

School Health Promotion in New Brunswick (NB)

New Brunswick in Profile¹

New Brunswick is the largest of Canada's three Maritime provinces, and the only constitutionally bilingual (French and English) province in the country (named in the Charter of Rights and Freedoms). According to the 2006 Census, the province's population is 730,000, of which a majority is English speaking, but a large minority (35%, chiefly of Acadian origin) is French speaking.

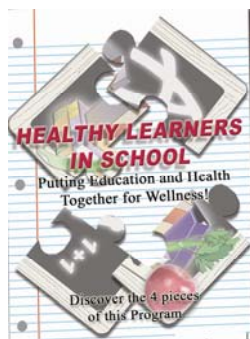
New Brunswick's education system offers its 110,288 students the opportunity to learn in both French and English through two parallel but separate education systems. Each linguistic sector of the Department of Education is responsible for its own curriculum and assessment. The public education system has 14 school districts -- five French and nine English -- governing its 326 schools. District Education Councils (DECs), consisting of publicly and locally elected members, are responsible for establishing the direction and priorities for the school district and for making decisions as to how the districts and schools are operated.

Some public health (PH) services are delivered through the province's seven health regions and administered by Regional Medical Officers of Health. Other public health services are the responsibility of 2 Regional Health Authorities (RHAs). Public health programs and services provided in New Brunswick fall under the following three areas:

- communicable disease: prevention, management and control (shared between PH and RHAs)
- environmental health / community protection (primarily PH responsibility)
- promotion of healthy lifestyles /healthy families (primarily RHA responsibility).

Context

Since 2000, New Brunswick has recognized the need to enhance wellness related activities. A number of actions were initiated and sustained, including the following.



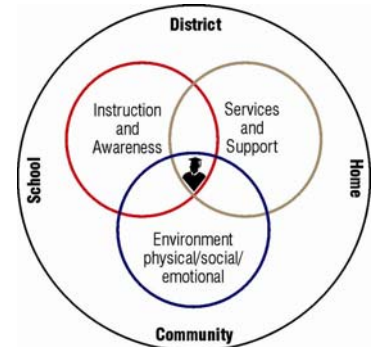
New Brunswick's [Healthy Learners in Schools](#) Program (HLSP) was introduced in 2000. A joint initiative of the Departments of Health and Education, the program broke new ground as it was the first time that a province had deliberately invested resources to implement a program system wide, with the primary function to promote school health and student wellness. The HLSP promotes the development of health promotion and prevention programming for students and interventions that support students before they are in crisis. Strategies aim to help students acquire health knowledge and healthy behaviours and to develop supportive environments to promote healthy decision-making.

¹ Source: **2007-2008 Annual Report**, Department of Education .

The HLSP commits to a comprehensive school health approach that includes teaching and learning, health and support services, supportive social and healthy physical environments to ensure coordinated, integrated activities. It also commits to partnerships and capacity building that support student health and wellbeing. The program provides services in both official languages and is respectful of cultural diversity.

In 2002, the province began providing grants to high schools to reduce the use of tobacco and in 2004, smoking was prohibited in all enclosed public places, all indoor workplaces, and on all school grounds at all times. ([Smoke-Free Places Act](#))

In October 2005, the province adopted a comprehensive nutrition-related policy to provide students with healthy food and beverage choices in school. [Policy 711 - Healthier Foods and Nutrition in Public Schools](#) promotes the consumption of foods with maximum nutritional value. It set standards for healthy food awareness, food options available in schools and the sale of foods in and through the public school system.



In 2006, to consolidate and provide further impetus for more focused and coordinated action, the New Brunswick government unveiled its \$2-million, multi-year [Wellness Strategy](#), to focus on increasing physical activity, promoting healthy eating, promoting tobacco-free living, and fostering mental fitness and resiliency. In 2009, in response to the Select Committee Report on Wellness, an enhanced Provincial Wellness Strategy was released. The strategy re-committed to the 4 original areas of focus, however re-positioned mental fitness/resilience as fundamental and foundational to the other 3 behaviors. The enhanced Strategy is focused on promoting awareness, participation and sustained engagement in homes, schools, communities and workplaces. It promotes a comprehensive approach which in the schools setting is the Comprehensive School health model.

Also in 2007, the government released its 5-year plan for education, [When kids come first](#). The plan was designed to ensure that learning becomes an important value of New Brunswick culture and that all children are helped in every way possible to reach their full potential. Among eight commitments made to NB children, two are key to school health promotion:

- To engage communities and partners in improving schools through more active community, volunteer sector, and private sector engagement throughout the school years.
- To create healthy and safe schools by setting out specific actions required to make schools healthy and safe for kids, school personnel, and communities.

Although it predates the Wellness Strategy and Education Plan, the HLSP is aligned to and supports Health/Wellness and Education goals at all levels.

Implementation

In February 2006, the Department of Wellness, Culture and Sport was created. The Wellness Branch, with a small staff team, is responsible for providing leadership and direction, meaningful

support, monitoring and, where appropriate, strategic intervention in partnership with provincial, regional and local organizations (including schools) to support implementation of the Wellness Strategy. The JCSH School Health Coordinator function was assigned to the Manager of Strategic Initiatives position, which has functional linkages with the Healthy Learners in Schools Program (HLSP). Although responsibility for Public Health has devolved to the regions, and the HLSP is delivered by Regional Health Authorities, the HLSP Program continues to be a significant enabler of Wellness Strategy initiatives that are related to schools. School Health Promotion in New Brunswick is a collaborative shared approach with the Department of Wellness, Culture and Sport, through the Wellness Strategy, providing resources in support of healthy schools and healthy supports (e.g. school grant programs, data collection and knowledge mobilization etc) , the Department of Health, through the RHAs, providing the public health nursing resources, and the Department of Education, through the Districts, providing equipment, office space, administrative support and occasional project funding.

In this decentralized model, implementation is community driven. Regional Health Authorities are individually responsible for following the program guidelines and ensure implementation of the HLSP. The program guidelines provide background on the Program principles, goals, and framework as well as a template for establishing health committees. They define roles and responsibilities and provide guidance in planning, including a Logic Model (a blueprint outlining how key activities will work together to produce outputs and outcomes).

In each district and at the high school level, Health Committees, with a broad representation of educators, parents, students, and community, assess needs, identify health priorities, develop action plans, and support coordination and shared implementation of activities based on action plans. They are supported by Healthy Learners in School Program public health nurses, embedded in each school district office and 30% of high schools. Expansion of the high-school based component is anticipated as resources permit.

The role of the Public Health nurse is clearly defined in the program guidelines: it is to work with the local Health Committee and, in addition, to act as a catalyst to assist schools/districts to support development of healthier students. This may involve:

- Advocacy
- Assessment
- Collaboration
- Community development
- Consultation
- Health education
- Counseling / referral (high school component only)

Through district initiatives, the HLSP has supported the development and implementation of health promoting policies, such as Policy 711 (Foods and Nutrition) and 702 (Tobacco-Free Schools), that are not only consistent with the Wellness Strategy's objective to promote healthy living but also with initiatives to ensure safe, healthy learning and working environments. It has also supported the implementation of a variety of collaboratively developed local actions using a comprehensive school health approach.

Challenges and Successes

One of the greatest challenges in the implementation of the Healthy Learners in School Program has been to maintain a balance in the roles of the Public Health Nurse (PHN). Traditionally, “school nurses” have dealt with a range of illness/health management problems such as lice, chronic diseases, and anaphylaxis. While technically not part of their current mandate in the HLSP, PHNs are nonetheless a conduit to the health system and are in a singular position to support educators by identifying community resources and facilitating targeted access to help manage health issues in schools.

Several successes are worth noting:

- Policy 711 was built on existing efforts already underway in school districts. The groundwork done by public health nutritionists, PHNs and local HLSP Health Committees in the area of nutrition and healthy food and beverage choices facilitated the development and implementation of the policy and led to a relatively rapid phase-in period throughout the K-12 system.
- The Student Wellness Survey undertaken in both Francophone and Anglophone schools as part of the Wellness Strategy surveillance initiative provided reports on each wellness theme to participating schools and the district Health Committees. This feedback supports local needs assessment and engagement of stakeholders, as well as development and implementation of more effective action plans and evaluation based on actual data. Knowledge mobilization enhances the usefulness of the surveillance data to schools, districts and community stakeholders
- The comprehensive school health approach, integral to the HLSP, set the stage for a successful ban on smoking on school grounds in 2004, in the context of the Tobacco Free Schools initiative spearheaded by the NB Anti-Tobacco Coalition. Response to the ban was comparatively positive due to the existing level of awareness of issues surrounding tobacco use, the availability of resources to stop smoking, and the reduction in the acceptability of smoking. Schools reported taking a wide range of creative approaches to the ban (see box) that were supported, financially and in-kind, by the broad school-community in the planning and implementation stages. A majority of schools noted a reduction in tobacco use, including off-campus smoking, a shift in attitude among students, and a positive community reaction.

Tobacco-Free Schools

There has been a strong commitment from high schools to be tobacco free, using a comprehensive school health approach, actively involving students and student groups to plan and implement actions.

Schools have eliminated smoking areas and replaced them with welcoming green spaces as a positive place for students to hang out. Perennial gardens, park benches, gazebos, BBQs and walking trails have replaced areas formerly littered with butts. Planning has often involved shop classes, biology and environmental classes, as well as “sweat equity” from students, teachers and parents. Indoor lounges and increased availability of recreational opportunities have been developed to offer a viable option to students leaving school grounds to smoke. In some high schools, smoking areas have been replaced with beach volleyball courts where students can be more physically active.”

Offering cessation programs – many schools are participating in *Quit-4-Life* – and providing resources to support students in the quitting process are important elements of action plans.

In addition, schools have increased avenues to educate students about tobacco through cross-curricular lesson plans and assemblies featuring current and former smokers, community leaders and videos.

Benefits to JCSH Membership

Membership in the Joint Consortium for School Health has been beneficial for New Brunswick. With streamlined access to national and international expertise and an avenue to share the New Brunswick experience, the Consortium made it possible to influence the pan-Canadian school health agenda while harnessing knowledge to support efforts in New Brunswick.

The Healthy Learners in School Program broke new ground when first introduced in 2000 as it was the first time a province had deliberately invested resources across the whole province in all districts to implement a school health promotion / student wellness program through collaboration between Health and Education system-wide. At that time there was not mechanism to systematically learn from other school health efforts across the country. Since its inception, the Consortium has facilitated access to knowledge, resources, and expertise to enhance Healthy Learners in School Program implementation at the school, district, and provincial levels and has also supported implementation of the Provincial Wellness Strategy.