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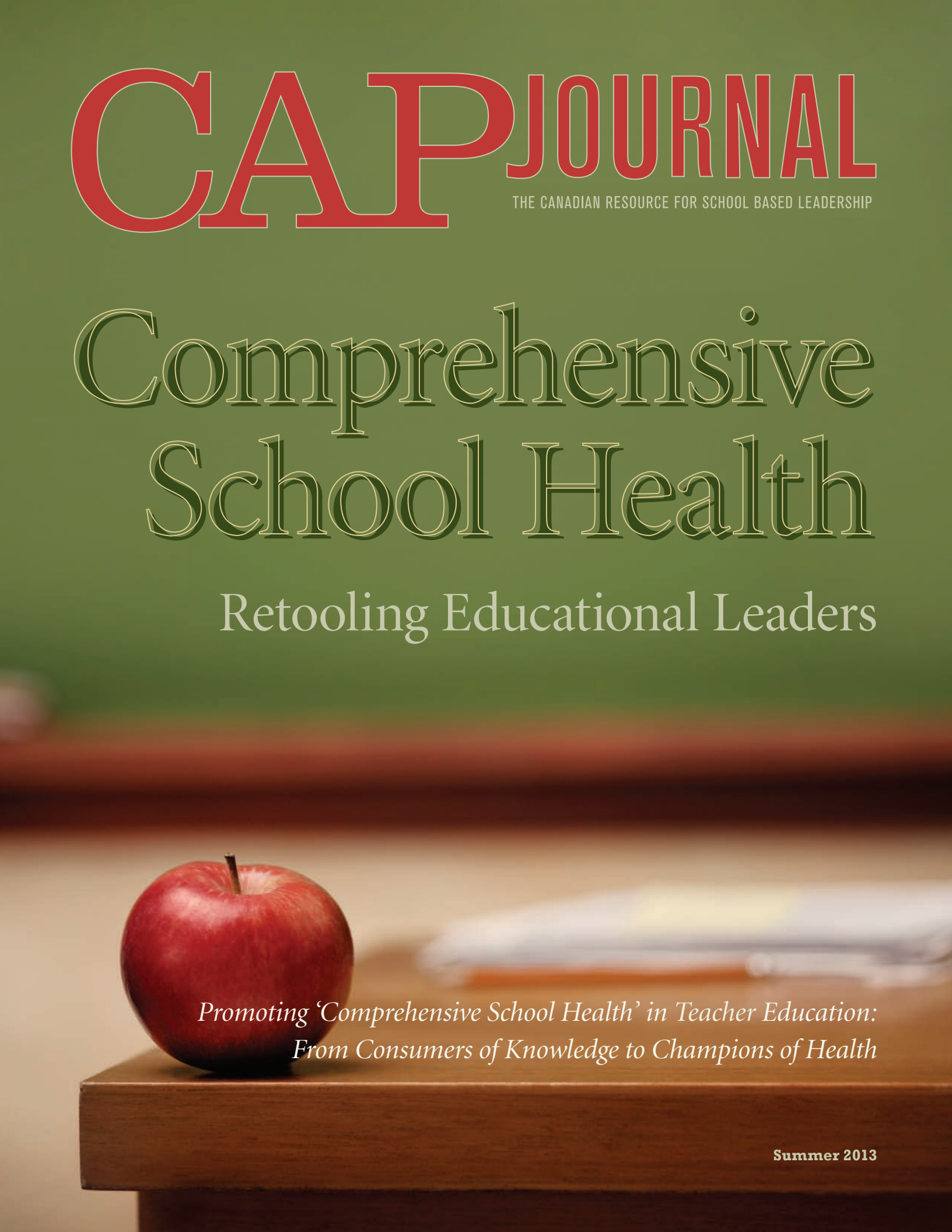

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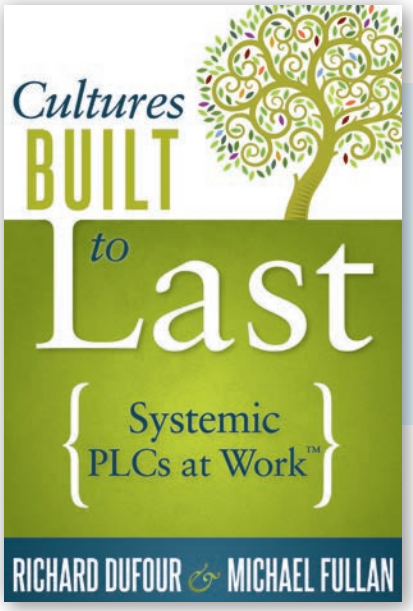

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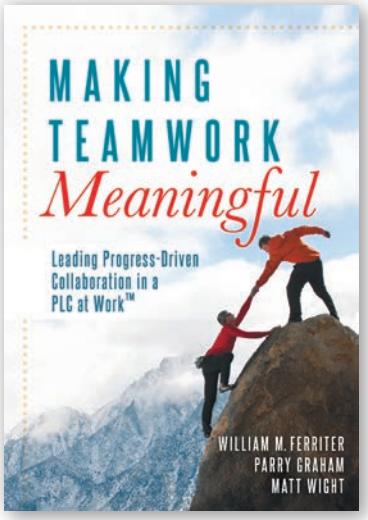

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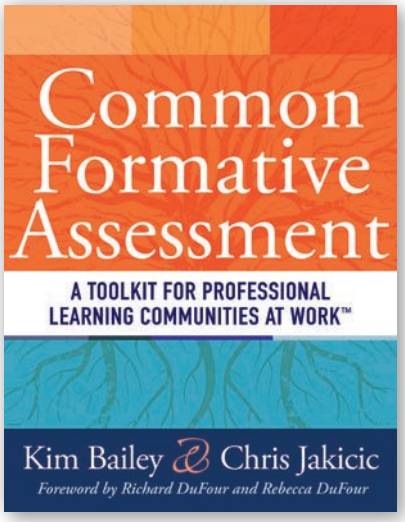

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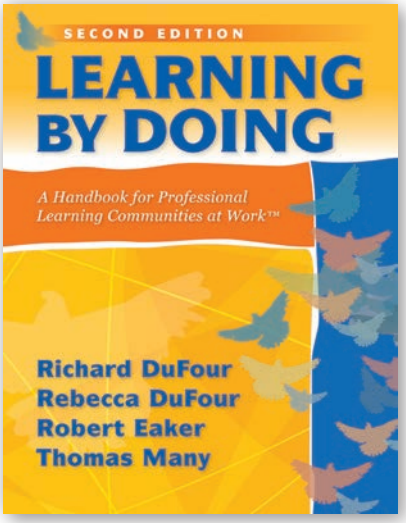

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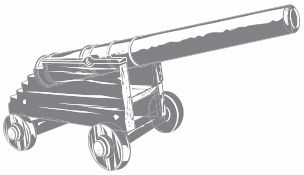

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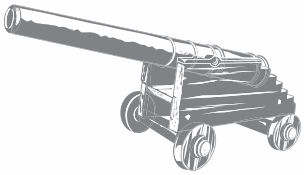

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Greetings From the President

Colleagues,

We are almost through the major part of the school year and I know that a lot of you are in the final sprint to the end. However, there is always a lot to more to do and as Frost stated in his poem, *Stopping by Woods on a Snowy Evening*, ..."I have miles to go before I sleep."

CAP is continuing to provide our membership with quality journals and now we have added bi-monthly electronic CAP Newsletters. We have represented our membership at National Summits on Canadian Health, at national partnerships on substance abuse issues, on national coalitions on health action, and at international events such as the NASSP Conference in Washington, DC. The CAP Board and Executive continue to work hard for our members and to engage stakeholders at all levels of the educational system, while working full time as school principals and vice principals.

The recent CAP National Conference in Banff, Alberta, is now behind us and it was an extremely successful event. Our thanks go out to the organizing committee for their extremely hard work. We are looking forward to next year's Conference in Halifax, Nova Scotia. For those that have never been 'down east' please treat yourself to a warm 'blue nose' welcome in downtown Halifax.

This is my last journal introduction as National President and I would like to take the opportunity of thanking the many individuals at the CAP table, the executive and the board that have been so supportive during our 2012/2013 endeavours. I would like to thank the many principals that have provided us with information, support, and encouragement. I look forward to working with next year's CAP President, Mr. Jameel Aziz, who will provide outstanding leadership.

This year we are undertaking a renewal of our Strategic Plan. In order to hear from more of our members, to help us further engage the membership in the discussion, and avail the power of the collective thought, we are going 21st century! Our new National Sponsor, Thought Stream, will be assisting us in developing a conversation and consensus on what CAP needs to be for all of our varied members. There will be invitations to participate, generate ideas, and come to a consensus on what we feel we need to focus in on as we move forward into the future. I foresee many challenges for our school leaders. Our soon to be published national research paper on the Role of the Canadian Principal, along with the Thought Stream process, will help focus our attention, and our voice, nationally as well as regionally!

Finally, this journal is all about Comprehensive School Health. Not too many years back the Journal looked at this issue, but, it is still a pressing matter on the Canadian social mosaic. We have not turned the corner yet on school health. Canada, and all industrialized nations of the world, still struggle with childhood obesity and over-weight issues. Too many children and youth still are not at a healthy state; if the trends continue some researchers predict that our present student population, when they turn 35 will have a 50% rate of being over-weight or obese. By the time they turn 55, 75% will be over-weight or obese. This has huge impact on our nation! Research states that achievement levels will increase as the physical and mental health of students improve. Physical health can have the greatest impact on children's achievement levels and in turn the collective health of the nation. This is not a Department of Health issue; this is a school and community and social issue.

I hope you take the time to read the articles and find some items that offer you guidance on how to develop your school into a Comprehensive Healthy School or how to fine tune the excellent work that you are already engaged with.

Have a safe and happy summer and we look forward to working on your behalf in 2013/2014.

William (Bill) J. Tucker President, Canadian Association of Principals

Each year I participate in transition-to-school meetings where parents and support providers share information about incoming students afflicted with medical ailments or health concerns. This year was like most others; I left knowing the importance of learning more about these children, their conditions, and ensuring my staff received all the information and training necessary to keep each of them safe. I know that come June, I will sit with my staff and collectively we will reflect upon the school-based practices of the last year to identify areas of concern. Eventually, we will leave with enhanced procedures to govern the operation and safety of our building. Next year, we will do it better!

Developing policies to address these identified concerns is time consuming but not difficult. Uncertainty – the eruption of an unknown event that, in some capacity, lands upon the shoulders of the school principal is a disquieting aspect of school leadership. Not until I held the position did I know that a typical day for an educational leader could involve maneuvering through the crawl space under a school looking and learning about mold spores; maintaining empathy and composure while being berated by a mother who believes the school-based inoculation for H1N1 unnecessarily exposes her child to the virus; comforting a frantic pregnant employee who learns of an outbreak of fifths disease in her classroom; and identifying a champion teacher who will swiftly develop and incorporate an anti-bullying initiative that supports political efforts to reduce a social dilemma. In such circumstance, I am charged with the task of making decisions without full knowledge. How could I know the effects of mold or the risk associated with public inoculation? I am required to present an enthusiastic front to implement something new and unexpected. How do I explain to staff that an initiative, not included in our year's plan, is now a priority? As leaders, we are the front line people expected to answer questions with authority, keep the peace, and support the ideas of a higher power.

Provincial policies related to student welfare present an integrated framework that incorporates general components: education, services/supports, and the environment (social and physical). District or Board policy delineates further and ascertains that schools incorporate key security measures and initiatives. School teams delve further to create plans that are both authentic to the needs of the school community and address the larger societal goals. For accountability purposes and to satisfy growing expectations, educational leaders need knowledge, support, and tools that identify pertinent areas of comprehensive school health. By creating an inventory of existing school health practices and exposing gaps, educational leaders can provide the specific direction that always serves to motivate staff and permit the development of an improved school culture. Enjoy this issue of the CAP Journal which highlights key players that can support leaders in their quest to reform school health and offers tools that will lend certainty to your decisions.

With summer approaching, I extend my well wishes to you. Enjoy well-earned time away from the challenge of educational leadership. Return rejuvenated and ready to continue providing such great service to children.

Kind regards,

Tina Estabrooks Editor

The JCSH **Healthy School Planner:**

Learning how to assess the health of your school

Pan-Canadian Joint Consortium for School Health
and Propel Centre at the University of Waterloo

Healthier students are better learners. We know this intuitively but research also backs it up. We know that schools are a key environment where students attain the knowledge and skills they need for lifelong health and wellbeing. Unfortunately, principals can't wave a magic wand to create a healthy school environment. That's where the Healthy School Planner can help.

Improving the Health of your School with the Healthy School Planner (HSP)

The HSP was developed to assist schools in assessing the health of their schools and in making plans for improvements where necessary. Schools receive results specific to their responses, tailored recommendations based on their results, and a list of resources that will help them take action for improvement. Schools can then share their results and achievements with staff, students, parents, and the broader community. Using the HSP allows you to assess the health of your school using the four pillars of the internationally recognized **Comprehensive School Health** framework.

Who can use the Healthy School Planner and what will it offer your school?

Any school in Canada, whether public, private or charter, can use the HSP at no cost. The HSP, which can be accessed online at any time, guides schools through a step-by-step process that includes:

- a series of questions to determine the school's current health status
- a rubric of the school's results
- recommendations for taking action
- a planning template to help develop goals and an action plan for making improvements
- links to resources to help develop and implement the action plan.

Why should you trust the Healthy School Planner?

The HSP is an initiative of the Pan-Canadian Joint Consortium for School Health (JCSH). Established in 2005, the JCSH is a partnership of federal, provincial, and territorial ministries of education and health from across Canada working together to promote the health of children and youth in the school setting.

The HSP was developed for the JCSH by the Propel Centre for Population Health Impact (Propel) at the University of Waterloo, under the guidance of an Advisory Committee formed by the Pan-Canadian JCSH.

Choosing the Tool that Works for your School

Choosing the tools your school uses to build a solid foundation for your school's health is not a decision to be taken lightly. Here's a quick, three-question checklist that will provide you with information about the evidence that supports the HSP.

- *Is it scientifically grounded?* The HSP is based on principles of CSH and research that supports the importance of each question posed in the Planner.
- *How practical is it?* The Pan-Canadian JCSH and Propel has relied on the input of principals and other educators from five provinces to develop, test and refine the HSP.
- *Is it valid and reliable?* The HSP has demonstrated validity (meaning that the questions measure what they intend to) and reliability (over time, the answers are consistent).

Getting Started with 7 Easy Steps

Using the HSP is simple. Follow these steps and your school community will be equipped to understand its current health and begin planning for improvements.

1. Form a team.

Bring together a representative team to assess and plan for the health of your school. A team approach is critical to achieving success. It will make the assessment and planning more meaningful, more widely accepted, and much easier to implement.

2. Designate a team leader.

The team will need a strong leader to guide team members through the process and keep the momentum alive at the school.

3. Register your school.

To register your school with the HSP, go to the Pan-Canadian JCSH website at www.jcsh-cces.ca and click on the "Healthy School Planner" icon.

4. Complete an assessment.

Schools first complete the foundational module. The foundational asks a series of questions intended to introduce schools to the four pillars of the Comprehensive School Health (CSH) framework, and the process to be used in healthy school planning (e.g., involving a team for assessment, considering all four pillars of CSH, celebrating successes, regular re-assessment). This module reinforces the importance of, and process behind, a CSH approach, and is not specific to any one topic area.

Schools can then choose from one of four topic specific *express modules*. These modules are intended to be a quick overview of key components of each topic area. Schools can select the topic area that interests them most or can complete them all.

For schools wanting to dig deeper into a particular topic area, the HSP also offers *detailed modules*. These modules build on the express modules, but provide a more thorough, in-depth assessment of the school's health status with respect to the topic in question.

Even though the HSP is composed of different modules, each one focuses on a different topic area with each assessment structured around the four pillars of CSH.

Some questions may have a straightforward answer, while other questions may take some discussion and further investigation before the team arrives at the best response for your school. Blank copies of the questionnaire can be printed out and distributed to team members for review. A member of your team can record the best responses and submit them online.

What are schools saying about the Healthy School Planner?

"Great questionnaire – easy to follow." –NB

"The report was a great summary and I thought it was a starting point for discussions and to have a professional dialogue about what goes on at our school. I could see our teachers or our administration taking the report back to a staff meeting and talking about our results and how we could do better or what we are doing right." –NB

"It made me aware of policies I was unsure of, as well as made me realize that we do more to promote a healthy school environment than I thought!" - NL

"I found it to be worthwhile - something that would benefit the whole school." –AB

"Collaboration is always beneficial to get the best snap shot of our school. Our team honours truthful feedback and discussion. We feel it is the best way to grow and move forward." –AB

"It was encouraging to think through some of the processes that we use to create a healthy school environment." –AB

"Completing the HSP went well and made me think about what we are doing in our school." –SK

Comprehensive School Health is not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing the following four distinct but inter-related pillars that provide a strong foundation:

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

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

How long will it take to complete the Healthy School Planner?

The time commitment involved in completing the HSP encompasses several factors. While entering the responses into the online questionnaire will only take about 20 minutes, the overall time commitment will depend on several factors which may include:

- Whether you have a team already in place.
- How familiar you are with the tool.
- The number of modules you choose to complete.
- The time involved in researching, discussing, and arriving at consensus on responses. Responses to some questions may need investigating, especially if team membership is limited.
- The time to enter the responses online.
- Team meeting time to review the results, set goals and determine how to best take action to improve.

5. Review your results.

Once the responses have been entered online, schools immediately receive the results of each assessment indicator on a 4-point rubric.

6. Plan your actions.

Once the key areas have been identified, your team will need to begin setting goals for what your school can do to improve and how it can take action to achieve these goals. Try to be realistic about what your school can accomplish and only choose one or two issues to start. All team members must agree on the priority areas to ensure commitment to taking action. The HSP provides an action planning template that your school can use to set goals and actions.

7. Celebrate and re-assess.

Celebrating the success of your healthy school initiatives, both big and small, is important to keep momentum! Stakeholders will be able to see the progress your school is making and the school community will be re-energized to make further improvements. The HSP is intended to be a tool that you use over and over again to assess the health of your school, and to monitor and evaluate progress. Returning to the HSP will also allow your school to assess different topic areas and really explore the areas where your school can make significant changes.

Find the Healthy School Planner at: www.jcsh-cces.ca Click on "The Healthy School Planner" icon. CJ

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Enhancing School's Capacity in Managing School Medical Emergencies

Few educators would quarrel with the mission of promoting a safe learning environment for all children. The notion of a safe learning environment is multi-dimensional. In some instances, it might mean creating the psychosocial conditions for students to engage with racial differences in studying history. In others, it might mean understanding the intricacies of bullying, or carefully following a threat assessment protocol. With students spending up to one-half of their waking hours in schools, school becomes a second home for many. A safe school environment is critical to student success.

Schools' capacity to address and safeguard students' physical health, especially in times of medical emergencies, is a critical, but sometimes overlooked, aspect of school safety. Some may take the view that responding to medical emergency is outside the purview of educators. Others shy away for fear of added legal responsibilities in today's litigious society. These are understandable, but misguided, views. The issue of school medical emergency can be a difficult topic to broach. The fact remains, however, that the expectations and obligations to act do exist and have shifted within the last decade. Front-line educators must be prepared and be able to respond in a school medical emergency. Children deserve adults who can help when they are at their most vulnerable during a medical crisis.

In this article, we take stock of recent developments in coping with school medical emergencies, and explore front-line educators' roles, competencies, and responsibilities in responding to these emergencies. We argue that front-line educators be familiar with protocols and be able to respond in the event of a school medical emergency. We then examine what principals could do in leading safe schools from a policy perspective. We argue that Ontario's model of creating an "individual health plan" – the analogue to an Individual Education Plan for student medical health – provides a useful model of promoting safe-school dialogue between all educational stakeholders.

Front-line Educators' Roles, Competencies, and Responsibilities

Recent high profile student fatalities have thrust the issue of school medical emergencies into Canadian public discourse. For instance, Sabrina's Law (2005) was created in Ontario following a fatal anaphylactic reaction from exposure to cross-contaminated food served in the school cafeteria. The Chase MacEachern Act (2007) was created in Ontario following a fatal cardiac arrest during gym class. In these fatalities, using an epinephrine autoinjector (Epi-Pen™) or an automated external defibrillator, respectively, might have bought the students valuable time to receive emergency medical interventions.

Recent epidemiological studies shed light on just how prevalent potentially life-threatening health conditions can be in today's student population. In Canada, it has been estimated that one in 14 children are at risk from food allergies (Soller et al., 2012). One in seven children are at risk from asthma, and one in five children have one or another forms of chronic health conditions (Statistics Canada, 2010). When chronic conditions are poorly managed, these conditions could manifest into an emergent situation requiring interventions from front-line educators in schools. Asthma is the leading cause of absenteeism from school (Moonie, Sterling, Figgs, & Castro, 2006).

Emergencies arising from known conditions are only one of many situations requiring immediate first response from front-line educators; injuries and unpredictable emergencies require intervention as well. Approximately 12-19% of injuries to Canadian children in grade 6 to 10 occur within a school setting (Health Behaviour in School Aged Children, 2011).

It is true that some fatalities occur despite due diligence and provision of immediate medical care. However, in cases of injuries and known conditions, having preventative measures in place, a clearly articulated emergency management protocol, and capable responders to provide immediate assistance greatly increases student safety by enhancing recovery and survival.

The call for creating a safe learning environment extends beyond the responsibilities of teachers solely. From the playground to the cafeteria and from the workshop to the bus ride home, all persons supervising children have a responsibility to maintain and promote a safe environment. Teachers, food services staff, volunteers, lunchroom supervisors, custodians, and bus operators, to name a few, must share the same commitment in being educated, prepared, and vigilant. This commitment is both a moral and a legal one. The common law doctrine, *in loco parentis*, recognizes educators' duty and obligation to act in the best interest of children in the place of a parent. This doctrine forms the legal basis in obligating staff to act responsibly. Asked another way, what would an educator know and be able to do if his/her own child is at risk from a severe food allergy, or any other potentially life-threatening conditions?

Front-line educators must not only be educated about students' conditions but also be trained to respond. At the minimum, front-line educators must activate the emergency medical services systems and care for the children. While educators are generally held to a lower standard of care than a targeted responder (e.g., lifeguards, fire fighters, or allied health professionals), educators should be mindful that not all situations are considered an emergency, and therefore a higher standard of care should be exercised. In cases of anaphylaxis, a legal interpretation sponsored by the Canadian Association of School Boards (2001) suggests that anaphylaxis emergencies are not true "emergencies" in that the potential for a medical crisis is foreseeable. This establishes a reasonable expectation that front-line educators working with children at risk from anaphylaxis are to be familiarized with the relevant and appropriate first aid protocols. They are to be prepared and trained to recognize the signs and symptoms of an anaphylactic emergency, be trained in the administration of an Epi-Pen, and activate the emergency medical services systems. Educators when in charge of a child with anaphylaxis must be prepared. The same could be said for other known conditions, such as asthma, diabetes, and seizures.

Educators should be familiar with the management of particular conditions of students in their care. Management includes recognizing the particular signs and symptoms of the associated emergency, preventative measures and potential triggers, and the first aid treatment protocol to provide immediate support to the individual. Educators should also incorporate strategies to minimize exposure and incorporate strategies to reduce exacerbation. In cases of injuries, basic first aid principles and skills, such as immobilizing fractures, CPR and choking procedures, burn treatment, or the use of automated external defibrillator have been shown to greatly enhance survival outcomes. A comprehensive first aid course would provide the necessary practical knowledge, prevention strategies, and practical measures to respond to emergencies common in today's classroom. It is also important that the certification be up-to-date as treatment recommendations are revised every five years based on emerging medical research. Online refresher modules can be a useful way of reviewing the procedures, but are no substitute for hands-on learning using demonstrators under the guidance of an experienced trainer.

Leading Safe School Culture

The issue is that what has traditionally been considered "medical" care is now increasingly under the purview of educators. This is due to the increasing recognition that immediate on-the-scene intervention is one of the most critical links in the chain of survival for any medical emergency. Anaphylaxis prevention and management has been an active arena for policy and legislative development of late, and it would be instructive to look to its development to inform our efforts at creating safe schools.

Many provincial jurisdictions have devised anaphylaxis policies since the early 2000's. The seminal document *Anaphylaxis: A Handbook for School Boards* published by the Canadian Association of School Boards (2001) provides a foundation for understanding staff roles, competencies, and expectations in responding to anaphylactic emergencies. It also discusses the developing

of board policies, elements of board policies, and division of responsibilities. Much of the advice and recommendations have direct application and relevance to other chronic potentially life-threatening conditions.

In Ontario, the province has created legislation (2005) that mandates policies and procedures to address anaphylaxis in schools. It also provides legal protection to educators in providing first aid treatment. The first legislation of its kind in the world, Sabrina's Law (2005), named in honour of Sabrina Shannon who died following an anaphylactic reaction in 2003, establishes five cornerstones of safe school practices:

1. The establishment of a board policy with respect to anaphylaxis prevention and management;
2. Individualized plans for students with anaphylactic allergies with information on the type, prevention and treatment protocols;
3. The pre-authorized administration of medicine by employees if the school has up-to-date treatment information and the consent of parent and guardian or pupil;
4. The emergency administration by employees is also authorized within this act (e.g. in instances of unforeseen reaction); and finally,
5. The obligation to keep schools informed rests with parents or guardians and the pupil.

The idea of establishing individual action plans for students is an encouraging innovation towards enhancing the safety of schools and students. These "Individual Health Plans" (IHP) should at a minimum contain a photo ID of the child, information on the nature of the health concern, possible triggers or exacerbating conditions, avoidance strategies, signs and symptoms of an emergency, treatment protocol, emergency contact, and consent provided to staff to help in an emergency. It is important to note the locations within a school where additional life-saving drugs (e.g. Epi-Pen and asthma inhalers) could be obtained. It is recommended that students (even young children) be responsible for his/her own medicine kept within close reach. A back-up prescription could be stored within a classroom cabinet or at the central office under the care of an adult. The profiles of these students should be posted at a prominent, but private, location such that all front-line educators can be familiar with the persons and conditions.

The IHP provides essential information for safeguarding students' health. Most importantly, the process of completing an IHP provides the necessary opportunity to engage parents, guardians, teachers, and administrators in dialogue about facilitating a safe school culture.

Creating a safe school culture requires a complex – but not necessarily complicated – coordination between parents and guardians, students, health care providers, front-line educators, and principals. School leaders must help raise awareness among front-line educators about the health conditions prevalent in the school population. Staff should be encouraged to complete first-aid training offered by one of the major training agencies. The sequence of events when emergency medical services systems are activated should be rehearsed and practiced. Finally, regular in-service training should be provided to familiarize staff with the necessary protocol. Although this is adding detail to an already full plate of responsibilities, the energies devoted to a school's preparedness for medical emergencies assists in the creation of a safe culture where students and staff feel competent in caring for each other. The initial work in establishing this culture more than pays for itself in a time of crisis. CJ

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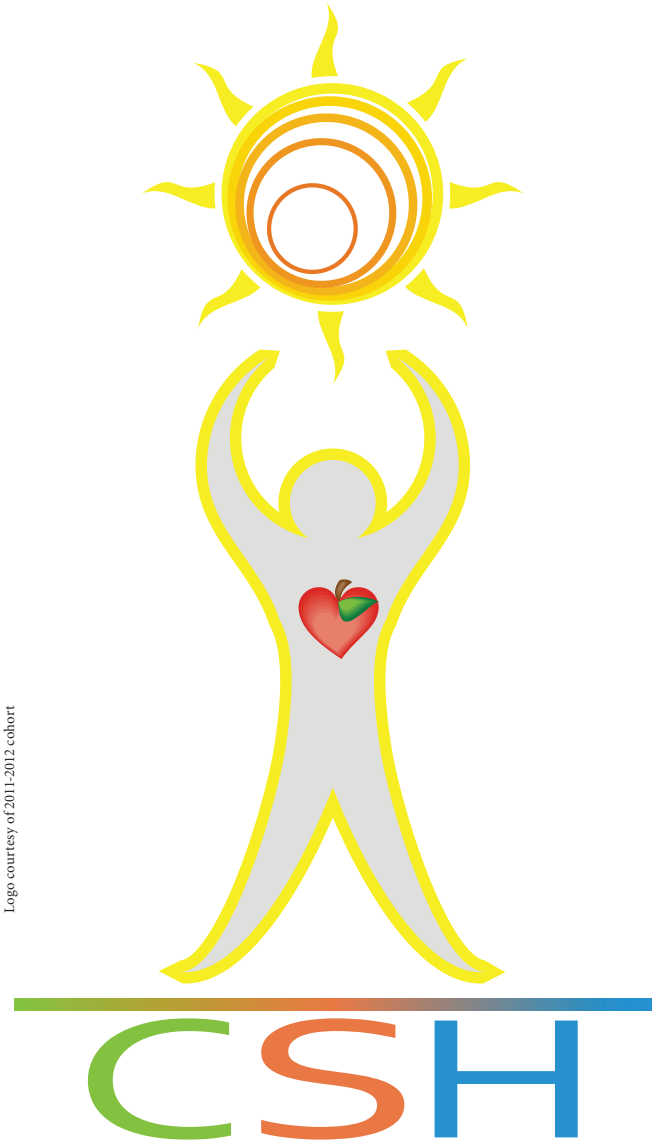
Promoting 'Comprehensive School Health' in Teacher Education: From Consumers of Knowledge to Champions of Health

by Rebecca Lloyd, Jessica Whitley, and Sarah Olsen, University of Ottawa



Logo courtesy of 2011-2012 cohort

The model of Comprehensive School Health (CSH) serves as a viable solution to Einstein's definition of insanity as it applies to the state of health in schools i.e., *'Doing the same thing over and over and expecting different results'*. We know that children's physical and mental health is at risk and has been on a steady decline for the past 25 years (Tremblay et al., 2010), yet the degree to which teachers are educated and supported to make responsive health-promoting changes in their day-to-day practice is marginal at best. Health, as it is taught within the subject of Health and Physical Education (HPE) in K-12 schools, is not only marginalized, in that it is often saved for a rainy day lecture (Varpalotai, 2012), the way in which it is taught is also very much dated. A command-based pedagogy infuses the subject of HPE (Kirk, 2010) and the underlying assumption to drill based, rote learning is that the student is a consumer of a fixed knowledge that is transmitted from a teacher, a behaviouristic approach framed by Friere's notion of 'banking education'. While learner-centered and community-forming complex, sociocultural approaches have been introduced to HPE that date back as far back as the early 80s (e.g., Bunker & Thorpe, 1986; Butler & Griffin, 2010; Light, 2005), teachers in HPE are resistant to change (Randall & Maeda, 2010). With such resistance and the perpetuation of dated HPE teacher practice that is not meeting the needs of today's students, David Kirk (2010), a leading researcher, predicts three possible outcomes for the future of HPE: more of the same, radical reform, or extinction, with his hunch that 'more of the same' will be the most likely. If we are then to break free of Einstein's path towards insanity, besides the obvious reform that is required within the subject of HPE, health in terms of how it is experienced and understood in schools needs to change dramatically.

The comprehensive school health model shifts subject conceptions of health to that of a complex, cross-curricular, and community centered phenomenon. Comprehensive school health is thus "a multifaceted approach that includes teaching health knowledge and skills in the classroom, creating health-enabling social and physical environments and facilitating links with parents, local agencies and the wider community to support optimal health and learning" (Canadian Association for School Health, 2007, p. 1). The World Health Organization (WHO) describes a health promoting school as a school that is constantly strengthening its capacity as a healthy setting for living, learning and working. This means that health becomes everyone's responsibility – teachers, administrators, support staff, students, parents and those living in the community. Yet, for such connections to be forged there must be leaders within a school. Research shows that teachers are the best ones to implement whole school approaches to health promotion (St Leger, 2000, p. 82), yet the training and support in preparing teachers to become champions of health is lacking. While there may be documents in place such as *Foundations for a Healthy School* (Ontario Ministry of Education, 2010) or policies such as Ontario's mandated 20 minutes of Daily Physical Activity (DPA), without administrative support and specialized training, little will change. Pre-service teachers placed in certain elementary classrooms for their practicum, for example, are informed that DPA only happens on Tuesdays and Thursdays, an oxymoron to say the least.

With a goal of preparing teachers to become champions of school health, a team of researchers dedicated to promoting physical and mental health at the University of Ottawa created a specialized CSH cohort within the 1-year Bachelor of Education (B.Ed.) pre-service teacher education program. This cohort, comprised of approximately 40 Primary/Junior (K-6) generalist teachers, is conceptually framed by three pillars – Healthy Living, Healthy Relationships and Healthy Environments (see http://www.uottawa-comprehensive-school-health.ca/). These students thus travel as a group through their B.Ed. program and are encouraged to infuse the three pillars of CSH within their various courses, practicum placements and extra-curricular activities.

Creating champions of health in teacher education programs is not a straight forward, easy to administer process. Through ethics-approved, end of year focus group interviews from students within the inaugural 2011-2012 CSH cohort, we learned that many students who signed up for the cohort expected to be consumers of health knowledge. What we would like to share are the some of the challenges, highlights and insights expressed by these students. Through sharing these stories, we hope to inspire other teacher education programs to not only promote CSH but also introduce it in ways that are authentic, i.e., cultivating the confidence in pre-service teachers to promote physical and mental health through the purposive forming of healthy relationships in their university setting, practicum placements and local community.

Initial 'Consumer of Health Knowledge' Expectations

The following focus group interview excerpts reveal the initial expectations for the manner in which the pre-service teachers in the CSH cohort were to going to engage with the phenomenon of CSH. For the most part, the grassroots approach of asking them to begin with a vision for how they wanted to promote health with the support of the CSH research team behind them was a challenge.

- *I think a lot of people thought, coming to that first day, "okay, well, you're gonna tell us how to roll with this," and instead it was, "okay, what do you want it to be?" and having to […] develop this group goal and all these programs, on top of being in an 8 month intensive program […] that was the big question mark at the beginning.*
- *you're just so pre-occupied with the program requirements and what you're gonna learn, and just … I wasn't really sure how I'm going to contribute to it. […]Cause, you know, I'm the kind of person that, I will try and do twenty things, like, tell me when, where I gotta go … some people need that direction.*
- *when I came in, I thought they were just going to feed us stuff to do as we're teaching, and not, in addition to that, okay, then I realize we have to – to promote it within the Faculty and we have to lead that, and push it. Um, that wasn't clear to me at the beginning.*

The World Health Organization (WHO) describes a health promoting school as a school that is constantly strengthening its capacity as a healthy setting for living, learning and working.

Healthy Education by Pursuit – Healthy Lifestyle by Practice

The 2011-2012 CSH cohort consists of future educators who promote and encourage a holistic view of healthy mind, body, and a personal connection with the world around us. We advocate for healthy environments, lifestyles, and relationships with the intention to inspire students to be future agents of change.

Emergent Health-Promoting Projects

Instead of assuming our students to be blank slates, we invited them to create health-promoting projects on campus and their practicum placements that were related to their prior experiences. What emerged were small clusters of pre-service teachers where one or more leaders within the small group would motivate others by sharing their expertise in diverse areas such as nutrition in the classroom, meditation, outdoor education, and Aboriginal perspectives on health. One group of pre-service teachers, for example created a community of practice around the cross-curricular activity of 'sport stacking' cups. They organized time to practice, develop sponsorship negotiation and promotion skills such as doing an interview on CBC (http://www.cbc.ca/player/News/Local+News/Montreal/Sports/ID/2179647954/), develop and host professional development workshops for their peers in the B.Ed. program, as well as share these 'sport stacking' skills with children in schools. Such an experience was significant for those involved as the following focus group interview excerpts reveal.

> *my [associate] teacher loved the idea! …one of our stations in math happened to be the cup stacking station, just to give them a break from fractions, or give them a break from other stuff. Well, it's sequencing, working [the entire] brain, um, and it's fun. And then she would build up those skills to take them to do DPA outside with them, and do relay races and things like that.*

> *perseverance. ...at first, um, you know we had all these ideas and we tried a workshop, and, it was like a, it was a bit of a, well, it was a bit of a flop. Like, nobody showed up from any other cohorts, um, but we stuck with it, you know… and, the work we did with that paid off with that last [cup stacking] workshop that we did at the end, was great, and, um, I've used it in my classes, and uh, yeah, it's good. So, people need to understand like, just if it… just keep, keep trying, cause it'll work eventually.*

Creating a Collective Vision and Identity for the CSH Cohort

While the creation of small self-organized groups was essential for physical, social and environmental dimensions of health to be experienced and promoted, connecting the students within the CSH cohort with a collective vision and logo was a key step towards creating a group identity. The words in the following statement came from a facilitated discussion in one of their classes in the second term.

While the process of creating this mission statement took time and strategic negotiation, as cohort members were particular about the words in which they used to express themselves, the experience was meaningful and essential for team building as this student articulates:

> *I felt like it was a really cool process. I felt like it was a little picky and choosy in terms of words, like people were like, "Oh, I don't like the word 'spirit', or I don't like this…" Like, we really flushed out our idea of what CSH meant, to all of us.*

Other activities that helped the students develop a CSH cohort identity were the creation of CSH t-shirts and posters that advertised the series of CSH 'lunch 'n learn' workshops they hosted on campus.

> *When we started doing those lunch n' learns. You know, people started hearing about it and you know, the word got out, and every little thing we did just kinda like, um grew, grew the image really nicely, and it, to me it like culminated with those purple t-shirts. Like, it's just a t-shirt, you know, but it, it really made a big, impact.*

Not to be trivialized, time invested in creating an identity and sense of community as a CSH cohort helped the pre-service teachers both conceptualize and experience the relational dimension of health within the CSH model as the following excerpt shows.

- *Being able to come every day knowing that I'm seeing this group and they're here to support me. I know others who've expressed the same thing, it was just nice to have that, that comfort zone, but also people that I knew that had my back, and, you know, it was just to walk into a room and get a smile and be like, "hey, how's it goin'?" and people that… wanted you there.*

Challenges in Promoting CSH in Practicum Placements

Students shared insights regarding the complex notions of health that they found challenging, particularly when it came to implementing them in their practicum setting.

- *…where do I go with this? Like, do I push mental health on my prac or in my lesson, or in my assignments, or am I gonna do physical, or do both?*
- *I think we all just kind of thought that, like, that it had to be this big thing; we wanted it to be this big thing. But, realistically, I think, um, small things are good too, and especially when you're invited into someone else's classroom, it's really difficult to say, "I'm gonna do this!" and "I'm gonna take over that!" like, that doesn't work right? Like, your place is clearly below your AT and you need to weasel [CSH] in there and so, little ideas work better than big ideas…*

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Other students also highlighted the difficulties they had with the 'how' of CSH when faced with the reality of the classroom.

> *I have to say the schools I was placed in were inner-city schools, low socio-economic, um, a lot of social problems, behaviours, and… I found it really hard to wave the CSH banner in those schools when most of the teachers were, just weren't… it just wasn't a priority for them. They're so focused on, their testing and EQAO's, and, and you know, dealing with these, these students who are struggling academically, um, and also that can't afford to eat healthy, that, you know, they're going home, they're not supervised. For me to, to… You know, I could in my lessons, I could promote it, but without having other teachers around also engaged in that and promoting it, … I think I struggled with that a lot, was just, you know, I felt like … no one's listening.*

Lessons Learned for Promoting CSH in Teacher Education

Taking the time to listen and learn from our first cohort of pre-service teachers was invaluable in helping us to conceptualize the ways in which CSH could be introduced to future cohorts. Embracing the complex and diverse nature of CSH while also finding ways to unify the group of pre-service teachers is essential. Some of the activities we facilitated in this 2012-2013 year of our CSH cohort included an orienting CSH cohort hike at the beginning of the year, as well as the creation of a professor-organized volunteer opportunity to deliver a mindfulness-based program at a local elementary school for those students who prefer more direction. Champions of health certainly emerged in this second year, however, as leaders within this year's cohort have organized charity events such as a Zumbathon to raise monies for Aboriginal education as well as a series of 'lunch 'n learn' workshops where topics of mindful movement, heart math, winter activities and nutrition were introduced to students in the B.Ed. program at large.

As co-directors of this second 2012-2013 cohort, we have become more explicit in helping our students make links between curriculum, pedagogy, and CSH. We have offered more opportunities for hands-on, active involvement in CSH-related activities. We have opened up more conversations about issues of CSH and equity. We have worked with professors to increase cross-course messaging regarding CSH. We have also learned that the prospect of fully preparing educators to be confident, respectful, creative, passionate champions of comprehensive school health is a long-term endeavour, and not one to be considered accomplished within a brief program. We have shifted our goals to include facilitating the development of a mindset among pre-service teachers of openness, curiosity, and risk-taking with respect to CSH, rather than imagining fully-equipped educators armed with CSH teaching toolkits. As the second uOttawa CSH cohort heads into their final months, and we again meet with them to explore their lived experiences throughout the year through formalized end of year interviews, no doubt new strengths and challenges will emerge. However we are confident that the preparation of teachers to work within, contribute to, and lead health-promoting classrooms and schools is necessary and worthwhile and has already begun to dismantle the 'doing more of the same' loop towards Einstein's insanity. By introducing CSH through a specialized teacher education cohort and promoting health in complex ways, we are doing different things and seeing different results, which in this case, are creating a positive step towards the promotion of physical and mental health of children in schools. CJ

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Comprehensive School Health in **six priority areas:** The work of an **Education and Health partnership**

Pan-Canadian Joint Consortium for School Health

There are high demands placed on educators: to teach the curriculum of the province/territory while providing students with a learning environment that will inspire them, assist them in becoming globally aware adults, and protect them from dangers. In addition, schools are asked to be the settings where children and youth also cultivate healthy behaviours.[i] Without some integration of the forces that impact the business of schools, these can be an overwhelming set of tasks.

For the past 30 years, schools in Canada and in many other countries have integrated the work of education and health in the school setting into a framework known as Comprehensive School Health (CSH).

1. WHAT IS COMPREHENSIVE SCHOOL HEALTH?

Comprehensive School Health is a process used by a school community to optimize student achievement through integrated school health initiatives. This approach advances a school health climate also known as Health Promoting Schools or Healthy School Communities.

Recognized internationally by the World Health Organization (WHO) and schools across the globe, CSH involves educators, administrators, students, and school community partners: parents, public health professionals, community organizations, coaches, sport and recreation facility managers, and many others.

The purpose of CSH is to bring about a school climate to support optimal health and learning outcomes. This is done when the school community addresses priority actions and initiatives through four distinct but inter-related pillars:

- Teaching and Learning
- Physical and Social Environment
- Healthy School Policies
- Partnerships and Services

2. WHAT IS THE JCSH?

The Pan-Canadian Joint Consortium for School Health (JCSH) is the collective voice on Comprehensive School Health of the Ministries of Education and Health across the country. Quebec, though not a member, communicates and shares practices and evidence; and the Public Health Agency of Canada provides support and advice. The JCSH was created in 2005 by the 24 Ministries in 12 of the 13 provinces/territories and the federal agency in order to facilitate an integrated and coordinated approach to health promotion in the school setting.

The JCSH supports CSH initiatives nationwide, serving as a catalyst to strengthen co-operation, share information, and promote best practices. [ii]

3. WHAT DOES COMPREHENSIVE SCHOOL HEALTH HAVE TO DO WITH STUDENT ACHIEVEMENT?

The connections between educational achievement and life-long health are well established. The association that has been more difficult to make, but is now being recognized, is the influence of health on education achievement. [iii, iv]

Comprehensive School Health initiatives are a worthwhile investment. They complement and enrich education priorities. Research shows that this approach can lead to improvements in student achievement and promote life-long health and wellness.[v]

"Schools are complex, evolving organizations that have to deal with many conflicting demands for time, resources and attention", (p. xv, Samdal & Rowling, 2013).

4. DOES COMPREHENSIVE SCHOOL HEALTH MEAN MORE WORK FOR MY SCHOOL STAFF?

Taking a Comprehensive School Health approach does not mean more work; it means looking at school health in a different way. For example, the JCSH addresses its efforts to advance CSH through six topic areas – areas that are important in any school: Positive Mental Health, Physical Activity, Healthy Eating, Substance Use, Injury Prevention, and Healthy Relationships.

As an example, your high school recognizes that student engagement is not as strong in the higher grades as in the earlier years. You realize that engagement has an impact on student achievement, that more involved students tend to perform better academically. A CSH approach may involve taking steps with a Positive Mental Health focus as the substantive area you want to address. Steps in the four pillars might include:

- Healthy School Policy: Develop a policy that your school will accommodate the social and learning needs of every student in the school, including those with exceptionalities.
- Teaching and Learning: Support autonomy by minimizing control in student projects, and by listening to and validating student perspectives. Support learning environments that recognize and advance both university and non-university learning tracks.
- Social and Physical Environment: Provide a welcoming and student-centered environment and encourage student involvement in decisions affecting the school community.
- Partnerships and Services: Collaborate with families in school learning and improvement and offer students opportunities in school-community action groups. In addition, use the Positive Mental Health Toolkit's action plans for students and school staff.

5. SIX SUBSTANTIVE AREAS AND COMPREHENSIVE SCHOOL HEALTH

The JCSH has selected the above-noted six substantive areas for focus. What do these areas mean in the life of a school community and in the ability of each student to achieve optimally in school?

- Positive Mental Health: The Public Health Agency of Canada describes Positive Mental Health as "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity." [vi]
- Physical Activity: The World Health Organization defines Physical Activity as any energetic bodily movement produced by skeletal muscles. The WHO advocates that

ADDRESSING COMPREHENSIVE SCHOOL HEALTH IN 6 SUBSTANTIVE AREAS:

- Positive Mental Health
- Physical Activity
- Healthy Eating
- Substance Use
- Injury Prevention
- Healthy Relationships

Health and education go hand in hand: healthy children learn better, and better educated individuals tend to be healthier for life.

children between the ages of five and 17 need at least one hour of physical activity each day in the forms of "play, games, sports, transportation, recreation, physical education or planned exercise, in the context of family, school, and community activities." [vii]

- Healthy Eating: A complex term that takes into account a number of factors, Healthy Eating involves: elements of foods, such as fat, sugar, and sodium content; values about foods and cultural, geographic, and socioeconomic considerations; and ways of eating and attitudes towards food. [viii]
- Substance Use: For the purposes of the work of the JCSH, any use of tobacco, alcohol, illicit drugs, or medications outside of prescribed medical directions falls under the topic area of substance use.
- Injury Prevention: The Health Behaviour in School-aged Children (HBSC) study defines injury as any bodily harm externally caused, and includes: sprains, broken bones, cuts, burns, and ingestion of poisons. These can be sustained from sports activities, fights, failure to wear a helmet, and motor vehicle collisions, among other examples.
- Healthy Relationships: The HBSC study (2010-2011) and PREVNet each draws attention to the relationships children and youth have within family, peers, and school networks. This area also reflects and includes sexual health and relationship challenges from difficult social contexts, bullying, other victimization, and sexual orientation. [ix]

6. HOW WILL MY SCHOOL BENEFIT FROM A COMPREHENSIVE SCHOOL HEALTH APPROACH?

Comprehensive School Health recognizes that schools and communities have a common interest in supporting student health, and capitalizes on supports and services in the community. [x]

In addition, improvements in health behaviours, such as physical activity, during and after school, recess play, and physical education all show positive associations with improved test results, academic behaviours, and cognitive skills and attitudes. [xi]

Research shows we get the best results when education and health professionals work together as partners – understanding and valuing each other's roles. [xii] Please check out The Positive Mental Health Toolkit at www.jcsh-cces.ca. CJ

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PHE Canada: **Building Capacity** through Health Promoting School Project Funding

by Sarah Jackson

A core component of the Health Promoting Schools project is to build the capacity by providing funding for individual grassroots projects. Project funding of $1,000 serves as a spring board for schools to develop the means of becoming more health promoting. Applicants must have completed the Health Assessment Tool for Schools [HATS]; issues must address health promotion within the school community, and be as diverse and sustainable as possible. The knowledge gained from these projects will be shared through the PHE Canada website and promising practices database so that other Healthy School Champions can access and build upon them. Ultimately, the knowledge mobilization that occurs through this funding benefits schools across Canada, and inspires and encourages other schools to initiate their own projects.

Highlighted are four examples of promising HPS practices that were supported by Health Promoting Schools Grants in the 2011/2012 school year.

Health and Wellness Guide and Calendar, Westmount Charter Elementary School, AB

We quickly realized that health and wellness all starts in the home. In order to grab the attention of parents – what better way to do that than with their child's work – each and every student at Westmount Elementary contributed to this booklet: grade 1s – Nutrition, 2s – Physical Education, 3s – Social and Emotional Wellness, 4s – Environmental Wellness; each classroom teacher also provided a 2-page class contribution on their grade topic. In addition was a message from our Music teacher, the Principal, our Healthy Active School Community (HASC) Force, Alberta Health information. Finally, we had a school competition for the design cover, with the winner decided by the HASC Force. We were really amazed at how many kids came up with so many different ways to portray Health and Wellness on one page! The finished product was presented at our school assembly, and sale proceeds will support a new playground.

Challenges we faced included the cost of printing, and getting teachers to contribute 2 pages. To other schools, we would recommend including research related to the impact of health and wellness on students, specifically gifted individuals in our case. We believe this would have increased the impact of the calendar. This guide is truly a celebration of our school. Everyone took part, and to see the pride and ownership that each and every student has when they see the booklet is a very big highlight. Receiving the PHE grant was a blessing when we were trying to sort out how we could afford to print 250 books in house.

Teacher Debbie Carrol and students

Photo courtesy of PHE Canada

Yoga Day, LaSalle Secondary School, Kingston, ON

On June 6, 2012 every Physical Education class participated in a full hour of yoga with yoga teacher and staff member, Andrea Barrow – over 150 students and staff total! At the end of the day an instructor from a local studio taught students and challenged them to moves they have never tried before. To link physical activity to mental wellness, students were also reminded of the importance of physical exercise and proper breathing to aid in mindfulness and relaxation. Students continue to participate in yoga based activities at school with the purchase of new mats, music, yoga circuit cards and resources for teachers. Students have been surprised with how difficult yoga actually can be, but they are enjoying the gains in flexibility and reducing their personal stress levels.

Spectrum Toast Program, Spectrum Community School, grades 9-12, Victoria, BC

Hungry? We all know how important a nutritious and balanced breakfast is to start the school day. Spectrum Community School now serves a breakfast of hot toast with jam/peanut butter and a glass of milk to approximately 300 students every Thursday, with plans to expand over the coming school year.

With the Health Promoting School Grant we were able to purchase an industrial toaster which has allowed us to increase the number of breakfasts served weekly. A local bakery donates our bread, and we partnered with the Saanich Neighbourhood House sharing the buns and extra loaves to help support their programs and needy families in our community. A parent volunteer coordinates donation pickups, sets up and runs the weekly event. Leadership students help by slicing bread, buttering toast, and serving others, the Life Skills Class develops employment skills by cleaning up. Teachers volunteer as well, and this year they have been invited to host the morning allowing for a more personal twist to the breakfast. Students, teachers, and support staff gather in the school's front foyer to stand around and connect in an informal way. The Spectrum Toast Program has not only provided breakfast, but in doing so increases students' ability to focus and learn, as well as fostering a sense of community within the school community.

Healthy Eating Initiative, Richard Beasley Elementary School, Hamilton, ON

Our Health Action Team recognized the need to address the quality of lunches brought to school by students. Student Cooking Clubs, school-wide participation in the "Great Big Crunch", a school visit

Photo courtesy of PHE Canada

by the Hamilton Tiger-Cats, celebration of Nutrition Month, including student information sessions related to Canada's Food Guide and unhealthy versus healthy lunch/snack choices by the school's Public Health Nurse (PHN), and PHN contributions to the school newsletter sent home to parents related to the importance of healthy eating for improved academic performance.

But we recognized the need to further engage parents on healthy eating for school-age children. Staff, parents and the school's PHN planned a Healthy Eating Parent Evening. This forum informed parents about the importance of healthy eating, helping children to develop healthy eating habits, purchasing and preparing foods on a budget, nutrition label-reading, and creative snack and lunch ideas. Discussions with parents allowed staff to better understand parents' perceived challenges to healthy eating. These conversations will serve to inform the future delivery of information to parents and their children.

To complement the forum, students showcased their skills from Cooking Club on the night of the event. A slideshow ran concurrently to highlight some of the "healthy" activities that students have taken part in throughout the year. Games were used to "test" parents' knowledge in a fun and non-threatening atmosphere, and prizes were all related to food preparation. Although one of the biggest challenges was the time associated with eliciting donations from local businesses, community partnerships developed through this process. Now, a list of suitable, local businesses is available and relationships have been made with community partners. In addition, many displays and informational materials are now available for future use. In fact, the school has made effort to reinforce the information related to healthy eating at its recent Open Houses, and will continue to do so.

Teachers are happy to observe that their students are bringing more fruits and vegetables to school. Comments such as "Hey, look, I have an apple in my lunch today!" serve as validation that planned healthy eating initiatives have made a real difference in students' and parents' perception of healthy foods. CJ

Fighting the Flu, Fighting the Fear: **Teachers and Infection Control**

Adapted from and reprinted with permission from "Pandemic and Pedagogy: Elementary School Teachers' Experience of H1N1 Influenza in the Classroom" by Patrick Howard and Joy Howard, 2012. Phenomenology & Practice,Vol. 6, No. 1 (2012).

Principals and teachers are instrumental in implementing strategies to reduce the impact and spread of seasonal influenza. Each year students and teachers lose thousands of hours of instructional time due to the flu and many become seriously ill. Different strains of the influenza virus appear each year and mitigating the effects of viruses relies on strategies coordinated at national, provincial and local levels. Collectively, teachers and principals have direct contact with thousands of children on a daily basis and with thousands more parents and family members. Therefore, teachers and principals are often called upon to act as infection control agents in their classrooms and schools.

Very little research is available on classroom teacher's experience of being a health resource for children and families. Most school officials will remember the H1N1 influenza pandemic of 2009. This research project was designed to better understand elementary teachers' experience in those months when the flu pandemic swept across the globe and affected the Canadian population in a manner not seen in almost a century. A clearer understanding of how influenza prevention was experienced at the classroom level during the H1N1 outbreak may provide important insights to contribute to more effective influenza preparedness strategies in the future and improve health outcomes in schools related to future seasonal and pandemic flu outbreaks.

Method

The research employed phenomenological methods to elicit the perceptions, attitudes, beliefs and experiences of eleven (11) elementary teachers working at the time of the H1N1 outbreak in Nova Scotia during the fall of 2009. Participants were chosen from those who responded to an online invitation. First, a structured survey in the form of a questionnaire was used and data collected. Questionnaire items were based on a literature review, the working experience of the principal researcher – an educator, and the co-researcher, a community health and former public health nurse. The survey items were open ended and designed to elicit elaboration on teacher experiences, beliefs, attitudes, and observations of their experience in the elementary classroom during the 2009 H1N1 influenza outbreak.

Teacher Responsibility for Infection Control Practices

As indicated above, there is no research that looks specifically at the classroom teachers' role in infection control, or how teachers perceive that role. Despite this lack of evidence, best practices, good judgment and common sense have value. Teachers, primarily through school boards and principals were given directives, guidelines and procedures to follow to minimize infection. This advice came down through, international, national, and provincial health agencies and represented the most effective infection mitigation practices available at the time.

All eleven (11) teachers surveyed reported that they taught infection control practices to the children in the classroom. But only five (5) of the eleven (11) felt prepared to fulfill the role of infection control agent. One teacher responded,

> What do you do? I came to school each day and there they were - twenty-two six and seven year olds and I was responsible for them. Just there looking up at you. At the end of the day, it's not anyone else – just me. They're babies, they put things in their mouths, they share food, supplies, that's life, but with all the H1N1 stuff going on, I'll tell you it was stressful trying to ensure they were safe in your classroom and they weren't going to get sick or worse.

The pedagogical relationship is illustrated by the profound sense of responsibility being indicated by this teacher and by other teachers in the study. The responsibility is manifested in caring deeply for the children they teach. Van Manen (2002) has described the experience of "care as worry" in the parent-child relationship and the pervasive concern and anxiety associated with caring for a child. So, too, in the context of pandemic preparedness and response - one fraught with unknown threat and possible transmission of potentially life threatening influenza, teachers encounter similar experiences of caring responsibility *in loco parentis*. The teacher above indicates how "stressful" it was to be "responsible" and then acknowledges the children are "Just there looking up at you. At the end of the day, it's not anyone else, just me."

What is the nature of this responsibility the teachers feel? It may be described as a fearing for the other. I fear for the threat to the well-being of the other. The teacher hints at just this when she says her stress is induced by "ensuring they (the children) weren't going to get sick in your classroom or worse." It is this fear that is the origin of responsibility.

The Teacher Exposed by Fear

Teachers were asked to reflect on the levels of fear and anxiety they may have experienced during the H1N1 pandemic. First, they were asked about how the pandemic and their role as infection control agents affected their perception of their personal well-being. Secondly, teachers were asked to describe how they perceived the level of fear and anxiety of the children in their classrooms.

The responses elicited by teachers concerning relatively high levels of fear and anxiety build on the theme of *responsibility*. The teacher-student relation is fundamentally a personal relation and teachers, therefore, feel responsible for the children in their care. The concern in the general population after two highly publicized deaths, the shortfall of available vaccination in the fall of 2009 caused widespread, fear, confusion and frustration in the community at large (Nova Scotia Summary Report, 2010). Teachers assumed the important role of not only needing to maintain infectious control, but it is their responsibility to assuage the anxiety of parents and students (Wong, et al, 2101). Teachers' responses indicated they too were experiencing a range of emotions from fear to confusion and anxiety. It is to be expected in an unfamiliar situation, as was represented by the H1N1 outbreak and the uncontrollability of the risk as presented to them in official communications (Strang and Moore, 2009; Nova Scotia Teachers Union, 2009), that teachers would feel deep levels of worry, fear, concern, and anxiety.

The themes of fear and anxiety are found in teachers' responses throughout the study. In responding to how they felt about their responsibility as infection control agents seven (7) of the teachers and teaching principals, indicated their fear using terms and phrases such as; "anxious", "anxious how fast H1N1 could spread," "anxious about proper cleaning protocols", "I was in fear," "there was a bit of an anxious feeling around the building," "worried that I would not have sufficient staff. A teacher responded,

> So many variables were out of my control. Simply having accurate contact information for each child was difficult. We were told that if flu symptoms were suspected, parents/guardians had to come to take the child from

> the school immediately – discreetly – not frightening a child or drawing attention to them. Unfortunately, several parents in my class that year could not consistently afford to keep a phone. We had to talk to them at length and come up with an appropriate way to be able to contact them in a timely manner. It was a frightening time. There was so much unknown. I was afraid for my own health, but what could you do? You have be strong for the kids, not show your fear, just come to work everyday in a classroom where you could get sick. But's that's all you could do…

The fear of the unknown, worry, concern, and anxiety over a lack of control combined with a deep sense of responsibility resulted in teachers feeling vulnerable, afraid for themselves and their students.

Children's Fear as Contagious

Over half the teachers reported noticing anxiety in children related to the pandemic. Echoing the findings of Remmerswaal and Muris (2010), one teacher implied a parental role in the development of fear in the children in her classroom,

> Parents talked to their children at home about risks. Some younger children were afraid they would die. Some actually had sanitizer of their own from home. Some kids actually had wipes to wipe off door knobs. I coach elementary basketball and kids would not shake hands at the end of the game, but bump elbows. It was as if kids were afraid of each other. You never knew who might be carrying the virus and the kids felt this I guess. It was strange.

Other teachers also pointed to the perceived role of the home, community and media in children's fear responses. "Some students were more aware of the virus and germs. Some carried their own hand sanitizer in their backpack." A primary teacher added, "Students were talking about it, hearing it in the news asking if they would die." The impact of rumour and speculation cannot be under estimated according to these teachers,

> When one child became ill, the rumor mill worked very quickly and the rest of the children were led to believe that this child had contracted H1N1. This caused some anxiety among the children. The most difficult thing to control were the inaccurate rumors that circulated throughout the community.

Teachers also indicated children worried about getting the flu shot and were " very worried that they might get the flu, they talked about this in class." Two teachers felt that fear negatively affected children's ability to learn, "It's tough to teach beautiful little people who are so afraid of a cough or a sneeze, that they just focus on that." A kindergarten teacher felt, "Students were anxious about the pandemic…some students did not attend school because of fear."

Public health officials have historically struggled and continue to struggle with how to present information to the public that will motivate the population to take the necessary steps to protect themselves and their families while not instilling fear or panic in people (Hua, 2010). It was just this balance that was being questioned in the following statement by a teacher,

> The public health nurse gave us the latest information at an information session during an evening at school. Her message was "apocalyptic" and some parents became quite terrified. A few of our parents who happen to be family doctors and were present that evening expressed concern that the words of the health nurse were too dramatic and presented a doomsday rather than a realistic hopeful message.

In addition to coping with their concerns, their worries and anxiety for children, teachers indicated they also acted as a support for parents who expressed fear and worry. Ten (10) of eleven (11) teachers responded Yes to the question "Did parents/caregivers express concern to you during the time of pandemic flu outbreak?" Teachers related they disseminated information and "available resources from board, public health and online" sources. Two teachers raised concern about a perceived ethical dilemma they felt added to the tension and increased fear.

> A parent called the principal to report that her child had H1N1. The student was in my class. I was told not to tell anyone. Although the staff was told there were cases of H1N1 in the school, no one was permitted to say which child or classroom. Were there procedures I needed to take immediately?

Confidentiality and privacy concerns related to parents and the community were raised in this teacher's comment also,

> Most parents expressed concern that school would be closed and they didn't know what they would do for childcare. Teachers had a lot of questions about confidentiality – we didn't want to comment upon the status of our school - Parents wanted to know if there were any confirmed cases - we couldn't answer but they were telling us that Facebook was swirling with rumors.

The word contagion means literally, "to touch together" and one of its earliest uses in the fourteenth century referred to the circulation of ideas and attitudes. The word frequently connoted danger or corruption as in the spread of heretical or revolutionary ideas. The medical use of the word *contagion* captured the circulation of disease, but the word still retains the circulation of ideas as being both material and experiential, yet at the same time invisible. The teachers' accounts echo this element of contagion in their descriptions how quickly idle rumour and gossip fuelled by fear and speculation spread. The stories of 'other' children falling ill are "difficult to control" and "swirl" about infecting children and parents with fear and anxiety. Both aspects of the word contagious – the spread of disease and 'dis-ease' are captured in the experiential descriptions displaying the power and danger of bodies in contact and demonstrating the simultaneous fragility and tenacity of social bonds. Today we often hear the phrase

"going viral" to describe the spontaneous dissemination of ideas through modern technologies. Fearful rumour spreads digitally, through Facebook, by word of mouth, rippling invisibly throughout the community infecting others with fear, doubt, anxiety and even panic.

The invisibility of the virus results in the object of my fear being the other person. The Other personifies the virus for me, their sniffles, coughs, uninvited contact is perceived as a threat. Healthy people, as potential carriers, make the fear ubiquitous and make visible the contacts that I did not know I previously had, the items I shared, the spaces I frequented. The carriers, who may unwittingly cause or contribute to an outbreak, are to be isolated. Any child who displays any symptom is to be sent home on the bus or taken away by parents. Some children who became ill are taken out of the community and "airlifted to Halifax." But the carriers' identities are shrouded in secrecy and breathed in hushed tones contributing to speculation and anxiety.

Conclusion

Elementary teachers are on the front line of pandemic response and need to be central to provincial efforts to prepare, educate and provide training for those in contact with a high number of vulnerable populations. Understanding how elementary teachers experience the role of healthy resource through phenomenological research is important. Further research is required on the experiences of secondary teachers and school principals at all grade levels. A clearer understanding of how influenza intervention and preparedness is experienced by teachers provides important insights to contribute to future influenza outbreak strategies. Such strategies include effective responses and training for teachers designed to provide information, and the creation of sound communication strategies to address and mitigate high levels of fear and anxiety. CJ

AUTHORS

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National Perspectives on Comprehensive School Health: What's the Value for *Your* School?

Four pan-Canadian organizations (CAP, JCSH, PHE Canada, Propel) have developed resources to assist principals and others in the school community apply CSH approaches.

Principals play a pivotal role in creating healthy school communities. Healthy school communities contribute to administrators' goals of improving both students' achievement levels and school climate. Community partners can assist administrators with this effort. In addition to local community partners, you can count on assistance from national organizations such as Canadian Association of Principals, the Pan-Canadian Joint Consortium for School Health (JCSH), Physical and Health Education Canada (PHE Canada) and the Propel Centre for Population Health Impact. This article highlights some of the tools and resources these national organizations have developed. Working with you, the principals, we can continue the quest to advance student success through healthy school communities.

How can these national organizations help?

You are likely most familiar with **Canadian Association of Principals (CAP)**. CAP is an affiliate organization with over 5000 members. It represents Principals, Vice Principals and other School Leaders in 12 jurisdictions in Canada. CAP advocates and is involved with issues that affect schools and public education in Canada. They have represented Principals and Vice Principals in assisting and promoting the Canadian Centre for Substance Abuse on their School Based Standards for Substance Abuse Programming. They have spoken at the invitation of the Canadian Minister of Health on the Health of the Nation Summit. CAP is currently promoting Comprehensive Healthy Schools in an effort to assist school leaders in changing the health of Canadian children and to enhance achievement scores of students.

The **Pan-Canadian Joint Consortium for School Health (JCSH)** is the partnership of Ministries of Education and Health across the country, working collectively to support student achievement and promote life-long health and wellness. The JCSH advances the comprehensive school health approach through six substantive areas – issues of importance to any school community: Positive Mental Health, Physical Activity, Healthy Eating, Injury Prevention, Substance Use, and Healthy Relationships.

The mandate of the JCSH allows it to serve as a catalyst to share information and best practices, strengthen cooperation, and support sustainable goals among its member provinces and territories. Bridging policy, practice, and research, the Consortium also partners with organizations such as CAP, PHE Canada, and Propel on resources of direct benefit to schools. For instance, JCSH and Propel developed and tested the *Healthy School Planner (HSP)*. The HSP was developed to assist schools in assessing the health of their schools and in making plans for improvements where necessary. The JCSH has also developed the *Positive Mental Health (PMH)* toolkit, designed to promote positive school health practices and perspectives within the school environment. The PMH toolkit is derived from evidence-informed practices and is linked with a partner document entitled "Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives" (JCSH, 2010).

Physical & Health Education Canada (PHE Canada) is the national voice for physical and health education. Its members are predominantly educators working in the school system, the administrators who support them, and the university professors engaged in related pre-service teacher training and research. PHE Canada strives to facilitate networks and partnership building with other national (e.g., JCSH) and provincial (e.g., Ophea – Ontario Physical and Health Education Association) organizations. Through our *Health Promoting Schools (HPS)* Project, PHE Canada works to engage a national membership base that includes Healthy School stakeholders, and to develop a greater understanding of local schools' needs and capacities. PHE Canada emphasizes knowledge translation and knowledge mobilization by working with research partners such as Propel, and through the development of tools and resources in house that will facilitate and support the process of striving towards achieving more health promoting schools. The *Administrator's Guide to Health Promoting Schools* is an example of such knowledge transfer and mobilization specifically targeted to principals across Canada working towards a healthy school community. To further support champions in their efforts, *HPS Grants* for the 2013/2014 school year will be made available in late spring .Finally, we have the **Propel Centre for Population Health Impact** at University of Waterloo. Propel collaborates with policy and practice organizations, applying relevant and rigorous science to support healthy school communities. For instance, Propel developed and tested the *School Health Action, Planning and Evaluation System (SHAPES)* to aid schools in painting a picture of their students' health and its influences. SHAPES consists of standard questions where feedback (and comparison to provincial rates) is offered to the school soon after data are collected. Consistent with Comprehensive School Health (JCSH) and Health Promoting School (PHE Canada) approaches, Propel deliberately seeks partnerships to ensure it is contributing to causes that matter. In fact, Propel worked with PHE Canada on a *Healthy School Communities* paper that concluded these two approaches are more alike than different. Propel's partnership with JCSH on the *Healthy School Planner* (noted above) also demonstrates the value of joint effort.

Together these groups have much to support principals' efforts to orient their schools toward greater health. Check them out. CJ

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Bill Tucker, President of the Canadian Association of Principals

Jameel Aziz, Vice-President of the Canadian Association of Principals

Locating Tools for Comprehensive School Health

Health Promoting Schools Grants:
http://www.phecanada.ca/programs/health-promoting-schools/

Healthy School Community paper:
http://www.phecanada.ca/programs/health-promoting-schools/concept-paper

Healthy School Planner:
www.jcsh-cces.ca/

Positive Mental Health Toolkit:
www.jcsh-cces.ca/

SHAPES:
www.shapes.uwaterloo.ca

How to find out more about …

Canadian Association of Principals:
www.cdnprincipals.org/

Joint Consortium for School Health:
www.jcsh-cces.ca/

Physical and Health Education Canada:
www.phecanada.ca/health-promoting-schools/

Propel Centre for Population Health Impact:
http://propel.uwaterloo.ca/index.cfm?section=26&page=362

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1 September 2010 Ipsos Reid poll of 1300+ adults (including 500 parents of children aged 4-13).
2 Survey of Nutritional Professionals. An online survey of 450 registered dietitians (RD) by the Hershey Center for Health & Nutrition.
3 "British Medical Journal", chocolate consumption and cardiometabolic disorders, 7 studies, involving 114,009 people, studies up to Oct. 2010.