



Voices & Choices
Planning for School Health

A Guide to Implementation



Voices & Choices Planning for School Health



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INTRODUCTION

What is Voices and Choices: Planning for School Health?

Voices and Choices: Planning for School Health is a practical, do-it-yourself, on-line, strategic planning tool. It includes a seven stage planning process, a quantitative needs assessment tool and a profile of the identified student needs for the school. Voices and Choices is targeted to schools with the aim of fostering healthier students in safe, caring, effective learning environments.

Voices and Choices is based on a democratic process that actively involves students in their school community. Students participate by identifying and assessing their school needs, and then planning for a **safer, healthier and more** caring school. By enabling students to have a greater influence over their own school situation and thereby their own health, this process will have a positive effect on both the students and the school.

All the materials your school will need to get started are available on this web site www.HealthCanada.ca/VoicesandChoices. The process has been automated using web-based technology to reduce the cost to the school and the time elapsed before the School Health Profile is received by the school.

*“[The process] made us more aware of what students were feeling,
of things that school was not emphasizing for them.*

*The change for us is that now, when we make a decision, we ask:
'Is it good for students?' If it is, we do it.”*

(Comment from a Pilot School)

How to Use this Guide

This Guide was developed to provide your school with a detailed outline of **Voices and Choices: Planning for School Health**, taking you through each stage of the planning and implementation process. It is broken down into three major sections.

1. **Introduction:** The introduction defines the Voices and Choices planning process, outlines the five paths to school and student health and well-being, and explains the guiding principles on which Voices and Choices is based.
2. **Chapters:** Each chapter represents one stage in the planning process (there are seven chapters and seven stages), and contains detailed information that will take you through all of the components of each stage.
3. **Appendices:** The appendices appear at the end of each chapter, making it easy for you to gather the relevant information needed for each stage. These appendices contain background information on the development of Voices and Choices and/or practical forms that can be printed out and copied for use by the School Health Committee.

Making the Guide available on-line means that it can be used in a way that suits you best. It can be downloaded and saved on your computer for easy reference, printed in parts (such as individual chapters/stages, checklists, forms, etc.) or in its entirety. Where possible, references and suggested web sites (with links) have been included. By following each stage of the Guide, your school can ensure that clearly identified values and priorities are integrated into all aspects of comprehensive school health programs, from conception, to delivery to evaluation.

Voices and Choices considers evaluation to be an integral part of the planning and implementation processes. Therefore, throughout the *Guide to Implementation*, you will find helpful sections addressing evaluation within each chapter, as well as checklists in the appendices to help the School Health Committee review the key questions for each stage. There is also a stage dedicated to evaluation and celebrating successes (Stage 7).

Voices and Choices: Planning for School Health is a planning tool and process that is based on the principle that health is a prerequisite for learning. Healthy students in safe, health promoting schools will be ready to learn and learn more effectively than students who are ill, hungry, under stress, or chronically worried and pressured.

Stage 1	Building Commitment
Stage 2	Establishing the School Health Committee
Stage 3	Conducting the Needs Assessment
Stage 4	Interpreting Your <i>School Health Profile</i>
Stage 5	Creating the <i>School Health Plan</i>
Stage 6	Developing the <i>Program Action Plans</i>

Why Promote Comprehensive School Health?

Schools that respect and value their students and staff, are more likely to have students and staff that respect and value themselves. Students and staff that respect and value themselves, are more likely to feel better about themselves, participate actively, support the goals of the school and education system, and be more successful.

Comprehensive School Health (CSH) is defined as a broad spectrum of programs, policies, activities and services that take place in schools and their surrounding communities. The approach is designed to affect not only individual health behaviours, but also to improve the environments where

Voices and Choices: Planning for School Health is one way of implementing Comprehensive School Health at the school level. It serves as a planning tool to help develop and implement the programs, policies, activities and services that are central to Comprehensive School Health. What will result is a school that fosters students' health and learning, providing them with the opportunity to make choices and have greater influence over their school and their health.

Voices and Choices: Planning for School Health can:

Improve

- ✓ student learning and achievement,
- ✓ student physical, emotional, and social health and well-being,
- ✓ student life skills (communication, decision-making, critical thinking, media analysis, problem solving),
- ✓ the level of support and involvement from students, staff and parents,
- ✓ students' respect and sense of attachment to their school and community,
- ✓ school climate, and
- ✓ school health policies.

Reduce

- ✓ discipline problems, negativity and violence,
- ✓ absenteeism, and
- ✓ alienation and drop-out rates.

Defining Health

What is Health?

The word "health" has taken on different meanings over the years. The World Health Organization (WHO) describes "health" as the extent to which an individual or group is able to:

- ◆ realize aspirations and satisfy needs, and
- ◆ change or cope with the environment.

In this Guide, "health" is defined as a resource for everyday living. Effective comprehensive school health programs must deal with the physical, emotional **and** social aspects of health. In addition, programs must focus on the **individual**, as well as the **environment** in which students learn, work and play.

Why Should Schools Promote "Health" Programs?

According to these definitions, health is much more than the absence of illness. It is an important force in our daily lives that is influenced by life circumstances, beliefs, actions, culture, as well as social, economic and physical environments. Constant stress caused by the social environment, organization or structure of a school can be a source of illness, dropping out, personal violence, accidents and poor personal health practices (lifestyle). These conditions can also disrupt social relationships with teachers, peers and family.

Schools that have established positive social and physical environments that respect and support all students will be more likely to foster their development within the school community in a meaningful, health-enhancing manner. *Comprehensive School Health* programs have many short and long-term benefits that include improved learning, spirit and morale, attachment and engagement, as well as reduced absenteeism, alienation and discipline problems. Furthermore, students will view their school as a positive place to learn and play.

The Cornerstones of Successful Comprehensive School Health Programs

Successful comprehensive school health programs are based on:

- ✓ supportive administration and staff,
- ✓ participation by students, staff, parents and major decision-makers, and a
- ✓ dedicated School Health Committee willing to work to achieve its goals.

The success of your school's Comprehensive School Health program depends greatly on the number of students who have been empowered, or who are participating (in a meaningful manner) in the process. The more student involvement, the greater the success. To encourage student participation, schools must be prepared to commit to the guiding principles of comprehensive school health. These guiding principles were identified after years of research into the development of effective school-based health promotion and comprehensive school health models. The pilot schools that worked with Health Canada to develop **Voices and Choices: Planning for School Health** reaffirmed the importance of these principles.

Eight Guiding Principles

*Eight principles should guide the implementation of all programs that contribute to safe, health promoting, caring schools. These principles are essential to making **Voices and Choices: Planning for School Health** work within your school.*

Principle 1

Health is a prerequisite for learning.

- ◆ In order for students to gain from their learning experience, they must be healthy and ready to learn.
- ◆ Healthy students in health promoting schools can in turn contribute to their school community and develop as strong future citizens.

Principle 2

A safe, health-promoting school is based on democratic principles.

- ◆ This contributes to learning, personal and social development, health and security.
- ◆ This provides an opportunity for students to learn and practise democratic involvement in a civic society.

Principle 3

A safe, health-promoting school fosters young people's ability to take action and generate change in a socially responsible manner.

- ◆ It provides a setting within which students, working together with their teachers and others, can gain a sense of control and achievement and influence their lives and living conditions.

Principle 4

Students are in their formative years and are developing and changing during their time in school.

- ◆ Students need to have the opportunity to develop their knowledge, values, attitudes, beliefs and skills in an age-appropriate manner in order to develop positive health practices and coping skills.
- ◆ This development is most effective when reinforced by safe, healthy supportive psycho-social and physical environments and the availability and accessibility of needed support services.

Principle 5

A safe, health-promoting school meets the needs of all its students regardless of their current level of health or the group to which they belong.

- ◆ Programs should be designed for all students:
 - ✓ students and families with serious health problems,
 - ✓ those in good health; and
 - ✓ the majority of students whose current personal health practices, coping skills or environmental risk factors may, in some way, place their health at moderate risk.
- ◆ Schools bring together all sorts of people at different stages of development. Students in school undergo such rapid change and growth that programs promoting health, safety and development need to be designed to recognize and respond to the varying needs, preferences and attitudes of different student groups. Some aspects to consider are: age, gender, ethnicity, academic stream or track, and vocational interests.
- ◆ Students, administration, staff, and parents need to work together to identify ways of gaining insight into the needs and preferences within the school community. By asking students about their needs and preferences, programs that are appropriate to the diverse needs of varied student populations can be provided.

Principle 6

Safe, health-promoting schools recognize that an individual's health and well-being is influenced by an interdependent set of factors or determinants, including personal health practices and coping skills.

- ◆ Health programs address a wide variety of health issues that often impact on each other. Effective programs are designed to recognize and meet the needs of these interdependencies. For example, a tobacco-use prevention program should contain a number of components including:
 - ✓ knowledge about short-term tobacco effects;
 - ✓ knowledge about peer pressure;
 - ✓ assertiveness and peer pressure resistance skills;
 - ✓ positive body image;
 - ✓ enjoyable alternative activities;
 - ✓ healthy eating;
 - ✓ policies regarding tobacco use and consequences;
 - ✓ a safe, healthy physical environment that is free of tobacco smoke;
 - ✓ a safe, supportive social environment with alternative social activities; and
 - ✓ social support for not smoking.

- ◆ One component alone is usually not sufficient for an effective program. Using the **five paths to school and student health and well-being** as a guide (**see pages 13-16**), will help the school to identify programs that build on one another and that are directed towards the total needs of the individual.

Principle 7

*Safe, health-promoting schools adapt to the special features of **their environments**.*

- ◆ Each school has its own unique structure, operating procedures, cultural milieu and climate.

- ◆ Programs promoting health, well-being and safety need to be able to adapt to the special features of each school and should include program responses suitable to that school community that will enable students to take greater responsibility for their health and the health of their school.

Principle 8

Safe, health-promoting schools support the development of a strong overall school health policy.

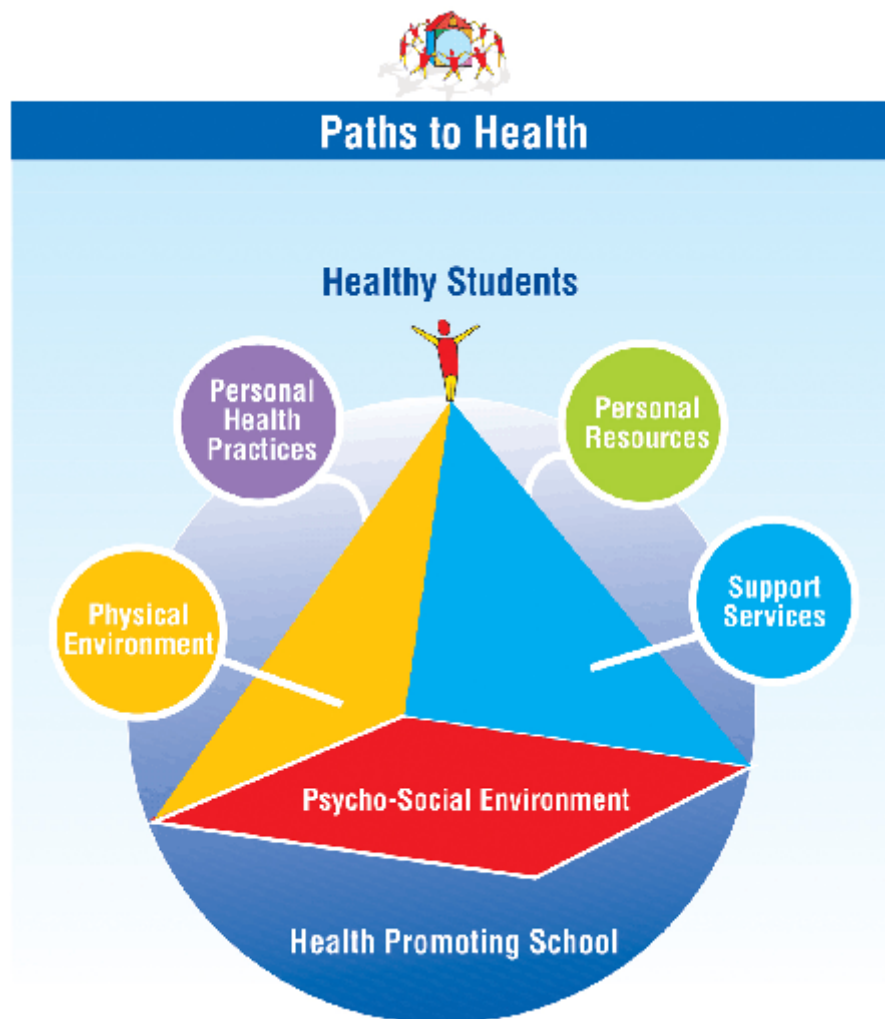
- ◆ A comprehensive approach to school health recognizes the need for an overall health policy that conveys support for student health **and** relates decision-making on education issues to the potential impact they have on student health. Policies relating to school matters, such as food services, smoking, HIV/AIDS, safety, violence prevention, etc. need to be consistent with this umbrella health policy.

- ◆ Teachers and administrators need to be sensitive to potential impacts on student health when making decisions. The school health policy should provide the context for consistent direction for all aspects of school life

Five Paths to **School and Student** Health and Well-being

There are five major paths by which *Voices and Choices: Planning for School Health* may influence the health of the school and its students:

1. *Psycho-social Environment*
2. *Physical **Environment***
3. *Personal Resources*
4. *Personal Health Practices, and*
5. *Support Services.*



Path 1: Psycho-social Environment (School Climate)

The **psycho-social environment** refers to the safety and supportiveness of the **psychological** and **social environment** that students perceive in their particular school, family and community settings. This includes both formal and informal relations with teachers, administration and peers. **These conditions are largely the result of decisions and choices made by individuals at various levels: school administration, teachers and school staff, school boards, municipalities, the provinces and even the federal government.** At the school level, there is often a certain amount of decision-making flexibility that can influence the health of students (and the health of teachers and staff). This felt or experienced environment, referred to as the “school climate” can either contribute to or take away from student health, but it is never neutral.

The **social environment** includes the level of support from people at school, at home and in the community. **Social support** refers to the individual's perception that there is at least one person in his/her life who can be counted on during times of distress or unhappiness. This may include a friend(s), family member(s), teacher(s), counselling professional(s) or peer(s). Social support can be **formal** (support group, a peer helper/peer support group, Big Brother/Big Sister, etc.) or **informal** (a friend, parent or sibling, or others).

A healthy, safe, supportive **psycho-social environment** can reinforce and promote positive personal health practices, the development of positive coping skills, a sense of competence and self-efficacy, and can help students play an active role in their school community as contributing citizens.

In a broader sense, the **school climate** or **psycho-social environment** also refers to things the school can do to support student health through the way it governs itself. For example, schools that solicit meaningful student input, deal effectively with racism and violence, foster open communication and encourage teachers to be more sensitive to student concerns are likely to be promoting student health.

A healthy, safe supportive school climate:

- ✓ **is free from discrimination, violence and harassment,**
- ✓ **enhances self-esteem,**
- ✓ **fosters cooperative, caring, respectful behaviour,**
- ✓ **respects individual differences and cultural traditions, and**
- ✓ **fosters relationships and communications between administrators, staff, students and parents.**

The psycho-social environment impacts on student well-being through such things as:

- ✓ **deadlines,**
- ✓ **coordinating home, school and work responsibilities,**
- ✓ **work schedules,**
- ✓ **school organization, and**
- ✓ **available instruction, training and support (both formal and informal).**

The social environment also has an effect through interpersonal relationships including:

- ✓ **teacher communication and feedback,**
- ✓ **communications with administration,**
- ✓ **peer communication, and**
- ✓ **family relationships.**

People are affected indirectly through:

- ✓ **worry.**
- ✓ **nervousness, pressures, and**
- ✓ **stress.**

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

Path 2: Physical Environment

The **Physical Environment** path refers to the **health** and **safety** of the physical environment at school that is both natural and **human built**. It includes air, noise and lighting conditions, as well as the quality of work and play space. Physical environments at school, at work and at home have major influences on student health. They can improve the chances that students will remain well and not be harmed. A healthy, safe physical environment can also reinforce and promote health.

The physical environment affects people directly in a number of ways through:

- ✓ noise levels,
- ✓ exposure to noxious and toxic substances,
- ✓ air quality,
- ✓ lighting, and
- ✓ work space design.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

Path 3: Personal Resources

Personal resources refers to a student's perception of:

- ✓ their capacity to cope with change and stress,
- ✓ their sense of coherence or meaning in life,
- ✓ how much influence and control they feel they have over their lives,
- ✓ how many people they feel they can count on in times of trouble, and
- ✓ their ability to make free and wise decisions and choices.

Coping skills refers to those aspects of a student's personality (basic personality type, temperament, volatility, etc) and personal skills (decision-making, communications, problem solving, stress management, assertiveness, etc.) that enable them to cope with change and adversity.

The **personal resources** students have at their disposal are made up of the knowledge and skills they have learned, the sense of self-efficacy they develop as a result of learning and practising coping skills, and the social support available to them through the psycho-social environment.

Self-efficacy is the sense of control or competence a person feels in relation to school, work, personal relationships and personal health. This is developed through acquiring health knowledge and cultivating social and coping skills such as communication, problem solving, and decision-making skills. It also develops through the experiences of participating in a positive psycho-social environment within the school

community.

Active student participation in the selection and development of health programs significantly increases a program's effectiveness. The ability to influence events in a person's immediate environment is an important part of what makes a person feel well. Since students are experiencing change as they go through the developmental tasks of adolescence, the opportunity to learn and practise coping skills in a safe, supportive environment is very important to their optimal development.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

Path 4: Personal Health Practices

Personal Health Practices refers to those health-related aspects of a student's personal behaviour that are considered to have an effect on health and well-being. They include physical activity patterns, smoking, drinking, **eating practices**, sleep, use of medications and other drugs. With respect to Voices and Choices, health practices also include health-related social and recreational activities that are both conventional and unconventional.

In order for students to develop strong, health-supporting personal health practices, they must first develop the knowledge, attitudes, values, beliefs and skills to be able to make daily health promoting decisions. This will most likely take place when appropriate instruction for and about health issues has been provided. Health instruction helps students to develop and apply knowledge and skills and to develop and practise positive, health promoting personal health practices. Safe, healthy, supportive physical and social environments are needed in the school, family and community to reinforce the positive personal health practices being developed at this stage.

(See Appendix Introduction-A for a comparison with the Comprehensive School Health Model.)

Path 5: Support Services

Support services refers to the kinds of assistance for students and their families that can be provided through the school or in collaboration with other community service providers. Support services may include counselling for personal, emotional, or learning difficulties; support facilities or programs; extra-curricular education related to anger management, conflict resolution, time management; and childcare facilities. This path can cover the spectrum of health, psychological and social services that students may need to access in order to maximize their educational experience. It can range from early identification of learning disabilities, treatment for drug-related problems, to reintegration after a serious illness.

The School Health Plan which you will develop in Stage 5 will most likely include these Support Services to address the identified student needs.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

Five Paths: Although each of these factors is important in and of itself, each one interrelates with each other (see diagram on page 8). For example, students' **psycho-social** and **physical environments** affect their personal health practices and coping skills which in turn affect the ability to look after themselves, learn effectively and contribute to the school community. When developing a comprehensive school health program, **it is important to consider all of these five paths simultaneously.**

An Overview of the Process

Where do we start?

Your school wants its efforts to make a difference. And if you invest the time and energy that it takes, chances of success will be high.

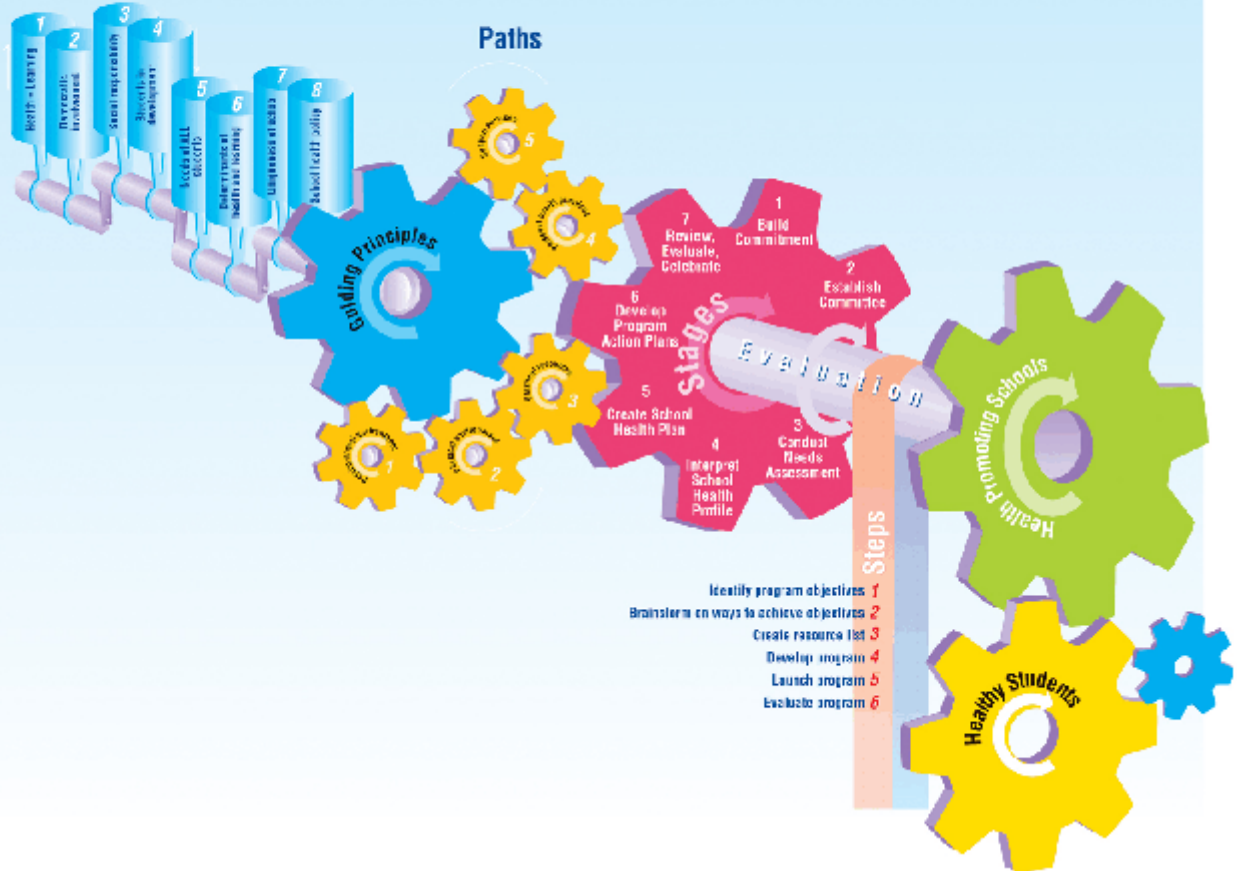
Excellent programs tend to succeed because they:

- ✓ possess true commitment from all the key decision-makers and participants.; (this includes all levels of administration and management);
- ✓ are well accepted by the people they are intended to serve;
- ✓ have been carefully and strategically planned over time;
- ✓ build the case for and get the resources they need to continue;
- ✓ address the most important needs and issues of the population they are serving; and
- ✓ evaluate the effectiveness of the interventions and adapt and change the programs to better serve the population.

Completing the groundwork beforehand ensures **a greater chance of success. This enables schools to get an early start to planning and implementing** the School Health Plan. **Voices and Choices: Planning for School Health** is comprised of a seven-stage process (see diagram on the next page).



Planning for School Health



Voices and Choices: Planning for School Health - An Overview of the Process

Suggested Process and Time lines

As you read through this Guide, it will become clear that Voices and Choices is much more than a needs assessment. It is a **philosophy**, an **inclusive process**, and an **approach to embracing school and student health**. You will inevitably develop an appreciation for the investment of time involved in implementing Voices and Choices, as you understand how your school can truly integrate this process into its daily functioning and strategic planning. The table that appears on the next page will provide an overview of the comprehensive, stage-based approach used in **Voices and Choices: Planning for School Health**. Each stage is explained in detail in Chapters 1 to 7.

STAGES	RESPONSIBILITY	SUGGESTED TIME	FOCUS	MAJOR TASKS
Stage 1 Building Commitment	Champion Facilitator Administration	1 - 2 months	Orientation Communication Information Marketing	Learn about the environment. (What is unique to that particular school or system?) Introduce the concept to that environment. Gain commitment to action. Brief key players on the process. Talk to trustees, superintendents, principal, parents, staff, department heads, students, student council, and public health nurse.
Stage 2 Establishing a Committee	Champion Facilitator Administration	1 month	Commitment	Establish a School Health Committee.
Stage 3 Conducting a Needs Assessment	School Health Committee	1 month	Identify health needs. Enter the data. Communication	Identify all the people who need to be consulted and need to be at the planning table, including a cross-section of students who are representative of the school population. Solicit their input and feedback. Gain general acceptance of the process among all the key gatekeepers, especially students and teachers. Prepare for and conduct the Needs Assessment. Enter the date.
Stage 4 Interpreting the School Health Profile	School Health Committee	1 month	Health Needs Preferences Communication	Review School Health Profile. Provide information on the results of the Needs Assessment. Make presentations to students, teachers and parent council, school board, and others.

STAGES	RESPONSIBILITY	SUGGESTED TIME	FOCUS	MAJOR TASKS
Stage 5 Creating the School Health Plan	School Health Committee	1 - 2 months	Direction Communication	Explore and choose methods of responding to the health needs. Prepare a School Health Plan. Identify community resources. Submit plan for approval.
Stage 6 Developing the Program Action Plan	School Health Committee	Varies, based on programs.	Specific activities. Communication	For each program identified in the Health Plan: - identify objectives (brainstorm) - acquire necessary resources, and - develop and launch program Evaluate program. Select media for communication. Submit for approval.

STAGES	RESPONSIBILITY	SUGGESTED TIME	FOCUS	MAJOR TASKS
Stage 7 Reviewing, Evaluating, and Celebrating	School Health Committee Facilitator Administration	2 weeks (at least annually)	Evaluation / review Communication	Evaluate successes and failures. Identify and incorporate emerging or new needs. Review promotion activities. Revise Health Plan accordingly.

Origins of Voices and Choices: Planning for School Health

Workplace Health

Since 1979, Health Canada (HC) has focussed on health promotion to deal with the nation's health needs. A **Health Promotion in the Workplace** Unit was established as part of this health strategy. Beginning in 1985, the **Health Promotion in the Workplace** Unit and the Addiction Research Foundation of Ontario (ARF) joined forces to design, implement, and evaluate a comprehensive corporate health model that would best respond to major needs of employees across Canada in all business sectors. Employee and company representatives worked together along with HC and the ARF to test the model.

The **Workplace Health System** (WHS) is a comprehensive and integrated approach to health promotion in the workplace that is based on employee identified needs. The system supports the premise that people in safe, healthy, supportive work environments are happier, more productive employees. This model recommends that workplaces take action along three major avenues of influence on health simultaneously: **the environment, health practices, and personal resources.**

School Based Health Promotion

At the same time that the **Health Promotion in the Workplace Unit** was being developed, Health Canada formed an **Education and Training Unit** to work in collaboration with the health and education systems to promote health for children and youth in Canada. Beginning in 1987, this unit worked in collaboration with the newly formed Canadian Association for School Health (CASH) to develop the **Comprehensive School Health (CSH) Model**. Over 30 national non-governmental organizations from the health and education sectors were involved in the development of the CSH model.

Voices and Choices: Planning for School Health came as a result of school boards that were using the **Corporate Health Model (CHM)** of the Workplace Health System (WHS) while implementing the Comprehensive School Health model (CSH). What they came to realize is that the two "models" fit together very well. Many of these school boards requested that Health Canada, who had developed the Corporate Health Model and participated in developing the CSH Model, develop a student needs assessment tool that could be used along with the corporate health model to develop a complete "Health Plan" that involved students and staff.

Voices and Choices: Planning for School Health was developed in collaboration with the Addiction Research Foundation (ARF) as a practical way to help schools and school boards implement the CSH Model. It was developed as a systems approach targeted at the school level to help create healthier students in health promoting schools that would facilitate learning. **Voices and Choices** provides a useful way for schools to identify the needs of their students within several of the CSH Model paths. It also provides a practical process by which students and staff can be empowered to act on these identified needs. For the purposes of this work, the school is being treated as the "work-site" for the students as well as the staff.

The **Needs Assessment Questionnaire** was adapted for student use. It is based on scientific literature regarding specific influences on the health of young people. The Needs Assessment Questionnaire was subsequently focus and pilot tested. As a result of the Phase I pilot tests, it was realized that the **Voices**

and Choices paths needed to be adapted slightly to be applicable in schools for students. The questionnaire needed to focus more on the school as a social system within which students learn and develop, and **needed to consider the influence of the school "climate" on how students interact with the school setting.** The Voices and Choices paths, the Needs Assessment Questionnaire, and the "Profile" by which the data are reported back to the schools were further pilot tested and revised with the input of an expert advisory committee and pilot schools in two subsequent rounds of pilot testing.

This *Guide to Implementation* was developed based on the experience of the expert advisory committee, the pilot schools, and other partner organizations that had implemented the **Corporate Health Model and Small Business Health Model of the WHS.**

Parent Models

Workplace Health System

The **Workplace Health System (WHS)** is a comprehensive needs assessment and planning model that is based on the premise that healthy people are happier, more productive employees.

In the **Corporate Health Model (WHS)** there are three major avenues by which health may be influenced: the **environment**, **personal resources**, and **health practices**.

Environment

This refers to the home and work environment as it affects employee health: the **physical** environment (including air, noise, lighting conditions, and the quality of workspace, or equipment), and the **social** environment (including relations with supervisors and peers, people at home, etc.).

Health Practices

This refers to those aspects of an employee's lifestyle that affect health, including: exercise habits, smoking, drinking, eating habits, sleep, use of medications, and other drugs.

Personal Resources

This refers to employees' sense of control over their health, influence over their work, and the psychological and social support available to them from family, friends, and counselling professionals.

These three avenues are interconnected, as shown by the circle on the diagram. This means, for example, that the environment affects personal resources and these in turn affect the ability of employees to look after themselves. A comprehensive workplace health promotion strategy therefore addresses all three avenues simultaneously.

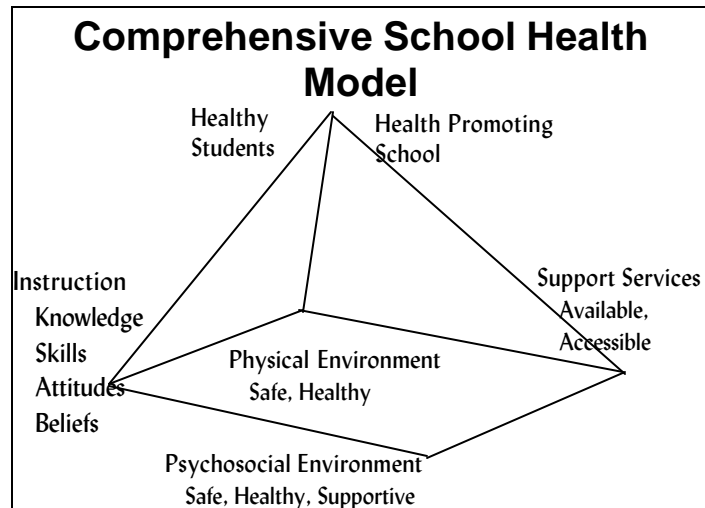


Comprehensive School Health

The **Comprehensive School Health Model (CSH)** is a planning framework based on the premise that health is a prerequisite for learning. Healthy students in health promoting schools will be ready to learn and learn more effectively than students who are ill, hungry, under stress, or chronically worried, and pressured. This model consists of four components: **Instruction**, **Psycho-social Environment**, **Physical Environment**, and **Support Services**. The Comprehensive School Health Model (CSH) is based on the premise that to develop healthy young people in health promoting schools, administration, staff, faculty, and students have to act on several fronts simultaneously.

Instruction

In order for students to grow up to be able to take on responsibility for their own health, they need the basic knowledge, skills, values, attitudes, and beliefs to undertake lifelong, positive personal health practices. For these to develop, Canadian youth need age-appropriate instruction about health topics and issues by capable and competent teachers using up-to-date curriculum materials. The instruction should be presented in a way that fosters the life skills of media literacy, decision-making, problem solving, and effective communication with others. Effective instruction also allows students to develop life skills and a sense of personal competency and self-efficacy.



Psycho-social Environment.

The psycho-social environment refers to the psychological and social support available within the school and in relation to the home and community. This support can be informal (friends, peers, and teachers) or formal (school policies, rules, clubs or support groups). This component also takes into account how the school operates and what policies are in place. The psycho-social environment can help students grow into active contributing members of society if they are treated with respect and encouraged to participate. It can also reinforce the classroom-based learning that takes place through instruction.

Physical Environment

A healthy, safe, violence-free physical environment is necessary for optimal growth and development of our young people. It encompasses things like safe water, air, lighting, minimal exposure to toxic substances, and even the ergonomic aspects of chairs and desks, and the colours of the walls. The physical environment can extend to travel to and from school and the ability to participate actively and safely in physical activity. It can also reinforce the classroom-based instruction.

Support Services

Many students and their families already show evidence that they are experiencing difficulties. Available and accessible support services are key to early identification and treatment of many problems that can cause long-term learning difficulties if not dealt with. While many of these services are not the responsibility of the school, the school can be a convenient access point for many students and families

and an economical delivery point for the services. These supports may include health, social, and psychological services.

Glossary Of Terms

Bias

In estimation the value of a parameter of a probability distribution, the difference between expected value of the estimator, and the true value of the parameter.

Census

The collection of information about all units in a population, sometimes also called a 100% sample survey.

Comprehensive School Health Model

A planning framework intended to bridge the community and school, comprised of four major components influencing school health. The Canadian version of this model has been a fundamental building block in creating **Voices and Choices: Planning for School Health**.

Confidentiality

The situation where the privacy of information provided by individual respondents to a survey is maintained, and the information about the individual respondents cannot be derived from the published results.

EAP (Employee Assistance Program)

EAP is a confidential, voluntary program of information, referral and/or counselling designed to help employees with a variety of personal problems. Most school boards have EAP programs available to all employees. Student assistance programs also exist in some schools in Canada.

Facilitator

The person(s) responsible for initiating and maintaining interest in Voices and Choices: Planning for School Health.

Needs Assessment

A process or tool designed to gather information on the health needs and preferences of students with reference to their health practices, psycho-social environment, physical environment, personal resources, and support services.

Personal Resources

In this document, personal resources refers to the psychological and social means (resources) by which people cope with the various stresses in their environment.

Program Action Plan

A document prepared by the School Health Committee on how approved health programs will be developed, implemented, and evaluated. It converts the School Health Plan into actual activities.

Program Activity

Any activity or process that enables students to learn about and increase control over their health.

Sample

Refers to a collection of information about characteristics of interest from only part of the population.

School Climate

This refers to the psychosocial environment - the student's perception of safety and supportiveness of the social environment including relations with teachers and peers, and others. The "felt" or "experienced" environment within the school is often referred to as the "school climate".

School Health Committee

A group of people (students, teachers, parents, and administrators) working toward a common goal of planning, implementing and communicating school health strategies.

Voices and Choices: Planning for School Health

An approach to developing and implementing a comprehensive school health program that helps students maintain or improve their health. The system is designed to improve or maintain student health by responding to needs and preferences identified through the Needs Assessment Questionnaire.

School Health Plan

A working document containing recommendations for implementing health programs in the school on which **School Health Committee and the school community take action.**

School Health Profile

Information on the needs, preferences, and attitudes of student groups identified through the Needs Assessment.

School Overview

Data that provide a picture of the organizational structure **and the community context of the school.**

Self-Efficacy

The sense of control or competence a person feels in relation to school, family, work and personal health.

Special Feedback Groups

Informal group sessions, led by a facilitator, designed to elicit information on a specific topic. In this document, feedback groups refer to groups of 10-12 students participating in a feedback session to help validate and enhance Needs Assessment Questionnaire results or design and implement programs.

Well-being

The personal experience of physical and mental health (how well or unwell we feel at any given time).

Workplace

The organization or business employing a person.

Workplace Health System

An approach to developing and implementing a comprehensive health program that helps employees maintain or improve their health. The system is designed to improve or maintain employee health by responding to needs identified through the Needs Assessment.

Worksite

The actual place of work.

Resources

The following resources have been developed based on the experience of organizations implementing **Voices and Choices: Planning for School Health** as part of the Comprehensive School Health Approach.

Introductory Document to Voices and Choices: Planning for School Health

This document gives a very brief overview of the Voices and Choices planning process and the stages involved in its implementation.

Voices and Choices: Planning for School Health - Guide to Implementation

This is a detailed step-by-step guide for the implementation of Voices and Choices. It provides a description of each step in the process, tips for success, checklists, examples of what pilot schools have done and how they managed the process, and blank forms to be used in the planning process.

Student Needs Assessment Questionnaire

This is the questionnaire that is administered to students within a school and on which the *School Health Profile* is based.

School Health Profile

This is a detailed report of the results of the *Student Needs Assessment Questionnaire*. It is specific to each school because it contains the data for that particular school. This confidential document is generated by the on-line database for each school. This enables the school to build their School Health Plan.

CHAPTER I

Stage 1 Building Commitment

*Objective: Encourage commitment to the implementation of **Voices and Choices: Planning for School Health**.*

1.1 Commitment

Commitment from your organization and its key players is essential to successful health programs.

Successful health programs will depend on the school's commitment to the eight principles and five paths to school and student health and well-being. It is also essential that administration be prepared to:

- ✓ respond to the major issues identified in the Needs Assessment Questionnaire;
- ✓ address all five paths: personal health practices, psycho-social environment, personal resources, physical environment and support services; and
- ✓ make available sufficient resources, human, financial, and material, taking into account the school's current fiscal environment.

1.2 Involving Key Players

Students are key to this planning process and should be involved from the beginning. Include students that represent all groups in your school – different grades, genders, cultures, languages, abilities, differing needs, English as a Second Language (ESL), and others. You should also include the school administration, teachers, staff, parents, the school community, and anyone else who could bring a different perspective to the table.

1.3 Possible Barriers

In a time of fiscal restraint, it may be a challenge to market a project that requires an investment over the longer term. There may be some reluctance to commit to the student participation and empowerment philosophy and to this project.

Financial costs can often be restrictive. However, due to the web-based technology, your school can avoid prohibitive expenses for such things as data-entry, the purchase of documents, and consultants fees. Your school may need to photocopy several documents. If the team chooses to conduct a paper and pencil version of the NAQ (see Stage 3), the school will need to make multiple copies of this document. The school may also choose to invest in resources to make posters, write letters, and develop newsletters.

What about the investment of time? The largest time commitment will come from the person who introduced the process initially, as well as the School Health Committee. An integral part of the planning process requires meetings at regular intervals and opportunities to promote the project (assemblies, announcements, presentations, etc.) and celebrate its successes.

1.4 Possible Opportunities

A crucial part of the School Health Plan's marketing relates to the benefits that your school will reap from adopting this philosophy and process. Apart from the overwhelming emotional benefits of having completed the project, successfully engaged students, and the resulting healthier environment for all, your school may experience cost savings you never would have expected. This includes: reduced staff absenteeism, less vandalism, fewer injuries and a better use of current equipment and facilities, thereby decreasing the need to replace or buy new items.

While building commitment and forming an Inclusive School Health Committee requires time and effort, it is the greatest investment your school will make. While meaningful student involvement can bring success to the project, the reverse can also be true; only inviting students to participate in the Needs Assessment may contribute to its **failure**. One pilot project neglected to include students in the planning process and on their committee, then found that their resulting school health plans were not successful. Involving as many players as possible from the school environment will ensure that many aspects of school and student health are examined; that enthusiasm is generated from a variety of individuals within your school community; and that there is a common understanding about the project.

The benefits of integrating the Voices and Choices philosophy and process into your school's strategic planning are far-reaching. As healthy lifestyles influence learning, and learning influences health, the implementation of Voices and Choices: Planning for School Health is an investment in everyone's future.

Attitude is a fundamental part of not only allowing change to take place, but also positively and actively adopting change. For many reasons, students, teachers, parents, staff, and administrators may feel a reluctance to change the status quo. That is why it is important to involve everyone from the very beginning of the process and ensure their participation throughout.

As previously mentioned, an essential part of the marketing plan will need to focus on the clear potential of this perspective and the benefits involved in listening to the students' voices through the *Needs Assessment Questionnaire*. It will also be easier to bring people on-side when changes begin occurring in the school. **The rewards that the committee and the school reap will be in direct proportion with your degree of investment.**

1.5 Letter of Agreement

As part of the process for preparing the school to undertake the needs assessment component, a **Letter of Agreement** will be completed (Appendix 3-D). This letter requires your school to follow through with the development and implementation of a School Health Plan that addresses the needs and preferences identified in the *Student Needs Assessment Questionnaire*, as well as agree to an Acceptable Use Policy for using the on-line database. Your school principal must sign this letter in the early steps (Stages 1 and 2) of the Voices and Choices process.

1.6 Evaluation

The most important part of the evaluation is to involve all key players and get their commitment to support the **Voices and Choices** planning process. Building commitment forms the foundation that will gather the strength for subsequent stages.

As the 'champion' introducing this process to the school, keep a record of the activities undertaken and people contacted to gain commitment (Appendix 1-B). Often, a key player or group of players can be overlooked at this or a future stage. Or, sometimes an individual or group initially expressed a lack of interest in participating, but may have changed their mind at another point in the **process. As committee members change, the committee often loses the 'corporate or collective memory' of what was done and why. It can be very helpful later on to have a record of who was approached and what the results of the conversations were. Then, as future School Health Committees undertake the process evaluations, they can build on the experiences that past committees recorded.**

You may wish to post a description of the process your school has undertaken on the Health Canada web site so that others can share your learning experiences.

Stage 1 - Building Commitment

Before moving to Stage 2, verify that the following have been addressed:

- Are we prepared to embrace the notion of the link between health and education?
- Are we prepared to undertake the process involved in implementing Voices and Choices: Planning for School Health?
- Are we committed to the eight principles?
- Are we prepared to set a school health policy?
- Are we prepared to address all five paths to our school's and our students' health and well-being?
- Are we willing to involve the students as a core belief?
- Are we willing to conduct the Student Needs Assessment?
- Are we prepared to act on the needs and preferences of students to an extent that is consistent with the school's current fiscal environment?
- Is our school's administration committed to playing a visible, ongoing and participatory role throughout the process?
- Are the parents supportive of the Voices and Choices philosophy and planning process?
- Are the teachers supportive of the Voices and Choices philosophy and planning process?
- Are the students supportive of the Voices and Choices philosophy and planning process?
- Are the school board officials supportive of the Voices and Choices philosophy and planning process?
- Has the letter of agreement/understanding been agreed to by all parties?

Appendix 1- B Keeping Track of Key Committee Members

Person to be Contacted	Date Contacted	Result	Further Action
1. Principal			
2. Student Council			
3. Parent Council			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

CHAPTER II

Stage 2 Establishing the School Health Committee

*Objective: Establish a School Health Committee responsible for the development and maintenance of the **Voices and Choices** planning process.*

2.1 Role

The School Health Committee will be responsible for generating ideas, creating direction and planning program strategies.

The School Health Committee's main role is to coordinate the school's health promotion initiatives. A second very important role of ~~the committee is~~ to involve other students, parents, and staff as volunteers. However, most importantly, the committee serves as the communication link with students, staff, and parents; allowing their input into the process and keeping them informed of progress and developments.

2.2 Who Sits on the Committee?

Committee members should reflect the organization of the school at all levels.

The committee should reflect the composition of the school. In establishing the committee, take into account:

- ✓ all grades and academic levels or special programs within the school, and
- ✓ demographic features.

The committee should include participants that represent key roles within the school organization, such as students, administration and teachers (and/or staff groups), parents, the public health nurse, guidance and counselling, health and physical education, and special education.

Participation on the committee should be voluntary. Volunteers should be encouraged by administration and by their teachers, and parents. The best form of encouragement is assurance that administration and teachers fully support the program.

To ensure fresh ideas are being generated and the project continues, it is important to:

- ✓ involve a dynamic group of students, teachers and parents;
- ✓ prepare to change as the student population changes; and
- ✓ welcome new members to the existing committees (try to avoid all the committee members changing at the same time).

2.3 How is the School Health Committee Formed?

The process for selecting or recruiting committee members will have an impact on the project's success. The complimentary mix of committee members is key to how it will function throughout the entire process. The process needs to be inclusive in order to form a School Health Committee that reflects the surrounding environment. (Guiding Principles 2, 3 and 5 in the Introduction)

2.4 Tasks of the Committee

The committee will be responsible for a number of tasks as the Voices and Choices planning process is put in place. These include:

- ✓ conducting the Needs Assessment;
- ✓ reviewing results of the Needs Assessment;
- ✓ preparing the School Health Plan;
- ✓ developing, implementing and evaluating school health program activities;
- ✓ communicating regularly with students, teachers, parents and administration;
- ✓ evaluating the process throughout; and
- ✓ encouraging student involvement.

2.5 Committee Meetings

The committee will meet more or less often depending on the step of the process and the scope of the programs being implemented. Members should count on meeting **at least** every two weeks during the busiest stages. Minutes of meetings should be taken to keep a record of **the committee's** progress, decisions and actions. These minutes need to be shared with the staff, students, and parents, either through posting them or through newsletters.

Meeting reports should include:

- ✓ committee name;
- ✓ members of the committee/sub-committee (in attendance or absent);
- ✓ date meeting was held;
- ✓ summary of topics covered at the meeting;
- ✓ list of tasks to be done;
- ✓ person/persons responsible for tasks;
- ✓ target completion date/follow-up date; and
- ✓ date of next meeting.

In the beginning and throughout the process of 1) conducting the Needs Assessment, 2) interpreting the School Health Profile, and 3) creating the School Health Plan, the committee will need to meet frequently and will probably wish to have a number of sub-committees. In future years, the School Health Committee will probably find that certain times of the year require more meetings and time. These periods will likely correspond with the start and finish of the school year, when new program action plans are being developed, and when evaluation is taking place.

2.6 Student Participation

To achieve the goals of Voices and Choices, the School Health Committee needs to involve a number of willing students as early as possible and from all grades and programs within the school. For example, during the needs assessment stage, a school could involve 20 to 40 students to participate on a team that coordinates, explains, and encourages completion of the questionnaire. Providing opportunities for individuals to exercise the ability to influence their surroundings in a meaningful way is an important part of what makes a person feel well.

2.7 Communication

Communication with students, teachers, parents and administration is critical to the successful development and implementation of school health programs.

Throughout all stages of the process, **the committee** is responsible for keeping students, teachers, parents, and the administration informed about school health program activity. Communication through administration and teachers can encourage participation of all students as the Voices and Choices planning process evolves. In the initial stages, communication may take place through announcements, posters, assemblies, and/or an announcement letter to parents. Face-to-face dialogue is the most valuable and credible communication tool. The committee should keep administration and teachers informed of progress, **future plans, and** activities. Using the meeting minutes is one way of keeping administration and teachers up-to-date. Other methods include inclusion on staff **meeting agendas** and parent/school council meeting agendas, regular columns in the school newsletter, or a regular bulletin board or display case for posting information.

2.8 Tips for Success

The School Health Committee must be committed to creativity and full participation. It may sometimes be difficult to maintain health promotion as a priority, given what may appear to be more pressing issues (e.g., budget planning, staffing, reorganization, program cuts, and curriculum changes). Committee members need to establish and then "stick to" a minimum number of meetings during the year. For example, there could be one formal meeting on the first Tuesday of **each** month. This practice allows committee members to plan ahead and ensure they are available for every meeting.

A strong and committed chairperson for the committee is essential. It is important that all members, including administration, teacher, and parent representatives work together in a non-confrontational manner towards creating a more health-promoting school. Therefore, it is the responsibility of the chairperson to periodically remind committee members of their role and purpose.

2.9 Evaluation

Evaluation is an integral part of the planning and implementation processes. Therefore, your committee may wish to establish a sub-committee at the very beginning that is responsible for evaluation. There are helpful sections in each chapter in this Guide that address evaluation, as well as checklists in the appendices that will help the School Health Committee review key questions. These can be used as summaries for the stages and the basis of the evaluation committee reports.

Since evaluation is a fundamental part of this planning process, you may wish to start thinking about how it affects the program from the very beginning. Some areas you may wish to address include:

- ✓ ensuring that you maintain accurate and up-to-date records;
- ✓ planning on reviewing the process regularly, from many perspectives, and many viewpoints;
- ✓ regularly developing lists of questions that need to be answered; and
- ✓ thinking about ways to integrate an on-going evaluation of activities to complement what is provided in the Voices and Choices planning process.

An entire stage has also been dedicated to evaluation and its accompanying celebration of achievement (Stage 7). You may find it helpful to refer to Stage 7 at this time. It will provide some insight into **what information your committee needs to be collecting throughout the planning and implementation** process in order to achieve success.

The inclusiveness of the **composition of the** School Health Committee **and the process used to form it serve as an important foundation to the stages that follow. Keep** a record of this process for future use. Then, if participants on the committee change, they can review these records and learn from previous experiences.

These records may include:

- ✓ how the committee was formed,
- ✓ the terms of reference and mandate of the committee,
- ✓ the structure and plans for renewal and succession,
- ✓ how the committee (and sub-committees) function,
- ✓ frequency of meetings,
- ✓ how the decisions are to be made, recorded and communicated, and
- ✓ training that the committee members received to help them fulfill their roles more effectively.

This information will serve as an important part of any formative process evaluation and **may be a part** of a valuable learning experience for other schools wishing to implement this program.

Stage 2 - Establishing the School Health Committee

To help the school establish and activate a School Health Committee, the following checklist was developed.

- Does the committee include members from all school groups, especially students, administration, teachers, parents, and health related disciplines within the school?
- Does the committee meet on a regular basis? At least once a month?
- Does the committee keep minutes of meetings?
- Do the minutes include a record of decisions, actions and progress?
- Does the committee communicate with the student and teacher population? If yes, how? How frequently?
- Are administration, teachers and parents provided with progress reports on program activities?
- Does management visibly and consistently support the program?
- Does the committee clearly understand and **accept** or 'buy into' its role, and tasks?

CHAPTER III

Stage 3 Conducting the Needs Assessment

Objective: Conduct the needs assessment in a manner that will get the maximum response rate from as wide a spectrum of the school population as possible.

Goal: To gain a better understanding of school and student needs through a comprehensive Needs Assessment Questionnaire.

3.1 Purpose of the Needs Assessment Questionnaire

The Needs Assessment Questionnaire allows students of all ages, grades, and abilities to identify the conditions and issues that have an influence on their health and their school's health. Students' answers will be entered into a specially-designed web-based program that will, once **the data entry is completed**, produce a report that outlines the situation in your school (The School Health Profile). It may be helpful for you to review **Stage 4** to understand what will be done with the results of the questionnaires. The School Health Committee will use this 'Profile' to develop and implement the necessary health policies and programs to meet the needs and preferences of students and the school.

A Window of Opportunity

By asking your students to fill out the Needs Assessment Questionnaire, you are opening the school to many possibilities. Your school will have the opportunity to learn about what your students need and want in their school lives. And, in order to obtain an accurate picture of your school, your focus here must be on getting the best possible response rate. In other words, **it is important to get as many** students and as wide a range of students as possible to fill out the Needs Assessment Questionnaire. If your School Health Committee chooses to not ask all students to respond, then it's best to have a wide cross-section of students to ensure that all student groups are represented. This will be further addressed later in this chapter.

3.2 Background of the Needs Assessment Questionnaire

The **Needs Assessment Questionnaire** was developed to gain a better understanding of student needs within the school setting. The roots of the questionnaire originate in the guiding principles and paths to school and student health and well-being that **are** part of Voices and Choices: Planning for School Health. Many of the questions have been drawn from an international study, *Health Behaviours in School-Aged Children (HBSC)*. This World Health Organization (WHO) collaborative study involves 32 countries. Data is collected every four years from a school-based sample of 11, 13, and 15 year-old students **using** a self-report paper and pencil questionnaire. Canada has participated in 4 cycles of the study: 1989/90, 1993/94, 1997/98 and 2001/02 (see the Health Canada web site:

http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc/research/e_research03.html for an overview, the questionnaires, data tables and report resulting from the study). Since these questions have been validated and focus-tested by teams of researchers and academics, they are considered to be appropriately replicable for use within the Student Needs Assessment Questionnaire. The other questions were developed based on literature about the interaction of school and the health of students, and the Needs Assessment Questionnaire of the Workplace Health System (WHS). They were then focus and pilot tested with Canadian schools. The Student Needs Assessment Questionnaire was also reviewed by many national education organizations. The data from the pilot tests were **analysed, and the Voices and Choices paths were statistically tested to validate the questions and verify their** reliability.

This chapter contains three parts:

Part A	Preparing for the Needs Assessment,
Part B	Promoting the Needs Assessment,
Part C	Administering the Needs Assessment Questionnaire

3.3 Part A - Preparing for the Needs Assessment

During the preparation for the Needs Assessment, the School Health Committee:

- ◆ prepares an overview of the school structure (Appendix 3 - B),
- ◆ chooses how the Needs Assessment Questionnaire will be administered,
- ◆ obtains agreement of all the key players to the Letter of Agreement (Appendix 3 - D),
- ◆ has the Principal sign the Letter of Agreement, completes the School Demographics Questionnaire (Appendix 3 - C) and obtains the school login and password,
- ◆ downloads the Needs Assessment Questionnaire and software and installs the software on the computers to be used by students for completing the questionnaire or by a third party for data entry (see 3.3.2, Choice #2), and
- ◆ prints the Needs Assessment Questionnaire (if needed).

3.3.1 School Overview

Establishing a point of reference before the needs assessment process begins will provide useful information with which to compare future findings.

A School Overview gives your committee a picture of the school as it stands before the implementation of any programs. In addition, this data will enable you to compare future findings in Stage 7 (Reviewing, Evaluating, and Celebrating).

The School Overview might include the following descriptive information:

A. About the School (Organization and Student Body):

- ✓ number of students,*
- ✓ number of grades in the school,*
- ✓ number of students in each grade,
- ✓ special programs and number of students taking them,*
- ✓ absentee rate,
- ✓ number and types of disciplinary actions,
- ✓ level of demand for non-academic help from guidance and counselling,
- ✓ level of demand for academic help from guidance and counselling, and
- ✓ number of extra curricular programs (this could include arts, dramatic arts, sports, clubs, teams, peer helper programs, and others) and numbers of students participating.

B. About the School Community:

- ✓ type of community* (large urban centre, smaller urban centre, sub-urban, rural, smaller urban centre serving rural area, etc.),
- ✓ size of the community served,*
- ✓ socio-economic level of the community,
- ✓ education level of the community,
- ✓ ethnic/cultural background of the community,
- ✓ predominant first languages of the community, and
- ✓ stability of the community (turnover rates).

** Denotes information needed in order to obtain a school login and password to access the on-line database, and later to compare your school with other similar schools.*

Much of this information will be available from a school profile that may exist on a school web page or may have been prepared by the administration and the parent council. The rest of the information will be available from the office/school principal.

3.3.2 How Will the Needs Assessment Questionnaire Be Administered?

Your School Health Committee has two choices to make regarding the administration of the Needs Assessment Questionnaire.

Choice # 1 *Census or Sample?*

Will the needs assessment be conducted with 100% of the students (a **census**), or with a part of the student population (a **sample**)? Or will completing the needs assessment be a completely voluntary activity?

It is recommended that schools, to the extent possible, conduct the Needs Assessment as a census.

Census

- ◆ A census provides better data which is representative of the entire school population.
- ◆ A census is much easier to administer. Your school can choose one class, such as Religion in a Catholic system or Teacher Advisor Group (TAG), or any other period that all students have. Then every student in a given week will complete the Needs Assessment Questionnaire during the first period of that week for that class. Or, your school can schedule an assembly day when all students will complete the Needs Assessment Questionnaire at the same time. In both cases, arrangements need to be made for students who are absent at that time to complete the questionnaire when they return to school.
- ◆ While the census method is easier to administer than the sampling method, there will be more data from the Needs Assessment Questionnaire to enter into the system. Therefore, data entry will take longer and require more effort.

Sample

- ◆ A sample is much more difficult to administer, especially to ensure that all parts of the school community are represented. The sampled students would need to be withdrawn from their regular classes to complete the Needs Assessment Questionnaire. This leaves the sampled students feeling 'different' and singled out and the non-sampled students feeling, 'Why wasn't I chosen?' This also adds to the issue of confidentiality and the risk of identification of students.
- ◆ On the other hand, conducting the needs assessment with a sample of the students will create fewer questionnaires to enter into the program, requiring less time.
- ◆ One major issue is the need to sample all classes in all programs to ensure that all sub-groups of students are represented in the sample. This means that the sample cannot be drawn by class. This will create a sampling bias that may skew the information in the School Health Profile.
- ◆ The minimum sample size for a school should be 100 students per grade level or 10% of the school population, whichever is greater. This sample should also be "stratified" or drawn proportional to the size of the student population within each grade (see table below).
- ◆ **Note:** In a small school, where the population is less than 100 students per grade level across most grades, the Needs Assessment should be administered as a census (i.e. 100% student participation).

Examples	Total Number of Students	Sample Size (Stratified)
School A	800	Minimum 400 (100 per grade)
◆ Grade 9 / Sec. 3	315	$100 + 315/800 \times 100 \cong 139$
◆ Grade 10 / Sec. 4	250	$100 + 250/800 \times 100 \cong 131$
◆ Grade 11 / Sec. 5	150	$100 + 150/800 \times 100 \cong 119$
◆ Grade 12 / CEGEP 1	85	85
School B	1000	Minimum 400 (100 per grade)
◆ Grade 9 / Sec. 3	400	$100 + 400/1000 \times 100 = 140$
◆ Grade 10 / Sec. 4	300	$100 + 300/1000 \times 100 = 130$
◆ Grade 11 / Sec. 5	200	$100 + 200/1000 \times 100 = 120$
◆ Grade 12 / CEGEP 1	100	100
School C	1500	Minimum 600 (150 per grade)
◆ Grade 9 / Sec. 3	500	$150 + 500/1500 \times 150 = 200$
◆ Grade 10 / Sec. 4	500	$150 + 500/1500 \times 150 = 200$
◆ Grade 11 / Sec. 5	250	150

Examples	Total Number of Students	Sample Size (Stratified)
◆ Grade 12 / CEGEP 1	250	150

- ◆ The sample should be random. One way to conduct a random sample that will both protect students' anonymity and prevent against anyone feeling 'different' or left out is to first administer the Needs Assessment to all students as a census and then draw your sample from the completed questionnaires. Questionnaires should first be organized by grade (not class) and gender within each grade. To make the sample random, simply select every 2nd, 3rd, 4th or 5th questionnaire from the pile until you have gone all the way through the questionnaires. To determine this "sampling interval", you will need to know the sample size and total number of students for each grade (see above table). Therefore, for a school with 1000 students and a sample size of 400, divide 1000 by 400 for a sampling interval of 2.5. In this case, the school would alternate between every 2nd and 3rd questionnaire in the pile to adjust for the fraction.
- ◆ If you have any questions about sampling, you may want to consult the Head of your Math Department. This person should be knowledgeable on statistical methods.
- ◆ **Note:** Using too small of a sample size with a large student population will render the results in your School Health Profile meaningless. Some sub-groups of the student population may become over-represented, others under-represented, and still others left out completely. The situation becomes even worse when the results are broken down by grade and gender.

** In general, the sample method is not a desirable method for the following reasons: logistical complexities, possible risks in breaches of confidentiality, and the possibility of an incomplete picture.*

Voluntary

- ◆ A school may decide that this activity will be completely voluntary and only make the Needs Assessment Questionnaire available outside of class time.
- ◆ Administering the Needs Assessment Questionnaire in this manner requires a more intensive promotional effort in order to achieve an acceptable response rate.
- ◆ In order to ensure the results will be as useful as possible and appropriately represented, at least 65% of students from all grade levels should complete the questionnaire.
- ◆ This method of administering the Needs Assessment Questionnaire requires a more complex system for guaranteeing or ensuring privacy and anonymity. Students will need a private area to complete the Needs Assessment Questionnaire before school, during lunch, or after school. Also, students who have completed the needs assessment will tend to discuss it among themselves, and this may influence the responses of those who have not yet completed it.

The major drawback of this method of administration is that the data and the School Health Profile (Stage 4) resulting from the data will be biased. Only the students who are interested in the issues or who have a complaint will tend to take the time to complete the **Needs Assessment Questionnaire**. This does not provide a complete picture of the school population. This method tends to exclude the hard to reach students and those who may have difficulty with the questionnaire. Additionally, because of the tendency of this method to create bias in the data, a greater participation rate is necessary.

** This method is the least desirable and is not recommended.*

Choice #2 *Paper or Electronic?*

Will the needs assessment be administered directly on computers or using a paper and pencil format where the data would then be entered later using the Voices and Choices software?

Paper and Pencil

- ◆ The Needs Assessment Questionnaire can be downloaded in Portable Document File (PDF) format, printed and copied for all students. Students would then complete the Needs Assessment Questionnaire on paper. A person, or persons, responsible for the needs assessment (perhaps from the School Health Committee or other volunteers) would then enter these responses into a data file using the Voices and Choices software and up-load the data file into the on-line database producing the School Health Profile.

On Computer

- ◆ The Needs Assessment Questionnaire can be completed directly into the software program. The software has been created to look like an electronic version of the paper questionnaire, not unlike the PDF version, in order to make data entry more user-friendly. However, it differs from a simple PDF, in that it is also dynamic and has been programmed to collect student responses and store the data as a record (one per student) in an automatically generated data file. This software can be installed on computers in the student computer lab(s). Students would then be rotated through the lab(s) to complete the needs assessment, entering their responses directly into the program to be accumulated for up-loading into the on-line database.

Note: See Appendix 3 - I for important instructions on the administration of the Student Needs Assessment Questionnaire (by paper and pencil or on computers).

3.3.3 Letter of Agreement and School Demographics Questionnaire

To document your school's commitment to the link between health and education, as well as student involvement and democracy, as demonstrated in the Voices and Choices planning process, a *Letter of Agreement* has been prepared (see Appendix 3 - D). The Letter of Agreement also contains an Acceptable Use Policy for accessing the on-line database. It would be best if all parties agreed to the terms of the letter, including student representatives, the school administration, the parent advisory council, teachers and anyone else who has become involved in this project. However, only the Principal is required to sign it.

The Letter of Agreement must be signed and the *School Demographics Questionnaire* (see Appendix 3 - C) completed in order to obtain access to the on-line database. The School Demographics Questionnaire collects information about your school (e.g., school contact, school size, province, etc) to be used to set up a description in the on-line database. This information is kept confidential. Once your school has done this, it will receive a login and password that can be used to access the software, the School Health Profile, and compare your school's data with the results from other schools of similar type.

Only your school will be able to access the details of its own data. When you compare your school's data with the data from other schools, these schools will not be identified by name. When other schools compare their data with your school, your school will also not be identified by name.

3.3.4 Understanding the Process

It is important to become familiar with all seven stages of Voices and Choices: Planning for School Health. Before proceeding with the needs assessment, familiarize yourself with all seven stages so you can communicate clearly, not only the purpose of the needs assessment, but also the purpose and principles of the planning process.

Identifying student needs will allow your committee to consider:

- ✓ needs, preferences and attitudes of students,
- ✓ what the school can do to help students become healthier and ready to learn,
- ✓ what the school can do to help students acquire the health-related knowledge and skills they need and practice them in a safe supportive setting,
- ✓ programs and intervention strategies for all students regardless of their current level of health,
- ✓ how an individual's lifestyle is made up of an interdependent set of health **practices**,
- ✓ environmental issues that could support the creation of a more health promoting school, and
- ✓ issues important to the development of a health promoting school.

3.3.5 Communication to Students

Students must understand that this is their chance to have a voice. An integral part of this project is everyone's involvement, helping to improve their school climate, and in turn, having healthier learners. It is directly connected to the sense of empowerment and control that students feel. A crucial part of this concept is that participation in the Needs Assessment Questionnaire is completely voluntary, just like participation on the School Health Committee. Therefore, the success of Voices and Choices and the Needs Assessment Questionnaire is dependent on your students' perception of this project.

An important goal for your committee is to get the best possible number of students to agree to answer the questionnaire. The initial announcement about the questionnaire and its intended purpose should come from a team that includes representation from the highest level of school administration - the principal or other senior administrator - as well as students, a teacher, and a parent.

The success of the Student Needs Assessment Questionnaire is dependent on how important it is perceived to be by the participants.

3.4 Part B - Promoting the Needs Assessment Questionnaire

If the students are informed appropriately about Voices and Choices before the distribution of the Needs Assessment Questionnaire, the Questionnaire should send a powerful message to students: that everyone (school administration, parents, teachers, and the School Health Committee) is concerned about their needs and preferences and is committed to taking action. This section includes a number of suggestions on how to promote the questionnaire to ensure a high response rate.

During this phase of Stage 3 the School Health Committee:

- ✓ promotes the Needs Assessment process to obtain maximum, meaningful (serious) participation;
- ✓ prepares a letter to be sent home to parents to inform them of the project (Appendix 3 - E) with a parent consent form (Appendix 3 - F); and
- ✓ ensures that the Needs Assessment questionnaire is administered effectively.

Since the questionnaire is in written form, it is important that the School Health Committee keep in mind special groups such as:

- ✓ students for whom English is not the mother tongue;
- ✓ students in special education classes; and
- ✓ parents of students who may have difficulty reading in English.

3.4.1 The Snowball Effect: Gathering Strength

Consider how you can promote the Needs Assessment Questionnaire. How can your committee inform the students about this project and the questionnaire? Wherever possible use an existing means of communication (newsletters, announcements).

If your school has an art, drama, business marketing or communications section, bring them into discussions to develop a promotional strategy. It is a good idea to have a person from these sections with expertise in promotion on your School Health Committee.

A school newsletter can contain information on the needs assessment process. Announcements, posters, and assemblies can also be useful. Interviews with key people from the student body, school administration, teachers, public health, and parents to discuss the project. **Interviews with these individuals may reinforce the importance of each student's input and the importance of the support and commitment of these groups.**

Suggestions on how to promote **the Needs Assessment Questionnaire** include the following (Appendix 3-H):

- ✓ place posters on bulletin boards to ensure visibility **of the information** and encourage student response to the questionnaire;
- ✓ school newsletters, including articles on the planning process as well as interviews with key players reinforcing the support from school administration, students, parents, and teachers;
- ✓ recruit students to help in the distribution, collection, and promotion process; and
- ✓ use a name or slogan for the program that will remain the theme throughout.

** Experience has shown that when the School Health Committee explains the purpose and promotes the Needs Assessment Questionnaire before distributing it to students, there is a much greater and more accurate response rate.*

3.4.2 Guarantee of Confidentiality

Due to the personal nature of the information, students must feel confident that their anonymity is being respected and protected. It is natural for many students and parents to have concerns about the personal nature of the information that is being asked in the Needs Assessment Questionnaire. They will be particularly concerned about the questions related to stress at school, stress at home, drug and alcohol use, as well as other health risk practices.

Take the time to inform parents and students how their identity **and privacy is being protected**. The School Health Committee can prepare a letter to explain Voices and Choices, its process, details of the Needs Assessment Questionnaire, and the method used to ensure the confidentiality of the information (Appendix 3 - E). Not only does your committee want students to agree to participate, but it also wants students to feel comfortable to answer truthfully!

Plan for a system that suits your school. Perhaps when students have completed the Needs Assessment Questionnaire, they should seal it in an envelope to ensure anonymity. All of the questionnaires can be combined together. Publicize your chosen system to reinforce students' trust in the process.

3.4.3 The Right to Privacy

Students have expressed concern about the need for privacy when filling out the **Needs Assessment Questionnaire**. **Privacy increases the likelihood that students will trust enough to respond to questions truthfully, particularly the ones they perceive to be more personal and/or intrusive. Your committee can address this by looking at issues that students raise as being potential barriers to revealing their true feelings through the questionnaire. Changes in seating arrangements, such as rearranged desks and the reduced proximity of desks or tables** may be helpful. Students have stated that they would rather not provide an answer than risk having someone see their answer, even with the, seemingly, less sensitive questions. Be creative in your seating arrangements. Does your school have different tables similar to polling booths? Can you move desks a greater distance from each other?

What can make your students feel more comfortable about answering the questions honestly? Be creative! Your school's health depends on it.

Students have expressed that they feel more safe when they insert their completed questionnaire into a sealed, unmarked envelope themselves. Students have expressed the fear of the possibility that someone might identify their envelope as they add it to the stack of others (particularly if they are the first or last). Your committee could think of ways to address this concern as well.

3.4.4 Approval and Consent

In Stage 1, the committee and the person introducing Voices and Choices to your school attempted to build commitment with all the key players in the school community. It is now a good time to ensure that all parents are informed about what is happening.

You may wish to send a letter to every student's home explaining the **Voices and Choices** planning process. You may also wish to accompany it with a consent form (Appendix 3 - F). If Voices and Choices has been presented to the Parent Council, the superintendent, and/or the school trustees, a note of support from any of these individuals in the school newsletter or the Parent Council minutes may be effective.

3.5 Part C - Administering the Needs Assessment Questionnaire

3.5.1 Distribution of the Questionnaire

Planning to complete the Needs Assessment Questionnaire as early as possible in the school year will be helpful in ensuring that the School Health Profile is returned in enough time to complete the School Health Plan (Stage 5) and start developing and implementing several health-related, shorter-term programs (Stage 6) during the school year.

Some schools in the earlier pilot tests chose to conduct the Needs Assessment in January when students are familiar with the school, with the aim to have the School Health Plan developed in March, and a few short term programs in place before the end of the school year. At the end of the school year, they begin to plan for the next year with programs starting in September.

Planning a convenient time for all students to complete the questionnaire during the school day will encourage greater, more honest participation. The Questionnaire takes 50 to 75 minutes to complete. It should be distributed and completed in a time frame that provides ample time for the students to complete it during one sitting. For maximum response, ensure the time and place for completing the questionnaire is convenient for the students.

Your committee will need to address how the questionnaire will be handled after completion. The method should ensure that students are confident that their identity is protected.

Methods of distribution and completion include:

- ✓ designating one period when the whole student population completes the questionnaire at the same time;
- ✓ designating a period that allows all students to complete the questionnaire over a period of several days or a week (the specific class will vary from school to school);
- ✓ having a designated time and place when the students who are part of the sample are withdrawn from class to complete the questionnaire; and
- ✓ having an area set up where students can come on their own time (lunch, before school, during a spare, or after school) to complete the questionnaire in private.

When you are ready to administer the questionnaire, you may want to begin administration with a short preamble introducing the Needs Assessment, its purpose and instructions for completing the questionnaire (see Appendix 3 - I). By this time, students should have a good understanding of the Needs Assessment process through your promotion efforts (see 3.4). However, it may be a good idea to explain the purpose of this assessment to ensure that the students understand the importance of their voice.

It is important to identify and to address groups of people whose participation in the questionnaire cannot be met through normal means. This may include students who are on field trips, or are absent on short-term or long-term illness. Particular attention may be required for students who are typically left out of school-based health programs. These groups of students include socially or culturally isolated students who may have literacy or language problems that prevent them from participating in the process. Alternative ways of collecting information should be explored in advance, and should include methods that are confidential and non-threatening.

** REMINDER: Be sure to include all groups of students within your school. Completion of the Needs Assessment Questionnaire MUST be voluntary.*

3.5.2 Entering the Needs Assessment Data

The accuracy of the data entry and verification is important in producing a true and useful School Health Profile.

During the data entry stage the School Health Committee will:

- ✓ coordinate a team of people entering the data using the software,
- ✓ up-load the data into the database, and
- ✓ keep the school community informed of the progress.

3.5.3 Data Entry

This step will not be necessary if your school used the computer-based method of completing the Student Needs Assessment Questionnaire with the data accumulating directly into the data file. However, it will be necessary if your school used the paper and pencil method.

Your School Health Committee needs to build a Project Team that can enter the responses to the Needs Assessment Questionnaire into the data file on the computer using the software. This will prepare the data for up-loading into the database. The team can consist of parent, student, or teacher volunteers, or a combination of these individuals, and can be split into smaller teams of 3 to 4 with a team leader. The team leader will be responsible for verifying the accuracy of the data entry.

Arrangements will have to be made to use the computer labs, or classrooms, and to have the software installed on to these computers. The team entering the data should be trained and understand the importance of accuracy and efficiency. The quality **with** which they complete their task will contribute to the quality and usefulness of the School Health Profile. They are also responsible for protecting the privacy and anonymity of the students and the school.

Due to the nature of the information, you may wish to consider having each member of this project team sign a confidentiality agreement (Appendix 3 - G). If, for unforeseeable reasons, identifying information is revealed (i.e. a student may mistakenly place their name on the questionnaire, or the person entering the data may recognize patterns and may identify someone), the individual will have acknowledged the importance ensuring confidentiality.

3.5.4 Data Verification

Team leaders should be available to their teams to answer questions regarding confusion or uncertainty in a response, and to verify or spot check the accuracy of the data entry.

3.5.5 Data Up-loading

Once the data have been entered, you will need to collect the data files from all of the computers used in the data entry process. You can then proceed to the Voices and Choices web site (<http://www.HealthCanada.ca/VoicesandChoices>), and using your school login and password, up-load the data files into the database following the instructions on the on-line system. The total number of records (summed across data files) should equal the total number of Needs Assessment Questionnaires submitted/entered. Once the data files have been up-loaded, you can request that the database generate your School Health Profile report. After you have received your profile, all of the questionnaires should be shredded and discarded.

3.6 Evaluation

There are several aspects to consider when evaluating this stage in the process.

1. Preparing for the Needs Assessment

How did your school decide to conduct the Needs Assessment? What were the reasons for this choice? It is important to record these decisions and the process by which they were arrived at for future reference and use. Each method has its advantages and disadvantages and these in turn have an impact on the outcome of the project. They need to be considered when conducting a process evaluation of the **Voices and Choices** planning process within your school.

2. Promoting the Needs Assessment

What steps did your committee take to ensure that the students and all other key people and groups were informed and felt comfortable with the process? What steps did your committee take to ensure confidentiality of the data and privacy of the individuals? What steps did your committee take to ensure that the Student Needs Assessment Questionnaire was administered under optimal conditions in order to get the best data possible?

3. Administering the Needs Assessment Questionnaire

How did your school conduct the data entry? What steps did your committee take to verify the data entry? What steps did your committee take to protect the confidentiality of the data and the privacy of the individuals?

All of these questions need to be recorded and considered in any evaluation of the process of implementation of Voices and Choices. These are important factors in building the success of the initiative within your school.

Stage 3 - Conducting the Needs Assessment

- Have we completed the School Overview?
- Have we decided how to administer the Needs Assessment Questionnaire?
- Are special measures being taken to ensure that all students, or a representative sample of students, will receive a questionnaire?
- Do teachers, parents, students, school administration, and other stakeholders seem to understand and support the Needs Assessment Questionnaire?
- Has the Letter of Agreement been signed by the Principal and the School Demographics Questionnaire completed?
- Have we promoted the Needs Assessment Questionnaire?
- Are students willing to fill out the Questionnaire, and/or excited about having a voice?
- Have we shared our plan to respect students' privacy while they are filling out the questionnaire?
- Are students, parents and school administration confident that the students' answers are confidential?
- Have we customized the Needs Assessment Questionnaire with our school name, and our name, or title for the project?
- Will the timing of the distribution and completion conflict with other major events, holidays, etc.?
- Have we identified communication methods for all students (i.e. students whose first language is not English or French, those not attending school every day due to a co-op program, illness, or other commitments)?
- Have we sent home a letter explaining the project?
- Have we sent home a consent form?
- Does the questionnaire include a letter of support from school administration, parents and teachers?
- Have we paid particular attention to developing strategies that will help students feel more secure about telling the truth in the questionnaire?
- Have we addressed issues around the students right to privacy? Have we looked at seating arrangements?
- Have we chosen someone appropriate to enter the students' responses into the database?

- Have we asked each member of the Data Entry Project Team to sign a confidentiality agreement?

Our School: A Snapshot Overview

Number of students	
Number of grades in the school	
Type of school	
Number of students in each grade	
Special programs / number of student participants	
Absentee rates	
Discipline issues	
Disciplinary rates	
Level of demand for non-academic help from guidance and counselling	
Level of demand for academic help from guidance and counselling	
Type of community the school serves	
Size of the community	
Socio-economic level of the community	
Education level of the community	
Predominant first languages of the community	



School Demographics Questionnaire

Name or School: _____

Name of School Contact: _____

Name of Principal: _____

Mailing or Street Address: _____

Postal Code: _____

Telephone: _____

Fax: _____

E-mail: _____

1. What province or territory is your school in?

- Newfoundland
- Nova Scotia
- Prince Edward Island
- New Brunswick
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Yukon
- Northwest Territories
- Nunavut

2. How large is your school?

- 300 students or less
- 301 to 500 students
- 501 to 800 students
- 801 to 1,000 students

1,001 to 1,500 or more students

3. Your school consists of which grades?

Grade			Grade (Quebec)		
1.	_____	Grade 9	6.	_____	Secondary 3
2.	_____	Grade 10	7.	_____	Secondary 4
3.	_____	Grade 11	8.	_____	Secondary 5
4.	_____	Grade 12	9.	_____	CEGEP 1
5.	_____	OAC	10.	_____	CEGEP 2

4. What programs does your school offer?

Mark all that apply.

- General
- Advanced
- Vocational
- Special Education
- Gifted
- English as a Second Language/French as a Second Language
- French Immersion

5. What type of community does your school serve?

- largely rural
- smaller urban centre
- medium urban centre
- sub-urban area
- large urban centre

6. How will the Needs Assessment be conducted?

- Census
- Sample
- Voluntary

7. Within the grades that will be involved in the needs assessment, what is the total number of students that **could** possibly participate? This is the total number of students, regardless of whether or not they are asked to complete a questionnaire. This number will be used to calculate your school's response rate. For example, if you will only be administering the questionnaire to students in grades 9/Secondary 3, 10/Secondary 4, and 11/Secondary 5, the number requested here is the **total number** of students in these grades.



Letter of Agreement

We, at _____ understand that we can access the
(name of school)

resources for **Voices and Choices: Planning for School Health** located on the Health Canada web site (<http://www.HealthCanada.ca/VoicesandChoices>) provided that we undertake to:

- ✓ address the school and student needs identified through the *Student Needs Assessment Questionnaire*,
- ✓ follow the eight Guiding Principles and five Paths to school and student health and well-being, and
- ✓ implement, to the best of our ability, the **Voices and Choices needs assessment and planning process** as described in the *Guide to Implementation*.

Further, we understand that we are committing to follow the seven stage process of the initiative and to abide by the philosophy and principles outlined in the introductory materials. We agree to commit the time and resources, within the school's capabilities, to respond to the identified needs of the students along all five *Voices and Choices* paths.

In order to carry out the implementation of the *Voices and Choices* planning process, we agree to:

- ✓ seek the commitment and involvement of the principal, school administration, staff, parent council and students,
- ✓ form a committee representative of the student body and the school community,
- ✓ conduct the school needs assessment using the *Student Needs Assessment Questionnaire*,
- ✓ analyse and interpret the *School Health Profile* for health-related needs identified by the student population,
- ✓ develop a health plan for the school with short, medium, and long term goals and objectives,
- ✓ plan programs/activities to assist in meeting the health needs of the students which fit within the plan and meet school and student needs, and
- ✓ evaluate all programs and the health plan on a regular basis and report back to the students, staff, parent council, and school administration.

We understand that the completed Needs Assessment Questionnaires and the resulting data are confidential and are required to be protected as such under the Charter of Rights and Freedoms and the Privacy Act. Therefore, we undertake to treat these data in a secure and confidential manner and ensure that no individual student will be identified.

We understand that although only our school will be able to link our school's data with our school's name, we can choose to self-identify by contributing case study descriptions, questions, suggested solutions, evaluation results, or other communications. Further, we understand that we may be contacted by the *Voices and Choices* initiative to contribute in such ways, but that we are in no way obligated to participate.

We understand that from time to time the aggregated data, with no school identified by name, may be used for research purposes by Health Canada and researchers commissioned by them.

We understand that the *Voices and Choices* database is a Health Canada resource, and as such, is protected by Health Canada in accordance with the laws of Canada and the policies and procedures of the Government of Canada. Further, we understand that as a user of the *Voices and Choices* database, we are also bound by these laws, policies and procedures.

In order to access and use the *Voices and Choices* database, we agree to the following Acceptable Use Policy (AUP):

- ✓ We will not use the *Voices and Choices* database, the software and data resources (i.e. reports) for illegal purposes or for the furtherance of illegal activity.
- ✓ We will not use the *Voices and Choices* database for any activity that could be construed as being or supporting a commercial enterprise, or in a manner that interferes with the ability of other users to legitimately use this resource.
- ✓ We will abide by the copyright agreements of the software and documents downloaded from the *Voices and Choices* database and web site.
- ✓ We are responsible for the use and confidentiality of our logins and passwords, and will exercise due diligence in selecting, managing and monitoring people given access to the *Voices and Choices* database. This access includes two levels: 1) a school administrative login and password permitting access to the on-line reports, software downloading and data uploading privileges; and 2) a school visitor login and password permitting access to the on-line reports only.
- ✓ We are responsible for providing the correct school information to be used in setting up our school description on the *Voices and Choices* database.
- ✓ We are responsible for ensuring the integrity and confidentiality of our data before uploading into the database, and understand that only after uploading does the security of our data become the responsibility of Health Canada.
- ✓ We understand that we share in the responsibility for the security of our data by ensuring that only authorized people in our school are viewing the data resources on-line and in print.
- ✓ We understand that we are entitled to access the data resources for our school only, and may not access information about other schools, except in the form of anonymous comparisons to aggregated data as specified in the *Voices and Choices* initiative. Further, we understand this to be true for other schools participating in this initiative.
- ✓ We are responsible for preparing and maintaining back-up copies of our data file(s), and understand that although regular back-ups of our data will be done on the *Voices and Choices* database as part of normal procedure, this practice by us will further protect our data. We understand this to be a recommended best practice by Health Canada.
- ✓ We are responsible for maintaining our computer workstations free from viruses and will scan our data file(s) for viruses before uploading into the *Voices and Choices* database. If a virus is found that may have affected the integrity of our data file(s), we will report the incident to Health Canada's Division of Childhood and Adolescence.
- ✓ We understand that all use of the Health Canada *Voices and Choices* database may be monitored by authorized individuals for the purpose of security, audit and compliance with this AUP, Government of Canada regulations and Canadian law.
- ✓ We understand that violating the intent of this AUP could result in the invocation of sanctions, resulting in the loss of privilege to use the *Voices and Choices* database and/or legal action, depending on the severity of the violation.

We have read and understood this Letter of Agreement, including the Acceptable Use Policy for the *Voices and Choices* database, and agree to its terms.

Principal

Date

Appendix 3 - E Parent Letter

(Tip: Use your Voices and Choices logo as a watermark for all papers you send home.)

Parent Letter

School Health Committee:

Your School Name:

Your Address:

Your Phone Number:

Date:

Dear Parent/Guardian:

As you may know, our school is currently undertaking an exciting project called **Voices and Choices: Planning for School Health**. Our School Health Committee is made up of students, teachers, the public health nurse, administrators, and parents just like you. Our goal is to make our school a more safe and healthy place to be in order to enable all students to better learn and develop.

An important part of this project is for our school to find out what students need and want for their school. Soon, we will be asking them to respond directly through a 'Needs Assessment Questionnaire'. The school board, administration, teachers and students have approved the questions asked in the Needs Assessment Questionnaire. The topics cover many areas, such as: background information (grade, gender, etc.), personal health practices (physical activity, television, etc.), social interaction, health risks, and many others. It should take each student approximately 50-75 minutes to complete. *No one will be able to identify any individual respondent, within or outside the school. All results are completely confidential.*

With the feedback we will receive from students via the questionnaire, our school will be able to develop plans to address their needs. The process is completely voluntary and anyone wishing not to participate will be respected. However, in order to obtain a clear snapshot of our school, we hope that you will help us to encourage as many people as possible to contribute and participate.

If your child is under the age of consent, please sign the attached Consent Form and return it to the school tomorrow. By doing so, you are playing a role in helping us make our school a better place to learn!

You are invited to attend an information session on Voices and Choices: Planning for School Health and the Needs Assessment Questionnaire on _____ .
(Date)

If you would like more information, please contact:

(Name of Committee Representative) (Title) (Phone Number)

We look forward to seeing you at the information session! Thank you for your support.

Sincerely,

Voices and Choices: Planning for School Health
Guide to Implementation

The School Health Committee

Voices and Choices: Planning for School Health Consent Form

Within the Voices and Choices planning process, the School Health Committee will be asking students at _____ to fill out a Needs Assessment

(School Name)

Questionnaire on _____.

(Date)

The purpose of this Questionnaire is to ask students about their needs and preferences. *No one will be able to identify which student said what, within or outside the school. All results are completely confidential.*

I, _____, hereby give permission to let _____

(Name of parent/guardian, first and last)

(Name of school)

ask my child, _____, to complete the Voices and Choices Needs

(Name of child, first and last)

Assessment Questionnaire.

(Signature of Parent or Guardian)

(Date)

Please return this form to _____ by _____.

(Name of School Personnel)

(Date)

Confidentiality Agreement

I, _____, understand the importance of my role as part of the Data
(Name, first and last)

Entry Project Team. I understand that all information is confidential and must not be shared with anyone outside the Data Entry Project Team.

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Building Trust and Momentum

TOOL	INTENDED AUDIENCE				
	STUDENTS	TEACHERS	PARENTS	ADMINISTRATION	OTHER
Newsletter					
Posters					
Announcements					
Assembly					
Interviews / with whom					
Display case					
Presentations					

Instructions

Introduction:

_____ is a project to help our school promote

(Name of your Voices and Choices initiative)

healthier students and a healthier, safer, more caring school environment. As part of this project, we are inviting you to complete a questionnaire that will allow you to share your thoughts, feelings and opinions about how to maintain or improve your health and well-being, as well as the health and safety of the school. Your answers are very important to us and will be kept strictly confidential. The results from this questionnaire will be used by the _____ to develop a plan to better meet your needs.

(Name of your School Health Committee)

The questionnaire is made up of 76 questions and takes about 50 – 75 minutes to complete. The questions look at different aspects of your health, as well as things that may affect your health, like what goes on at school or outside of school.

Your participation is completely voluntary. If you do not want to answer these questions, please let me know and I will provide you with something else to do. Choosing not to complete the questionnaire will not affect your grades. If you start the questionnaire, you may stop at any time. You do not have to answer questions that make you feel too uncomfortable. If you have a question, raise your hand and a person will come to see you. This needs assessment is an opportunity for you to express your views and needs.

Instructions:

- ▶ To participate, you need a pencil and an eraser. (for paper and pencil format only)
- ▶ Please do not put your name, or any other identifying information on the questionnaire. The questionnaire must remain anonymous and confidential. (see Guide, section 3.4.2.)
- ▶ Please take the time to read through each question carefully before choosing a response.
- ▶ You must provide your school name on the first page of the questionnaire. Please put _____ . (computer format only)
(Name of school)
- ▶ You must answer the first three questions about your age, grade and gender before you will be able to go to the rest of the questions. Once you have chosen a response, if needed, you can go back and change it to another option. However, many questions will not let you change your response to a “no-response”. In other words, once you have chosen a response, you will no longer be able to decide not to respond to that particular question. You will only be able to change your response to another option. All of the questions, except the check box questions, are like this. The check box questions allow you to do both. So please be sure that you read the question carefully first – before you click on anything. (for computer format only)

- ▶ Use your mouse to select the responses that best describe your situation. Once you have answered the first three questions, the tabs at the top of the questionnaire will light up question numbers that will allow you to move back and forth through the questionnaire. (for computer format only)
- ▶ Please do not talk during the needs assessment, or look at the answers of your classmates (see Guide, section 3.4.3).
- ▶ When you have completed the questionnaire, detach the last page (or on your computers, copy down the information provided on the last page). It is for you.
- ▶ Finally, place the completed questionnaire in the envelope provided (or on your computers, press “SUBMIT”).

Thank you for your participation. Your answers are important!

CHAPTER IV

Stage 4 Interpreting the School Health Profile

Objective: Review the School Health Profile that results from the Needs Assessment Questionnaire and analyse it for the major issues within each path.

4.1 A Comprehensive Report

Once the School Health Profile has been printed, the School Health Committee must analyse the findings and develop a plan based on the results.

The *School Health Profile* is a report on the results of the recently completed Student Needs Assessment Questionnaire. It contains information on the needs, preferences, and attitudes of the various student groups within your school. The School Health Committee must study and understand the results before moving on to develop priorities and plans. The Profile will be the primary resource for the development of the School Health Plan. The design of specific programs should be driven first by student needs and a distant second by all other considerations. Your committee should draw conclusions concerning student needs based on the responses to the *Needs Assessment Questionnaire* that are shown in the *School Health Profile*, and then decide on priorities.

The Profile presents results in easy-to-understand graphs and tables. You may be surprised at the amount of information it contains. This chapter will help you deal with the material contained in the profile to enable you to get the most out of it. General discussions on program implications and suggestions about comparing questions with other data are provided in the Profile.

A series of questions have been included in Appendix 4 - B (*Framework for Examining The School Health Profile*) that will further assist you in analysing the Profile and in the development of the School Health Plan. These questions have been supplemented with a series of worksheets (Appendices 4 - C to 4 - F) that will help you identify needs and priorities on the way to developing your School Health Plan.

The School Health Profile comes in two parts:

1. School Health Profile - Part A: Grade and Gender Breakdowns
 - ◆ Includes tables and graphs containing the response rates with grade and gender breakdowns.
2. School Health Profile - Part B: Selected Comparisons
 - ◆ This part of the School Health Profile will help your committee to compare the data resulting from the Needs Assessment in three ways:
 - ✓ to the aggregated data from other schools,
 - ✓ to national data from the Health Behaviours in School-Aged Children Study, and
 - ✓ as cross-tabulations among key questions within the questionnaire.

Part B of the School Health Profile comes in different formats depending on the type of comparison you wish to access.

Part A: Grade and Gender Comparisons and *Part B: Selected Comparisons* are not necessarily meant to be used together. Schools can develop their School Health Plan without needing to compare their data with national data, or that of other schools, or examining cross tabulations. **However, often** when presenting the data from the School Health Profile, the School Health Plan, or the individual action plans, the questions are asked: “*How do we compare with other schools like us?*” or “*How do we know that this is what we should be doing?*”. The comparative data has been made available in aggregated form, without the participating schools being identified, to help answer these questions. Cross tabulations are available for selected questions only, and can help schools to better target programs and activities that will be designed (Stage 6).

4.2 Backgrounder

4.2.1 Grade and Gender Breakdowns

The School Health Profile is organized into sections using the five **Voices and Choices** paths. The paths are based on what research shows are the major influences on student and school health and well-being. These influences affect not only the health of **individual students** but also the health of **the school itself**. The health of the school is, in a sense, a product of the health of the individuals within the school community (students, teachers, administrators, and staff), and is also affected by factors in the broader community. Since individuals shape, and are shaped, by their environments in a repeating cycle of events, the health of individual students both **affects** and is affected by the health of other members of the school community.

These influences interact as a system that we refer to as the five paths to school and student health and well-being (Introduction). They are:

- ◆ psycho-social environment,
- ◆ physical environment,
- ◆ personal resources,
- ◆ personal health practices, and
- ◆ support services.

The School Health Profile provides a snapshot of this cycle from the students' perspective. It attempts to show how the health of the school and students is, in significant ways, **produced by these interactions**.

The profile is a valuable planning tool to help improve the health of students in your school.

The Profile has been designed to fit with other existing health-related initiatives, such as school improvement activities, safe and caring school programs and student democracy, leadership and empowerment initiatives. The Voices and Choices paths and principles and the School Health Profile are meant to support a Comprehensive School Health approach (See Appendix Introduction - A).

4.2.2 Selected Comparisons

Three types of comparisons can be made after the school's Needs Assessment data has been entered and the School Health Profile produced.

Your Committee can **compare the data from your school's Needs Assessment Questionnaire with the data from other schools of similar size, same province and same community type**. No schools are ever identified in the data set. Only aggregated data is used. These comparisons are presented in graphical format and are linked to the question of interest within the dynamic School Health Profile report. To access these comparisons, simply login to the Voices and Choices on-line database at <http://www.HealthCanada.ca/VoicesandChoices> and select "School Health Profile". Then, go to the question of interest in the profile, locate the table entitled "Compare your school to other schools of:" and select the type of comparison you wish to make. The on-line database will then perform the necessary calculations and produce a graph to which you can compare your school's data. This information can be accessed for all of the questions in the Needs Assessment Questionnaire.

Your committee can also compare **the data from your school's Needs Assessment Questionnaire with the data from the Health Behaviours in School-Aged Children (HBSC) Study**. The HBSC data result from a nationally representative sample of students in Grades 6 to 10/Secondary 4 in Canada. Comparable HBSC data is available for 32 of the Voices and Choices questions. For your convenience, this data has been organized by Voices and Choices question according to the layout of the School Health Profile report. Each Voices and Choices question has been linked to the appropriate HBSC question and table, broken down by grade and gender. To access the national data, simply login to the Voices and Choices on-line database (same website address as above) and select "HBSC National Data". Scroll down to the Voices and Choices question of interest and select the underlined HBSC table.

Finally, your committee can **examine the data from your school's Needs Assessment Questionnaire more closely by requesting cross tabulations for a limited number of questions**. This enables your committee to compare responses between selected key questions. The questions selected for cross tabulations have been selected based on the Voices and Choices paths and principles and what a school can do. The data is presented in table format and organized in a separate report that can be accessed at the website address mentioned above.

4.2.3 Tips for Success

Use the rate of response to ensure an accurate and complete picture of student needs. The greater the participation in the completion of the questionnaire, the more accurate and complete the picture of student needs.

4.2.4 Are the Responses Representative of the School?

The School Health Committee can feel confident about the reliability of the data presented in the profile as long as the response is representative of the organization as a whole. For example, if the School Overview shows that the organization has groups that vary by:

- ✓ age,
- ✓ sex,
- ✓ grade,
- ✓ language, and
- ✓ ethnic background.

The committee should ensure that these groups are identified in the School Health Profile. If the results are not representative, your committee should use a follow-up means for validating questionnaire results. One method is a focus group or feedback session. This will not be a problem if your school administered the Needs Assessment Questionnaire as a census, but may be a problem if it was administered to a representative sample of the school population. A biased sample will likely occur when a school administers the Needs Assessment Questionnaire on a voluntary basis. Focus groups or feedback sessions are used to:

- ✓ validate results, particularly for groups that were under-represented by the survey response,
- ✓ obtain greater detail on issues, student suggestions, and barriers to specific ways of improving health,
- ✓ involve students more in the overall process. A series of feedback groups may result in a variety of ideas concerning how to implement programs, and
- ✓ send a positive message to students informing them that their response to the questionnaire is having an immediate effect.

Census

If the Needs Assessment was conducted as a census, the response rate should be as close to 100% of the student population as possible to ensure maximum inclusion of all student groups.

Sample

If the Needs Assessment was conducted as a sample survey of the school population, the response rate should be as close to 100% of the sample as possible to ensure the School Health Committee has the most accurate picture of the school. If too much of the sample is missing, your committee will need to replace the sample that is missing with a matched sample.

Voluntary

To ensure results will be useful, at least 65% of the students from all grade levels should complete the questionnaire. This will ensure that all grades are appropriately represented.

4.3 Interpreting the Grade and Gender Report

The School Health Profile presents a detailed picture of the school, using charts and graphs to illustrate grade and gender differences in the students' responses. The report describes how students feel about their health, what they would like to do to improve it, what's stopping them, and how the school can help them. By using the profile's table of contents, you can move easily through the different parts of the report to find the information you need to begin developing your School Health Plan.

The School Health Profile report is divided into seven parts:

1. General Demographic Profile
2. General Health Profile
3. Psycho-social Environment (both School Climate and Family)
4. Physical Environment
5. Personal Resources or (Mental Health and Coping Skills)
6. Personal Health Practices and Conditions
7. Support Services

The seven parts partially correspond to the five Voices and Choices paths. They also provide general information that may be useful in your planning.

Within the School Health Profile, you will find that each question is included and is followed by a brief explanation of why it is important to the **Voices and Choices** planning process. This is followed by a description of what other questions relating to this question need to be considered in the analysis. The data is presented in table format, followed by graphs, both illustrating the differences among the grades and between the genders.

1. **General Demographic Profile**

The *General Demographic Profile* section of the **School Health Profile** presents, as its name implies, a picture of the general profile of your school. It includes: the response rate for the questionnaire, the age, gender and grade breakdown, and the results of the questions on family composition; length of time living in Canada, part time employment, absenteeism, and reasons for absenteeism. While much of this information will already be known to you within the school, it is valuable in validating the results of the questionnaire and in creating a profile of your school. This is important information for parents and the community or other professionals or agencies who become engaged in developing the School Health Plan.

The responses in this section should be compared to the School Overview that the School Health Committee has been preparing since Stage 3 prior to receiving the results of the Needs Assessment Questionnaire (The School Health Profile).

2. **General Health Profile**

The *General Health Profile* section illustrates the general health of the students and your school. It shows how students feel about their health; whether or not students have a disability, minor physical ailments, difficulties sleeping, hunger, and fatigue, what they would like to do to improve their health, and the barriers they perceive to making these changes. The results of these questions are presented first in table form with a description of why they are important, followed by graphs, broken down by grade and gender.

When analysing these results, keep in mind that some of these responses relate more to physical environment and health, psycho-social environment and health, or development of knowledge and coping skills that are necessary in order for students to take action. In some cases, the school may play a role, while in other cases it is outside the scope of the school and requires community or family resources.

3. **Psycho-social Environment**

The *Psycho-social Environment* section of the School Health Profile contains information on both the school and family climate. The school climate section focusses on how students feel about school, teachers, and classmates, what types of grades they usually get, their future aspirations, and school-related bullying. The section that focusses on life outside school deals mostly with family atmosphere or climate, and includes a description of family style or type, and support within the family for the young person **as a student**.

This section talks about the extent to which things that go on at school and at home help or hinder students in their attempts to stay well, or become well. Once again, some of these issues may be beyond the actual scope or responsibility of the school. However, collaboration with community agencies and organizations or parents may lead to creative solutions to addressing the expressed needs.

4. **Physical Environment**

The *Physical Environment* section discusses the students' concerns with their physical environment in the school. Some of these concerns, such as fear of weapons, may have a more psycho-social basis than others, but all of them are important.

5. Personal Resources

The *Personal Resources* section discusses how students see themselves in terms of their self-image, self-confidence, competence, whether or not students have someone to count on, what causes student worry, nerves or stress both at school and outside school, what students would like to do to cope with stress, barriers they see to those actions, how students perceive their sense of control over their health and their work, their sense of coherence and confidence, and the amount of positive social support available to them. In other words, it addresses how they cope.

6. Personal Health Practices

The *Personal Health Practices* section talks about the current health status of students as judged by their physical activity, eating, smoking, drinking, drug use, physical and social activities, as well as risk-taking and health protective behaviour patterns.

7. Support Services

This section focusses on how the students feel that the school can help them to improve or maintain their health. This question is strongly linked with all the other sections of the School Health Profile.

4.4 Interpreting the Selected Comparisons

There are three types of comparisons available to help the School Health Committee and the school community to more closely examine the data from the Needs Assessment Questionnaire that is presented in the School Health Profile.

Other Similar Schools

- ◆ Your Committee can compare your school's data with the data from schools of similar size, same community type and/or province. This information is useful when presenting both the School Health Profile results and the School Health Plan to key decision-makers, such as the administration, school council, and school board. It is often useful to be able to illustrate how your school is the same or different from other schools of similar background.

National Data

- ◆ Your committee can compare your school's data with the data from the Health Behaviours in School-Aged Children (HBSC) Study. Not all questions on the Needs Assessment questionnaire are drawn from the HBSC Study, therefore data is only available for questions where there is comparability. This information can be useful when presenting both the School Health Profile results and the School Health Plan to key decision-makers, such as administration, school council and school board. There may be a need to illustrate how different or similar your school is to a national representative sample of students. The behaviour or issue may more likely be exhibited by students in a certain type of school or may vary from province to province. Some patterns of behaviour may be fairly universal. This may change the type of program to be planned.

Cross Tabulations

- ◆ Cross tabulations can help your committee study the school and student needs in more depth. These tables let the committee compare responses between selected key questions. For example, students feelings on safety at school (Q 31) can be compared with whether or not they have been bullied (Q 32), their concerns regarding the physical environment (Q 27 f, h), what stresses them at school (Q 40, 20, 21, 22, 25), and what the school can do to help (Q 75 10, 7, 8, 24, 25, 31, 35). Another example could be, comparing students feelings about school (Q 22) with parental support and pressure (Q 21 c, d), being bullied (Q 32), school atmosphere (Q 28 a, b, c, e), teacher support(Q 29 a, b, e), student support (Q 30 a, b, c), school stress (portions of Q 40) and what the school can do to help (Q 75). Studying these cross tabulations can help to tailor the School Health Plan and the resulting programs and action plans.
- ◆ The questions selected for cross tabulations have been chosen based on the Voices and Choices paths and principles and what a school can do.

4.5 The Process of Analysis

This is a natural place for dividing the work among the School Health Committee. It is suggested that smaller sub-groups be created to address the main paths, reporting back to the larger committee. As the areas are inter-related, some coordination would be required.

Since *Personal Resources* are relevant to both *Personal Health Practices* and to the *Psycho-social Environment*, it is important for the whole committee to read the sections relating to them. Therefore, the subgroup studying and reporting back on *Personal Health Practices* would try to explain to the whole committee how *Personal Resources* (sense of control and capacity to cope) affect, and are affected by *Personal Health Practices*. Similarly, whoever reports on the *Psycho-social Environment* would try to explain how this affects and is affected by students' perceived social support and their *Personal Resources*.

Each group should keep in mind the responses in the Support Services section to questions 75 and 76, 'How do you think your school could help you improve or maintain your health?'. This is a key question and relates to most of the other questions.

To help you with this process, there are questions in Appendix 4 - B *Framework for Examining The School Health Profile* and in the School Health Profile report to guide your review. In addition, worksheets included in Appendices 4 - C can help you summarize the grade and gender differences.

** Each group should pay particular attention to figuring out where grade and gender make a difference.*

From this exercise, you will acquire information concerning the health status, needs, concerns and risks of the students in your school. You will be well on your way to establishing the priorities that will form the basis of the School Health Plan (Stage 5).

Validation of Conclusions

When analysing the results, keep in mind that the School Health Profile can tell you the students' opinions and feelings, and their expressed needs and preferences, but can't really tell you why they feel this way. In order to validate your committee's conclusions, it is important to communicate the results to the school community as a whole (students, parents, staff, and administration) at every stage. The committee may

wish to verify their conclusions through focus groups or discussion groups that allow for a more in-depth view of the major issues identified for the school.

Focus or discussion groups can also be a great way to gain more input on what the priorities need to be for the school. Some of the questions (especially those from M to Q) contained in Appendix 4 - B *Framework For Examining The School Health Profile* and the information from the analysis of the School Health Profile contained on the worksheets in Appendix 4 - C can be used with the worksheets in Appendix 4 - D to F to lead these groups through a priority identification process. These groups can also be a source of brainstorming ideas for the recommendations and the development of the Program Action Plan. It can also be used to validate the vision for a safe, healthy, caring school that was proposed by your School Health Committee in Stage 2.

Leading and facilitating a focus or discussion group can be a very powerful leadership and learning experience for the members of your committee.

4.6 Communicating the Results

Quickly following up with a commitment to action ensures that the momentum is not lost. Students, parents, and teachers will be anxious to hear about the results of the Needs Assessment Questionnaire. Once the results have been reviewed by your Committee, there must be a follow-up communication to all students, parents, and teachers. This follow-up may take the form of a newsletter, announcements, an assembly, a note on the school web site, presentations at staff meetings, student council meetings, school council meetings, a special school community meeting, special issue bulletin, or some other appropriate medium. In all communications, the students involved in your committee need to be front and centre, both presenting and facilitating the communication.

To gain a better understanding of student needs and preferences, your committee may establish "special feedback groups" following the release of questionnaire results. These groups should be representative of all parts of the school and should include students, parents, teachers, and administration. Their role is twofold: to **send** and to **receive** messages on the results of the questionnaire. Program implications identified in the School Health Profile can also be discussed with these feedback groups, ensuring that your committee will be in an even better position to make recommendations for the School Health Plan (Stage 5) and Program Action Plans (Stage 6).

The Glossary of Terms (See Appendix Introduction - B) contains a brief description of "Special Feedback Groups" and outlines their role.

4.7 Evaluation

There are several aspects to consider when evaluating this stage in the **Voices and Choices** planning process.

The first issue to consider in a process evaluation is how accurate and representative the data is of the school population. Comparing the basic demographic data with the School Overview will help determine this.

The second issue to consider is how thoroughly the profile was reviewed. How was the work broken up and then reintegrated into a complete picture? How were the connections among the various paths examined, and how were they integrated into the process of arriving at the list of priorities for action and recommendations that resulted? Was the process student led? Was the process inclusive of all of the various groups within the school community? Was the process inclusive of the school as a whole? Was the process accepted by the groups within the school community? Were the conclusions accepted by the school community? How were the results communicated to the school community? Were all the key

partners or players reached? Were the students on your committee involved in the processes? Did the students use the school resources at their disposal?

Stage 4 - Interpreting the School Health Profile

Following the School Health Committee's review of the School Health Profile, complete the checklist to determine whether the organization is ready to move to Stage 5.

- How does the School Overview compare with the School Health Profile?
- Is there a good return rate from all student groups?
- Do we feel that the Questionnaire results are complete enough for them to proceed to Stage 5 (School Health Plan) and Stage 6 (Program Action Plans)?
- If not, did we gather supplementary data to fill the gap?
- Did we establish a means of communicating the results to students, including feedback groups to discuss program implications?

Framework for Examining the School Health Profile

- A. What changes would students like to make to improve or maintain their personal health (question 11 in the School Health Profile)?

- In their personal health practices?
- In their coping skills?
- In their physical environment?
- In their psycho-social environment?

- B. What are the students perceived barriers to making these changes (question 12 **In the School Health Profile**)?

- Are they related to their personal health practices and coping skills?
- Are they related to their psycho-social environment?
- Are they related to their personal resources?
- Are they related to their physical environment?
- Are they related to the availability and accessibility of support services?

- C. How do the students think that the school can help them make the desired changes (question 75 and 76 in the School Health Profile)?

- Are these related to their personal health practices?
- Are these related to their coping skills?
- Are these related to their psycho-social environment?
- Are these related to their physical environment?
- Are these related to the availability and accessibility of support services?

- D. What do students say causes them excess "worry, nerves, or stress" at school (question 40 in the School Health Profile)?

- Are these related to their personal health practices?
- Are these related to their coping skills?
- Are these related to their psycho-social environment?
- Are these related to their personal resources?
- Are these related to their physical environment (see question 27 in the School Health Profile)?

- E. What do students say causes them excess "worry, nerves or stress" outside of school (question 41 in the School Health Profile)?

- Are these related to their personal health practices?
- Are these related to their personal resources?
- Are these related to their physical environment?
- Are many of these related to school?

- F. Do the students have the support of their families? Significant others?
- At home? (question 17, 20, 21 in the School Health Profile)
 - At school? (questions 29, 30 in the School Health Profile)
 - Elsewhere? (question 39 in the School Health Profile)
- G. What do students say that they want to do to cope better with excess "worry, nerves or stress" (question 42 in the **School Health Profile**)? Their personal health practices?
- Are these related to their coping skills?
 - Are these related to their psycho-social environment?
 - Are these related to their personal resources?
 - Are these related to their physical environment?
 - Are these related to support services?
- H. How do these responses relate to the responses for Question 11 in the School Health Profile "maintaining and improving their own health" and question 75 "What the school can do to help"?
- I. What are the students perceived barriers to making these changes (question 43 in the School Health Profile)?
- Are these related to their personal health practices?
 - Are these related to their personal resources?
 - Are these related to their physical environment? What is the availability and accessibility of support services?
- J. How do these responses relate to the responses for question 12 **In the School Health Profile** "maintaining and improving their own health" and question 75 "What the school can do to help"?
- K. Which of the personal health practices are problematic for this student body?
- L. Which of the identified needs and issues can be addressed primarily through instruction?
- formally (in class)?
 - through which curricula?
 - informally (extra curricular)?
 - through which clubs or activities?
- M. Which issues can be addressed primarily through the Psycho-social Environment?
- Formally:
 - students on committees?
 - policies (e.g. zero tolerance of violence)?
 - conflict resolution programs?
 - peer helper programs (tutors, mentors, mediators)?
 - Informally:
 - extra-curricular activities?

N. Which issues can be addressed primarily through the Physical Environment?

Formally:

policies (smoking, safety, air quality, etc.)?

Informally:

student activities?

yard greening and naturalization?

O. Which issues can be addressed primarily through Support Services?

Formally:

counselling services?

health care referral, treatment and follow-up?

childcare?

meal programs?

smoking cessation programs?

support groups (e.g. Alateen, Alanon)?

Informally:

Recreation activities?

Club activities?

P. Which of these issues are primarily the responsibility of:

the school?

the home?

community groups?

municipality?

recreation?

health care?

social services?

School Health Profile - Identifying Needs: Physical Environment

IDENTIFIED NEED	STUDENTS *	GRADE **	GENDER ***	POTENTIAL BARRIERS	RESOURCES WITHIN OUR SCHOOL	LINK WITH OTHER PATHS

* % of Students = % of students who responded to this question
 ** Grade = Grade or grades most affected
 *** Gender = Gender most affected

School Health Profile - Identifying Needs: Psycho-social Environment

IDENTIFIED NEED	STUDENTS *	GRADE **	GENDER ***	POTENTIAL BARRIERS	RESOURCES WITHIN OUR SCHOOL	LINK WITH OTHER PATHS

* % of Students = % of students who responded to this question
 ** Grade = Grade or grades most affected
 *** Gender = Gender most affected

School Health Profile - Identifying Needs: Personal Health Behaviours

IDENTIFIED NEED	STUDENTS *	GRADE **	GENDER ***	POTENTIAL BARRIERS	RESOURCES WITHIN OUR SCHOOL	LINK WITH OTHER PATHS

* % of Students = % of students who responded to this question
 ** Grade = Grade or grades most affected
 *** Gender = Gender most affected

School Health Profile - Identifying Needs: Support Services

IDENTIFIED NEED	STUDENTS *	GRADE **	GENDER ***	POTENTIAL BARRIERS	RESOURCES WITHIN OUR SCHOOL	LINK WITH OTHER PATHS

* % of Students = % of students who responded to this question
 ** Grade = Grade or grades most affected
 *** Gender = Gender most affected

School Health Profile - Identifying Priorities

PRIORITY	PHYSICAL ENVIRONMENT	PSYCHO-SOCIAL ENVIRONMENT	PERSONAL HEALTH PRACTICES	PERSONAL RESOURCES	SOCIAL SUPPORTS
A - PHYSICAL ENVIRONMENT					
A1.					
A2.					
A3.					
A4.					
B - PSYCHO-SOCIAL ENVIRONMENT					
B1.					
B2.					
B3.					
B4.					
C - PERSONAL HEALTH PRACTICES					
C1.					
C2.					
C3.					
C4.					
D - PERSONAL RESOURCES					
D1.					
D2.					
D3.					
D4.					
E - SOCIAL SUPPORTS					
E1.					
E2.					
E3.					
E4.					

Appendix 4 - E Identifying Common Paths

School Health Profile - Identifying Common Points

Purpose of exercise: to determine if/where there are links among the priorities identified by the committee.

Draw lines from each priority in column one to each related priority in column two.

Column 1

A1.

A2.

A3.

A4.

B1.

B2.

B3.

B4.

C1.

C2.

C3.

C4.

D1.

D2.

D3.

D4.

E1.

E2.

E3.

E4.

Column 2

A1.

A2.

A3.

A4.

B1.

B2.

B3.

B4.

C1.

C2.

C3.

C4.

D1.

D2.

D3.

D4.

E1.

E2.

E3.

E4.

School Health Profile - Recommendations

PRIORITY	RECOMMENDATION
1.	
2.	
3.	
4.	
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20.	

CHAPTER V

Stage 5 - Creating the School Health Plan

Objective: Using the School Health Profile, prepare a School Health Plan with short, medium and long term objectives and strategies that will address the expressed student needs in each of the paths to school and student health and well-being.

The School Health Plan is a very important blueprint.

The School Health Committee is responsible for creating the direction of the School Health Plan and for planning program strategies. To prepare the School Health Plan, your committee will use the School Health Profile as a basis for its recommendations. These recommendations are submitted to administration, student council, and the school/parent council for approval. Their response provides your committee with a general direction and resources to proceed with programs.

5.1 Charting the Course

The plan charts the programming direction for the future and acts on the major needs as identified by the School Health Committee. It contains strategies that respond to identified needs, and sets out a time frame for enacting these strategies relative to the other priorities identified. Since this is the document that administration and school council uses to take action, it may include an estimate of the cost of implementing the programs.

The School Health Plan is a living document and should be treated as such. In fact, it should be reviewed continually and revised to reflect new or changing school and student needs.

The School Health Plan should address the eight guiding principles and the five paths to school and student health and well-being. For example:

- ✓ The School Health Plan should become a framework that is considered when making other school organizational, staffing and financial decisions, and it should be considered as an important part of the education process within the school.
- ✓ Recommendations must address the five paths to school and student health and well-being.
- ✓ The program direction should reflect the needs of all students, including students at all levels of health.
- ✓ In considering how to implement programs, the School Health Plan must address the challenges of reaching all population sub-groups within the school, such as ESL students, students with disabilities, students with cultural differences, and students with a variety of social and skill backgrounds.

- ✓ The programs recommended in the School Health Plan should not be considered in isolation of each other. There may be links between specific programs that maximize the programs' impact and success.
- ✓ Programs should be designed with the intention of taking action to generate change in a socially responsible manner. They should provide the necessary support through a healthy social, physical and emotional environment to assist students in developing their leadership skills and empowering them to take action through democratic processes.
- ✓ Programs need to be designed so that they support the development and application of knowledge and skills that students can use throughout their lives to improve and maintain their health and well-being.
- ✓ Program requirements should recognize that health is a result of the fit between individuals and their environments. *For example, a physical activity program needs to take into account that one student may prefer to participate in team sports while another student may prefer individual activities, or that one student may be participating in a number of activities outside of school, while another student may only have the opportunity to participate at school.*

A sample framework (Appendix 5 - B) and outline (Appendix 5 - C) of the content of a School Health Plan are contained in the appendices.

5.2 Starting on the Plan

As your committee reviews the profile and hears the reports presented by sub-committees or individual members, it may be useful to keep in mind a few of general questions to guide you through the process of arriving at a plan.

1. What changes to the **Psycho-social Environment** will help students feel that they have more influence over their work, are more respected, supported, and valued?
2. What changes to the **Physical Environment** will help students feel safe and secure?
3. What changes to **Support Services** will help students feel safe, secure, and healthy?
4. What kind of **Strategies, Programs and Activities** will help students and the school community gain or regain a sense of control over their own health and draw on whatever social support is required to achieve their goals?
5. What kind of **Strategies, Programs and Activities** will help students and the school community gain or regain a sense of safety and control?

5.3 Measuring Success

1. The success of the School Health Plan hinges on the extent to which it manages to reinforce the democratic principles and provide an opportunity for students and the school community to influence change through leadership, empowerment, and social responsibility.
2. The success of the School Health Plan hinges on the extent to which it manages to reinforce *Personal Resources* and build a sense of personal efficacy and competence among of students.

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-
3. The success of the School Health Plan hinges on the extent to which it manages to reinforce the knowledge and skills needed by students in order to foster the development and maintenance of positive, health promoting *Personal Health Behaviours*.

The School Health Plan will more likely lead to success if it balances strategies to help individuals help themselves and to make the school environment itself more health promoting.

5.4 What about *Your* Health and *Your* Personal Resources?

The School Health Committee is a dedicated group of people who give of their time and energy to advance the health and well-being of all students. If this time and energy starts to draw heavily on your personal resources, even after taking our advice to divide up the tasks involved, remember:

- ◆ *You* know your school best. The **School Health Profile** is just there to guide you.
- ◆ *You* direct the show. The **School Health Profile** just provides you and potential service providers with valuable information, possible scenarios, and possible scripts.
- ◆ *You* control the pace at which the show unfolds.

It is important that you feel good about yourselves and take it easy. If something in the **School Health Profile** strikes you as wrong or too complicated, move on to something that makes more sense. Discuss your concern with others and share the load. In particular, talk to people who are *not* on your committee to share ideas. Have fun. A plan cannot be health promoting if it saps the strength out of those it involves.

5.5 Setting Priorities

In setting priorities, your committee needs to consider the **connections** and **balance** among the paths, and the balance between what the individual and the school can do. Remember, the environments have great impact on the individual. Finally, 'communication' tools must foster the participation of the whole school in developing the School Health Plan.

Connections to consider are the many *links between individual health practices* that students bring with them to school (eating, smoking, drinking, exercising, etc.) *and the environments* into which they bring them. Regularly consider the interplay between students and their working environments (review the commentary in the profile that discusses this.) Ask yourselves whether, or to what extent, the school supports people in their efforts to maintain or improve their health and to participate in safe, healthy and supportive environments.

Balance refers to keeping a sense of proportion between things that individual students can do to help themselves, and the things the school can do to make it a healthier, safer place. For instance, when you read about students concerns regarding exercise, weight, drinking, smoking or stress, you also think about ways in which the school can help people address these concerns, such as creating a study environment that does not stretch or strain them to the point where they feel they have little control over their personal health practices or indeed over their lives in general. Balance is also needed among the paths and between short and long term strategies within each of the paths.

Communication refers to keeping students involved in the committee's decision-making process as you go through the profile and work on a plan. Whenever possible, share your committee's ideas with students before incorporating them in your plan. Try to be sensitive to differences between groups of students in terms of grade, gender, ethnicity, academic, or vocational stream. Try to plan with students, not for them.

Communication is at the heart of participation. This means having input into and influence over the things that happen around you – in this case, at school. Communication and participation are health promoting

activities in themselves. The more students are involved in developing the plan, the more beneficial it will be for their well-being!

5.6 Balance is a Policy

If your committee is able to come up with a balanced plan for review by the school administration, you are in effect recommending a comprehensive health policy. It may be that the plan will unfold gradually over years, rather than months, but if you start with balance and sustain it, you will be doing great things for all students as well as the staff and faculty. You will be making progress toward the goal of "healthy students in health promoting schools".

Because *'balance'* is essential to the ultimate success of the School Health Plan, direct your thoughts and energy toward both individual and environmental strategies that focus on the short, medium and long term. If you can plan to take some action on short, medium and long term strategies at the same time, this will improve the viability of the School Health Plan. Within each path priorities will be suggested. Don't forget the issues that only a few people expressed as concerns. These may be very serious. Nevertheless, it is suggested that some *broad guidelines* be kept in mind when considering the following priorities:

- ◆ With **Health Practices**, start with a strategy directed at the behaviour that most students in the survey say they would like to do something about. In the planning process, consider ways to help students with regard to:
 1. Their need to feel capable of making necessary changes in ways that make sense to them. Adapt programs to the needs of participants, not the other way around.
 2. Their need to appreciate how health practices interconnect and depend on each other (e.g. smoking, drinking, and medication use; physical activity, nutrition, and healthy weights, stress management and sleeping patterns).

In the area of the **School Environment**, look for ways that students can be involved in planning and implementing changes to various aspects of the physical and social organization of the school. In the end, it is their participation and communication that will make the difference. These are health-promoting processes in themselves, as well as good bets for arriving at better solutions to problems. But remember that for many people, participation means more than simply giving input. It means feeling that one's views are being respected and taken seriously, and that one can exert some influence over decisions impacting on one's daily life, well-being and safety.

Although the school is not responsible for the **Home Environment** (no one would want this), there may be things that it can do to support students in their efforts to balance home and school life.

Environmental changes, just like individual changes, do not have to be sweeping or expensive in order to be health promoting. Well thought-out, modest changes that are lasting, are more important than great plans that never get implemented. The School Health Profile contains many ideas to help you identify practical ideas to make the working environment and even the home environment more health-promoting.

Please refer to the Framework For Examining the School Health Profile (Appendix 4 - B) for a series of questions to guide the School Health Committee in analysing the School Health Profile.

5.7 Tips for Success

The School Health Plan should refer to and use existing programs and resources that have been effectively meeting student needs (as expressed in the Needs Assessment).

Once a School Health Plan has been submitted to the administration and school council, they decide what resources will be allocated, and for what purpose, in each year of the plan. The administration relates the health-related priorities to the reality of existing and projected resources. Their decisions provide your committee with a resource framework to carry out actual programs.

After the administration and school council have responded to the School Health Plan, inform students and tell them what the next step (Stage 6) will entail and how they can take part.

5.8 Evaluation

The School Health Plan presents your school's vision of what a safe, caring, health promoting school is to you. This vision forms the ultimate goal for your committee. It provides the roadmap of how the committee and all key players or partners are going to achieve this vision.

Are the stated goals and recommendations appropriate and achievable?

The goals and recommendations in the School Health Plan will guide the rest of the implementation process and the future of the school. The School Health Plan and the Voices and Choices initiative as a whole will be judged according to your committee's success in implementing its recommendations, achieving its goals and positively affecting the health of the students and the school as a whole. It is therefore vital that the goals and recommendations be appropriate (based on the identified needs and preferences) and realistic (taking into account the resources available).

Is the School Health Plan well organized and written?

The written plan should allow readers to see the connections quickly and clearly. Acceptance of the plan may depend, in part on the ease with which it can be read.

- ✓ Use short, simple sentences.
- ✓ Use point form whenever possible.
- ✓ Provide examples, preferably in boxes, to help distinguish them from the text.
- ✓ Use charts and graphs to highlight important ideas, issues or data.

Does the School Health Plan address the underlying causes of good health and well-being?

The Plan needs to address the 'balance' and 'connections' among the:

- ✓ eight principles,
- ✓ five paths,
- ✓ balance of what the individual can do and what the school can do, and
- ✓ considerations for each grade and gender and other groups within the school.

Are the goals and recommendations clear and justifiable?

- ✓ Are the recommendations and goals based on identified needs?
- ✓ Do the goals describe the anticipated results?
- ✓ Do the goals identify evidence of success?
- ✓ Are the goals achievable?

Have we communicated with and secured the support of all key players?

It is a good idea to communicate regularly with all key players or partners in your school community throughout the process in order to build support for the School Health Plan and the Program Action Plans (Stage 6). None of these groups should be surprised by the recommendations and goals in the plan. They should be ready to support the implementation of the School Health Plan with the necessary resources.

Have we developed an implementation plan?

In developing the implementation plan, consider the following:

- ✓ the most important priorities for the school population;
- ✓ the most important priorities of the administration, school/parent council;
- ✓ the resources and partners available;
- ✓ a balance among the paths and strategies that address both the individual and environment; and
- ✓ a balance among the short, medium and long term strategies.

Have we distributed and communicated the School Health Plan effectively?

Stage 5 - Creating the School Health Plan

Review your School Health Plan by answering the following questions:

- Have we developed a realistic and viable School Health Plan? Have we:
 - developed appropriate and achievable goals and recommendations,
 - organized and written the plan in a way that makes it easy for the reader to see the goals and priorities and understand the recommendations,
 - have we identified evaluation indicators and measures,
 - ensured that the plan is comprehensive and balanced,
 - confirmed the commitment of the administration and other key partners,
 - developed an implementation plan and schedule based on identified priorities, and
 - developed a communication and distribution plan?

- Does the plan address all five paths to school and student health and well-being?

- Is the plan based on the actual results of the Needs Assessment described in the School Health Profile?

- Does the plan include activities that will be initiated immediately and ones that will be phased-in over the next few years?

- Has the plan been approved by all members of the School Health Committee?

- Did administration and school council approve the School Health Plan and have they committed time and resources?

- Is there still evidence of administration's and school council's open and consistent commitment and support of the School Health Program? (If not, take action to make it happen.)

- Did you communicate the approval of the School Health Plan to students, parents, and teachers?

School Health Plan - Framework Sample

1. Theme	Develop a theme that can be threaded throughout the process over the long and short term. Some themes that have been used are: "The Health Promoting School", "The Safe School", "The Comprehensive Approach to School Health" and "Investing in Student Health for Learning". Themes help maintain continuity among the different programs and lend a focus to student, parent, and teacher communication (e.g., a logo designed to represent school health, a catchy phrase that can be used with each program activity).
2. Table of Contents	Since the School Health Plan will be a reference tool and will be submitted to administration, teachers, school council, and others for review, it should be as organized as possible. A table of contents will help increase its readability.
3. Executive Summary	The School Health Plan is the document that the School Health Committee will gain the approval on to proceed with program implementation. As a result, a summary of the "bottom lines" will facilitate decision-making by administration.
4. Committee Members	The names of the School Health Committee Members and a place for their signatures authorizing the School Health Plan should be included.

Appendix 5 - B - Framework Sample (Cont'd)

<p>5. Purpose and philosophy of the School Health Committee</p>	<p>Although the School Health Committee is made up of individuals, it functions as a united group with a firm, clearly defined purpose, and philosophy. The School Health Plan should state the philosophy of the committee in terms of the five paths to school and student health and well-being - Psycho-social Environment, Physical Environment, Health Practices, Personal Resources and Support Services. The overall objectives (medium and long term) and priorities of the committee should also be stated.</p>
<p>6. School Health Profile</p>	<p>This Profile is the source from which the program design objectives are set. Your committee may want to include a summary of the School Health Profile within the School Health Plan. The graphs and tables for the key questions and primary needs identified would be important additions.</p>
<p>7. Program Contents</p>	<p>The programs recommended by the committee should be described in terms of how these programs reflect the Psycho-social Environment, Physical Environment, Health Practices, Personal Resources and Support Services. Your committee may want to establish a format for discussing each program. Example: ✓ Type of Program - Physical Activity ✓ School Health Profile Results: - 65% of students consider more physical activity as the most important health improvement needed; - 48% of students say physical activity would help them cope better with worry, nerves or stress; and Recommandations : - 55% of students would like to have physical activity or sport facilities more available, and accessible.</p>

Appendix 5 - B - Framework Sample (Cont'd)

<p>7. Program Contents (Cont'd)</p>	<p>RECOMMENDATION:</p> <ul style="list-style-type: none">✓ Investigate the possibilities for having the facilities more accessible to students (after school, weekends, and/or before school).✓ Do a more in-depth assessment of the types of physical activity and sport programs that would interest the students and teachers.✓ Encourage students to participate in the available programs by publicizing them and featuring them. ✓ This program addresses: (a) the psycho-social environment by reducing stress thereby improving students' ability to cope, and by supporting interpersonal relationships among students; b) health practices in that it will improve student fitness and cardiovascular health and assist in developing healthy weights; c) the personal resources as students learn new skills and gain a greater sense of control in relation to school, work, and health. <p>RESOURCES:</p> <p>Human</p> <ul style="list-style-type: none">✓ School Health Committee✓ Physical education teachers, other teachers✓ Community Parks and Recreation Professionals✓ Public Health Nurse <p>Financial</p> <ul style="list-style-type: none">✓ Participation Fee
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Appendix 5 - B - Framework Sample (Cont'd)

7. Program Contents (Cont'd)	<p>Material</p> <ul style="list-style-type: none"> ✓ Sports and audio-visual equipment ✓ Gymnasium ✓ Cafeteria ✓ School property ✓ Community facilities (parks, trails, rinks, pools, tracks, ball fields, soccer pitches, and gyms)
8. Scheduling	A preliminary timetable concerning program implementation should be included.
9. Concluding Remarks	Your committee may want to summarize the overall objectives, philosophy and purpose of the School Health Plan.
10. Appendices	Attach relevant documents or materials mentioned in the School Health Plan. This may include a summary of current programs and resources already in existence, the Student Needs Assessment Questionnaire, and so forth.

Keep in mind that the School Health Plan should be kept short and simple. (Administration, teachers, parents, and students won't read a 100-page document. Include a reference that other documents are available if they want to refer to them.)

School Health Plan

- A. Letters of Endorsement
(Obtained from decision-makers during Stage 1)
- B. Mission Statement
(Clearly state the purpose of implementing the project in your school)
- C. Vision Statement and School Health Committee Goals
(Clearly state the vision of what a safe, caring, and health promoting school means to the School Health Committee and the student population, as well as to other key partners or players. State goals clearly.)
- D. Table of Contents
- E. Executive Summary
- F. Names of Committee Members, Sponsoring Organizations, Acknowledgements
- G. Summary of Planning and Implementation Process
- H. Summary of School Health Profile
(School Overview and brief summary outlining the major findings from the School Health Profile)
- I. Overall Strategy and Priorities
- J. Program Recommendations
Psycho-Social Environment
Physical Environment
Personal Resources
Personal Health Behaviours
Support Services
(For each program area, list the recommendations, goals, type of program(s), why the program should work, anticipated results, resources required, and evaluation indicators or measures.)
- K. Implementation Schedule
- L. Appendices (with relevant documentation)

School Health Plan

Fill out each line with your chosen recommendation. Then, mark an 'X' in the path that is represented within each one.

Recommendation	Physical Environment	Psychosocial Environment	Personal Health Practices	Personal Resources	Social Services
1.					
2.					
3.					
4.					
5.					
6.					
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20.					

School Health Plan - Identifying Goals

<i>PATH</i>	<i>RECOMMENDATION</i>	<i>SHORT-TERM GOALS</i>	<i>MEDIUM-TERM GOALS</i>	<i>LONG-TERM GOALS</i>
<i>Physical Environment</i>				
<i>Psycho-Social Environment</i>				
<i>Personal Health Practices</i>				
<i>Personal Resources</i>				
<i>Support Services</i>				

School Health Plan Identifying Evaluation Indicators

PATH	RECOMMENDATION	SHORT-TERM GOALS	MEDIUM-TERM GOALS	LONG-TERM GOALS	EVALUATION INDICATOR MEASURES
<i>Physical Environment</i>					
<i>Psycho-Social Environment</i>					
<i>Personal Health Resources</i>					
<i>Personal Resources</i>					
<i>Support Services</i>					

CHAPTER VI

Stage 6 Developing the Program Action Plans

Objective: Identification, development, implementation, and evaluation of program activities based on the School Health Plan.

Program Action Plans convert the School Health Plan's short, medium, and long term strategies into actual programs. The Program Action Plans, with an approved budget, will determine program activities for the current year. A new action plan is prepared each year.

You may wish to undertake one or several activities for each program. These may or may not be repeated every year, and may occur at different moments in the school year. Also, some program objectives may take several years to accomplish. If a program is continued into the next school year, it may need to be adjusted depending on the previous year's progress and evaluation, or due to changes in the school environment. Examples of long term programs include: reviewing all school policies for consistency with health and safety goals, or developing a staff profile that can complement the student profile.

6.1 Development, Implementation, and Evaluation

Stage 6 addresses the development, implementation and evaluation of health-related programs and activities. The programs and activities within each program are to be based on the needs and preferences identified in the School Health Profile. The words "health-related programs and activity" mean any part of the overall program that is directed towards enabling the school and its students to improve their health.

A Program Action Plan must be developed for each health program. Once the Committee has identified two or three priorities, you can then develop an action plan for each. As previously stated, each program may consist of one or more activities. For example, if in the first year, your school plans to implement 1) a physical activity program, 2) a program to involve students in school decision-making, and 3) a smoking prevention program, then three separate Program Action Plans will be required. For each program, your committee needs to go through all Actions suggested within Stage 6 of the planning process.

There are Six Actions involved in developing a Program Action Plan for each program your Committee has identified as a priority in your school.

Action 1:
Identify
Program Objectives

Action 2:
Brainstorm On Ways to
Achieve Objectives

Action 3:
Create A Resource List

Action 4:
Develop Activities to Address
Each Program **Program**

Action 5:
Organize The Launch of
Each Program Activity

Action 6:
Evaluate Each Program
Activity

Appendix 6 - B to 6 - F contains worksheets you will find helpful as you proceed through the various program development steps.

6.1.1 Action 1 - Identify Program Objectives

In developing the health programs for your school, the committee should consider the health program objectives. Identifying objectives will help your committee determine how best to develop, implement and communicate the health programs. The objectives will likely fall into four categories: information, skill, attitude and behaviour, and environment and policy.

1. Information Objectives

These objectives relate to the information you want participants to gain from a program (e.g. understand what Canada's Food Guide to Healthy Eating is and how it should be used to plan meals; know how to listen empathetically; know how to plan a budget; or know how to chair a meeting).

Examples:

Personal Health Behaviours: *To know what Canada's Food Guide for Healthy Eating is and know how to use it to plan meals.*

Personal Resources: *To increase the understanding of teachers and students regarding how stress affects the physical and mental health of people.*

Physical Environment: *To increase the understanding of the impact of air quality and moulds in the air on the health of people within the school building.*

Social Environment: *To increase teacher and student understanding of how their treatment of each other affects their health and well-being, and the development of social responsibility in students.*

2. Skill Objectives

These describe what you want participants to be able to do as a result of participating in a program (e.g. be able to identify a victim in need of cardiopulmonary resuscitation (CPR) and practise CPR for at least five minutes; to communicate clearly and assertively without violence; to plan and pack a nutritious lunch; or to chair a meeting successfully).

Examples:

Personal Health Behaviours: *To be able to prepare and pack a nutritious lunch.*

Personal Resources: *To be able to identify, select and use stress reduction techniques appropriate to a situation.*

Physical Environment: *To be able to improve the school community environment by developing and maintaining safe, healthful outdoor spaces for students and staff.*

Social Environment: *To be able to communicate effectively in a respectful manner with all school community members.*

3. Attitude/Behaviour Objectives

These describe the beliefs or values about health you want participants to develop or clarify. For example: to accept and value healthy eating as an important contribution to health; to value harmony and peace within the school and community; to feel that CPR skills are important skills in life; or to feel that all students have a role in the school's functioning.

Examples:

Personal Health Behaviours: *To feel that healthy eating is important enough to act on it by preparing and eating a healthy lunch most days.*

Personal Resources: *To appreciate that each individual has different stressors and different stress thresholds and to be able to adjust and balance demands accordingly while communicating effectively with other members of the school community.*

Physical Environment: *To consider the physical environment of the school important enough to share in its daily maintenance and improvement.*

Social Environment: *To believe that school harmony is important enough to practise effective communications skills in all school community transactions.*

4. Environmental and Policy Objectives

These objectives describe your committee's expectations about changes that will take place in the psycho-social and physical environment of the school as a result of interest in, and commitment to, a health promoting school.

Examples:

Social Environment: *To develop an overall policy that conveys the school's interest and concern regarding the health of all students and their families.*

To develop administrative guidelines that convey the school's interest and concern regarding the health of all students and their families, such as individualized programs that allow students to better manage school, home, and work responsibilities.

Physical Environment: *To ensure air freshness conducive to the health and productivity of all students.*

To develop and promote an AIDS policy geared to prevention of the disease.

To work with cafeteria and food service management to promote healthy eating.

These environmental and policy objectives involve decisions that will provide encouragement and support to students in their decisions concerning personal health.

6.1.2 Action 2 - Brainstorm Ways to Achieve Program Objectives

Make a wish list of ways to respond to the School Health Profile and the School Health Plan.

The main idea behind brainstorming is to list as many ideas as you can within a limited amount of time. That way, your committee can come up with a wish list of potential ways to respond to the student needs and preferences conveyed through the School Health Profile and the recommendations (accepted by administration and school council) in the School Health Plan.

Once your committee has set program objectives (in the previous Action), it can make a list of ideas for meeting these objectives. These ideas should relate to programming content, such as: an assertiveness course for students being bullied; a time management course for students not handing assignments in on time; smoking cessation groups; a stress management program; and a peer helper or mediation program.

The brainstorming session should be held in an informal setting. Your committee may wish to meet away from the school to avoid distractions and to provide an environment for creative thinking. It may be helpful to use a flip chart and marker, and have committee members take turns writing down ideas. The flip chart pages listing the ideas can be taped to the wall around the room for all to see. It is best to not stop to discuss the pluses or minuses of ideas (just let them flow).

To ensure a balanced program, these ideas must be assessed by committee members. When your committee is satisfied that the ideas on program content appropriately address the student needs and preferences, and that the five paths and eight guiding principles have been considered in the program design, they are ready to proceed to the development of actual program activities.

Program activities must contain the following components:

Component 1: Awareness, Knowledge Development

Component 2: Skills Development

Component 3: Maintenance

Each component is described in detail on the following pages.

Component 1: Awareness

Raising awareness increases the student's level of knowledge and interest.

Raising awareness is both basic and essential to health programs. It is important, since it serves to set the stage for actual programming. Awareness programs can increase a student's level of knowledge and/or interest in a topic. Awareness activities can also create a supportive environment for health promotion or function as a lead-in to skills development programs.

Awareness type activities may include:

- ✓ distributing health promotion print materials (e.g., posters, buttons, etc.);
- ✓ providing self-test pamphlets on lifestyle issues (e.g., nutrition and physical activity);
- ✓ publicizing support group programs available in the community (e.g., healthy weights, fitness, and alcohol);
- ✓ preparing an assembly for International AIDS Day or World No Tobacco Day;
- ✓ having drama presentations on what it is like to be a refugee or immigrant in a new country;
- or
- ✓ inviting representatives from various disease prevention organizations to speak to students (e.g., cancer, heart, lung, etc.).

Keep in mind that awareness activities should always involve the five paths to school and student health and well-being: psycho-social environment, physical environment, health practices, personal resources, and support services.

For example, if your committee targets **bullying and violence prevention as an area for health promotion**, the five paths could be addressed as follows:

1. Psycho-social Environment

The Guidance and Counselling Department might start a peer helper group or expand the current peer helper group to add training for conflict resolution or peer mediation. Peer helpers might be featured at a noon hour rally, at a staff versus students tournament, or they might set up a mentoring program to help new students adjust to the environment.

2. Physical Environment

The school might set up a meeting place or a place where some peer helpers are available every day. The school might plan some social events early in the school year to familiarize students with the school. If new students are recent immigrants or migrants, the school might set up a community familiarization program. The trained peer mediators could be available in the halls and/or play spaces during lunch hours or breaks in classes so that they would be available for intervention. They might be available through the guidance office for longer term interventions.

3. Health Practices

In the case of bullying, students often need to learn acceptable alternative ways of behaving. They may need to learn basic communications and negotiation skills. Students need to have these behaviours modelled for them and be able to practise them and have their practice reinforced. These practices can then be applied generally within the school community and perhaps even within the community outside the school. Promotion materials and lists of community resources may be made available in all languages represented in the school.

4. Personal Resources

Students need to feel accepted, safe, and secure in order to be comfortable enough to take the risks involved in active learning. New students could be paired with students that have been in the school or community longer, and the school could set up support groups for newer students. These students and support groups serve as role models and help new students develop expected behaviour.

5. Support Services

To address bullying and violence, peer helper groups, peer mediators, and trainers that can support them within the school community can be important. External sources of support could be developed through contact with the community services officers of the local police services or through mental health services. Your committee could organize lists of community resources or host a School Health Fair with participation from community service agencies.

Component 2: Skills Development

Developing new skills helps students improve and maintain their health behaviours.

Once students' awareness about health promotion is increased, it is important to plan activities that will assist them in developing and practising skills to improve and maintain their health behaviours.

Skills development activities include:

- ✓ workshops in specific subject areas, such as cardiopulmonary resuscitation, healthful cooking, or stress management;
- ✓ instruction on how to: mediate conflict, plan healthful breakfasts and lunches, communicate effectively, assert yourself, or take part in physical activity (e.g., brisk walking programs, cycling, swimming, etc.) in a fun and safe way;
- ✓ participation in educational programs, such as learning how to monitor one's own heart rate or administer cardio-pulmonary resuscitation or first aid;
- ✓ training in relaxation techniques; and
- ✓ a course in time management.

Component 3: Maintenance

Encouragement and support is essential to maintaining a new direction.

Once new behaviours are learned, it is important to reinforce this new direction through encouragement and support in the school and at home.

For example, the maintenance component could include monthly get-togethers for people who participated in a non-smoking program. The get-togethers would allow individuals to exchange their views and feelings on quitting smoking and provide support through difficult times. Other examples could include walking clubs, peer mediation and conflict resolution refresher sessions, or problem-solving sessions for the peer mediators.

6.1.3 Action 3 - Create a Resource List

Include resources from both within your school community and the community-at-large.

Make a list of the available people, information, supplies and facilities you will need in order to make each of your program activities work. Look for internal resources first. Talk to a variety of people in your school community (you may be surprised at the talent you find). Involve these resources in committee meetings or arrange a special briefing session for them.

Another valuable resource is your community. Most communities have a service directory or listing of health-related associations that can be accessed in a local library, health clinic, or the city/town/township or county hall. Resources may include:

- ✓ Public Health Department,
- ✓ Recreation Centre,
- ✓ Family Counselling Centre,
- ✓ Occupational Health and Safety Associations,
- ✓ Alcohol and Drug Programs,
- ✓ Hospitals/Medical Centres/Universities/Colleges,
- ✓ Municipal Government,
- ✓ Mental Health Services,
- ✓ Ministry of Health Offices,
- ✓ Community Information Centre/Services, and
- ✓ Disease Prevention Organizations (e.g., Heart, Lung, Cancer, and others).

Once your committee has created a list of resources, contact the agencies who can offer products and services to the program you wish to develop.

When you meet with the individual/organization:

- ✓ describe your committee’s goals;
- ✓ outline the eight principles and the five paths to school and student health and well-being;
- ✓ describe the Voices and Choices planning process;
- ✓ discuss the results of the Student Needs Assessment Questionnaire;
- ✓ outline what you expect from this program;
- ✓ inform them of your budget for this part of the plan (if they charge for their services); and
- ✓ if all factors look positive and a working relationship has been established, include the group in your resource list.

6.1.4 Action 4 - Develop Activities to Address Each Program

Once your committee has listed the resources required to assist with immediate programming needs, details on a first year Health Action Plan should be finalized. The Health Action Plan consists of: the individual programs to be sponsored, relevant policies, and details on specific activities.

Your committee's responsibility in developing an Action Plan can be divided into four areas, each with a number of functions:

AREA	FUNCTION
1. Administration	Direction Coordination Finance Volunteers Participants
2. Design	Plan Activities
3. Promotion	Communicate Plan Activities
4. Implementation	Plan Launch

Each function can be further broken down into specific tasks. The specific tasks vary based on the scope of the programs being implemented and the stage of implementation.

Practical Tips for Successful Program Activities

The following tips serve as a handy reference when planning programs/activities and assessing programs that service providers may offer.

Is the program:

- ✓ *Meaningful?*
A program activity should respond to identified needs whether or not the needs are real or perceived.
- ✓ *Easy to Manage?*
Try to have as little paperwork as possible in the administration process. Service providers can be helpful in coordinating and implementing programs.
- ✓ *Simple?*
A program activity must be straightforward and have simple objectives, content, and delivery. "Simple" means "easy to do."
- ✓ *Flexible?*
A program activity must involve strategies such as scheduling around class timetables and busses. Be flexible about where the programs will take place. On-site programs are easier to administer and require less time than those away from school. If this is not feasible due to space, cost, or staffing, then be prepared to offer programs in partnership with the local community centre, theatre group, and businesses.
- ✓ *Efficient?*
Meetings should be scheduled in advance and be well organized so that participants feel their time is well spent. Work and family commitments should be kept in mind for activities planned outside school hours.
- ✓ *Both Short Term and Ongoing?*
A program activity should have clear, short-term objectives, such as involving smokers in cessation programs, as well as ongoing objectives, such as improving communication within the school and the school climate.
- ✓ *Motivating?*
In many schools, a health promotion program will need an approach designed specifically to motivate students to become involved (e.g., guest speaker, drama presentation). Often incentives such as time off school to participate or an invitation to family members are good ways to encourage participation.
- ✓ *Fun?*
People define "fun" in different ways. Your committee will need to discover exactly what this word means in your school prior to designing programs.
- ✓ *Attractive in the Way it is Communicated?*
A program activity that provides well-designed take-home materials will reinforce information presented in other ways. Many materials are available from resource agencies free of charge.

- ✓ *Involving Students Every Step of the Way?*
Participants should be actively engaged in planning the kinds of programs they want. Using the profile and feedback groups will help ensure student, teacher, and parent “buy-in”. Students who have been involved in the design of programs have significantly more “ownership” for the programs than those who feel the programs have been simply “laid-on” without their input. Once committed, they should be included in monitoring and evaluating the programs (through informal discussions, written questionnaires, and other means).

6.1.5 Action 5 - Organize the Launch of Each Program Activity

Communicate your plans to your school community as well as the community-at-large.

Your committee is now ready to put your programs into action. But first, plan to share your ideas with everyone. Your committee will need to prepare a communication plan. The plan must include specifics on how and when to plan to launch the program, and plan for maintaining interest throughout the program. The plan should also include a timetable.

To develop the communication plan you will need to assess three specific areas:

1. Your Audience,
2. Your Program,
3. Your Communication Options.

Worksheets are included in Appendix 6 - C to assist in assessing these three areas.

1. Your Audience

In assessing the particular needs of your audience, consider the following:

Age/Grade Level

Which age group/grade level of students expressed the most needs? The age/grade level of the student population will give your committee an indication of program elements and characteristics that might appeal to them.

Program

The type of program the students are in will direct the committee on the means of communication to consider. Your committee will need to use more than the printed word to get the message across.

Language

The objective of communicating to the various language groups in your school should be kept in mind when preparing the communication plan. If your school makes it a practice to communicate in a number of languages, the precedent may already be set for your committee. Sufficient time for translation may need to be built into the plan. This is especially important in communications going home to the parent/caregivers of the students.

2. Your Program

The program that has been designed will need to be described. Emphasis should be placed on the key objectives of the program, with all communication materials reinforcing the objectives.

3. Your Communication Options

An important part of your launch plans will involve identifying the means through which you will communicate the program. Options include:

- ✓ letters,
- ✓ bulletins,
- ✓ assemblies,
- ✓ staff meetings,
- ✓ school council meetings,
- ✓ audio-visual presentations,
- ✓ posters,
- ✓ balloons,
- ✓ buttons, and
- ✓ electronic media (e.g., personal computers, web site).

The communication options suitable for making an initial announcement of the program to students include:

- ✓ assemblies,
- ✓ announcements,
- ✓ home room and student representatives, and
- ✓ posters.

The communication options suitable for giving students further details on the programs include:

- ✓ newsletters,
- ✓ slide presentations,
- ✓ assemblies,
- ✓ workshops,
- ✓ video,
- ✓ brochures, and
- ✓ seminars.

Documenting the Communication Plan

To document the communication plan you may want to organize the plan under the following headings:

1. Audience
2. Selection of Options for Communicating
3. Production Tasks (e.g., design, writing, translation, and printing)
4. Timetable
5. Cost

Appendix 6 - J contains a sample timetable of a student awareness program. Be sure to allow sufficient time for approval and production.

In the first year of your Voices and Choices initiative and in any given year thereafter, you may have one or more program activities operating at the same time. Activities will receive more or less emphasis depending on the stage of implementation and the proposed length of the activity. Some activities may be ongoing and will only need review and maintenance to sustain them.

6.1.6 Action 6 - Evaluate Each Program Activity

Is the program working as intended?

A review and evaluation of the program activity is necessary to find out if the program is achieving the expected results. Should adjustments be made to get the program back on track?

If your school is working with a service provider (i.e., an agency that offers a health service), it is important to agree on an evaluation process during the early stages of the program. Evaluations usually take two forms: **process** and **outcomes**.

Process objectives apply to the program as it is happening. They enable you to answer questions, such as:

- ✓ How was the program managed?
- ✓ How many people participated in the program? How did they react to it?
- ✓ Were the facilities suitable? How was the facilitator received?

Examples of ways to evaluate the process include attendance lists, evaluation forms that ask for students reactions to an activity, or questionnaires that ask people how involved they felt in a particular communication campaign.

Outcome objectives apply to the impact of the program on those who were involved, both as individuals and as a group. For example, they enable you to look at changes in areas such as: health practices, school policies, absenteeism rates, attitudes and beliefs relating to health practices, teacher/student relations, and bullying behaviour.

Examples of ways to evaluate outcome include: doing a survey that counts the number of people who quit smoking and stayed non-smokers for six months or more; monitoring injury types and rates after the conclusion of a program that has "safety through injury prevention" as a specific goal; and interviewing students involved in a stress management, time or money management course six months after the program is over.

Appendix 6 - K contains a sample of how process and outcome objectives are evaluated for a poster campaign. The program evaluation questions included will assist your committee in the evaluation process.

6.2 Evaluation

Your committee can evaluate Stage 6 as a whole, as well as the program activities developed during Stage 6. In considering a process evaluation of Stage 6, consider how the program activities were developed and how effectively students were involved in the development of these program activities. Did the students feel that they were supported in their efforts to develop the program activities? Did they feel that they were helped to develop the skills and expertise needed to lead this work?

Other questions that a process evaluation of Stage 6 could address are:

- ✓ Were activities developed to meet the strategic goals and objectives outlined in the School Health Plan?
- ✓ Were activities developed for each path?
- ✓ Were the program activity objectives clearly outlined?
- ✓ Did the program activities outlined develop awareness, knowledge, and skills, and help participants use and practice these?
- ✓ Were the programs clearly and effectively communicated to the school population?
- ✓ Was an evaluation plan developed for each of the program activities?
- ✓ Did the targeted school population participate in the program activities?
- ✓ Was the targeted school population happy with the planned program activities?
- ✓ Were all the steps and processes documented and recorded for the use of the school health committee in future years?

Stage 6 - Developing the Program Action Plans Checklist

Review the worksheets, Appendices 6 - B to 6 - N used in each Action of Stage 6. Use this checklist to capture your comments on each Action.

Action 1: Identify Program Objectives

Comments:

Action 2: Brainstorm On Ways to Achieve Objectives

Comments:

Action 3: Create a Resource List

Comments:

Stage 6 - Developing the Program Action Plans - Checklist

Action 4: Develop Activities to Address Each Program
Comments:

Action 5: Organize the Launch of Each Program Activity
Comments:

Action 6: Evaluate Each Program Activity
Comments:

Developing the Program Action Plans

Name of Program: _____

Information Objectives: What do you want participants to learn from their participation?

Skill Objectives: What do you want participants to be able to do as a result of their participation?

Attitude/Behaviour Objectives: What beliefs or values about health do you want participants to adopt?

Environment and Policy Objectives: What environmental and policy changes do you feel should take place as a result of the commitment to using a Comprehensive School Health approach and the Voices and Choices planning process?

Date: _____

Appendix 6 - C Action 2 Brainstorming Ways to Achieve Objectives

Developing the Program Action Plans

Name of Program: _____

Divide ideas into three components.

Awareness	Skills Development	Maintenance

Appendix 6 - D Action 3 Creating a Resource List

Developing the Program Action Plans

Name of Program: _____

Internal (at school)	External (in the community)

Developing the Program Action Plans

Name of Program: _____

The following list can serve as an assessment tool for your committee to use when planning programs.

Are the programs:

- ✓ meaningful?
- ✓ easy to manage?
- ✓ simple?
- ✓ flexible?
- ✓ efficient?
- ✓ short term and ongoing?
- ✓ motivating?
- ✓ fun?
- ✓ attractive communication material?

Developing the Program Action Plans

Name of Program: _____

Subject: _____

Strategy: _____ Path: _____

Target Group

Gender: _____

Age/Grade: _____

Cost

Yes: ___ How Much: ____

No: ___

Who Will Offer the Program

Teachers: _____ _____	During school hours:
School Board:	In class time:
Public Health Nurse:	Before school:
Community Service Provider:	After school hours:
Non-profit Organization:	On weekends:
Government Agency:	

Developing the Program Action Plans

Name of Program: _____

Where?

At school: _____

At community facility: _____

At a park: _____

Other: _____

Frequency: _____

Duration: _____

Goals: _____

Objectives: _____

Evaluation: _____

Other details: _____

Developing the Program Action Plans - Audience Assessment

Name of Program: _____

Data from the School Health Profile and the School Overview should help you with the following breakdown of your school.

Your Audience

<p>1. The age distribution is:</p> <ul style="list-style-type: none"> -under 14 -14 -15 -16 -17 -18 -19 -20 + 	<p>2. The grade distribution is:</p> <ul style="list-style-type: none"> -grade 9 -grade 10 -grade 11 -grade 12 -OAC 	<p>(Québec):</p> <ul style="list-style-type: none"> -Secondary 3 -Secondary 4 -Secondary 5 -Cégep 1 -Cégep 2 	<p>3. The languages spoken are:</p> <ul style="list-style-type: none"> -English -French -Other (specify)
<p>4. The level of reading comprehension is:</p> <ul style="list-style-type: none"> -ESL Beginner -ESL Advanced -General -Advanced 	<p>5. The sex is:</p> <ul style="list-style-type: none"> -female -male 	<p>6. Special Programs:</p> <ul style="list-style-type: none"> -ESL -Gifted -Special Education -Immersion 	<p>7. Cultural groups represented:</p> <ul style="list-style-type: none"> - - - -

Developing the Program Action Plans - Sample Timetable

Name of Program: _____

The sample communication plan includes a bulletin, poster and button.
The timing for such a plan would be as follows:

Week	1	2	3	4	5	6	7	8
1. Develop theme to be used on communications materials.								
2. Write copy for bulletin, poster and buttons.								
3. Finalize copy for bulletin, poster and buttons.								
4. Design bulletin, poster and buttons.								
5. Arrange for printing of bulletin, poster and buttons and recruit volunteers for distribution.								
6. Distribute bulletin, poster, and buttons.								

Developing the Program Action Plans - Sample Poster Campaign

Name of Program: _____

Sample - Poster Campaign

OBJECTIVES	HOW EVALUATED	RESULTS
<ul style="list-style-type: none"> - to find out how many students noticed the posters and thought about them after seeing them. - to find out whether students shared the ideas in the posters with others at school or at home. 	<ul style="list-style-type: none"> - volunteer students will survey a sample of the student body through informal discussions and keep track of responses on a pre-set form which would include questions: Did you notice the posters? Which poster(s) stood out for you? Would you like to see other poster campaigns in your school? Why/Why not? 	<ul style="list-style-type: none"> - 100% of the students surveyed saw the posters. 89% liked them / 80% discussed ideas with other students / 60% mentioned the posters at home.
<ul style="list-style-type: none"> - to find out whether students remember the poster campaign three months after the posters have been removed. - to find out whether the posters have had an impact on students attitudes three months after the posters have been removed. 	<ul style="list-style-type: none"> - student volunteers will survey students through informal discussions and keep track of responses on a pre-set form. 	<ul style="list-style-type: none"> - 75% remembered the posters. 65% indicated continued impact on attitude.

Developing the Program Action Plans - Program Evaluation Questionnaire

Name of Program: _____

1. Is the program offered based on the needs and preferences identified in the Student Needs Assessment Questionnaire?
2. Does the program address all five paths to school and student health and well-being: psycho-social environment, physical environment, health practices, personal resources and support services?
3. Does the program include components such as:
 - ✓ social support?
 - ✓ increasing student sense of control over their own health?
 - ✓ increasing student involvement in the design of programs?
4. Does the program address differences in age, sex, and types of programs/activities?
5. Who can participate? (students, parents, staff, others.)
6. How many students have participated in or registered for the program/activity?
7. What is the attendance rate for the program/activity?
8. When are programs/activities being offered?
9. Where are programs/activities offered?
10. Is there a cost to the participants in the program/activity?
11. Did your Committee use incentives?
12. How did the Committee promote the program/activity?
13. Do administration, teachers, parents, and school council support or participate in the program/activity?
14. Does the Committee have a mechanism for students to evaluate the format and content of the program/activity?
15. Is there a mechanism to evaluate health attitude and behaviour change after the program/activity (short and longer term)?

Developing the Program Action Plans - Evaluating Project Objectives

Name of Program: _____

PROGRAM OBJECTIVES	RESOURCES	EVALUATION INFORMATION REQUIRED	EVALUATION TOOLS

Developing the Program Action Plans - Planning Sheet/All Actions

Name of Program: _____

ACTIONS	To Do	COMPLETED/ DATE	COMMENTS
Action 1: Identify Program Objectives			
Information			
Skill			
Attitudes/Behaviour			
Environment/Policies			
Action 2: Brainstorm On Ways to Achieve Objectives			
Awareness			
Skills Development			
Maintenance			
Action 3: Create a Resource List			
Within Our School			
Within Our Community			
Action 4: Develop Activities to Address Each Program			
Action 5: Organize the Launch of Each Program Activity			
Action 6: Evaluate Each Program Activity			

CHAPTER VII

Stage 7 Reviewing, Evaluating and Celebrating

Objective: Review and evaluate the Voices and Choices planning process as a whole, the School Health Plan and the Program Action Plans and celebrate successes.

The School Health Committee needs to review the school health promotion initiatives regularly. This can be done by looking at the Program Action Plans, School Health Plan, and the Voices and Choices planning process as a whole and assessing whether it has made a difference in the school and if so how.

7.1 Evaluation

This section has been developed to provide your committee and the sub-committee leading the evaluation with the information and tools that will be needed to monitor the progress of the Voices and Choices planning process. The chair of the sub-committee should be someone who can:

- ✓ keep orderly records;
- ✓ ensure that decisions are logical and rationalized;
- ✓ regularly review progress and process; and
- ✓ demonstrate where and why progress has been made.

One barrier to effective evaluation is the attitude that this is a huge task, and is typically imposed at the end of a program in order to give it a pass or fail grade. It is much more helpful to view evaluation as a series of activities that occur throughout the life of a program to improve its effectiveness and relevance.

Evaluation of the **Voices and Choices** planning process is a step that needs to be considered as the process is started, as well as at every stage. Evaluation plans need to be determined as the School Health Plan and Program Action Plans are developed.

At the end of each chapter in this Guide, there is a short evaluation section consisting of process evaluation questions that apply specifically to that stage. Including evaluation at the end of each stage reinforces the importance of evaluation as an integral part of any program implementation. Each chapter also includes a checklist that can form the basis of the process evaluation. A master checklist is included at the end of this chapter (Appendix 7- B). The sub-committee responsible for the evaluation can collect these checklists along with other evaluation tools to be included in one 'evaluation binder'.

The tools included in this chapter and throughout the Guide can help you monitor how closely and how well your committee has followed the seven stages of the Voices and Choices planning process. This is critical to explaining why the expected outcomes have or have not been realized. A thorough evaluation will help your committee to:

- ✓ move forward strategically (change and improve things as you go);
- ✓ justify resources (demonstrate the effectiveness of your investment of time, energy, and money);
- ✓ demonstrate results:
 - ◆ report on the degree to which the intended results were achieved;
 - ◆ assess the changes in policies, social environment, physical environment; awareness, policies, behaviours; and
 - ◆ assess the degree to which the programs have been useful; and
- ✓ promote the development of a safer, more health-promoting school with healthier students.

7.1.1 Types of Program Evaluation

There are five main types of program evaluation which fit into the program planning cycle:

- ◆ Needs Assessment
- ◆ Process Evaluation
- ◆ Participant Satisfaction Evaluation
- ◆ Outcome Evaluation
- ◆ Economic Evaluation

Formative Evaluation

While Developing The Program Action Plans in Stage 6, you have considered the evaluation of individual activities. Each program activity needs to be evaluated for the 'process', the 'participant satisfaction' and the 'outcomes' in order to find out if the program activity is effective and achieving its expected results. Program adjustments can be made to ensure that it is serving the needs of the students. This is often called 'formative' evaluation. Generally, however, all evaluation is formative in that its purpose is to adapt programs or activities in order to improve them.

Needs Assessment

The Needs Assessment in Stage 3 of the Voices and Choices planning process is a well-defined step undertaken early enough in the process to identify needs, preferences, and guide the development of program objectives and activities.

Process Evaluation

Process evaluation is particularly important when developing and introducing new programs. This type of evaluation examines whether or not the program has been implemented as planned, and whether it serves the people for whom it was intended. The quality of the program implementation is also examined. This is an important evaluation step since it is possible for a well-designed program to be poorly implemented and therefore provide less-than-desired results.

Evaluation of Participant Satisfaction

The evaluation of participant satisfaction provides feedback on whether or not the program is meeting the needs of the people it was planned to serve. This enables your committee to assess the relevance of the program activities and the method of delivery.

Summative Evaluation

These next two types of evaluation (outcome and economic) are often called 'summative' evaluation. However, evaluation is never truly summative since the objective is to learn what the strengths and weaknesses are, and to identify the opportunities for changing the weaknesses into strengths. *Summative evaluation is an opportunity to ask: "What have we learned?"*

Outcome Assessment

An outcome assessment tries to answer questions about the impact of the program on the participants and the school in general. This way, your committee can try to determine what changes have occurred and the contribution of program activities in causing these changes.

Economic Evaluation

An economic evaluation assesses the costs in relation to the benefits obtained. This type of evaluation can be done at different times in the program development cycle. For the early stages, an economic evaluation can be useful to make adjustments for later in the process or once outcomes have been assessed. This will be helpful in measuring the benefits.

7.1.2 Information Collection and Evaluation

Your committee is responsible for collecting the information needed to be able to tell the story of the implementation of the Voices and Choices planning process in your school. Therefore, for each decision, ensure that your committee considers:

- What your committee and others need to know.
 - ✓ What is important to the decision makers and key partners, and to your Committee?
- Developing a list of questions that need to be answered (comprehensive and prioritized).
 - ✓ Carefully select the information that you need to collect.
 - ✓ Ensure that you measure both the activities and the results.
- How to obtain the required information in an effective manner.
 - ✓ Collect the information as you go.
 - ✓ Use focus groups, interviews and surveys.
 - ✓ Use pre-tests and post-tests for programs and follow-ups.
 - ✓ Use information from a variety of sources.
- Careful analysis of the information.
 - ✓ Maintain accurate records.
 - ✓ Look at the data from different viewpoints.
- Acting on the information.
 - ✓ Analyse the information before it gets too old.
 - ✓ Modify or adjust the programs based on the information collected.
 - ✓ Refine the information collection to ensure that you have the information you need.

As your committee develops the School Health Plan and gathers the information for evaluation, you need to collect information that is: measurable, quantifiable, and subjective.

Measurable using quantitative measures. You may need to use surveys or interviews or it may be possible to use the data available from the school administration. You may also need to arrange for experts to come and measure some items. Specific items to measure include:

- ✓ stress at school,
- ✓ air quality or noise levels,
- ✓ alcohol or drug-use by students, and
- ✓ bullying in the school.

Quantifiable also using quantitative measures. For this type of information, you need to access reliable sources. The information that you may want to monitor may include:

- ✓ absenteeism,
- ✓ skipping classes,
- ✓ discipline rate, and
- ✓ student turnover.

Subjective using qualitative measures. This type of information is usually collected using interviews, focus groups, or surveys. You can use these techniques to explore, challenge, or confirm your committee's thoughts on a given subject.

7.1.3 Reviewing the Voices and Choices Planning Process

In reviewing the progress of the Voices and Choices planning process, your committee can determine what further action is required to ensure the programs are operating satisfactorily and that student needs and preferences are being met.

Many factors will affect changes in other areas. Additional student, parent, teacher and administrator input may be needed periodically to reflect changing demographics and changing needs. The School Health Profile may change as a result of updated student input. Updated information on student needs may mean the School Health Plan needs to be revised. Finally, the Program Action Plan and some program activities will need to be revised periodically to meet new or changing needs. Your committee should update the Program Action Plan at least annually. While some programs will be repeated annually, others may take years to achieve. Others will not be repeated because they have already accomplished their goal.

The student population of a school changes rapidly. Therefore, your committee may wish to periodically (at least every 4 years) conduct the Needs Assessment and compare the results with the previous results. This may be used both as part of an evaluation process to measure change and as part of updating the School Health Profile and Plan.

Five Paths and Eight Principles

Revisiting Stages 3 to 6 from time to time will ensure that your committee's school health promotion initiatives include the five paths to school and student health and well-being (psycho-social environment, physical environment, health practices, personal resources and support services) and that they are following the eight guiding principles (Introductory Chapter) through:

1. designing programs that keep students healthy and learning at their optimal capacity;
2. designing programs based on democratic principles;
3. fostering your students abilities to take action and generate change;
4. designing programs that enable students to develop in an age-appropriate manner;
5. designing inclusive programs that meet all current student health needs;
6. recognizing that personal health practices and behaviours are interdependent among each other; the environments in which people live, learn, work and play; as well as the resources at their disposal;
7. considering the different environments in which programs operate; and
8. supporting a strong school health policy.

7.1.4 Evaluating the Voices and Choices Results

The Voices and Choices planning process and its impact on the school, as well as the program activities themselves, need to be evaluated regularly. One way to evaluate this is to go back to **Stage 1 - Gaining Commitment** and **Stage 3 - Conducting the Needs Assessment**, and examine the original reasons for introducing **Voices and Choices: Planning for School Health** to your school. Compare the School Overview then and now.

- ✓ Why was Voices and Choices introduced to the school?
- ✓ What was the perceived problem?
- ✓ What were the goals and objectives that were recorded in the School Health Plan?
- ✓ What was the vision and mission for the ideal safe, caring, health-promoting school? Is the school closer to this vision?
- ✓ Has student leadership been strengthened? Do students have more opportunities to play a meaningful role and have a meaningful say in how the school functions?
- ✓ Has the absentee rate changed?
- ✓ Are teachers more satisfied with the school?
- ✓ Are more students participating in the school activities?

7.2 Celebrating Your Successes

Celebrating success is an important motivational and marketing tool. Your committee has done a lot of quality work on this project. You may wish to incorporate validation and recognition as part of the implementation of the Voices and Choices planning process. Or, you may wish to wait until the review and evaluation has taken place. However you choose to apply it, it is important to examine what you have achieved and to celebrate these successes. It is a good idea to include your school community in the celebrations. This is also a wonderful opportunity to promote your successes and publicize the School Health Plan simultaneously. It can increase everyone's understanding of the process, and encourage the school community to be open and receptive to the upcoming changes in your school.

Your committee could find creative ways to validate everyone's part in the Voices and Choices initiative, such as: awards/ceremonies, pizza dinners for the committee, gift certificates, presentations, and announcements. Include students, parents, teachers, administration, and others who have contributed to this process.

7.3 Sharing Your Story With Others

Your committee has developed a great deal of wisdom with regard to fostering a healthier school climate. Perhaps you should consider sharing it with others. Choose a communication strategy that suits the committee. Several representatives from your committee could prepare presentations to inform the school board, municipal/city council, and/or other agencies. You could also consider sending an article to the local newspaper or including your story on the Voices and Choices web site at (<http://www.HealthCanada.ca/VoicesandChoices>). This would help share the process with other schools implementing the Voices and Choices planning process. You could share insights and learn from each other, while maintaining your anonymity.

Enjoy your successes and share them with everyone!

Appendix 7 - A Stage 7 Checklist: Reviewing, Evaluating and Celebrating

The development and implementation of Voices and Choices is a process. Having moved through each of the stages in the process, the committee can now use the checklist below to track progress to date and determine what, if any, further action is required at this time. It is also a good time to celebrate successes.

- Have we been consistently committed to the five paths to school and student health and well-being?
- Have we been consistently committed to the eight guiding principles?
- How is our committee doing? Are all of our members attending meetings regularly? Are all of our members participating fully?
- Is our committee meeting as frequently as it needs to at this time?
- Does our committee need people with fresh, new ideas? Is it time to replace some of our members with new ones?
- Is it time to conduct another Needs Assessment?
- Have we recently reviewed the School Health Profile? Does it still apply to our current student population?
- Have there been any significant changes to the administration that would require a change to our School Health Plan?
- Are there any reasons to make changes to our School Health Plan?
- Is it time to revisit the Program Action Plans?
- Have we included everyone in the celebration of our successes?
- Is it time to plan another celebration of our good work?
- Have we informed others outside of our school community about our successes?

Summary Checklist

STAGES	COMMENT HERE ON THE QUALITY OF THE PROCESS AND MAIN LESSONS LEARNED.
<p>Stage 1 - Building Commitment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified opportunities and benefits <input type="checkbox"/> Identified potential barriers <input type="checkbox"/> Identified the decision-makers <input type="checkbox"/> Secured support of school/community leaders <input type="checkbox"/> Obtained commitment 	
<p>Stage 2 - Establishing the School Health Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirmed vision, mission and goals <input type="checkbox"/> Identified the key players <input type="checkbox"/> Established terms of reference <input type="checkbox"/> Established procedures <input type="checkbox"/> Established a communications framework <input type="checkbox"/> Selected a chairperson <input type="checkbox"/> Reviewed decisions made so far 	
<p>Stage 3 - Conducting the Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepared school overview <input type="checkbox"/> Decided how to conduct needs assessment <input type="checkbox"/> Promoted awareness <input type="checkbox"/> Conducted the student needs assessment <input type="checkbox"/> Entered and up-loaded the data 	
<p>Stage 4 - Analysing the School Health Profile</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verified results are accurate and representative <input type="checkbox"/> Communicated results to school groups <input type="checkbox"/> Analysed the results to identify needs <input type="checkbox"/> Prioritized the needs <input type="checkbox"/> Developed recommendations 	

STAGES	COMMENT HERE ON THE QUALITY OF THE PROCESS AND MAIN LESSONS LEARNED.
<p>Stage 5 - Developing the School Health Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals and recommendations are appropriate and achievable <input type="checkbox"/> Identified evaluation indicators and measures <input type="checkbox"/> Health Plan is comprehensive and balanced <input type="checkbox"/> Implementation plan is realistic <input type="checkbox"/> Key players support the plan <input type="checkbox"/> Ways to communicate the plan are identified 	
<p>Stage 6 - Developing the Program Action Plans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Programs or activities are designed <input type="checkbox"/> Resources and services needed are identified <input type="checkbox"/> Needs and preferences of target groups considered <input type="checkbox"/> Implementation plan is in place for each activity <input type="checkbox"/> Evaluation plan is in place for each activity 	
<p>Stage 7 - Reviewing, Evaluating, Celebrating</p> <ul style="list-style-type: none"> <input type="checkbox"/> Followed the Voices and Choices planning process <input type="checkbox"/> Reviewed process of implementation of the planning process as a whole <input type="checkbox"/> Developed evaluation framework and plan with the School Health Plan <input type="checkbox"/> Collected, analysed and reported the information <input type="checkbox"/> Revised and changed the process and programs as necessary <input type="checkbox"/> Communicated the successes to the school community 	

Evaluation Questions and Data Collection Strategies

PROGRAM OBJECTIVES	EVALUATION QUESTIONS	OUTPUT MEASURES INDICATORS	DATA COLLECTION STRATEGY
Example To reduce the number of students smoking.	How many students who followed the counselling activities have changed their smoking habits?	Number of students smoking.	Ask students at end of activity.