

Map of Survey Questions in relation to Lessons Learned about How to Do Effective School Health Promotion

This table presents the number and nature of questions that will be asked in the national survey in relation to the Lessons Learned about implementing effective school health promotion programs that has been developed by the International School Health Network and the Knowledge Summary prepared in this project. These have been noted in previous documents on the conceptual basis of the survey. The various systems and levels within the systems will be asked coordinated questions that will track the adoption, implementation and institutionalization of promising and good practices identified through this project and other school health promotion research.

Acronyms SA = Substance Abuse SH = School Health

MOE = Ministry of Education SB = School Board P = Principal T = Lead Health Teacher

MOH/AA = Ministry of Health/Addiction Agency MOH/MH = Mental Health Program HA/AA = Health Authority of Addiction Agency PHN = Nurse AW = Addictions worker

MOJ = Ministry of Justice PD = Local Police department of RCMP Detachment PO = Police Officer assigned to school or SA Awareness program,

Lessons Learned (These are not linear nor sequential and should be applied simultaneously)	MOE	SB	P	T	MOH/AA	MOH/MH	HA/AA	PHN	AW	MOJ	PD	PO
1. Serve all Children and Youth												
1.1 Programs should address the needs of the whole child by identifying clusters of problems, assets and conditions/factors												
- is SA explicitly linked with a cluster of other issues?	✓	✓			✓	✓	✓			✓	✓	
a) Linked to mental health	✓				✓	✓	✓					
b) Linked to tobacco	✓				✓		✓					
c) Linked to school dropout	✓				✓		✓					
d) linked to delinquency/truancy, crime	✓				✓					✓	✓	✓

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e) linked to personal/social development, emotional learning, social and character development	✓				✓							
f) Linked to youth engagement	✓				✓		✓					
g) linked to policies on student conduct (suspension)	✓				✓					✓	✓	✓
g) Address Genetics & Intelligence (FASD) (bi-polar disorders)	✓				✓		✓					
h) Based on behaviour change theory	✓	✓			✓	✓	✓			✓	✓	
i) Uses explicit asset-strength- resilience-based approach	✓				✓	✓	✓			✓	✓	
1.2 Programs should address the needs of all children, include special measures for more vulnerable children and sub-populations and for disadvantaged communities.												
a) economic disadvantage	✓	✓			✓	✓	✓			✓	✓	
b) cultural isolation	✓	✓			✓	✓	✓			✓	✓	
c) geographical isolation	✓	✓			✓	✓	✓			✓	✓	
d) aboriginal communities and students based on culturally relevant programs and strengths-based approach	✓	✓			✓	✓	✓			✓	✓	
e) children of addicts/alcoholics	✓	✓			✓	✓	✓			✓		
f) children with disabilities	✓	✓			✓	✓	✓			✓		

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1.3 Programs should be based on the recognition that health and social problems, as well as resilience and personal assets, occur and develop over the life course.												
a) Offer universal, selected and indicated programs	✓	✓			✓		✓	✓	✓	✓		
- early childhood development programs for disadvantaged and higher risk programs	✓	✓	✓		✓		✓					
- late elementary school programs target tobacco, cannabis and alcohol as a priority	✓	✓	✓		✓		✓					
- secondary school programs include specific messages about associated harms (eg drinking and driving) and specific risk reduction behaviours	✓	✓	✓		✓		✓			✓	✓	✓
c) Be realistic about adolescent experimentation vs harmful use	✓	✓			✓		✓	✓	✓	✓	✓	✓
d) Evaluation based on adolescent outputs not life-long expectations about use and abuse	✓				✓					✓		

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2. Understand and address the Local Context												
2.1 Programs should explicitly and comprehensively address the factors or social determinants that determine the health, learning and development of children, families, neighbourhoods and communities.												
- differentiation or adaptation of programs for gender, culture, religion	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
2.2 Program planning should take into account the different, overlapping and interacting contexts (home, school, neighbourhood, community) that affect the health, learning and development of children and families												
a) participates in community-wide programs to prevent SA	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
b) encourages and cooperates with community-based SA prevention organizations in awareness and other programs	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓

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2.3 Program planning should first understand the community context and then specifically address the elements of that context that most affect children and youth.												
- Use of statistical data from surveys in program planning	✓	✓	✓		✓							
- use of self-assessment tools for program planning		✓	✓				✓	✓	✓		✓	✓
- explicit recognition of local drivers such as personalities, incidents, internal and external policy directives etc		✓	✓				✓	✓	✓		✓	✓
- use of community assessments, GIS data, and other community tools to plan schools within community context and norms	✓	✓	✓		✓		✓	✓	✓		✓	
- use of comparative data and ongoing knowledge exchanges with schools from similar communities (rural schools, aboriginal schools, urban schools, suburban schools etc)		✓	✓				✓	✓	✓		✓	✓

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3. Seek to be comprehensive in the overall approach												
3.1 Policy-makers, officials, administrators, and practitioners should build a comprehensive approach while simultaneously addressing specific urgent issues or the elements of a coordinated approach.	✓	✓	✓		✓		✓	✓	✓			
a) Select synergistic programs (eg peer programs, parent involvement, skills in curriculum etc)	✓	✓	✓		✓		✓	✓	✓			
b) Use multi-level approach in policy and programs	✓	✓	✓		✓		✓	✓	✓	✓	✓	
c) Use intersectorial approach	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
d) Explicit plan to develop and monitor comprehensiveness and coordination	✓	✓			✓	✓	✓	✓	✓	✓	✓	
4. Use Evidence-based Programs, Policies and Practices and Implementation Plans.												
4.1 Policy-makers, officials, administrators, and practitioners should select evidence-based programs on health and social issues that are relevant to their situation.												

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- use of a specific behavioural model to guide program selection	✓	✓			✓		✓	✓	✓	✓	✓	
a) Life skills, social influences approach	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
b) Functional knowledge	✓	✓	✓	✓	✓		✓					
c) Normative beliefs	✓	✓	✓	✓	✓		✓					
d) media literacy	✓	✓	✓	✓	✓		✓					
4.2 Programs should be implemented effectively through:												
a) planned diffusion/implementation model	✓	✓	✓		✓		✓	✓	✓	✓	✓	
b) required parent involvement	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
c) Required student/youth involvement	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
d) required community involvement	✓	✓			✓		✓	✓	✓	✓	✓	✓
e) required expert review	✓	✓			✓	✓				✓	✓	
f) required consultation, evaluation and reporting procedures	✓	✓	✓		✓		✓	✓	✓	✓	✓	
5. Coordinate multiple programs, services and policies												

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5.1 Policy-makers, officials, administrators, and practitioners should coordinate several programs, policies, practices and services across five domains (policy, instruction, services, social environment, physical environment/resources) to achieve maximum impact and to create whole school and school-community coordination.	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Policy												
a) Core issues related to SA	✓	✓	✓		✓		✓			✓	✓	
b) Address related policy areas/issues	✓	✓	✓		✓		✓	✓	✓			
g) linked to policies on student conduct (suspension)	✓	✓	✓							✓	✓	✓
c) Within policy and program on healthy, safe or community schools	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Lessons Learned	MOE	SB	P	T	MOH/AA	MOH/MH	HA/AA	PHN	AW	MOJ	PD	PO
Instruction												
a) Focus on basic health literacy, life skills, functional knowledge, normative beliefs, media literacy	✓	✓	✓	✓	✓		✓	✓				
b) recommended or required instructional time for health and substance abuse	✓	✓	✓	✓								
b) Teaching/learning methods and materials	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- selection or training of teachers and other personnel in delivering factual, non-judgemental approach	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
- interactive methods such as peer-led, small group discussions, role plays, theatre	✓	✓	✓	✓				✓	✓			✓
- guidelines for use of external speakers	✓	✓	✓	✓				✓	✓			✓
c) parent involvement in instruction	✓	✓	✓	✓				✓	✓			✓
d) peer=led instruction	✓	✓	✓	✓			✓	✓	✓		✓	✓
e) scope, sequence of curriculum explicitly based on evidence	✓	✓	✓		✓					✓		

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Services Coord'd with schools												
a) early identification & Referral process defined					✓	✓	✓	✓	✓	✓	✓	✓
b) interministry, interagency, interdisciplinary agreements on service delivery, coordination	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
c) emergency response procedure that includes drug incidents	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
a) accessible youth friendly addiction services coord'd with school	✓	✓	✓		✓		✓		✓			
b) accessible, youth friendly family services coord'd with school	✓	✓										
c) accessible, youth friendly police services coord'd with school	✓	✓	✓							✓	✓	✓
d) accessible after school programs for disadvantaged coord'd with schools	✓	✓	✓									
e) accessible, youth friendly health services coord'd with school	✓	✓	✓		✓		✓	✓				
f) accessible, youth friendly comprehensive guidance counselling services in schools	✓	✓	✓									
- use of brief counselling sessions	✓	✓	✓		✓		✓	✓	✓			✓
g) Accessible, youth-friendly school psychology services available through schools	✓	✓	✓			✓						

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h) Accessible youth and family-friendly mental health services coord'd with schools	✓	✓				✓						
i) accessible, friendly family services coord'd with schools	✓	✓										
j) Parent effectiveness training offered through schools	✓	✓	✓		✓	✓	✓	✓	✓			
Social Support												
a) emphasis on creating a positive school climate	✓	✓	✓	✓				✓	✓			✓
a) Parent education and awareness activities	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
b) Youth leadership and peer programs	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
c) Whole school campaigns and activities(dry grads, no drinking/dope while driving etc)	✓	✓	✓		✓		✓	✓	✓			✓
d) No smoking , no alcohol policies for adults	✓	✓	✓									
Physical Environment												
a) Create maintain youth friendly space in school	✓	✓	✓	✓				✓	✓			✓
b) Ensure safe transportation routes to and from schools	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓

Lessons Learned	MOE	SB	P	T	MOH/AA	MOH/MH	HA/AA	PHN	AW	MOJ	PD	PO
5.2 Policy-makers, officials, administrators, and practitioners should seek to influence the whole school environment, not just deliver programs or interventions within the school.												
- use of whole school model such as HPS, safe schools	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
5.3 Policy-makers, officials, administrators, and practitioners should initiate, and support community-school Interactions.												
- use of community-school models	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
6. Seek Congruence with education mandate of schools												
6.1 Policy-makers, officials, administrators, and practitioners should seek congruence with the educational mandate of school and anticipate conflicts caused by divergence or competition with the educational mandate of the school.												
a) Assessment and development of teacher, administrator attitudes (eg reluctance to admit SA problem, concern with disruption of learning of other students etc)	✓	✓			✓							

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b) Link to school drop out, alternative school programs	✓	✓	✓		✓		✓			✓	✓	
c) Shared focus on school climate and school conduct rules	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
d) Explicit linkage with school improvement and reporting procedures and plans	✓	✓	✓									
e) Explicit recognition of teacher work life, preoccupations and sociology					✓	✓	✓	✓	✓	✓	✓	✓
7. Build Capacity at all levels												
7.1 Policy-makers, officials, administrators, and practitioners should build system (government, agency, school, professional, community and family) capacities												
- explicit plan to build capacities in the long term	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
a) Coordinated policy and leadership	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
b) Assigned staff and infrastructure to coordinate	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
- role description, training of SH coordinator or AW as change agent/ broker	✓	✓			✓	✓	✓			✓	✓	
c) Formal and informal mechanisms for cooperation	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
d) Ongoing knowledge development, translation and exchange	✓	✓	✓		✓	✓	✓			✓	✓	

Lessons Learned	MOE	SB	P	T	MOH/AA	MOH/MH	HA/AA	PHN	AW	MOJ	PD	PO
- use of professional learning community strategies	✓	✓			✓	✓	✓			✓	✓	
- use of knowledge resource centres and networks in KTE	✓				✓	✓				✓		
e) Ongoing workforce development	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
- changes to or requirements for pre-service training of teachers, counselors, principals, nurses, police officers, social workers, MH workers etc	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- use of mentoring strategies in workforce development	✓	✓	✓		✓		✓			✓	✓	
- use of mandated or consensual guidelines or standards in professional practice	✓	✓			✓	✓	✓			✓	✓	
- training in interprofessional capacity	✓	✓			✓	✓	✓			✓	✓	
f) Regular monitoring and reporting of health status and health behaviours, of health literacy/skills/ knowledge and of policy/program status and capacity	✓	✓			✓	✓	✓			✓	✓	
g) Strategic selection of priorities and management of emerging issues within stable planning process	✓	✓	✓		✓		✓			✓	✓	
h) Explicit plan for sustainability	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓

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8. Strategically Address System Characteristics												
3.1 Program planning should first understand and then address the characteristics of public service systems such as education, and health. These characteristics can be grouped under three headings: openness, loose-coupling and professional bureaucracies.												
- explicit use of ecological approach, systems thinking in planning and evaluation	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
a) Open to external influences												
- explicit recognition of interactions between organizations and environments	✓	✓	✓		✓		✓	✓	✓			✓
- use of early adopters	✓	✓	✓									
- use of external incidents	✓	✓	✓		✓		✓	✓	✓			✓
- use of policy levers such as incentives, directives, guidelines	✓				✓					✓		
-delineation of formal and hidden boundaries within and across systems	✓	✓			✓	✓				✓	✓	
- explicit plans to build readiness for evidence-based innovations and change	✓	✓			✓		✓			✓	✓	

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b) Loose coupling within systems												
- use of shared vision, mission or consensus statements	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
- address adopter concerns	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
- delineation of areas that can be tightly coupled (eg suspensions or search/seizure procedures as well as loose couplings such as lesson plans, attitudes towards privacy, drugs, parenting)	✓	✓			✓		✓			✓	✓	
c) Professional bureaucracy												
- role of senior leaders	✓	✓			✓	✓	✓			✓	✓	
- role of middle managers	✓	✓	✓		✓	✓	✓			✓	✓	
- use of knowledge as power or influence	✓	✓			✓		✓			✓	✓	
- focus on changing routines and organizational structures/practices	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
- address non-rational decision-making processes within organization	✓	✓	✓		✓		✓	✓	✓	✓	✓	
d) Multiple systems and professional/organizational cultures												
- explicit recognition of preoccupations, sociology, worklife of police officers	✓	✓	✓	✓	✓		✓	✓	✓			
- explicit recognition of preoccupations, worklife and sociology of nurses	✓	✓	✓	✓					✓	✓	✓	✓
- use of joint training to mix professional cultures and norms	✓	✓	✓		✓	✓	✓			✓	✓	

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- use of joint budgeting for SA prevention in schools	✓	✓			✓	✓	✓			✓	✓	
- explicit planning for continuum of cooperation (from loose exchanges of info towards close cooperation or event merged programs)	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓