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New Brunswick's Community School Approach: A Form of Comprehensive School Health?

Approche de l'école communautaire du Nouveau-Brunswick Une forme d'approche globale de la santé en milieu scolaire?

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Comprehensive School Health, an emerging trend in school health promotion, is being implemented in countries all around the globe. In the province of New Brunswick, in Canada, another approach, the Community School, has been introduced to over 50 schools across the province. This paper uses results from semi-structured interviews to describe how the Community School can be used as an approach to the implementation of Comprehensive School Health. By implementing the Community School in such a way that fills all the required components of CSH (Teaching and Learning of Health, Supportive Social Environment, Health Services, and Healthy Physical Environment), this paper argues that the Community School can be a viable approach to implementing Comprehensive School Health in one elementary school in New Brunswick.

À travers le monde, beaucoup de pays s'affairent à implanter l'approche globale de la santé en milieu scolaire, une nouvelle tendance dans le domaine de la promotion de la santé à l'école. Au Canada, la province du Nouveau-Brunswick privilégie une autre approche, celle de l'école communautaire. Cette dernière est déjà en place dans plus de 50 de ses écoles. Cet article se penche sur les résultats d'entrevues mi-structurées pour déterminer en quoi l'approche axée sur l'école communautaire peut faciliter l'instauration de l'approche globale de la santé en milieu scolaire. Si le concept de l'école communautaire est instauré de manière à satisfaire à toutes les exigences de l'approche globale de la santé en milieu scolaire (enseignement et apprentissage de la santé, contexte social habilitant, services de santé, environnement physique sain), l'article argue que l'approche de l'école communautaire peut être viable et favoriser l'intégration de l'approche globale de la santé en milieu scolaire dans une école élémentaire du Nouveau-Brunswick.

Introduction

Over the last three decades, much attention has been paid to the use of settings approaches for health promotion, including the use of the school setting (Young, 2005). Health Promoting Schools (HPS), a school- and community-based approach to health promotion, is an emerging trend in several countries, including Canada and the United States. In Canada, in-school health promotion typically follows the Comprehensive School Health (CSH) framework advocated by the Canadian Association of School Health (CASH) and several other national and provincial associations. In the Province of New Brunswick however, a similar settings-approach concept called the Community School is being implemented in schools. After noting several commonalities with the CSH approach, we were interested in understanding if the Community School approach could satisfy CSH requirements. Based on a case study of one elementary school in New Brunswick, we argue that despite their divergent stated goals, under *certain conditions* the Community School approach can be considered to incorporate a CSH approach.

New Brunswick's Community School approach was first introduced by the Government of New Brunswick's (GNB) Department of Education through a report entitled "When Kids Come First." According to this document a Community School,

...uses community resources and assets to provide additional opportunities for classroom instruction and after-school programs. And teachers in a community school use those resources to provide more hands-on, interactive learning for children. Also, the building is often open for students and their families beyond traditional hours, offering community services. (2007, p. 23)

There are six axes upon which the Community School focuses, one of which is "global health." The global health axis is used to encourage students to develop healthy lifestyle habits, including daily physical activity, which is included in the school's schedule. As of November 2008 at least 49 New Brunswick schools had been designated Community Schools (GNB, 2008).

Unlike the Community School approach, the CSH approach focuses on health promotion. According to the Canadian Consensus Statement (CCS) on CSH, four components must be demonstrated within the school and its surrounding community in order for it to be identified as using the CSH approach: comprehensive health instruction that promotes the adoption of a healthy lifestyle and various learning strategies; support services for both school staff and pupils; the creation of an environment that is both psychologically and socially supportive; and a healthy and safe physical school environment (CASH, 2007). Though the CSH and Community School approaches have different stated purposes (i.e., school health promotion and building partnerships with the community to aid children's development, respectively), we were nevertheless interested in understanding if the Community School approach could be used in such a way as to satisfy CSH requirements. As such, in the fall of 2008, we conducted a preliminary case study.

Methodology

A case study methodology was selected for our research because it is an ideal approach for obtaining holistic and realistic understandings of particular

phenomena (Yin, 2003). Indeed, Hitchcock and Hughes (1995) have argued that case studies are “the most appropriate format and orientation for school-based research” (p. 316). Our case was a Francophone elementary school of approximately 350 students in a village in New Brunswick, Canada. The school offers classes from kindergarten to grade eight. It is surrounded by a multitude of well-kept recreational facilities, including (among others) an ice rink, basketball courts, golf course, walking paths, running track, and soccer field. Furthermore, the school has its own organic garden.

A school in New Brunswick was selected as the focus for this study to learn more about school programs that may potentially impact school health promotion, and because other studies have yet to look at New Brunswick’s approach to health promotion in a school setting. Emails were sent to school principals in a district where the researchers had contacts and one interested elementary principal responded. As a result, a meeting was arranged and consent to pursue research in the school was obtained. Through a convenience sample (Vockell & Asher, 1995), the principal put the researchers in touch with three teachers in the same school who also consented to participate. In line with ethical procedures, teachers were chosen by the school’s principal through volunteer sampling and the teachers voluntarily agreed to participate in the study upon being contacted by the principal. Since we did not have direct access to the school’s teachers, volunteer sampling was the most effective way of giving equal opportunity to each of the school’s teachers to participate in the study.

The four participants were all experienced teachers. Teacher A (male) had taught for 11 years and had been at the present school for the last nine years. Teacher A was a generalist teacher who believed health is promoted through “practicing what you preach” and by being physically active and eating well. Teacher B (male) taught physical education. He had been teaching at the school for 12 years. He was highly involved in community sports and was an active individual that enjoyed the benefits of a healthy lifestyle. The third participant, Teacher C (female), had been teaching at the school for 13 years. She was a classroom teacher and was the least physically active of the three teachers interviewed for this study. Although she believed physical activity and a balanced diet were of utmost importance, she emphasized the importance of nutrition rather than physical activity when defining health. The fourth participant was the principal (female). She had been in the education system for 14 years, and a part of the school’s administration for 8 years. She was enthusiastic about health promotion in her school and strove to ensure that everyone at her school followed her lead.

The first author conducted semi-structured interviews with the three teachers and principal. The interviews were digitally-recorded and transcribed verbatim. In order to ensure validity, once the transcription process was completed, participants were asked to review their transcripts and to confirm their contents. Examples of questions asked include: “What is health to you? How did you learn about the Community School initiative? Since its adoption, has anything changed in your school?”, among others. More participants or spending a longer period of time in the school may have added richness to the data, but was prohibitive in terms of time requirements.

In addition to semi-structured interviews, documents describing the background of the Community School such as program guidelines and published

government reports were obtained to gain a better understanding of the initiative. As stated by Tuckman (1999), document research “is the best and most objective way to orient yourself to the situation that you are about to research” (p. 414); this preparation was helpful in the development of questions for the interview guide used during the data collection phase.

Analysis

The data were coded with the assistance of NVivo, a qualitative data analysis software program. The interview transcripts were coded using themes and descriptions that identified specific examples of the Community School approach that satisfied the requirements for Comprehensive School Health. In accordance with the CCS, CSH was defined by its four main components for health promotion.

Results

CSH is made up of a number of components: teaching and learning of health topics; the creation of a supportive social environment pertaining to health; health and other support services; and a healthy physical environment. Further, CSH relies on an “integrated approach that incorporates health and health messaging into all aspects of school activities and engages the community at large” (CASH, 2007, p. 2). The Community School, on the other hand, is an approach that focuses on the creation of strong partnerships between the school and its broader community in order to foster holistic youth development (GNB, n.d.). While the Community School and CSH are clearly different initiatives, our findings suggest that the Community School initiative can be a successful vehicle through which schools can effectively engage in health promotion in a manner that is consistent with CSH.

Teaching and Learning

The Community School approach uses educational approaches and activities that help students to develop competencies (including health-related competencies) that they will use throughout their lifetimes. For example, the Community School in partnership with the community in which it is situated had planted an organic garden that not only facilitated the growth of healthy vegetables, but was also used to encourage the implementation of diverse teaching methods such as hands-on approaches to science, and the promotion of healthy eating. One of the curriculum components linked to the garden included measuring the perimeter of the garden, which required the students to move while they applied their mathematical skills. Another example of a way in which a curriculum component was linked to a health-promoting activity was a walk for literacy, where students walked the distance of a marathon over the course of a few months while learning about cultural differences in literacy all over the world.

The teachers in the Community School reported that they used their personal behaviours to influence and lend credibility to their approaches to health-related teaching and learning. Teacher A noted, “*you’re not sending the message if you’re teaching phys. ed. and you’re overweight. You have to demonstrate to the kids that you move and that you practice physical activity too.*”

The teachers further reported that their approach to teaching was strongly influenced and enhanced by the inclusion of members of the school community. Because of the adoption of the Community School approach, Teacher C reported that she, "...asked professionals in certain domains to come and show her how to show the students to do specific things [with agriculture]" in her classroom. An example of this would include having a herbologist (who is also a student's parent) come to her classroom to make a presentation on how herbs can be used to make foods more flavorful without the use of salt or oils. By doing so, she embraced the partnerships with the community and also believed that she diversified her health-related teaching.

Supportive Social Environment

A supportive social environment was evident at the school due largely to its Community School-related partnerships. The supportive social environment in the Community School was created in a number of ways, namely through collaboration and the provision of community services and resources. The collaborative atmosphere at the Community School was due in part to the teamwork among the school's teachers that was required to sustain the implementation of the Community School. Teacher B said, "*Had we not had this collaborative atmosphere and to want new challenges, it [the Community School] would never have been possible.*"

Not only was there an immense amount of collaboration between the teachers, but also with the local municipality and other community members. For example, the municipality offered support to the Community School by hiring students to help with the organic garden's upkeep during the summer months. Members of the community have also begun to offer their expertise to the school. Parents and community members with specific knowledge pertaining to diverse subjects are all a part of special after-school initiatives, such as leading workshops for the students. Furthermore, coaches and volunteers offer their time to the school in order to help with the school's extracurricular activities in sports and other cultural activities. After hearing positive comments from students' parents regarding after school activities that were presented as part of a special program involving professionals from the community, Teacher B started to feel as though the school and its initiatives were well supported by the community.

Health and other Support Services

In order to fulfill some of the components of a Community School the school actively shared its recreational facilities with the community and offered after-school programming. In this way the school met the requirement for the promotion of New Brunswick's culture and as well encouraged healthy lifestyle behaviours (GNB, n.d.). Furthermore, when the school had special activity nights, students' families and other community members are encouraged to participate; such activities are considered health services as they are organized recreational activities offered to those in the community. For example, the school has hosted walking nights, where the school's staff demonstrates through the use of the school's walking paths that exercise with one's family can be enjoyable and that it can be practiced at no cost.

Healthy Physical Environment

The Community School approach led to a clear commitment to health, which was reflected in its physical environment and was found to be a key factor in helping teachers and students alike to stay healthy. Two important elements for the school's ability to provide a healthy physical environment were the school's emphases on healthy eating and on physical activity; the former was supported by the school's organic garden and the latter was supported by the school's recreational facilities.

The organic garden, the maintenance of which relied heavily on community partnerships, was found to be an important part of the school's physical environment because it encouraged healthy eating practices through the cultivation of fresh vegetables, which students often ate as snacks while at school. Furthermore, the food served in the cafeteria followed specific health guidelines set out by Policy 711 (GNB, 2009), which ensure that the foods served in the school's cafeteria are in line with *Eating Well with Canada's Food Guide* (Health Canada, 2009). In addition, each classroom in the school had a compost box where any food waste was deposited in order to make compost soil for the school garden.

The physical environment was also influenced by the recreational facilities surrounding the school's property, which are "...*probably some of the best in Canada*" (Teacher B). The easily accessible well-kept recreational facilities provided multiple opportunities for physical activity. Furthermore, to make good use of these facilities, changes were made to the school's curriculum in order to accommodate an additional 30 minutes of physical activity for the school's students and staff. The implementation of a supplementary 30 minutes of daily physical activity was found to be an essential component of the Community School approach, as its "global health" component required schools to make changes in their daily routines in order to facilitate health promotion.

Discussion

Below, we map our results onto the Canadian Consensus Statement's four components of Comprehensive School Health to show that the Community School approach was implemented in such a way as to satisfy the requirements for a CSH approach. We argue that though the goals of the Community School approach are not related directly to health promotion, this approach may provide a viable way to implement CSH. By involving the community in the school in order for students to become well-rounded individuals who will then become active members in their community, the Community School surrounded the students with an environment that promoted health in a manner that aligned with the CCS's four components of CSH. Importantly, however, we note that the school in this study had some unique characteristics that may have made it particularly amenable to satisfying the requirements of a CSH approach.

Teaching and Learning

In the process of implementing the Community School initiative, the teachers in the school under study used a number of diverse teaching and learning strategies that are part of the Community School approach and that coincide with the CSH approach. In particular, parents and other community members were included to enhance hands-on learning. According to the CCS, CSH encourages

“approaches that support development of students’ knowledge, attitudes, skills and behaviours for healthy decision making” (CASH, 2007, p. 2). Hands-on interdisciplinary teaching that included the school’s organic garden was just one of the many ways in which healthy decision making, in this case concerning food, was encouraged and brought into the curriculum (e.g., agriculture-related material). Levitt (2002) found that science teachers believed that hands-on approaches to teaching were effective because students reaped the benefits of the activity immediately and these activities made science more meaningful to them. Additionally, students performed significantly better when life science tasks were taught through a hands-on method rather than a contemporary textbook method (Pine et al., 2006). Accordingly, such an approach to teaching and learning may prove to be a more effective way of relaying information about health and the development of lifelong habits to students. It provides a clear demonstration of the use of complementary activities that support both the Community School and CSH initiatives.

Although the teachers were creative in finding diverse teaching strategies for their students, they were also very fortunate to have support from community members to help them educate students about special topics. The creation of strong partnerships between the school and its community was crucial for the implementation of the Community School, especially when it came to classroom education. One of the special topics introduced to the school was circus games. Students were taught various activities that are performed by acrobats in a circus. Furthermore, one parent, a herbologist, presented new ideas to students about healthy cooking tips while using herbs from their garden. Partnerships enhanced a number of special topics taught in the classrooms as parents and community members aided the teachers by offering presentations for students and support to teachers. Research has shown that a strong relationship between a school and a student’s home will improve the effectiveness of health promoting interventions in New Brunswick (Ma, 2000). If a student’s home (e.g., parents) and broader community are both brought into the classroom, the benefits could be potentially greater yet.

Although teaching and learning is an integral component to CSH implementation, the CCS also considers an environment that is socially supportive of health promoting programs to be a key component to CSH implementation.

Supportive Social Environment

The Community School approach to teaching and learning relies on a supportive social environment, which is also a component of CSH. According to the CCS, the supportive social environment component refers to the different mental and social support services offered within the school and may be formal or informal in nature (CASH, 2007). The teachers and principal at the Community School in our study prioritized health and created a supportive social environment for health promotion by modeling healthy behaviours and having positive attitudes towards health through collaboration.

An environment that fosters the adoption of healthy lifestyle behaviors modeled by supportive teachers was deemed important by the participants. Teachers who set a good example and reinforce healthy lifestyle habits through role modeling have been found to be strong facilitators of school health

promotion initiatives (Cargo, Salsberg, Delormier, Desrosiers, & Macauley, 2006). In fact, Allegrante (1998) found that teachers who show interest in their own health are more likely to show interest in their students' health, and consequently become more "effective teachers of health" (p.192). All of the teachers interviewed for this study stated that health was of paramount importance to them; they tried to create a school environment that reflected these values. It was very clear that each of these teachers believed that practicing what you preach is an extremely important concept to follow when promoting health for their students. They viewed health as being physically active and eating nutritious foods as being an important part of a healthy individual. The teachers also identified children who were alert and active at school as being healthy. Research has indicated that a teacher who is in a supportive social environment, has a positive attitude toward health instruction, and a good sense of control over health education, will develop stronger intentions to teach health related topics (Ajzen, 2002). In turn, these teachers may be more likely to implement components related to CSH, while teaching students about health related topics that have helped them to make healthy lifestyle choices – an important aspect of the Community School approach.

Community members' cooperation and participation in the school is described as being an essential component for the creation of a supportive social environment (CASH, 2007). The collaboration with diverse members of the community is consistent with the Community School approach, as one of its main focuses is to recognize and embrace strong partnerships with the community, which in turn leads to a broad base of social support. All of the participants mentioned that the collaborative relationships that were fostered and developed due to the adoption of the Community School initiative (i.e., between the administration, teachers, and community) resulted in a supportive social environment for health promotion – an important component of CSH (CASH, 2007). Furthermore, due to the collaboration with community members, more individuals demonstrated interest in lending a helping hand at the school in coaching sports teams, after hours specialty courses (such as knitting, or square dancing) and teaching about agriculture related topics. As a result students were exposed to a wider variety of health promoting activities. Certainly the Community School's strong partnerships with parents and the broader community created a supportive social environment that met criteria for CSH. Once supportive environments are created, other support services can be offered through the school to help promote health throughout the school's community. Indeed, the activities conducted by the school in conjunction with the community not only helped to create a socially supportive environment, but also acted as health and support services that were congruent with the CSH approach.

Health and Other Support Services

The coordination and sharing of resources, such as facilities, can encourage the implementation of CSH (Gottlieb et al., 1999). In addition, sharing of the school's facilities was consistent with the Community School approach, as it embraced partnerships with the community in a way that was beneficial to both the school and the community. Since the Community School shared its facilities with the community after school hours in order to allow for the organization of diverse after-school activities, including sports leagues and cultural activities, the

school was participating in the promotion of a healthy, active lifestyle for those in the larger school community. In sharing its facilities, the school ensured that the community had the necessary resources to organize sporting leagues; thus, it offered a service that was beneficial to members of the community who wished to adopt an active lifestyle. Research has shown that after school programming for students can serve as an ideal time and place for the encouragement of health promoting behaviours such as healthy eating and physical activity (Coleman, Geller, Rosenkranz, & Dzewaltowski, 2008). These supplementary school activities are part of the health support services because they are all activities that help to promote health in the school's community and are not offered during school hours. As a result, the Community School provided essential support services for health promotion in the community. This type of health promotion throughout the community would not be possible unless it were organized in a similar fashion by another community organization. As a result, the school was made into an essential support service for health promotion in the community.

Healthy Physical Environment

The school's physical surroundings were also an important component of its health promotion. The easily available recreational facilities were advantageous to the promotion of physical activity. In addition to the readily available facilities, the school's organic garden was another way in which its healthy environment was enhanced. Having a school garden has been found to be an effective way of improving a school's physical environment when implementing health promotion initiatives (St Leger, 2000).

Limitations

Organic gardens and an abundance of high quality recreational facilities are not typical to the majority of schools in Canada. As a result, we must note that the Community School in this study may have been better positioned to achieve the requirements of a CSH approach than other schools in New Brunswick. Although the school was fortunate to have the use of the aforementioned facilitators, other physical and structural changes within the school that were not related to the organic garden and the recreational facilities also promoted the adoption of healthy lifestyle behaviours: the addition of 30 minutes of supplementary physical activity, the change in the cafeteria's menu, and the addition of compost boxes. These changes all added important health promoting elements to the Community School, which helped to encourage health promoting behaviours on a daily basis in a way that was concurrent with a CSH approach. Further research is required at other Community Schools to see if CSH requirements can be met at schools that do not have the same high quality environment as the one in this study.

As preliminary research, our study's sample size was quite small. Further, the principal recruited participants, which may have resulted in the selection of those teachers who were committed to health promotion. Future research should include a greater number of participants to obtain a more comprehensive understanding of what may prove to be a wider range of opinions concerning the Community School approach and its ability to meet CSH requirements. Additionally, long-term observation over a prolonged period of time could be another beneficial data gathering tool as it would help with data triangulation.

Conclusion

Our preliminary research suggests that the Community School approach may be used to satisfy the requirements of a CSH approach. Even though the primary goal of the Community School was not health promotion, this case demonstrates that a health promoting approach to the implementation of the goals of the Community School is a viable option. Nevertheless, further research needs to be conducted to see if Community School Health can be incorporated into the goals of Community Schools in New Brunswick, or if its implementation in the school under study was unique.

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