

AWARD FOR EDUCATIONAL LEADERSHIP (Group): *HEALTH CHAMPIONS CORE COMMITTEE*
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PHILOSOPHY AND RATIONALE

In Winter 2018, due to the efforts of the HEALTH CHAMPIONS CORE COMMITTEE, all Bachelor of Education (BEd) students in the Werklund School of Education (WSE) are required to take a Comprehensive School Health (CSH) course as part of their curriculum requirements. This is the first and only required course in health and wellness in any BEd program across Canada.

Establishing EDUC 551 as a mandatory course in Werklund's BEd curriculum is the result of significant and sustained efforts (over 9 years) on the part of faculty members (across two faculties), students (undergraduate, graduate, and post-doctoral scholars), and a community partner (Ever Active Schools). The membership in the group has varied over the last nine years, but the core committee of individuals has remained the same. The Health Champions Core Committee is led by Werklund Research Professor Dr. Shelly Russell-Mayhew, with participation throughout the years from over 20 graduate students and post-doctoral scholars from her Body Image Research Lab. Dr. Tina Gabriele, Associate Professor (former Associate Dean Academic) from the Faculty of Kinesiology has also been a foundational core committee member offering facilities and curriculum expertise. Kerri Murray (and other members of the Ever Active Schools team) has been our key community partner offering networking and expertise in Comprehensive School Health. Core committee member Gavin Peat offers his expertise on physical education and pedagogy as well as his connection to BEd undergraduate students who specialize in physical education and/or service learning. Over the last nine years, the Health Champions Core Committee has met frequently (up to ten times per year) to develop, implement, and evaluate health and wellness professional learning opportunities for BEd students.

The members of the Health Champions Core Committee have each contributed significant and sustained time and expertise, demonstrating their commitment to teaching and learning. Collectively we have invested over 1200 hours of time in-kind to plan annual Health Champions Conferences, develop workshop content, consult with community partners, and collect quantitative and qualitative data, all of which have informed the development of EDUC 551 (Russell-Mayhew et al., 2016; 2017).

There is growing recognition across educational institutions (in K-12 and university settings) about the critical importance of developing students who are academically strong **and** living well in the world. In Canada, no existing Bachelor of Education (BEd) program provides mandated health and wellness education, yet school professionals are expected to contribute to school health once employed in school communities; this situation reveals a critical education-practice gap. The internationally recognized Comprehensive School Health (CSH) framework highlights the need for a multifaceted approach to school wellness (i.e., physical, social, emotional, environmental etc.), and identifies teachers as critical to success. Although teachers are in a position to impact the health of their students, many report feeling unprepared and desire training in health education. In a nation where the importance of CSH has been advocated, little has been done to address how universities educate future school professionals.

The applied outcome of the Health Champions Core Committee as educational leaders is a research and practice-informed system of wellness education that better prepares teachers to support their own, and their students' well-being, while improving the capacity of the larger educational system by positioning teachers as health champions to work on wellness from within the education sector.

The fundamental value of the Health Champions Core Committee has been that it is not enough for the faculty to simply teach health and wellness; we must also create learning environments that enable, facilitate, and model health and wellness in university settings. At both the faculty and institution level, there has been a palpable and purposeful shift of considering health and wellness beyond informal and personal benefits of fostering positive well-being, to that of more systemic identifiers and recommendations that better support individuals within the broader university environment. These macro shifts in thinking about health and wellness at the institutional level helped to make explicit the ways in which curricular and programmatic changes were required within WSE to support BEd students as future school professionals.

Recognizing the potential for downstream student impacts and for rippling across educational contexts, WSE, the Faculty of Kinesiology, and Ever Active Schools began actively partnering on teacher preparation at the post-secondary level to accelerate closure of the critical gap between how teachers are prepared to address wellness (their own and that of their students) and what they are expected to do in practice. These collaborative efforts have both informed, and been informed by, the culture of wellness in the faculty (i.e., the Werklund School of Education) and the university (UCalgary) (Figure 1).

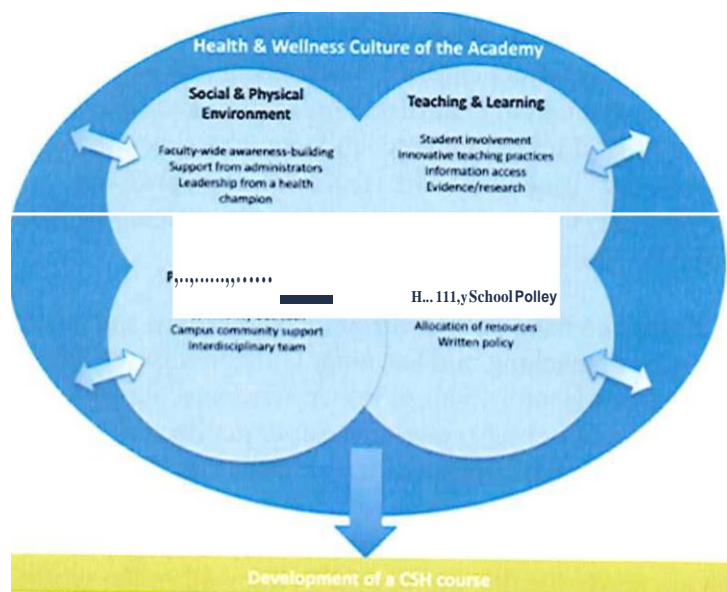


Figure 1. A visual representation of the process by which the development of a CSH course in a BEd program reflected as well as informed the health and wellness culture of the academy, utilizing the CSH framework.

The result of our work as a committee is a prototype for a system of wellness education, modeled on the CSH approach and involving the development of key partnerships, addressing the social and physical environment of the faculty, implementing healthy school policies, and requiring mandatory coursework in wellness education (Russell-Mayhew et al., 2017).

The four interrelated components of CSH are social and physical environments, teaching and learning, healthy school policy, and partnerships and services. The impact of this model is not lost on the Health Champions Core Committee; we frame our work in this model just like we teach it to all of our BEd students in EDUC 551. We used the CSH framework as a committee, which led to the implementation

of the first mandatory course in CSH in a BEd program. We use the components of the CSH framework to position our work as a committee and to demonstrate our core value in action (i.e., we practice what we preach).

Social and Physical Environments

Social and physical environments within the CSH Framework encompass both the quality of relationships occurring within and between stakeholder groups (i.e., staff and students) as well as the way in which the physical space influences behaviour (i.e., gathering spaces, adequate lighting, etc.). Our committee work included: leadership from a health champion, student involvement, support from administrators, and faculty-wide awareness building.

Teaching and Learning

This component of the CSH Framework considers the totality of teaching and learning experiences occurring in a school environment, including formal classroom instruction, practicum and field study methods, and informal learning (i.e., through newsletters or online resources). All of these areas form the basis for the mandatory course for all pre-service teachers in WSE. The development of the EDUC 551 course involved innovative teaching practices, information access, and evidence/research.

Healthy School Policy

This component of CSH refers to policies, guidelines, and practices within the school community, which collectively or individually contribute to the health and wellness of all members. Allocation of resources and written policy has been influenced by our work: (a) human resources were allocated from the academy, and (b) the practices around faculty and staff health and wellness shifted over time away from a reactive approach (i.e., faculty members moving out of prominent academic roles and provision of medical leave) toward a proactive approach (i.e., health promotion, quality of life committee).

Partnerships and Services

Partnerships and services constitute the supportive relationships that exist between the school and the wider community, including organizations offering programming or resources that contribute to school health. This component area also represents inter-sectoral collaboration. Our educational leadership process included campus relations, an interdisciplinary team, and community outreach.

Over a period of nine years, an interdisciplinary Health Champions Core Committee led by Dr. Shelly Russell-Mayhew (SRM) has gained experience in championing wellness at the post-secondary level. Together, the core committee has prototyped a process of engagement that parallels work in the K-12 educational setting. This involved adopting a CSH approach within the WSE to shift the discourse and culture around wellness, and to gain support for the eventual approval of the course (EDUC 551) as a mandatory part of BEd curriculum.

STRATEGIES AND INITIATIVES

Since 2009, the WSE has been offering wellness education for pre-service teachers through participation in learning opportunities outside of required coursework. Initial efforts drew limited participation (one faculty member and 18 BEd students), evolving into an annual **Health Champions Conference**, which most recently included 110 BEd students, seven faculty members across two faculties (WSE and Faculty of Kinesiology), and over 20 community partners in January 2017. Finally, starting in 2018, this committee work has led to the inaugural delivery of a mandatory course in CSH for BEd students.

This pilot work indicated that both pre-service and practicing teachers considered health and wellness extremely important personally, professionally (as role models for students), and within K-12 schools (Russell-Mayhew et al., 2015; 2016). In reference to wellness in educational institutions, one interview participant suggested, " *We can talk about health and wellness and things like that, yet the big problem is changing culture, changing thinking, changing the way of belief* ' (Russell-Mayhew et al., 2015; 2016).

The parallel movements at the faculty and campus level are outlined below, and suggest a shift in ethos and awareness toward health and wellness. The process was complex and the synergy created by the timing of these shifts over time has helped move health and wellness to the forefront across three levels (BEd. Program, WSE Faculty, and UCalgary Institutional level). The following chart illustrates the reciprocal influence of our core committee work, which influenced and was influenced by WSE and UCalgary health and wellness initiatives.

The Reciprocal Influence of the Health Champions Core Committee At Three Levels

Academic Year	Bachelor of Education Students/Program	Faculty	Institution
2009/2010	18 BEd students - physical education specialists participated in a 3-hour in-service during class	2 faculty members from the WSE involved	
2011/2012	30 self-selected BEd students participated in a 3-hour in-service during voluntary 1-day training	2 initial faculty members continued 1 additional faculty member from the Faculty of Kinesiology, as well as Ever Active Schools (i.e., Health Champions Committee was formed)	
2013/2014	110 self-selected BEd students - elementary specialization participated in 2-day voluntary Health Champions Conference	core committee organized first Health Champions Conference WSE introduced Health and Wellness Week for Faculty and Staff lead by core committee	
2014/2015	80 self-selected BEd students (~29%) participated in 2-day	Quality of Life Committee was introduced by the	the Mental Health Strategy task force introduced and

	voluntary Health Champions Conference	Dean of Education	UFlourish activities UCalgary Strong introduced
2015/2016	120 self-selected BEd students - 2 year only (~37%) participated in 2-day voluntary HEALTH CHAMPIONS conference	Health Champions Committee proposed CSH Course	Thrive Priority Support Network established UFlourish Week offered by the Wellness Centre
2016/2017	110 self-selected BEd students (~35%) - 2 nd year only signed up (plus waiting list) participated in 2-day voluntary HEALTH CHAMPIONS conference	Collective health and wellness identified in the new Faculty Strategic Academic Plan (Faculty Academic Plan 2018-2023) in 2017	CSH course approved through university committees Launched the Mental Health Strategy
2018	EDUC 551 course inaugural offering: 590 2 nd -year BEd students (100%)	Collective well-being is an identified strategy in approved WSE Academic Plan	Refreshed Eyes High Vision focuses on Healthy <u>Campus</u>

Note. The Health Champions Conferences, the shift in faculty culture, and the connection to community are three strategies the core committee utilized in the creation of a mandatory course requirement for our WSE BEd students. (adapted from Russell-Mayhew et al., 2017). The above chart demonstrates the scope and growth of influence over time.

As the work of the committee evolved into the development of a wellness course for BEd students, Ever Active Schools has been a convening organization to bridge partner participation in the process. For example, to consider the context of K- 12 environments and acknowledge the broad expertise that currently exists for CSH in Alberta, an expert working group was brought together to consult on the development of the course content. We enlisted input from 28 stakeholders: superintendents, teachers, recent WSE graduates, members from provincial school health organizations, representatives from Alberta Health and Alberta Education, and other post-secondary representatives.

Throughout the development of this course, SRM has led a number of research activities with various members. Two environmental scans were conducted including (a) Grade 4-12 health and physical education curriculums across Canada to assess the wellness components of provincial curriculum expectations and (b) university BEd curriculums across Canada to assess the extent of exposure to health and wellness education (Russell-Mayhew, 2013, URGC). This work helped to identify the fundamental education-practice gap that we aim to address at a systems level. With this emerging leadership of CSH at the post-secondary level, our core committee members have disseminated three peer-reviewed published articles (as well as one in press), six poster presentations, and three paper presentations at peer-reviewed conferences. Currently, some members of our core committee hold a Scholarship of Teaching and Learning Grant (SoTL) to capitalize on our interdisciplinary perspectives. We seek to study the

effectiveness of the new mandatory CSH course on health attitudes and behaviours of BEd students and the success of utilizing innovative learning environments (i.e., kinesthetic learning, learning through the body, and interdisciplinary community engaged learning) to deliver this course in terms of how these BEd students take up school health in their own teaching practices.

IMPACT

As the CSH framework has not been widely adopted by BEd programs, teachers continue to feel unprepared to support school wellness as they enter the field (Askell-Williams & Lawson, 2013), and fail to benefit from an optimal health-promoting post-secondary education environment. Meanwhile a larger opportunity is missed to address the systemic issue by building their capacity for self-care and to be health champions and CSH actors from within, once working in school communities. The underlying causes that interfere with post-secondary adoption of comprehensive systems of wellness include: insufficient sector alignment at the government and practice levels (i.e., silos between Ministries of Education and Advanced Education; a gap in communication between these ministries and planned curriculum within post-secondary education); inherent competition among institutions (protection of academic and intellectual content); limited awareness and/or buy-in to CSH approaches within post-secondary settings; and multiple academic priorities within BEd faculties. Ever Active Schools and the WSE have just received funding (\$288,700) from the McConnell Foundation (WellAhead) for a grant entitled "*Teachers of Tomorrow: Advancing School Wellness Through Teacher Preparation.*" The purpose of this grant is to share with other BEd programs across Canada the process and prototype that resulted in the mandatory EDUC 551 course at UCalgary.

In her letter of support, Pat Martz, Alberta School Health and Wellness Manager with a cross ministry role in Alberta Education and Alberta Health, is hopeful that UCalgary is paving the way for more BEd programs to implement health and wellness into mandatory curriculum requirements. She also states, "*Teachers are critical actors in a healthy school community, both in their responsibilities for teaching health curriculum and their influence on students as role models. Working with a pre-service population in preparation for these roles lays important foundations at a critical time in the development of their professional identities.*" In Alberta, two ministerial orders represent education policy at the highest level: Teaching Quality Standards (Draft, 2016) and Ministerial Order on Student Learning (2015). The draft Teaching Quality Standards states the requirement that "*A teacher applies a current and comprehensive repertoire of teaching and learning strategies... that respond to student variables, including...health and well-being and emotional and mental health*" (p. 4-5). The Ministerial Order on Student Learning states that a goal for an inclusive K-12 education is to enable all students to achieve a series of outcomes (known as student competencies) including the ability to "*identify and apply career and life skills through personal growth and well-being*" (Appendix p. 3). Our work supports teachers in the achievement of these ministerial orders through a strategic alignment in our teaching and learning practices.

The innovative delivery of this course includes offering part of this course during block week, followed by five weekly sessions that lead into the students' final field placement experience in K-12 schools. By including community partners and practicing teachers, physical literacy opportunities in the kinesiology gyms, energizer breaks, useable resources for teachers, demonstrations of the CSH model in practice, and evidence-based practice recommendations for healthy school communities, key principles about what it means to be a health champion in a school are demonstrated. This course delivers an innovative learning environment for BEd students to carry forward to their K-12 schools. In the inaugural offering of the course we have included over 20 guest presentations/workshops from community partner facilitators (i.e., trauma informed practice, teaching sexual health, healthy eating, early identification of mental health issues, kindness in the classroom, yoga/mindfulness: applied techniques for the school setting, social-emotional learning, inclusion in the classroom, multicultural games). Another highlight of the course for

students is the "resource fair" where over 25 community partners display resources and programs available to teachers in relation to school wellness.

EDUC 551 is the first mandatory course in Canada to systematically address health and wellness with pre-service teachers as a required part of their BEd degree. The inaugural delivery of this course (January-February 2018) will result in 590 pre-service teachers receiving 39 hours of instruction on CSH, in priority areas of healthy eating, physical activity, and positive mental well-being. Teachers learn how to take care of their personal wellness and build the skills to teach their students in these priority areas. The course occurs prior to the final practicum placement of the degree program, where our BEd students who have taken EDUC 551 will then have influence on approximately 15,000 students, and estimated extended impact on 150,000 (when positioned as health champions influencing the broader school community in their early career).

REFLECTIONS AND SUMMARY

We have demonstrated through a CSH Framework how our Health Champions Core Committee has enhanced student learning, encouraged professional development for colleagues, and made significant and sustained impact on the core curriculum of the BEd program. Our collaboration has existed for nine years, above and beyond any member's usual role or responsibility. Our collaborative efforts have led to numerous publications and presentations that disseminate our process in the hopes that other BEd programs will benefit from prioritizing health and wellness in their own programs. Further, we have demonstrated a commitment to innovative teaching practices that have potential to influence many K-12 schools as our BEd students are hired into educational systems. Finally, our journey has been continuously evidence-informed. We learned and incorporated feedback from multiple stakeholders (including BEd students, faculty, in-service teachers, CSH experts in government, superintendents, researchers, and policymakers).

Our collaborations to instill a CSH approach achieved maximum impact because it was both modeled and taught at the university level, and it contributed to and benefited from the culture of wellness at UCalgary. Paradigm shifts occurred in programming, faculty, and university contexts and resulted in the development of the first mandatory CSR course in Canada. This course will be one step towards positively impacting wellness environments in K-12 schools and universities. Ali Bayne who was a BEd student who participated in Health Champions as a student and service leader as well as a BEd student representative during our stakeholder consultations in her letter states, "*As a teacher in the CBE I am witnessing first-hand how important it is for emerging teachers to be aware of and promote Comprehensive School Health.*"

As we reflect on this work over the past 9 years, it has become clear to us that the proverb "it takes a village to raise a child" is quite fitting. We have been the core committee of health champions leading this work. At the same time, literally 100s of individuals (i.e., service-learner undergrad students, graduate students, postdoctoral scholars, sessional instructors, faculty members, associate deans, deans, university staff, researchers, funders, teachers, school administrators, CSH specialists, curriculum specialists, community partners from health and from education, superintendents, ministries etc.) and organizations (i.e., Alberta Health Services, Calgary Board of Education, Alberta Medical Association Youth Club, Be Fit for Life, Rick Hansen Foundation, Teen Mental Health etc.) have contributed to this work. There is beauty and complexity in the process we have described but we know it is a communal effort. It is important to note that together we hold this work in partnership to enrich the quality and breadth of learning for our BEd students. As educational leaders, we know it takes a village to have significant and sustained impact on learning and we look forward to sharing our expertise with other BEd programs to pay it forward.

