

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 2011 Census, the province's population is 751,171, of which a majority is English speaking, but a large minority (35%, chiefly of Acadian origin) is French speaking.

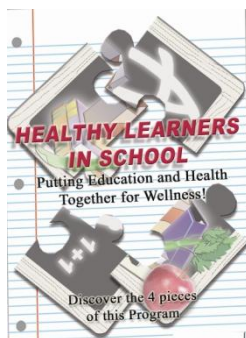
New Brunswick's education system offers its 101,079 students the opportunity to learn in both French and English through two parallel but separate education systems (source - Summary Statistics - School Year 2012-2013). Each linguistic sector of the Department of Education is responsible for its own curriculum and assessment. The public education system has 7 school districts -- three French and four English -- governing its 314 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 mandate of the HLSP is to improve, maintain and support the long term outcome of student health, wellness and learning achievement. Strategies aim to help students acquire health knowledge and healthy behaviours and to develop supportive environments to promote healthy decision-making. These universal interventions support population

health approach, reinforce health promotion, prevention and are proactive in nature. The

Program's Guiding Framework is comprehensive school health (CSH) which addresses school health in a planned, integrated and holistic way. This approach includes teaching and learning, partnerships and services, supportive social and healthy physical environments and healthy school policy to ensure coordinated, integrated activities. 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, multi-year [Wellness Strategy](#), to focus on increasing physical activity, promoting healthy eating, 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. The Strategy was evaluated in 2013 and is currently in process of renewal

Implementation

School Health promotion in New Brunswick is a collaborative shared approach:

- Department of Health, through the RHAs, providing the public health professional resources to the Healthy Learners in School Program,
- Department of Healthy and Inclusive Communities, through the Wellness Strategy, providing resources in support of healthy schools (e.g. school grant programs, data collection and knowledge mobilization etc) ,
- Department of Education and Early Childhood Development, through the Districts, providing equipment, office space, administrative support and occasional project funding.

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,

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 wellness 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 schools manage health issues.

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 provides reports on each wellness theme to participating schools. 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 relevant local 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 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.

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.

Since its inception, the Consortium has facilitated access to knowledge, resources, and expertise that has supported both the NB Wellness Strategy as well as Healthy Learners in School Program implementation at the school, district, and provincial levels.