the principal, the student participants were released from class ten minutes early (before lunch time) when the focus-group interview took place.

One focus-group interview was used as the second method of data collection in this research study, which took place at the school during the lunch hour. Focus groups are interviews structured to foster talk among the participants about particular issues and are usually comprised of four to six people (Bogdan & Biklen, 2007). They are "...particularly useful when the topic to explore is general, and the purpose is either to stimulate talk from multiple perspectives from the group participants so that the researcher can learn what the range of views are, or to promote talk on a topic that informants might not be able to talk so thoughtfully about in individual interviews" (p. 109). Additionally, focus groups inexorably decrease the power and control of the researcher due to the number of participants involved in the group interaction (Frey & Fontana, 2003).

The focus group was comprised of four students from the selected school; two of the four students were members of the SHC and are referred to as Bill and Bob to protect their identity. I wanted the focus group to include two students who were not members of the SHC in order to explore their perspectives of and experiences with the SHC and health initiatives that were currently running at the school. These students are referred to as Kailyn and Margaret to protect their identity. The focus group was selected in order to provide a supportive and non-intimidating

environment, and to stimulate talk among student members and non-members of the SHC. The focus group was conducted during the school day in April 2009 at lunch hour to allow all student members the opportunity to participate. The focus group was successful as all students were excited and willing to share their views on the SHC.

Data Analysis

Data was analyzed using the categorical aggregation process, where the researcher seeks a collection of instances from the data, hoping that issue – relevant meaning will emerge” (Creswell, 2007, p.163). Following this process, data was aggregated (categorical aggregation) into categories and then collapsed into themes (Creswell, 2007). To assist with this process, I used a concept mapping technique to help organize and clarify the data by creating a visual representation of the data (Babbie, 2007). This technique was a significant tool in the data analysis process due to the complex nature of the research study. The key process in the analysis of qualitative data was coding. Open coding was used in the analysis of each interview. The following quote describes open coding:

To uncover, name, and develop concepts, we must open up the text and expose the thoughts, ideas, and meanings contained therein. Without this first analytic step, the rest of the analysis and the communication that follows could not occur.

During open-coding, data are broken down into discrete parts, closely examined, and compared for similarities and differences. Events, happenings, objects, and actions/interactions that are found to be conceptually similar in nature or related

in meaning are grouped under more abstract concepts termed categories. (Strauss & Corbin, 1998, as cited in Babbie, 2007, p.385)

The codes were grouped into larger categories and were interpreted within the theoretical framework that have guided this study (the Diffusion of Innovations theory and the Comprehensive School Health model) and with respect to the research questions.

The following section will describe the key components that have helped this SHC to successfully diffuse into the school environment.

CHAPTER FOUR

Results

The intent of this study is to gain a greater understanding of the role that the School Health Committee (SHC) plays in enhancing health promotion initiatives in a Northern Ontario elementary school community. The research is guided by the Diffusion of Innovation theory and the Comprehensive School Health model, with the SHC representing the innovation. Data collection (interviews, participant observation and document analysis) took place during March and April 2009. In early conversations with the principal, I quickly came to appreciate the school's long-standing commitment to health promotion over the past ten years. In this chapter, I report on the the role the School Health Committee (SHC) plays in enhancing and sustaining health promotion initiatives in one school community in Northern Ontario. In addition to the interviews and student focus group, I attended one SHC planning meeting and helped with the preparation for a Fruity Friday (free fruit for students on the first Friday of every month), with the parent SHC member. I also had access to all SHC meeting minutes, year reviews and formal documents. Attending the planning meeting allowed me to gain insight into the issues being addressed and the policymaking process. Furthermore, I was able to experience the strong health culture present in the school and observed how the school reinforced health behaviours. This chapter begins with a description of the participants within the study, including the participating school. Subsequently, the findings are presented in relation to three themes (creates and strengthens partnerships, encourages the implementation of Comprehensive School Health, and supports and strengthens school health culture) that emerged after the coding process. *School*

Selection

The local district health unit assisted in selecting the school for this research project. In this study, it was important that the public health nurse (PHN) and members of the SHC had been involved in the process for a minimum of one year to ensure that the exploration of SHC stakeholders' perspectives were based on sustained experiences with the SHC. The selected elementary school fit this criterion and the PHN and school principal were enthusiastic about participating in all aspects of the research project.

School Setting

The participating elementary school is situated in Northern Ontario and is home to over 600 students from junior kindergarten to grade six. The school boasts many amenities that encourage healthy and active play for all students, including a paved playground area, a large basketball court with four basketball standards, a grassy play area, an outdoor classroom with planters and a perennial garden. The neighbourhood community centre plays a vital role in contributing to a healthy and active school environment by granting the school access to climbing equipment and two large ice rinks during the winter months.

School Health Committee and Study Participants

As a strategy to help schools provide a healthier learning environment for students, the local district health unit created the School Health Committee (SHC) program in collaboration

with other public health leaders in Ontario, utilizing the widely accepted guiding principles from the Ontario Healthy Schools Coalition. The role of the SHC is to assist schools in addressing health goals based on the Comprehensive School Health model and the settings approach to health promotion (L. Molendyke, personal communication, Aug. 31, 2008). In doing so, the public health nurse engages the school and community in a collaborative development process in order to identify local health issues and to design, implement and evaluate strategies to address these concerns. Schools may choose from any of the following health content areas: physical activity, healthy eating, tobacco use, substance abuse prevention, injury prevention and sun safety. With the guidance of a public health nurse, the SHC encourages the school to follow a five step process: picking a focus for the school, working on an action plan, putting it into action, celebrating and evaluating the results.

The SHC at the participating school was established in 2005, three years prior to the start of this study. At the time of the study, the SHC consisted of seven members: the principal, one teacher, one parent, four grade six students and the PHN. To explore the the role of the SHC in implementing health promotion initiatives in the school, this research study examined the five members of the SHC (PHN, principal, parent, and two grade six students), as well as one teacher and two grade six students who were not members of the SHC. In order to maintain the small scale nature of this study, yet to still gain a broad perspective of the SHC and its role in the school, the SHC teacher member was not selected to participate in this study's interviews. I felt it would be more beneficial to interview a teacher who was not a member in the SHC. In this way, I would gain the view point and observations of a teacher who was outside of the collective SHC

experience and not directly steering or influencing the SHC's actions, but, who was nonetheless impacted by the SHC's decisions.

The principal has been with this school for ten years and has been a member of the SHC since its inception. The teacher representative on the SHC has been a member for one year. Due to time constraints within the school, the principal helped with the selection of the teacher participant who was outside of the SHC. The parent member has been on the committee since its inception in 2005, has been an active volunteer in many functions within the school and, at the time of the study, was a health care professional within the community. The PHN on the SHC has been working with this school and the SHC for two years.

The local district health unit uses the Comprehensive School Health model as the guiding framework for the SHC program, which asserts that students are valued as equal partners in school health promotion. Thus, in order to give voice to students, the local district health unit requires that students hold four of the seven positions on the SHC. Student inclusion is an integral component to the SHC program and was widely accepted and adopted by the members of this particular SHC. The role of student voice is discussed in a greater detail under Creates and Strengthens Partnerships. Four students from three grade six classes were selected to serve on the committee for a one-year (academic year) term. Names of students were randomly drawn from a list of Grade Six students who indicated interest.

In conversation with the principal, it was clear that the school hoped that these students would "act as role models and leaders within the school community." All four students were invited to participate in this study, though only two consented and are referred to by self-selected

pseudonyms, Bob and Bill. With the principal's assistance, two additional intermediate (grades five and six) students who were not members of the SHC were invited to participate in the study and are referred to by self-selected pseudonyms, Kailyn and Margaret. In order to gain a broader understanding of the general student's perspective, it was important to discuss the same questions with students who were not members nor directly affiliated with the SHC.

The data of this study are presented and discussed in relation to the three themes: Creates and Strengthens Partnerships, Encourages the Implementation of Comprehensive School Health , and Supports and Strengthens School Health Culture. Key factors within each theme are identified as they have collectively aided in the successful diffusion of the SHC into the school environment.

As Rogers (1995) identified, diffusion is the process by which an innovation is communicated through particular channels over time among the members of a social system. An innovation is an idea, practice, or object that is perceived as new. The characteristics of an innovation, as perceived by members of a social system, determine its rate of adoption. Some innovations diffuse relatively slowly, while other innovations diffuse rapidly. The characteristics that determine an innovation's rate of adoption are its relative advantage, compatibility, complexity, trialability, and observability. The second main element in the diffusion of new ideas is the communication channel. Communication is the process by which participants create and share information with one another to reach a mutual understanding. A communication channel is the means by which messages get from one individual to another. The third element in the diffusion of new ideas is time. Time is involved in the innovation-decision process. This is the

mental process through which an individual (or other decision-making unit) passes from first knowledge of an innovation to forming an attitude toward the innovation; then to a decision to adopt or reject it; then to implementation of the new idea; and finally to confirmation of the decision to adopt the innovation. The fourth main element in the diffusion of new ideas is the social system. A social system is defined as a set of interrelated units that are engaged in joint problem solving to accomplish common goals. The members or units of a social system may be individuals, informal groups, organizations, and/or subsystems. The social system constitutes a boundary within which an innovation diffuses. Diffusion is affected by norms, which are the established behavior patterns for the members of a social system. Therefore, successful diffusion is reliant on an innovation that is valued by an organization, is effectively communicated, allots adequate time for experimenting, and finally conforms to the beliefs within the social system.

Creates and Strengthens Partnerships

The successful diffusion of the SHC into the school environment can largely be attributed to its ability to both reinforce old and create new partnerships. Key stakeholders with the longest tenure knew that the school was already health-oriented, which helped facilitate the implementation of the SHC initiatives for this school year. The students identified these current initiatives as “Fruity Fridays / Rainbow Fridays, Popcorn Tuesdays, Power Hour, Recess Ambassador.” Records of meeting minutes corroborated the students’ response; however, it was difficult to determine which health initiatives were directly supported by the SHC and which ones were implemented prior to the SHC and are presently being maintained. Aligned with the

district health unit's plan of creating partnerships with the SHC, each member identified that the presence of the SHC helped establish a stronger, more grounded connection with the public health nurse and the local district health unit. Collectively, the school stakeholders placed great value on the role the SHC played in empowering students to be actively involved in the planning and promotion of school health initiatives.

Public health nurse and the district health unit.

Before the implementation of the SHC, the principal and the PHN emphasized that there was minimal interaction between this school and the local district health unit. After the SHC's establishment, the principal described the school's partnership with the local district health unit, specifically with the PHN, as "intimate and personal". The SHC has given the PHN an opportunity to gain entry into the school as a contributing member and to integrate as an active agent of the school community. The PHN's new immersive role would allow her to begin to understand the culture and ethos within the school environment that underlie the many complexities that challenge the SHC's ability to achieve the identified health goals.

Central challenges to the SHC were identified by the teacher and the PHN as a lack of time and lack of resources. Yet, the SHC managed to still succeed in the face of these challenges. Meeting minutes indicate that the SHC utilized their planning time effectively and were able to meet the minimum requirement of three meetings during the current school year as required by the district health unit. The PHN and the parent both attributed the "supportive school community" to help run many of the on-going initiatives that ran in the school such as Fruity

Friday. The parent further emphasized, "... although the SHC is small in member size, there are ample opportunities for parents to get involved in some of these events. The best part is that they often do!"

Due to the limited operating budget of \$200 allocated to the SHC by the local district health unit, the PHN indicated that the SHC was very cognizant of their spending. "Most of our initiatives require very little money to begin with. The district health unit really helps us as they often provide fun prizes for the students." The public health nurse indicated that part of their role as a facilitator was to help "...ensure that the money was spent the best way possible."

The interviewed participants all identified the PHN as the leader of the SHC, yet the PHN described her role within the SHC as a facilitator:

...an external resource that guides the SHC through the process of creating a school health goal. I want them to know that if they are having a hard time achieving their goals, I am here to find ways to support them.

The ease and willingness of SHC members to welcome the PHN as the leader allowed this partnership to flourish. The PHN had a high degree of technical knowledge in health promotion, given her credentials and experience in working with the SHC program over the past two years. My observations of the meeting indicated that the PHN facilitated meetings by listening to SHC members, respecting their opinions and challenging members to think above and beyond what their school was currently doing. Furthermore, her positive attitude and upbeat personality became contagious as soon as the meeting began as students looked ready and eager to discuss health issues within their school, and the teacher and parent member were discussing

previous SHC events. I also observed the lighthearted and relaxed personality of the PHN, which equally complimented the personality traits of SHC members. The PHN's positive attitude encouraged members to take ownership of the program while also supporting the decisions the SHC made that best suited the school environment. Document analysis of the SHC program and meeting minutes of the decision-making process further supports this concept. The PHN continued to establish her role as a facilitator rather than as the leader and as a result SHC members did not feel threatened by the PHN's role. During the meeting I attended I observed members working collaboratively when it came time to make decisions. All SHC members listened attentively to one another, provided positive feedback while others voiced their ideas, and respected differences in opinions.

The parent interview further clarified the role of the PHN in supporting the SHC and helping establish a close relationship with the school and the district health unit. The parent highlighted the partnership with the PHN as one of the strongest assets of the SHC, noting, "She brings us different resources that make a huge difference. We are just not aware of all the resources that are out there. The PHN keeps us motivated to keep the program going."

Teachers on staff utilize the resources the PHN has access to in order to supplement the health and physical education curriculum. During one SHC meeting, I observed the ease in communication between the PHN and the teacher representative, who was requesting bike safety resources for another teacher on staff who wanted to incorporate the SHC goal into a classroom unit. The PHN indicated that "...the teachers on staff are eager to supplement their own classroom resources by utilizing the local district health unit's resources."

Student voice.

Bill and Bob, the student representatives on the SHC felt that their voices and opinions were valued and respected by all SHC members. They were of the same opinion that “the other members always ask us what we think about health things that are going on in the school and they usually write things down.” The PHN discussed the importance of student voice within the SHC, stating, “it’s a great opportunity for students to interact with each other and it’s a great way to empower the students because they are a pivotal piece to the committee.” The parent concurred with the PHN and added:

It’s great to hear what the students have to say. It is a good opportunity to give some of the older kids a strong role in the school. We make sure to listen to the students when they are giving suggestions and we always ask for their opinions on things. It’s great to have them talking about their health and their friends’ health. It’s now become part of their vocabulary.

Student membership with the SHC has given students the opportunity to take ownership of health initiatives that ran during the school day. Bob stated, “I like helping kids and I like physical activities and that’s what we do best. It’s pretty cool being on the [SHC] too!” Margaret added, “Student members on the SHC are keen to promote the health initiatives and activities within their peer groups.” The teacher highlighted, “There is

a strong sense of ownership amongst the students and they are proud to be a part of the health activities in the school.”

During the interviews, the students also discussed their role in advertising events through the use of a bulletin board, which they valued as an effective way to communicate health promotion initiatives to their peers. The parent discussed the strong presence of the student-run bulletin board within the school and its role in promoting current health initiatives:

The bulletin board is run by students and it has given them the opportunity to promote the current initiatives to their friends. They are really proud of this board as their friends are able to see how they have helped contribute to the health culture within the school.

The bulletin board has provided a level of SHC awareness, sparked enthusiasm among students and helped encourage student participation in SHC activities. All of the students acknowledged that the school has provided them with an abundance of opportunities to encourage health promotion in their school environment.

In conversation with the PHN, challenges surfaced with the possibility of having a larger SHC, including: coordinating SHC meeting spaces, selecting a time that worked for all members and ensuring student members were able to get a ride to school in the morning or a ride home after school. In order to run an effective SHC, the principal opted to limit student membership to four out of seven spots. The principal wanted to ensure that opportunities still existed if students wanted to advocate for health, creating additional leadership opportunities such as being a

Recess Ambassador. It was unanimous that student voice was an integral piece of the SHC, sparking interest amongst the student community.

Encourages the Implementation of Comprehensive School Health

The SHC program is based on the Comprehensive School Health approach to health promotion. In order to create an authentic program that is able to meet the needs of each school, the local district health unit requires that the SHC go through a rigorous process in selecting a healthy school goal—a key process specific to the SHC program. Each school must agree to adhere to the local district health unit's process in identifying the school health goal, which is based on Comprehensive School Health. Guided by the PHN, the SHC completed a school health inventory based on the four components of Comprehensive School Health: classroom instruction, support services, positive psychosocial environment and the physical environment. The goal of this process was to help recognize the health related areas in which the school was excelling (physical activity and nutrition) while also identifying areas where they could improve (safety and injury prevention). The SHC would use this information to collaboratively select a health goal for the upcoming school year.

The Comprehensive School Health model and the health inventory process encouraged the SHC to look beyond what they were already doing to branch into a new health related area. During the first SHC meeting, members were introduced to the term Comprehensive School Health and the PHN explained how it could be used to help facilitate the organization and the planning stages of health promotion initiatives. The

parent, teacher and principal were familiar with the term ‘Comprehensive School Health’ and its role in health promotion. It was recorded in the SHC meeting minutes that the Comprehensive School Health model was reviewed and applied to the school decision-making process during the first two meetings of the school year. The PHN then guided the SHC through the health inventory process using Comprehensive School Health model, allowing the members to review old initiatives that were carried out in the school and also to review initiatives that were currently implemented at the time of the interviews.

The parent and the PHN revealed that the health inventory process along with understanding the Comprehensive School Health model helped clarify the gains made by the SHC in the past year with respect to promoting health within the school setting. This process reviewed where they could make further progress by focusing on health related areas to which little attention had been paid. During the health inventory process, the parent and PHN highlighted how the school focused on physical activity and nutrition initiatives but lacked programming in other health related areas. Using this information, the SHC decided to focus their health goal on promoting safety and injury prevention.

The parent identified the health inventory process as challenging, as it forced the SHC to have a clearer understanding of the health initiatives already implemented in the school. The parent reflected back on the health inventory and was able to describe why it was challenging:

During the first SHC meeting, the PHN made us make a list of everything we were doing in terms of health promotion at the school. After she saw the list, she laughed and said ‘Do I really need to be here?’ Then she asked us what we could do outside of that. This

was hard for us all. We really had to think together, collaboratively to look at what else could be done [beyond physical activity and nutrition initiatives].

During the one on one interview session, the PHN and parent suggested that the SHC focus on personal safety and injury prevention, which wasn't a popular choice among student members. Both the parent and the PHN identified the need to come to a consensus as a group in order to move forwards as an SHC. The PHN emphasized, "We didn't want to coerce the students into agreeing with an initiative they really didn't want to be a part of." Through conversations with the students and the parent member during the SHC meetings, a compromise was made to focus the SHC goal on safety and injury prevention during the current physical activity initiatives. The PHN identified that some schools struggle with the review process: "It is time-consuming during the meetings and it is not the most exciting task for SHC members, especially the students."

The local district health unit requires that the majority of the SHC members be in agreement with the selected SHC goal, which is central to student voice, as student members make up the majority of the committee and have the ability to agree or disagree with proposed decisions. The PHN highlighted the significance of the majority rule:

Everyone has to agree on the goal setting process at the beginning because we want the schools to have ownership over the goal that they choose. Sometimes members in the group come with a set agenda of what they think the SHC should focus on. This isn't how the [SHC] works. It is a collaborative process and we take everyone's opinions into account – especially the student members.

Observations made during the SHC meeting indicated that the decision-making process has helped validate each member's opinion and point of view, encouraging the SHC to evolve over time. This was evident as each student member easily jumped into the conversation in order to give his or her respective point of view of the subject. In one instance, the student members did not share their opinions with the group at first, not until the public health nurse solicited their opinions.

Supports and Strengthens School Health Culture

The PHN and the local district health unit indicated via personal communications that the SHC at the participating school is considered to be a success, as it has been in practice and thriving in the school community for the past three years. Two main factors contributed to the school's ability to implement and sustain the SHC: a strong school health culture and a supportive principal who is an effective leader and who acknowledges the school's role in health promotion.

Supports pre-existing school health culture.

The school agreed to the SHC program requirements because it complimented the current health culture within the school. The SHC's ability to work with the existing initiatives facilitated the adoption and implementation of the program. Each stakeholder discussed ways in which the school already supported health and active living prior to the inception of the SHC. The principal, parent and teacher each identified that health promotion was part of their school

philosophy. The teacher highlighted, “this school believes in providing a positive and healthy environment for students. Collectively, we want to focus on ways to provide opportunities where students can develop and strengthen their health behaviours. I think we are doing a great job.” The parent confirmed, “It’s not that the SHC created all the health initiatives. There has always been health promotion in this school.” All of the students agreed, “This school always has health activities going on.” The PHN reflected on the compatibility of the SHC, “it easily assimilated into the health initiatives that they had been running. The students already had a mindset about eating healthy and being active.”

Though there are many health initiatives operating at the school, the presence of the SHC has contributed to the previously established health culture. The teacher noted, “The SHC chose to build upon pre-existing activities rather than start ones that were completely different. This helped to alleviate competition among staff members who were involved with different activities and committees that also promoted health.” The parent discussed the ways in which the school already supported health and active living in the years prior to the inception of the SHC. The parent stated, “The SHC is only part of the culture [health culture within the school]. It’s not that the SHC has created it [health culture]. We already had nutrition and physical activity initiatives going on.”

A student participant stated, “These activities [Fruity Fridays / Rainbow Fridays, Popcorn Tuesdays, Power Hour, Recess Ambassador] aren’t just one-day activities. They keep going every month.” The PHN highlighted various ways in which the SHC helped promote new initiatives while sustaining ones that were already in place. The PHN emphasized how the school

was successful in carrying forward previous SHC goals into the new school year: “Often when the year had ended and the topics had changed, the teachers enjoyed the initiatives so much they wanted to continue them in their own classes. It’s really great!”

After reviewing SHC meeting minutes, it is evident that the SHC was successful in integrating and building upon various goals and programming throughout the past three years. The meeting minutes indicated how the SHC kept going back to identifying different ways of answering the question: “What is going on in this school to make kids as healthy as they can be?” The meeting minutes also revealed how the SHC looked back at previous healthy school goals in order to redefine the SHC’s present healthy school goal.

Strengthens the principal’s role in health promotion initiatives.

The PHN, parent and the teacher all discussed how the principal has supported health promotion within the school. The PHN attributes the presence and attitude of the principal as one of the mediating factors that has led to a sustainable SHC. Furthermore, the SHC program requires that the principal attend all of the designated SHC meetings. The principal’s presence at all of the meetings during the past school year was verified in the SHC meeting minutes. The PHN expressed:

You need permission from the principal for everything, so it is really important to have them actively involved in the process of the SHC. This has been challenging for other schools. The principal here is very diplomatic and open when it comes to our SHC program.

The parent described the principal as, “the glue that holds the health initiatives and the SHC in place. The principal models how to collaborate effectively so that everyone’s ideas are valued and respected.” The teacher highlighted the strengths of the principal as being “very supportive and [having] a great understanding of what is going on with the school.” Additionally, the principal informed the entire staff community of the SHC’s progress as evidenced in the minutes of staff meetings. Communication between SHC members and teachers in staff meetings helped to apprise teachers of school initiatives.

During an SHC meeting I attended, I observed how sympathetic the principal was to the teachers’ workload. The principal guided the SHC to brainstorm various ways they could promote the initiatives without burdening teachers who were already involved in other non-curricular activities within the school setting. The teacher further supported the principal’s leadership role as being “...a natural leader and an avid health promoter leading the school in such a way that people want to be a part of whatever project they are supporting—which usually is all of them!”

While all stakeholders agreed that the school’s health promotion initiatives have been successful in previous years, they were aware that a change in principal may challenge the school’s ability to continue promoting health. The parent discussed some challenges that may exist if the principal leaves the school: “Things may change if there is a different principal here. If there were a brand new person here I would have to establish a whole new relationship. I’m not so sure if everything would run as easily as it has.” However, all of the students were in agreement that the school would always promote students to be healthy and active. Bill identified

the strong ties the student community has with the SHC and its ability to promote healthy behaviours, stating, “If we had a new principal that did not want to have a SHC, we would fight for it. If there still wasn’t a SHC the students at this school would still try to be healthy.”

The parent identified the possibility of training or encouraging parents/guardians of children in the younger grades to be more involved with the health initiatives to fill in the gaps when other volunteers leave the school. When asked about any suggestions for the SHC, the teacher highlighted the possibility of inviting different staff members to attend a SHC meeting, saying, “they would have a better understanding of what is going on. When you are a part of an initiative you probably have a greater connection to the initiative.”

With the support of the principal, the SHC served as a catalyst for building a healthy school for the future of all its students. By bringing various stakeholders together in a formal committee, the SHC was able to facilitate the flow of ideas and the innovations through various subsystems, resulting in health initiatives that permeated through all aspects of the children’s lives at school.

CHAPTER FIVE

Discussion

This study explored the role that a School Health Committee (SHC) plays in enhancing health initiatives at a school level. The study was designed in collaboration with the local district health unit to inform current and future school-district health unit practices by examining the factors that contribute to the successful diffusion of SHCs. The SHC's successful diffusion into the school environment relied heavily on the following key components: a strong partnership between the school and the public health nurse (PHN), awareness and implementation of the Comprehensive School Health model, the pre-existing school health culture and finally, the support and leadership of the principal. Collectively, these factors contributed to the SHC's ability to serve as an efficient and reliable vehicle for building a healthy school community.

In this chapter, I will discuss the findings within the emergent themes of Creates and Strengthens Partnerships, Encourages the Implementation of Comprehensive School Health, Supports and Strengthens School Health Culture. The findings will be discussed in light of existing literature, implications for practice, and the dominant theory of Diffusion of Innovations (Rogers, 1995). Furthermore, I will discuss the strengths and limitations of this study and how this research has helped contribute to the literature.

Creates and Strengthens Partnerships

Creating partnerships for health promotion and understanding the current social system within the school and community setting is essential to the success of the SHC and is a fundamental component of Rogers' (1995) Diffusion of Innovations Theory, Comprehensive School Health model, and the Ecological Systems theory as described by Bronfenbrenner (2005).

The implementation of the SHC easily permeated through various social systems within the school community, specifically amongst students, teachers, and parents. Its success is attributed to the compatibility of the SHC program with the current structure and vision of the organization, an essential element advocated by many health researchers (Deschesnes et al., 2003; French & Stables, 2003; Leurs et al., 2007; Public Health Agency of Canada, 2007; Spence & Lee, 2002). The positive working relationship between the PHN and the principal resulted in the PHN having an extensive understanding of the school health culture and values, a component that may not be present in other SHC's. Furthermore, school stakeholders had a clear understanding of how the SHC could help the school continue to provide a healthier environment for students to learn and grow. Additionally, the SHC members and the teaching staff recognized the value of the PHN's breadth of knowledge that was brought to the SHC and strengthened their program efforts.

Macdonald and Green (2001) identify the challenges associated with attempting to implement a new program into an organization that does not have a good understanding of the program and its benefits. While the school in their study identified a need for change, there was a

great deal of confusion about how to make this change happen and whose role it would be to continue maintaining the change. Teachers were unaware of the program, its goal and how they could help facilitate the process of change. Though the program was implemented, the research indicated the need to have a program lead by internal agents within the school, rather than from an external source.

Comprehensive School Health relies on community involvement and active partnerships, acknowledging additional influences that can affect the program's ability to support student health (Allensworth, 1994; French & Stables, 2003; Kubik et al., 2003; Spence & Lee, 2002). A student's behaviour is influenced not only by direct interactions within a school but also by the indirect relationships that develop between organizations within the greater school community (Denman, 1999; Egger & Swinburn, 1997; Leurs et al., 2007; MacDougall, 2004). Central to the Ecological Systems theory (Bronfenbrenner, 2005) is the significance of building relationships within and among ecological systems, including teacher-student, student-school, school-home, home-community, and community-culture. The SHC of this study achieved these ecological relationships by creating an inclusive environment that welcomed parent and community partners. The SHC has made a great start in extending the SHC membership to parents and various community members including local grocery stores and the police department and could expand these partnerships by providing a wider range of opportunities where other partners could benefit from their involvement. Aligned with the recommendations by the Ontario Healthy Schools Coalition (2005), additional SHC members could include those from local small businesses, school education assistants and support staff, and high school students from the

surrounding secondary schools. The members of this SHC also experienced positive interactions with each other as they worked together towards their common school health goals. In-depth and meaningful discussions occurred during the meetings as a way to ensure that upcoming initiatives were in harmony with existing school values and could benefit the student and staff community.

Furthermore, the Diffusion of Innovations theory underscores the value of understanding the role of each member within the SHC social system in order to facilitate the successful diffusion of the innovation, identified in this study as the SHC. Establishing authentic partnerships and accepting the different view points of each partnership will help the members within the SHC communicate with each other, while also communicating with the surrounding school community. The SHC provides an outlet for partners to become further engaged with the school community through their involvement with a variety of health initiatives.

Develops partnerships with students.

In order to function optimally, it is essential that the SHC fosters a positive and collaborative environment that facilitates equal input from each committee member and validates his or her opinion (Cothran & Ennis, 2001). All stakeholders highlighted the opportunity created by the SHC for student members to develop leadership skills and advocate for their own health and the health of their peers. Both SHC student members identified the PHN's ability to ensure their voices were heard and valued during the decision-making process. Their collective voice was the voice of the majority (four of

seven members on the SHC) as decisions on which initiatives were to be implemented were made by voting with a majority and did not require consensus for group action. Resnicow and Allensworth (1996) report that the primary goal of a school health committee should be to equally value each member's ideas and opinions in an attempt to provide a collaborative environment where members can work with each other to help achieve the designated goals. There could still be room for improvement and advantage in diffusion if SHCs would use consensus building for group decision-making in their framework.

This SHC program is unique from many other school programs in that it acknowledges the significant role that students play in creating a voice for change within their own school environment. Empowering student voice is a common theme in school health promotion literature as it often results in authentic changes that can be of benefit to both the student and to the entire school community, decreasing the likelihood of resistance to the new program or change (Mitra, 2005; Ontario Healthy Schools Coalition, 2005). This SHC offered students the opportunity to become involved in the health decisions that are made at their school and were able to communicate how this role can help to create a healthier learning environment for themselves and for their peers. The student members were able to understand how their voice could be of value to this SHC, encouraging them to take ownership of the program as they were able to see how they could help to make a difference for others. Rogers (1995) supports this concept of program adoption, as participants must be able to see the value in a program and how their participation could

possibly improve what is already being done before they actually agree to adopt the new program or change.

The role of students within this SHC could be strengthened by providing them with ample opportunities to be a part of the planning process for upcoming initiatives, a key finding from Mitra (2005). Possible student perceptions of power roles within the SHC (ie. public health nurse, principal, teacher, and parent) could be broken down by introducing student conferencing and student forums to the SHC program. Mitra described how these strategies could be effective for both students and those in power roles as they provide active opportunities for students to become fully engaged in their ideas and opinions related to school health. They also give those in a power role an authentic opportunity to practice relinquishing some of the control of various SHC decisions to the student members in a different context. Though both SHC student members agreed that they felt valued and respected during the meetings, it still could be seen as a valuable and rewarding experience to continue strengthening the role of students on the SHC.

Encourages the Implementation of Comprehensive School Health

The local district health unit requires SHCs to follow the Comprehensive School Health model as they prepare to plan for their school health goal, as it underscores the importance of various social and environmental determinants such as active partnerships between teachers, parents, students, health professionals and the community in establishing successful programs. The local district health unit's willingness to incorporate

Comprehensive School Health into the SHC framework emphasizes their knowledge and understanding of the vast amount of literature that currently supports Comprehensive School Health and how it can contribute to the quality of the SHC program (Allensworth, 1994; French & Stables, 2003; Kubik et al., 2003; Spence & Lee, 2002). Furthermore, the local District Health Unit is demonstrating their commitment to developing and maintaining an effective partnership with the school, the SHC and the principal, while honouring their commitment to achieving the partnership mandate set forth by the Ontario Ministry of Health and Long Term Care.

Rowling & Jeffreys (2006) urged organizations to look beyond individual determinants of health in an attempt to include the complex interactions of social and environmental determinants. The parent, teacher and principal were familiar with the concept of comprehensive school health and were able to reflect on how the model helped them organize the ways in which they advocated health and active living. They also highlighted how the Comprehensive School Health model has helped them to identify areas that they could improve. This process made it easier for them to keep records of the types of activities and initiatives that have taken place at the school on a daily basis throughout the year. This process allowed the SHC to be flexible and to adapt to the needs of the school community, a topic that is strongly supported in the literature (MacDonald & Green, 2001; MacDougall, 2004; Rowling & Jeffreys, 2003; Veugelers & Fitzgerald, 2005). In doing so, the SHC is more likely to evolve into a stronger and more authentic program over time while continuing to meet the needs of the school community.

The SHC utilized the Comprehensive School Health model as a way to explore exactly what was happening at the school related to health promotion. The SHC conducted a school inventory whereby SHC members reflected on how the school met each of the four components identified in the comprehensive school health model: healthy physical environment, classroom instruction, partnerships and support services. While this method provided the SHC with an overview of the different ways in which their school had been promoting health, it is recommended that the SHC selects one goal, and identifies how they can achieve this goal by implementing initiatives that address all four areas of the Comprehensive School Health model (French & Stables, 2003; Kubik et al., 2003; Osganian et al., 2003).

Supports and Strengthens School Health Culture

Identifying the factors that will aid in sustaining SHCs has remained a challenging task for the local district health unit. The SHC's ability to successfully diffuse through the school community can be attributed in part to the pre-existing school health culture within the school. Furthermore, the principal's commitment to health promotion and democratic leadership style helped engage the entire school community to believe in and support health promotion.

Supports pre-existing school health culture.

The success of the SHC is in part attributed to the pre-existing culture that supports healthy living in the school environment. Each stakeholder discussed ways in which their school had already established a healthy and active culture within the school environment prior to the inception of the SHC, which helped facilitate the adoption of the SHC program. The presence of a positive health culture within the school should be deemed a pre-requisite for other schools that want to adopt and implement a program similar to the SHC. This conclusion is supported by the work of MacDonald and Green (2001) who highlighted six components of school readiness, a concept that they described as having significant impacts on the successful diffusion of a health innovation into a school. Based on the author's findings, this SHC demonstrated all six components of school readiness:

- a) The teachers and administration within the school had adopted the project because they believed it would help them address and acknowledge problems in the school,
- b) Teachers and administrators supported and had a clear understanding of the funder's expectation of the project,
- c) A fit existed or evolved between the school's philosophy, vision, and goals, and the philosophy of the project,
- d) School personnel understood and valued the meaning of prevention,
- e) The school's commitment to implementing the project was reflected in the allocation of resources for implementation;

f) The school supported comprehensive school health.

The teacher, parent and PHN unanimously agreed the school community was not forced to support the SHC initiatives, as the school had already supported these types of initiatives long before it adopted the SHC program. Schools that do not actively promote healthy living will most likely struggle to gain support from various teachers, students and community members (Denman, 1999; MacDonald & Green, 2001). They may not have an understanding of the initiatives and how the initiatives can benefit their school community. Under the guidance of the PHN, this school understood the importance of good health and was willing and committed to participate in a variety of initiatives run by both the SHC and other groups within the school community.

The SHC and the school community did not view the PHN as an external agent attempting to make unnecessary changes. The SHC was internally driven due to the collaboration amongst each stakeholder and was valued in the school community. Rogers (1995) identifies these as two significant factors that contribute to the successful diffusion of an innovation. The literature also supports the concept that successful school change must be driven internally and valued by all the stakeholders, and should take into account all those who could be affected by the change, especially students (MacDougall, 2004; Rogers, 1995). These components are fundamental to the SHC's ability to diffuse through the school environment.

Strengthens the principal's role in health promotion initiatives.

The principal also played a significant role in the success of the SHC and helped establish a strong foundation that supports healthy living. Modeling a democratic leadership style, the principal exhibited three qualities of an effective leader: hope, enthusiasm and energy (Fullan & Stiegelbauer, 1991). Other SHCs may be challenged in this area if the principal is someone who seeks power, is determined to follow their own agenda and/or is not interested in how the school envisions change.

The district health unit requires that the principal be a member of the SHC and be present at all of the meetings so that decisions can be made in a timely fashion. The school principal's active involvement in SHCs has been identified as a requirement for the effective implementation of SHCs. Requiring the principal's presence at each SHC meeting can be challenging for some school principals. School principals' managerial duties and leadership tasks are extensive and as a result of the pressure to meet competing demands from multiple stakeholders, school health promotion initiatives may be given low priority.

In this case, the principal was always present at all the meetings and supported most ideas brought forth by SHC members, valuing the ideas that came from student members. A principal who values health promotion can make a significant contribution to the sustainability and effectiveness of an SHC. Castle and Mitchell's (2002) research reveals that principals do not need to be the head of every initiative in order to be effective

leaders. They identified that an effective leader encourages, promotes and invites inquiry from those who are involved in the initiative, helping create a collaborative environment.

All stakeholders were highly aware that change in school administration is inevitable and will challenge the school's willingness and ability to continue promoting health. The stakeholders reflected on the challenges that lie ahead for them if the current principal were to leave the school, as they all have a good understanding of how influential the principal can be when it comes to making decisions about school health promotion and supporting ideas that SHC members may have. This is one of the main challenges identified with program adoption and implementation (Cothran & Ennis, 2002; MacDougall, 2004; Osganian et al., 2003; Resnicow & Allensworth, 1996; World Health Organization, 1998). The high degree of health culture in this school will motivate the school community and the SHC to continue moving forward in their health promotion endeavours. Both student participants expressed the willingness to continue advocating for health even if there were to be a change in administration or if the SHC did not exist. This is the type of enthusiasm and commitment that will lead to successful and sustainable school health committees (Cothran & Ennis, 2002; MacDougall, 2004; Osganian et al., 2003; Resnicow & Allensworth, 1996).

Diffusion of Innovations

Rogers (1995) defined diffusion as "the process by which an innovation is communicated through certain channels over time among members of a social system," and an innovation defined as an "idea, program or practice that is perceived as new by an individual or group." A

School Health Committee (SHC) that is new to a school district and to teachers can be viewed as an innovation. According to Rogers, the decision to adopt, to accept, and to utilize an innovation is not an instantaneous act, but a process that needs to work through each stage of the model in order for it to be successfully adopted and implemented into the organization. Many factors contributed to the ease in adoption and implementation of the SHC model into this specific school environment. The SHC was compatible with the existing health culture and helped to supplement the current health initiatives that had been operating at the school for a long period of time. Furthermore, the entire school community was able to identify how the SHC could benefit themselves and the entire school community by helping to provide a healthier environment for students, teachers, and community members to connect. Due to the small-scale size of this research study, it is difficult to identify the extent to which the entire school community was aware of the SHC and its role in promoting healthy behaviours. Conclusions can be drawn from participant and focus-group interviews that there was a sense of understanding that the SHC did exist, and was helping to promote healthy behaviours through a wide variety of school and community based activities and initiatives. These activities were communicated effectively through word of mouth, school announcements, SHC bulletin board, school newsletters and various posters and signs throughout the school to help ensure that students, teachers, and parents had an understanding of the SHC's role, and how they could help participate in promoting health in their school.

Rogers (1995) defines several intrinsic characteristics of innovations that influence an individual or organization's decision to adopt or reject an innovation. One of the characteristics

identified is the degree to which the innovation can be experimented with and the degree to which the results can be observed (Rogers, 1995). The SHC program is not prescriptive and seeks members to identify their own health goals and initiatives. The SHC meetings give members the opportunity to provide feedback on the various initiatives. The health initiatives are monitored, discussed, and evaluated with respect to how they are accepted by the school community and their impact on student behaviour contributing to the sustainability of the SHC program. The SHC openly celebrates their accomplishments, which helps embed these changes into the culture of the school.

With the guidance of the public health nurse, the SHC program at this school valued the importance of giving SHC members time to accept, experiment and take ownership of the SHC program. The SHC meetings were organized with guidelines set forth from the local district health unit to help SHC members become familiar with the Comprehensive School Health model and to ensure they understand how this model can help them to assess and evaluate how their school is supporting health initiatives. The SHC reviewed past initiatives to evaluate their effectiveness and how they were perceived by the school community as a method to ensure that future initiatives are of value to the school community.

The presence of multiple social systems within the school community has aided in the implementation and adoption of the program into the school community. The SHC social system fostered a collaborative environment based on a Comprehensive School Health model that sought student and community support. This encouraged the SHC to take ownership of the program and to mold it to better fit the school's needs. The SHC provided a strong partnership

with the school and the district health unit as well as with the student and parent members. Each member had a good understanding of the SHC's role in promoting health and how the idea of school based health promotion required the input from each stakeholder. Members had a clear understanding of their role within the SHC and were able to understand how the SHC could be successful at creating a healthier environment for the school community.

Strengths and Limitations of this Study

This research study expanded on the findings from MacDougall (2004), who identified the need for future research in the area of establishing partnerships in the school setting, specifically with school health committees. While MacDougall focused primarily on capturing the role of the public health perspective of the phenomenon of school health committees, this study extended its scope to include SHC members and the general school community including a parent, a teacher, and two students. Through observations from the SHC meeting and through interviews, I was able to gain a broader understanding of the student members in the SHC and how they serve as a diffusing role to the entire school community through early membership.

Several limitations do exist in this research study. Due to the small-scale nature of this study, the sample size of the participant group remained small. In order to gain the most consistent understanding the SHC and its foundation, it was recommended by the local district health unit to select a school that had been running a SHC for the longest period of time. This way, the participants would be more familiar with the SHC program and its role in the school

community. The district health unit's criteria automatically eliminated many of the surrounding schools that had a newly formed SHC.

A further limitation surrounded the principal's active role in helping to find suitable participants, specifically the two non-SHC members and the non-SHC teacher. Due to time constraints during the school day, the principal felt it would be better if she helped to select the students and the teacher based on the criteria provided. In this case, participants could only be eligible if they had not been directly associated as a SHC member. I could have played a greater role in the participant selection process rather than the principal to help alleviate any biases that may have resulted from the principal's selection process. Additionally, there would have been more opportunities for cross analysis through a comparison case if all SHC members were interviewed (e.g., SHC teacher interview to non-SHC teacher interview giving this study more depth).

Although two non-SHC student participants and one non-SHC teacher participated in this study, it may have strengthened the study's design to interview a PHN and a principal from a different school that had a SHC of the its role in enhancing health promotion initiatives. Though it was essential to explore SHC members that were not directly associated with the SHC, but still were influenced by it, the principal and PHN played a pivotal role in this SHC's successful diffusion with the school environment. It would have been interesting to identify if these findings were consistent in other schools and SHCs. Including the role of a principal and PHN from another school SHC could have provided a more complex level to the discussion and research findings and could be an area for future research.

The lack of a comparison case limits the impact of this research study. Originally, this study was designed to compare two schools, both of which were running the SHC program. Due to the small number of schools running the program, it became difficult to compare and contrast schools without revealing their identity. Furthermore, during the school selection process, I came across several schools that declined participating in this project as they did not want to be associated with the possibility of being scrutinized for having programs deemed ‘unsuccessful’. I also came across schools who were willing to take part in this research study, but wanted confirmation that the results would indicate that their health program / health initiative had a positive effect on student achievement and also lowered individual students’ body mass index. These issues reinforce the challenges that are associated with school-based research in the area of health promotion.

Also, it may have been informative to consider the health initiatives by this SHC and compare their initiatives to the Comprehensive School Health model to determine how they have managed to create change within the four components: classroom instruction, social support, physical environment and community partnerships. This could have helped explore the uptake of the SHC initiatives and their ability to impact the health behaviours of students.

CHAPTER SIX

Recommendations and Conclusions

This chapter provides recommendations to the public health unit in order to inform their practice, to individual schools in order to assist stakeholders in the diffusion of the SHC program, as well as recommendations for future research.

This study raises several considerations for future practice within the public health and education sectors. The continued partnership between the local district health unit and various schools could be strengthened through the secondment of a current Health and Physical Education teacher to provide consultation on the development of a SHC program and its implementation into other schools in collaboration with public health nurses at the local district health unit. To help manage staff turnover within the SHC, leadership opportunities could be introduced to target parents, support staff and community partners who may not know about the SHC and how they could help to contribute to the program. Providing rich and authentic opportunities for students to continue voicing their opinions will enhance each student's leadership capabilities and their role within the SHC program. Finally, a more in-depth application of the Comprehensive School Health model will help the SHC to target fewer initiatives in greater capacity.

*Recommendations For Future Practice**Teacher secondment.*

To help facilitate the growing partnership between the school and the local district health unit, a Health and Physical Education teacher could be seconded from teaching duties to provide guidance on how the current SHC program can continue to meet the needs of various school communities. Though this recommendation is reliant on external funding from the public health sector, it could prove to be a valuable way of promoting not only the SHC program, but also future programs that are designed by the local district health unit with the goal of being successfully implemented into various school settings. Together, the public health nurse and the teacher consultant could present workshops to schools and school boards who are interested in starting a SHC. These workshops could highlight some of the challenges that are often associated with the implementation of a new program, and how the local district health unit can provide support and guidance to each SHC so that they are more likely to overcome these challenges. Workshop topics could also focus on how the school community can benefit from the SHC and also ways to further engage support from the school community including students, teachers, parents, administration and community partnerships.

Staff turnover.

The teacher provided suggestions with the anticipation of improving the longevity of the SHC in this school community, which addresses the possibility of staff, student, principal and parent turnover in relation to the SHC. To ensure participation levels amongst school

stakeholders, it is recommended that the school continue indirect means of communication via school newsletters, advertisements and bulletin boards to advertise the SHC program goals and initiatives to the school community (Cothran & Ennis, 2002; Osganian et al., 2003). It is recommended that the SHC also use methods of direct communication to promote specific ways in which stakeholders could be involved with the SHC and how the school community will benefit from their involvement. Examples of direct communication could include mini-workshops that promote ways in which stakeholders can volunteer at the school or inviting interested parties to attend an SHC meeting in order to establish authentic relationships with parents/guardians and with other members in the community.

Enhance student voice.

The literature strongly supports student voice in school decision-making (Giles & Hargreaves, 2006; Lévesque et al., 2005; MacDonald & Green, 2001; Osganian et al., 2003; Owens et al., 2006). While discussing the senior student membership on the SHC, the grade six students were seen as more mature, confident, and able to voice their opinions and be contributing members of the SHC. To engage future student participants, it is recommended that the SHC encourage involvement from a mixture of four to seven students in grades four, five and six, with varying tasks to help alleviate the need to train new members in the upcoming school year. It may also be an option to establish a shadow leadership opportunity for students who may be interested in being a part of the SHC in the following school year. Current SHC members could be paired with a potential new member, allowing them to experience some of the tasks and responsibilities that are associated with being a student representative on the SHC. This will help

schools excel in providing students with an enriched opportunity to be actively engaged in advocating for their own health and the health of their peers. To help establish authentic leadership roles within the SHC, it is recommended that the PHN have the opportunity to work specifically with student members, engaging them in specific tasks such as creating the SHC meeting agenda. In doing so, the students will have a greater understanding of their leadership style and will have the confidence to engage in all aspects of the SHC.

Implementation of comprehensive school health.

During the health inventory process, SHC members reviewed all the activities and initiatives that were occurring in the school by using the Comprehensive School Health model. As a result, the SHC identified that most of their initiatives were related to nutrition and physical activity. In order to promote more comprehensive health initiatives, it is recommended that the SHC review one goal (ex. increasing physical activity) to see how they can promote it in all four components of the Comprehensive School Health model: physical environment, psychosocial support, instruction and support services. This will ensure that a comprehensive approach for health promotion is achieved.

Recommendations for Future Studies

In the present study, the participating school's health culture was identified as a contributing factor in the successful diffusion of the SHC. In order to understand a school's culture and ethos along with its direct impacts upon the implementation of a SHC, future

qualitative studies would need to be conducted over a sustained time period involving multiple interviews of stakeholders.

Additionally, it is recommended that a quantitative research approach where the whole school is surveyed to identify the impact of a SHC could provide a wide breadth of views from one specific school. This approach could also be conducted with two different schools in the same board in order to provide an informative cross-analysis between schools.

Conclusion

The SHC provides a supportive environment for members of the school community to further develop, promote and maintain healthy attitudes and behaviours during the school day. It has helped establish a new key partnership, specifically between the school and the local district health unit, and has provided students and the surrounding school community with opportunities to become engaged in their own health through various initiatives that value their input. The SHC's Comprehensive School Health approach to health promotion has brought forth a greater awareness and understanding of how health promotion initiatives can be implemented and sustained over time. Furthermore, the outstanding leadership qualities and healthy mindset of the principal has contributed to the health culture within the school. Finally, the presence of a positive health culture within a school community can be seen as a prerequisite for implementing and adopting the SHC.

In an attempt to provide answers to the questions asked by the local district health unit, in order for schools to experience a high degree of success in establishing a

sustainable SHC, they must have a vision for school health and have begun advocating for a healthier environment for students to learn and grow. In doing so, schools will continue to embed components of healthy living in the health culture, legitimizing the SHC within the school community and strengthening its ability to progress and evolve over time. As Roger's (1995) Diffusion of Innovations theory suggests, the pre-existing social system composed of informal partnerships between parents, teachers and students is a key factor that facilitates the diffusion of this change. This was further supported by the underlying attitudes and beliefs that were shared among members of this alliance and the communication channels that they had already established. It can be surmised that the school community's acceptance and adoption of the SHC and the changes it has brought forward were largely dependent on the pre-existing health culture.

In conclusion, a SHC can be an effective vehicle for change and an important innovation towards achieving healthier school communities. It is important to acknowledge that the social construct surrounding the SHC in this case study played an equally important role to its success. This success is dependent on its key partnerships, the driving force brought forth by specific individuals and the pre-existing organizational culture.

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APPENDICES

Appendix A – Participant Consent Letter

Appendix B – Parent / Guardian / Student Consent Letter

Appendix C – Interview / Focus group guide

Appendix D – Student focus group interview questions

Appendix E – SHC interview questions

Appendix F – Non SHC interview questions

Appendix G – Public health nurse interview questions

APPENDIX A

Participant Consent Letter

Date Goes Here

Dear potential participant,

Thank you for taking the time to read this cover letter. Allison Cleland, a graduate student in the Faculty of Education at Lakehead University is conducting a project entitled “Exploration of Health Promotion in School Communities.” The intent of this study is to identify the role of how the Healthy Schools Club impacts school health in a northern Ontario elementary school.

In order to complete this study, it is essential to explore the role of all those associated with the Healthy Schools Club including students, teachers, administration, parents and a public health nurse through the use of interviews and document analysis. Therefore, in consultation with the Thunder Bay District Health Unit, we will gain an understanding of how to help schools provide a “...healthier place for students to learn and grow” (Ontario Ministry of Education, 2008).

Your participation in the project is strictly voluntary. This project could be considered as a minimal risk project. There will be indeed no physical risks, psychological or emotional risks, no legal or social repercussions for participating or not participating in the focus group, and finally, no economic or other type of inconveniences. There are also no immediate benefits to the participant for choosing to participate in this study. If you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If you choose to withdraw, all data gathered until the time of withdrawal will not be used and will be destroyed. Your participation in the project will involve attending an interview session that will be approximately one hour in duration to discuss your views of health and healthy schools, and your experiences with the current Healthy Schools Club operating at your school. The interview session will be conducted by Allison Cleland, a graduate student from Lakehead University, and will be audiotaped so that discussions can be transcribed and analyzed.

Confidentiality will be ensured the use of a pseudonym. Data may be used in the written report, however participants will not be identified in any way, as pseudonyms will be used. All audiotapes and resulting data collected will remain confidential, and only the researcher and the research’s supervisor will have access to any data related to this study. Data will be stored under lock and key in the graduate office at Lakehead University for five years as per Lakehead University policy. After the five-year period, all data will be shredded. You may contact the researcher at any time to discuss any questions or concerns you may have that are related to your participation in this research study. Upon completion of this research study, you may contact the researcher at any time to discuss the findings or view a final copy of the research study. A final copy of this research study will be made public and will be administered to your school, the school board and the Thunder Bay District Health Unit.

This project was approved by the Research Ethics Board, Lakehead University. If you have any questions regarding the ethical conduct of this study, you may contact Lisa Norton at (807) 343-8283 or by e-mail at: lisa.norton@lakeheadu.ca

Sincerely,
Allison Cleland, B.A., B.Ed.

APPENDIX B

Parent / Guardian / Student Consent Letter

Date goes here

Dear parent/guardian and potential student participant,

Thank you for taking the time to read this cover letter. Allison Cleland, a graduate student in the Faculty of Education at Lakehead University is conducting a project entitled “Exploration of Health Promotion in School Communities.” The intent of this study is to identify the role of how the Healthy Schools Club impacts school health in a northern Ontario elementary school.

In order to complete this study, it is essential to explore the role of all those associated with the Healthy Schools Club including students, teachers, administration, parents and a public health nurse through the use of interviews and document analysis. Therefore, in consultation with the Thunder Bay District Health Unit, we will gain an understanding of how to help schools provide a “...healthier place for students to learn and grow ” (Ontario Ministry of Education, 2008).

Your participation in the project is strictly voluntary. This project could be considered as a minimal risk project. There will be indeed no physical risks, psychological or emotional risks, no legal or social repercussions for participating or not participating in the focus group, and finally, no economic or other type of inconveniences. There are also no immediate benefits to the participant for choosing to participate in this study. If you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If you choose to withdraw, all data gathered until the time of withdrawal will not be used and will be destroyed. Your participation in the project will involve attending an interview session that will be approximately one hour in duration to discuss your views of health and healthy schools, and your experiences with the current Healthy Schools Club operating at your school. The interview session will be conducted by Allison Cleland, a graduate student from Lakehead University, and will be audiotaped so that discussions can be transcribed and analyzed.

Confidentiality and anonymity of student participants cannot be guaranteed given the fact that other participants will be present at the focus group meeting. Data may be used in the written report, however participants will not be identified in any way, as pseudonyms will be used. All audiotapes and resulting data collected will remain confidential, and only the researcher and the research’s supervisor will have access to any data related to this study. Data will be stored under lock and key in the graduate office at Lakehead University for five years as per Lakehead University policy. After the five-year period, all data will be shredded. You may contact the researcher at any time to discuss any questions or concerns you may have that are related to your participation in this research study. Upon completion of this research study, you may contact the researcher at any time to discuss the findings or view a final copy of the research study. A final copy of this research study will be made public and will be administered to your school, the school board and the Thunder Bay District Health Unit.

This project was approved by the Research Ethics Board, Lakehead University. If you have any questions regarding the ethical conduct of this study, you may contact Lisa Norton at (807) 343-8283 or by e-mail at: lisa.norton@lakeheadu.ca

Sincerely,
Allison Cleland, B.A., B.Ed.

Acceptance: I, _____, have read and understood the cover/information letter for the study, and I understand the potential risks and/or benefits of the study, and what those are. I understand that I am a volunteer and I can withdraw from the study at any time, and may choose not to answer any questions. I am aware that the data will be securely stored at Lakehead University for a period of five years. I understand that my identity will remain confidential in any publication/public presentation of research findings. I understand that I may contact the researcher at any time upon completion of the research project to discuss the findings. Finally, I agree to participate in the above research study conducted by Allison Cleland, a graduate student from Lakehead University.

Student signature

Date

Parent / Guardian signature

Date

Should you have any questions concerning the study, please do not hesitate to contact the research team at:

Allison Cleland, B.A., B.Ed.
M.Ed Candidate 2010
Graduate Student
acleland@lakeheadu.ca

Dr. Teresa Socha, Ph.D
Faculty of Education
Tel. (807) 343-8052
teresa.socha@lakeheadu.ca

APPENDIX C

Student Focus Group / Interview Guide

Step 1: Introduction

Introduce yourself

Invite participants to introduce themselves and explain why they wanted to participate in the study.

Step 2: Purpose of the project

The purpose of the project is to identify the role of how school health committees impact school health in a northern Ontario elementary school

Participants will include public health nurse, teachers, parents, administration, and students.

Step 4: What information do I want to obtain

An understanding of the role of stakeholders (students, teachers, parents, public health nurse and administration) on how school health committees impact school health in a Northern Ontario elementary.

Participants' view of health and healthy schools.

Step 5: Reminders

Participants will be reminded that:

Participation in the project is strictly voluntary

They can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If they choose to withdraw, all data gathered until the time of withdrawal will not be used and will be destroyed.

Assure all respondents that they and their school will not be identified in the written report in any way.

Some of their responses may be quoted in a report and will be identified by a pseudonym of their choice.

Step 5: Questions

Make sure that all respondents understand the objectives of the research and ask them if they need more clarification or if they have any questions.

Step 6: Start Focus Groups / Interview SHC Interview Questions

APPENDIX D

Student Focus Group / Interview Guide

General Question:

1. How long have you been involved with the SHC?
2. How did you become involved with the SHC?

Health:

1. What does 'health' mean to you? (looks like / sounds like / feels like)
2. What does the term 'healthy schools' mean to you (looks like / sounds like / feels like)

SHC:

1. How long has the SHC been functioning at the school for? (Rogers)
 2. How often does the SHC meet? (Rogers)
 3. In your view, what is the role of the SHC in schools?
 4. In your view, what role does the SHC play in this school? (Rogers, Readiness, Nurses, Research Q's)
 5. Who are the members (i.e. position/affiliation) of the SHC? (Rogers)
 6. Is there a main leadership role within the SHC? If yes, describe who this person is and why they were selected. If not, describe how decisions are made within the SHC. (Rogers)
 7. What is your role in the SHC?
- In your view, what is the role of the district health unit school nurse in the SHC?
8. What are the goals of the SHC?
 9. What are the strengths and weaknesses of the SHC?
 10. Is there an awareness of the SHC in this school? (Rogers, Readiness)
 11. If yes, to what degree? How did the SHC create this 'awareness'? If no, why? (Rogers, Readiness)
 12. What impact has the SHC had on the school? On students?
 13. Do you think the SHC will still be running in the school 6 months from now? 1 year from now? Explain. (Rogers)

Final Thoughts:

1. Is there anything else you would like to contribute?

APPENDIX E

Student Focus Group Interview Questions

General Questions:

1. How long have you been a student at this school?
2. What grade are you in?
3. What do you enjoy the most about at this school?
4. What do you enjoy the least about this school?

Health:

1. What does the term 'health' mean to you? (sounds like / looks like / feels like)
2. What does the term 'healthy schools' mean to you? (sounds like / looks like / feels like)

SHC:

1. Are there any health initiatives / health activities that are currently happening at this school?
2. Do you know who is leading them?
3. Do you know anything about a SHC at this school? If yes...
 - a. What do you know about the SHC?
 - b. How did you hear about it?
 - c. Do your friends know about the SHC?
 - d. Do you think your parents know about the SHC? If yes, how did they hear about it?
 - e. Have you or your friends ever been asked to join the SHC? If yes, what was the outcome?
4. What impact has the SHC had on the school? On other students?

Final Thoughts

1. Is there anything else you would like to contribute?

APPENDIX F

Non - SHC Teacher Interview Questions

General Questions:

1. How long have you been a teacher at this school?
2. What do you enjoy the most / least about teaching?
3. How do you think your students would describe you as?

Health:

1. What does 'health' mean to you? (looks like / sounds like / feels like)
2. What does the term 'healthy schools' mean to you (looks like / sounds like / feels like)

SHC:

1. Does your school have a SHC?

If yes,

1. How long has the SHC been functioning at the school for? (Rogers) How often does the SHC meet? (Rogers)
2. In your view, what is the role of the SHC in schools?
3. In your view, what role does the SHC play in this school? (Rogers, Readiness, Nurses, Research Q's)
4. Who are the members (i.e. position/affiliation) of the SHC? (Rogers)
5. Is there a main leadership role within the SHC? If yes, describe who this person is and why they were selected. If not, describe how decisions are made within the SHC. (Rogers)
6. What are the goals of the SHC?
7. What are the strengths and weaknesses of the SHC?
8. Is there an awareness of the SHC in this school? (Rogers, Readiness)
9. If yes, to what degree? How did the SHC create this 'awareness'? If no, why? (Rogers, Readiness)
10. What impact has the SHC had on the school? On students?
11. Do you think the SHC will still be running in the school 6 months from now? 1 year from now? Explain. (Rogers)

If no, proceed to the next section.

Health Initiatives:

1. Are there any health issues that are of concern to your school community? If so, what are they? (*Readiness*)
2. Have these concerns been addressed? If yes, how? What was the outcome? If no, why not? (*Readiness, Nurses, Research Q's*)
3. Are there any current health initiatives being implemented in the school other than what may have been mentioned in #2?

If yes,

- a. What are they?
- b. Who initiated them? (*Rogers, Readiness, Nurses*)
- c. How long did it take to implement the initiatives?
- d. Was there any financial or other support to help run these initiatives? (*Rogers, Nurses, Readiness, Research Q's*)
- e. What were the enabling or facilitating factors that contributed to their success?
- f. What were barriers or pitfalls encountered and how they were overcome?
- g. How have the initiatives been viewed by the students? teachers? parents?

If not,

- a. Why were the initiatives not implemented?
- b. What were the barriers or pitfalls that prevented the initiatives from being implemented?

Final Thoughts:

1. Is there anything else you would like to contribute?

APPENDIX G

Public Health Nurse Interview Questions

General Questions:

1. How long have you been a public health nurse?
2. How long have you been working with school health committees?

Health:

1. What does health mean to you? (sounds like / looks like / feels like)
2. What does a 'healthy school' mean to you? (sounds like / looks like / feels like)

SHC:

1. How long has the School Health Committee (SHC) been functioning at the school?
(Rogers)
2. How often does the SHC meet? *(Rogers)*
3. In your view, what is the role of the SHC in schools?
4. In your view, what role does the SHC play in this school? *(Rogers, Readiness, Nurses, Research Q's)*
5. Who are the members (i.e. position/affiliation) of the SHC? *(Rogers)*
6. Is there a main leadership role within the SHC? If yes, describe who this person is and why they were selected. If not, describe how decisions are made within the SHC.
(Rogers)
7. What is your role in the SHC?
8. What are the goals of the SHC?
9. What are the strengths SHC?
10. Has the SHC experienced any challenges?
11. Is there an awareness of the SHC in this school? *(Rogers, Readiness)*
12. If yes, to what degree? How did the SHC create this 'awareness'? If no, why? *(Rogers, Readiness)*
13. What impact has the SHC had on the school? On students?
14. Do you think the SHC will still be running in the school 6 months from now? 1 year from now? Explain. *(Rogers)*

Final Thoughts:

1. Is there anything else you would like to contribute?

