

Healthy Learners in School Program Guide



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Healthy Learners in School Program Guide

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1. Introduction

The World Health Organization (WHO) highlights the fundamental role of schools in health promotion and states that “an effective school health program can be one of the most cost-effective investments a nation can make to simultaneously improve education and health.”¹

The New Brunswick Healthy Learners in School Program (HLSP), initiated in 2000, encourages co-ordinates health promotion and disease/injury prevention activities occurring at various levels (classroom, schools, school districts, home and communities). The program uses a Comprehensive School Health Framework that recognizes that health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier.

The HLSP is delivered by Public Health (PH) staff (nurses and dietitians) within the regional health authorities (RHAs) working in partnership with school districts through health committees that may include educators, parents, students, community groups and partners. Program initiatives and actions are tailored to the local school community context depending on identified needs, priorities and resources.

Note: The term “school community” refers to the individuals, groups, organizations, businesses and institutions that are invested in the welfare and vitality of the school. It encompasses the school administrators, teachers, staff members, students, student’s families and a variety of “stakeholders.”

1.1 - Intended use of this guide

The HLSP guide provides direction to public health practitioners involved in the program. It outlines the program policy requirements and replaces the 2005 HLSP program guideline document.

1.2 - Program overview

The mandate of HLSP is to improve, maintain and support the long-term outcomes of student health, wellness and learning achievement.

The goals of the program, based on the four pillars of the Comprehensive School Health Framework, are that the school community:

- Provides healthy, supportive and safe learning environments.
- Acquires knowledge, skills and experiences that build competencies in taking action to improve health and wellness.
- Builds partnerships and accesses services to advance school health and wellness.
- Develops and supports practices and policies that promote health and wellness.

The program includes a spectrum of activities and services that take place in schools and their surrounding communities to enable students to enhance their health and achievement, to develop to their fullest potential and to establish productive and satisfying relationships in their present and future lives.

The program is **not** intended to provide individual level services/care but rather uses an integrated approach to health promotion that gives students numerous opportunities to observe, learn and experience positive health attitudes and behaviours, which, in turn, have a greater impact on student health and learning and lifelong healthy habits.

¹ World Health Organization http://www.who.int/school_youth_health/en/

1.3 - Responsibilities of health partners

The success of the program depends on the partnerships and collaboration among health, education and other sectors. It is important for the effectiveness of the program that public health practitioners working in the HLSP have their office in the school districts/education centres and are involved regularly in all relevant district policies, program, services and administrations activities. This supports the identification of opportunities to embed the goals of the program into the priorities of the school district.

The responsibilities of health partners involved in the HLSP from a general perspective are:

- **The Office of the Chief Medical Officer of Health (OCMOH)**, the Department of Health designate that is responsible to plan, fund, monitor and evaluate HLSP.
- **The RHAs – PH** are responsible:
 - › to ensure the delivery of the program according to the policies and standards;
 - › to establish and maintain partnerships, and to collaborate with relevant school districts;
 - › to ensure that the PH staff working in HLSP maintain skills and competencies; and
 - › to ensure mechanisms are in place to collect information that demonstrates outcomes.

1.4 - Legislation

HLSP is a publicly funded program delivered through staff employed within RHAs whose actions will be guided by all applicable legislation including:

- *Personal Health Information Privacy and Access Act (2009);*
- *Right to Information and Protection of Privacy Act (2009);*
- *Medical Consent of Minors Act (1976);*
- *Regional Health Authorities Act (2011) and Regulation 2002-136;*
- *Public Health Act and Reporting and Diseases Regulation 2009-136;*
- *Family Services Act (1981);*
- Criminal Code of Canada, particularly in reference to the competency of youth to consent to sexual activity. The Public Legal Education and Information Services of New Brunswick (PLEIS-NB) provides interpretation of the *Criminal Code of Canada* on this matter; and
- Pertinent legislation and regulations related to education.

1.5 - Professional practice requirements

Public health professionals working in HLSP will be guided in their practice by relevant legislation, professional practice standards and guidelines of their respective regulatory body and/or professional association(s) and the standards, policies and procedures provided by their employer and the school district.

Public health professionals should meet or be working toward meeting the Core Competencies for Public Health in Canada applicable to their practice in HLSP.

2. Program policies

Note: For the purpose of the following policies, the term “PH practitioners” refers to PH nurses and PH dietitians.

Policy 2.1 - Comprehensive School Health Framework

Purpose:

This policy provides a standard guiding framework that is to be used to help the RHAs and the school districts to develop and implement action plans for HLSP.

Preamble:

Comprehensive School Health is an internationally recognized framework for supporting improvements in students’ educational outcomes while addressing school health in a planned, integrated and holistic way. The Comprehensive School Health approach asserts that greater improvements in healthy schools are achieved as a result of an organized, coherent approach as opposed to single action in the classroom. It encompasses the whole school environment with actions addressing four distinct but interrelated pillars that provide a strong foundation for comprehensive school health:

- social and physical environment;
- teaching and learning;
- partnerships and services; and
- healthy school policy.



When actions in all four pillars are harmonized, students are supported to realize their potential as learners and as healthy, productive members of society.²

In the context of HLSP, comprehensive school health is used as an action planning framework to address priority areas. The Comprehensive School Health Framework is reflected in the goals, health committee action plans and outcome of the program.

Effective, sustainable progress in Comprehensive School Health depends on a common vision, shared responsibilities and harmonized actions among health, education and other sectors.

The Pan-Canadian Joint Consortium for School Health (JCSH) established in 2005 by the federal, provincial and territorial deputy ministers and ministers of Health, and the provincial and territorial deputy ministers and ministers of Education, supports comprehensive school health initiatives nationwide. The JCSH is serving as a catalyst to strengthen co-operation, share information, and promote best practices through its work in leadership, knowledge development and capacity building. It is an important resource to support HLSP.

Policy statement:

Actions or initiatives undertaken under HLSP shall be based on the Comprehensive School Health Framework addressing the four distinct but inter-related pillars: social and physical environment, teaching and learning, partnerships and services and healthy school policy.

² Joint Consortium on School Health – <http://www.jcsh-cces.ca/>

Policy 2.2 - Population health approach

Purpose:

This policy provides standards on the preferred approach to be used by the RHAs and the school districts for HLSP.

Preamble:

A population health approach focuses on improving the health status of the population. Action is directed at the health of an entire population, or sub-population, rather than individuals. Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups. The Public Health Agency of Canada has identified key elements of a population health approach³. The following elements are relevant to HLSP:

- **Address the determinants of health**
A population health approach recognizes the complex interplay between the determinants of health and considers them when developing strategies to improve school community health.
- **Focus on the health of populations**
A population health approach shifts the focus away from changing individual student behaviour to promoting healthier school communities.
- **Invest upstream**
A population health approach invests resources in actions that address areas that have the greatest potential to influence the health of the school community.
- **Base decisions on evidence**
A population health approach uses “evidence informed decision-making.” It uses a variety of sources to assess the health of the school population and to identify priorities and strategies to improve the health of the school community. The information used can come from research studies, surveys, community knowledge about their strengths, resources and needs.
- **Apply multiple strategies**
A population health approach uses many different strategies and settings to improve the health of the school community.
- **Collaborate across levels and sectors**
A population health approach recognizes that improving the health of the school community is a shared responsibility among health, education and other sectors.
- **Employ mechanisms to engage the public**
The population health approach provides students, teachers and parents with meaningful opportunities to participate in developing strategies to improve health.
- **Increase accountabilities of health outcomes**
The population health approach calls for an increased focus on health outcomes as opposed to inputs, processes and products.

Policy statement:

A population health approach will be used when planning initiatives/actions under HLSP.

³ Public Health Agency of Canada – Population Health:
<http://www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#health>

Policy 2.3 - Program population

Purpose:

This policy provides standards to the RHAs and the school districts on the program population for HLSP.

Preamble:

HLSP is based on the Comprehensive School Health Framework, which emphasizes a whole school approach and therefore applies to all grades – kindergarten to Grade 12 (making some linkages to the pre-K population is not excluded).

The school community assessment process is inherent in the Comprehensive School Health approach, and it helps PH practitioners and school district health committees offer appropriate initiatives that will respond to their specific priorities. The health promotion initiatives should be tailored to the school district/school community context by considering assets and resources, and they should address needs and/or gaps identified in the school community assessment. Therefore, the health promotion initiatives and targeted population(s) may differ within and among school districts.

Policy statement:

The RHAs with the school district health committees will target specific population groups according to identified needs, priorities and available resources.

Policy 2.4 - Health committee

Purpose:

This policy provides standards to the RHAs and school districts on working together to identify, plan, develop and implement health promotion initiatives.

Preamble:

Health committees in school districts (i.e., school district health advisory committees, school district health committees, school community health committees, education centre health committees, etc.) provide structure, support and context to HLSP in the assessment of needs, identification of health promotion priorities, development of action plans, co-ordination and implementation of activities, and monitoring of the progress of health promotion work in schools.

Health committees include a broad membership to allow for active participation and collaborative decision-making. Members come from the school community (superintendent, school principal, educators, parents, students, etc.), regional PH (nurses and/or dietitians) and community partners (community organizations, municipal groups, business, government programs, etc.). The roles of the committee members are determined by the terms of reference of the committee.

Policy statement:

In partnership with school district staff, PH practitioners shall establish a health committee in each school district and/or school community. (*“school community” in this context refers to a group of schools within a school district*).

Standards:

In partnership with school district staff, PH practitioners shall establish terms of reference for the school district/school community health committees that include a mandate consistent with the Comprehensive School Health Framework.

An annual work plan shall be developed that includes specific, evidence-informed actions and measures/ indicators of success.

Policy 2.5 - Competencies for PH practitioners working in HLSP

Purpose:

This policy provides standards to regional health authorities on the competencies required by PH practitioners who work in HLSP.

Preamble:

HLSP is a complex program, and the skill sets required by PH practitioners to support a Comprehensive School Health Framework and population health approach are congruent with the *Core Competencies for Public Health in Canada – release 1.0*.⁴

Knowledge and skills in the following areas are relevant to providing leadership and support to HLSP:

- Assessment and analysis of information
- Program planning, implementation and evaluation
- Facilitating partnerships and collaboration
- Effective interaction and communication with diverse individuals, groups and communities

Policy statement:

PH practitioners within an RHA who work in HLSP must demonstrate competency in the skills and knowledge required to provide leadership and support to the comprehensive school health and population health approaches to improve health and reduce inequities among children and youth.

Standards:

- RHAs will assign competent PH nurses to each school district/school community, and they will be supported by PH dietitians.
- RHAs will have a mechanism in place to review and assess HLSP staff competencies at regular intervals.

⁴ Public Health Agency of Canada –<http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

3. Program monitoring

Purpose:

Program monitoring is intended to assess the level of compliance with program policies and standards. The program is monitored in accordance with a framework and corresponding reporting tools.

Process indicators:

- Number of initiatives implemented in each RHA by target population, Comprehensive School Health Framework pillar(s), population health approach element(s), health focus area, school district and health committee work plan status.
- Description of one initiative implemented in each RHA.
- Number of functioning health committees supporting HLSP within each RHA (the functionality of a health committee will be assessed by the existing of terms of reference, the presence of work plans and the regularity of meetings).

Reporting requirement:

- An annual report from each RHA is due on Aug. 15 of each year.
- The RHA annual report will be submitted by a PH director to the Director of the Public Health Practice and Population Health Branch of the OCHOH.
- The provincial template for the annual report is to be used. The template is in Appendix 4.1

**4.1 Appendix - Annual Report
Healthy Learners in School Program**

Part 2: Provide more details for one of the initiatives that you listed in the table of Part 1

<p>1. Name of the initiative:</p>
<p>2. What was the underlying problem and evidence: (What was the motivation behind this initiative? What evidence was used to inform this initiative? What were the identified needs? Rationale for the selected target population)</p>
<p>3. Describe the initiative: (What was the initiative? Who was involved? What were PH and Educator involvement and role? Report on your unique context)</p>
<p>4. Describe how this initiative is consistent with and supports a Comprehensive School Health approach</p>
<p>5. Describe which elements of the Population Health Approach were used and how they were integrated in this initiative:</p>
<p>6. Outcome measures, indicators and evaluation: (Describe the outcomes of the initiative and the results of any evaluation completed to date. If outcomes or evaluation data are unavailable, describe any plans for evaluation, and outcome and indicators you plan to monitor)</p>

SAMPLE

4.2 Appendix - Roles and responsibilities of PH practitioners in HLSP

PH practitioners offer their expertise in relation to population health and wellness. They support strategies built on the school community's assets and needs with the goal of enhancing school capacity. Their interventions are based on a population health approach and reinforce health promotion and prevention. Disparities in health status may be addressed with a focus on reducing health inequities among students. Actions are based on the best available evidence, and they are monitored and evaluated to ensure the desired results are achieved.

Within their respective field of expertise, PH nurses and dietitians use the Comprehensive School Health Framework to guide their practice within the Healthy Learners in School program.

The Comprehensive School Health Framework asserts that greater improvements in healthy schools are achieved as a result of an organized, coherent approach as opposed to single actions in the classroom. The framework encompasses the whole school environment with actions that address the four inter-related areas of focus or pillars. When these actions are co-ordinated across all four pillars, they give students opportunities to observe, learn and experience positive health attitudes and behaviours, which, in turn, have a greater impact on student health and learning and lifelong healthy habits than otherwise.

The following table provides **examples** of possible actions of a PH practitioner based on the four pillars of the Comprehensive School Health Framework.

PH practitioner actions within the Comprehensive School Health Framework		
When we say	We mean (Meaning of pillar)	We do (Examples of possible actions of HLSP staff)
	<p>Social environment:</p> <ul style="list-style-type: none"> The quality of the relationships among and between staff and students in the school. The emotional well-being of students. Influenced by relationships with families and the wider community. <p>Physical environment:</p> <ul style="list-style-type: none"> The buildings, grounds, play space, and equipment in and surrounding the school. School setting in relation to other amenities and residential areas. Basic amenities such as sanitation, air cleanliness and healthy food. 	<ul style="list-style-type: none"> Advocate for and participate in community development initiatives that improve social and physical environments. Participate in the promotion and implementation of evidence-informed and equity focused initiatives that promote wellness. Use social media to enhance healthy lifestyles. Support school communities in developing strategies that enhance healthy habits and safe behaviours: <ul style="list-style-type: none"> » Promote and support healthy eating and Policy 711 (e.g., breakfast programs, fundraising ideas, vending options, etc.). » Promote healthy eating among teaching and support staff. » Promote physical activity opportunities. » Support tobacco and drug-free environments. » Promote injury prevention initiatives. » Promote mental health and resiliency (e.g., advocate for student engagement and school connectedness, support development and efforts of school-community wellness champions). » Promote the development of a safe school environment (e.g., free of violence, intimidation).

When we say	We mean <i>(Meaning of pillar)</i>	We do <i>(Examples of possible actions of HLSP staff)</i>
	<p>Teaching and learning:</p> <ul style="list-style-type: none"> Resources, activities and provincial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and well-being. Curricular and non-curricular education of students and training of teachers. 	<ul style="list-style-type: none"> In collaboration with Department of Education and Early Childhood Development, recommend and use resources and activities that are evidence based to support health-related curricula. Act as a facilitator for the school community to integrate the Comprehensive School Health Framework. Act as a health consultant for the school community (e.g., school/district personnel, parents and community). Participate with school/district personnel in the development of educational resources/content for websites and teacher's portal. Provide in service training (train the trainer) to school personnel on health-related topics (e.g., stress management, social and emotional skills, sexual health, nutrition, injury prevention, etc.). Raise family and community awareness of various health and wellness issues. Support the use of school/district wellness survey results and other surveys as appropriate.

When we say	We mean (Meaning of pillar)	We do (Examples of possible actions of HLSP staff)
	<p>Partnerships:</p> <ul style="list-style-type: none"> • Connections between the school and students' families. • Supportive working relationships within schools (staff and students), between schools, and between schools and other community organizations and representative groups. • Health, education and other sectors working together to advance school health. <p>Services:</p> <ul style="list-style-type: none"> • Community and school based services that support and promote student and staff health and well-being. 	<ul style="list-style-type: none"> • Facilitate linkages to community services and resources. • Promote the engagement and involvement of students, families, staff and the community in efforts to promote healthy lifestyles and safe behaviours. • Partner with staff school health committees. • Participate as a member of an in school committee such as the education support committee. • Strengthen collaboration with community partners (e.g., sexual health, school staff, Early Childhood Services and community development workers) involved in health and well-being of youth. • Collaborate with school communities, health professionals; community organizations, wellness networks, businesses, universities and other to address health-related issues and enhance community capacity (e.g., participate in community health committees and/or community projects). • Collaboratively identify and facilitate universal and equitable access to available services (e.g., advocate for improving accessibility to new resources/services to meet students needs, assesses the impact of the determinants of health on the opportunity for health for students, families and communities). • Support families during transition from early childhood to school.
	<p>Healthy School Policy:</p> <ul style="list-style-type: none"> • Management practices, decision-making processes, rules, procedures, guidelines and policies at all levels that promote health and well-being, and shape a respectful, welcoming and caring school environment. 	<ul style="list-style-type: none"> • Advocate for and support the development, implementation and respect of policies related to a healthy school environment (e.g., Policy 706, Policy 711). • Contribute to the development of school community improvement/strategic plans about health and wellness. • Advocate for and participate in community development initiatives aimed at improving school health policies. • Build capacity of others to develop population health initiatives.

4.3 - Appendix:

Questions and answers about the roles and responsibilities of PH HLSP practitioners

Is this a role or responsibility of PH HLSP practitioners?

Questions and Answers

The following scenarios are often the “grey” zones that create dilemmas for PH HLSP staff as they need to consider the balance between building and fostering relationships and creating reliance and expectations that are outside the scope of HLSP roles and responsibilities. The role of the PH HLSP practitioner is to engage and empower the school community to take action to improve health and wellness. Keeping this in mind, PH HLSP practitioners (nurses and dietitians) need to use their professional judgment to address the various requests of school districts as the school communities are different from one region to the next.

Question 1: *Can I organize fund-raising activities to ensure specific programs are in place in my school community?*

A: PH HLSP practitioners work collaboratively with the district or school community health committee to identify health promotion priorities and develop action plans. It is possible, at times, that funds to implement some of the initiatives of the action plan need to be found through a fund-raising strategy. The members of the committee will work together to identify and plan the fund raising activities.

Question 2: *Can I organize or facilitate a train the trainer program on anaphylactic shock?*

A: Using a population health approach, the HLSP focuses on health promotion. As such, the role of PH HLSP staff is not to respond to clinical medical needs in the school community. Providing or co-ordinating this training is not within the scope of practice or mandate of the PH HLSP staff. PH HLSP staff may identify resources, facilitate relationship building with community supports and/or refer the school district to appropriate resources. PH HLSP staff may also be seen as a connection or navigator to services within the larger RHA.

Question 3: *Is it my role to do grant writing?*

A: PH HLSP staff can offer support in writing applications for grants if needed as she or he collaborates with the district or school community health committee to build capacity of the school community. Support may involve provision of training to enhance the capacity of the school community to complete grant applications.

Question 4: *Does the lead of the district or school community health committee need to be the PH or HLSP professional?*

A: PH HLSP practitioners (nurses and/or dietitians) are members of the district/school community health committee. However, they do not necessarily have to be in the lead position. The committee members should develop their terms of reference together and decide who will chair the committee and the term of the chairperson.

Question 5: *How do the priorities of the Department of Social Development (DSD) influence my work?*

A: New Brunswick’s Wellness Strategy 2014-2021 is a population-based approach supporting action on wellness in schools, communities; workplaces and homes championed by the Department of Social Development. Depending on the priorities of the district/school community, DSD investments can be a source of support to the goals of the HLSP. These supports could be in helping to prioritize, plan, implement and/or evaluate health promotion initiatives in schools that are focused on the areas of mental fitness and resiliency, healthy eating, physical activity and tobacco-free living. For example, Student Wellness Survey data, Capacity Building grants (e.g., School Wellness Grants, Community Food Action Grants, After School Hours grants).

Question 6: *What is my role if asked to do classroom presentations?*

A: It is not the role of PH HLSP staff to provide classroom presentations. PH staff could assist by clarifying the purpose of the classroom presentation and assessing the need for the provision of in-service training with staff on the particular topic so that teachers are better equipped to discuss the topic. Other potential actions include assisting the teacher in identifying resources; and, linking the teacher with an appropriate community partner that might be able to provide the information being requested.

Question 7: *Can I provide basic first aid support to students or staff? What about after hours when Red Cross response teams are unavailable? How is my responsibility different from a staff member who has had First Aid training?*

A: PH HLSP staffs are not responsible for providing First Aid for students or staff. As per Policy 704 of the Department of Education and Early Childhood Development, every school must have an emergency plan and trained staff to respond to medical emergencies. However, in an emergency, your responsibility is the same as all others certified in First Aid or CPR.

Question 8: *If I am made aware of; or become aware of, concerns that conflict with the HLSP guidelines, how should I address this?*

A: As with all PH programs, if a conflict arises or if you have a concern, the management of PH in your area should be informed and it can guide you through the steps to follow.

Question 9: *Is it the role of the PH dietitians to do a yearly school menu assessment?*

A: This task can be very demanding, and resources may not be available to provide this individualized service to every school. The management of Public Health in your area can provide guidance with this type of request. PH dietitians could provide support in promoting, implementing and evaluating Policy 711: Healthier Foods and Nutrition in Public Schools.

5. References

1. World Health Organization – http://www.who.int/school_youth_health/en/
2. Joint Consortium on School Health – Comprehensive School Health Framework
3. Available from: <http://www.jcsh-cces.ca/index.php/school-health>
4. Public Health Agency of Canada – Population Health Approach. Available from : <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#health>
5. Public Health Agency of Canada – Core Competencies for Public Health in Canada – Release 1.0
Available from: <http://www.phac-aspc.gc.ca/php-bsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>