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*Promoting 'Comprehensive School Health' in Teacher Education:
From Consumers of Knowledge to Champions of Health*

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Promoting 'Comprehensive School Health' in Teacher Education: From Consumers of Knowledge to Champions of Health

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Logo courtesy of 2011-2012 cohort

The model of Comprehensive School Health (CSH) serves as a viable solution to Einstein's definition of insanity as it applies to the state of health in schools i.e., '*Doing the same thing over and over and expecting different results*'. We know that children's physical and mental health is at risk and has been on a steady decline for the past 25 years (Tremblay et al., 2010), yet the degree to which teachers are educated and supported to make responsive health-promoting changes in their day-to-day practice is marginal at best. Health, as it is taught within the subject of Health and Physical Education (HPE) in K-12 schools, is not only marginalized, in that it is often saved for a rainy day lecture (Varpalotai, 2012), the way in which it is taught is also very much dated. A command-based pedagogy infuses the subject of HPE (Kirk, 2010) and the underlying assumption to drill based, rote learning is that the student is a consumer of a fixed knowledge that is transmitted from a teacher, a behaviouristic approach framed by Friere's notion of 'banking education'. While learner-centered and community-forming complex, sociocultural approaches have been introduced to HPE that date back as far back as the early 80s (e.g., Bunker & Thorpe, 1986; Butler & Griffin, 2010; Light, 2005), teachers in HPE are resistant to change (Randall & Maeda, 2010). With such resistance and the perpetuation of dated HPE teacher practice that is not meeting the needs of today's students, David Kirk (2010), a leading researcher, predicts three possible outcomes for the future of HPE: more of the same, radical reform, or extinction, with his hunch that 'more of the same' will be the most likely. If we are then to break free of Einstein's path towards insanity, besides the obvious reform that is required within the subject of HPE, health in terms of how it is experienced and understood in schools needs to change dramatically.

The comprehensive school health model shifts subject conceptions of health to that of a complex, cross-curricular, and community centered phenomenon. Comprehensive school health is thus “a multifaceted approach that includes teaching health knowledge and skills in the classroom, creating health-enabling social and physical environments and facilitating links with parents, local agencies and the wider community to support optimal health and learning” (Canadian Association for School Health, 2007, p. 1). The World Health Organization (WHO) describes a health promoting school as a school that is constantly strengthening its capacity as a healthy setting for living, learning and working. This means that health becomes everyone’s responsibility—teachers, administrators, support staff, students, parents and those living in the community. Yet, for such connections to be forged there must be leaders within a school. Research shows that teachers are the best ones to implement whole school approaches to health promotion (St Leger, 2000, p. 82), yet the training and support in preparing teachers to become champions of health is lacking. While there may be documents in place such as *Foundations for a Healthy School* (Ontario Ministry of Education, 2010) or policies such as Ontario’s mandated 20 minutes of Daily Physical Activity (DPA), without administrative support and specialized training, little will change. Pre-service teachers placed in certain elementary classrooms for their practicum, for example, are informed that DPA only happens on Tuesdays and Thursdays, an oxymoron to say the least.

With a goal of preparing teachers to become champions of school health, a team of researchers dedicated to promoting physical and mental health at the University of Ottawa created a specialized CSH cohort within the 1-year Bachelor of Education (B.Ed.) pre-service teacher education program. This cohort, comprised of approximately 40 Primary/Junior (K-6) generalist teachers, is conceptually framed by three pillars – Healthy Living, Healthy Relationships and Healthy Environments (see <http://www.uottawa-comprehensive-school-health.ca/>). These students thus travel as a group through their B.Ed. program and are encouraged to infuse the three pillars of CSH within their various courses, practicum placements and extra-curricular activities.

Creating champions of health in teacher education programs is not a straight forward, easy to administer process. Through ethics-approved, end of year focus group interviews from students

within the inaugural 2011-2012 CSH cohort, we learned that many students who signed up for the cohort expected to be consumers of health knowledge. What we would like to share are the some of the challenges, highlights and insights expressed by these students. Through sharing these stories, we hope to inspire other teacher education programs to not only promote CSH but also introduce it in ways that are authentic, i.e., cultivating the confidence in pre-service teachers to promote physical and mental health through the purposive forming of healthy relationships in their university setting, practicum placements and local community.

Initial ‘Consumer of Health Knowledge’ Expectations

The following focus group interview excerpts reveal the initial expectations for the manner in which the pre-service teachers in the CSH cohort were to going to engage with the phenomenon of CSH. For the most part, the grassroots approach of asking them to begin with a vision for how they wanted to promote health with the support of the CSH research team behind them was a challenge.



I think a lot of people thought, coming to that first day, “okay, well, you’re gonna tell us how to roll with this,” and instead it was, “okay, what do you want it to be?” and having to [...] develop this group goal and all these programs, on top of being in an 8 month intensive program [...] that was the big question mark at the beginning.



you’re just so pre-occupied with the program requirements and what you’re gonna learn, and just ... I wasn’t really sure how I’m going to contribute to it. [...] Cause, you know, I’m the kind of person that, I will try and do twenty things, like, tell me when, where I gotta go ... some people need that direction.



when I came in, I thought they were just going to feed us stuff to do as we’re teaching, and not, in addition to that, okay, then I realize we have to – to promote it within the Faculty and we have to lead that, and push it. Um, that wasn’t clear to me at the beginning.


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Healthy Education by Pursuit – Healthy Lifestyle by Practice

The 2011-2012 CSH cohort consists of future educators who promote and encourage a holistic view of healthy mind, body, and a personal connection with the world around us. We advocate for healthy environments, lifestyles, and relationships with the intention to inspire students to be future agents of change.

Emergent Health-Promoting Projects

Instead of assuming our students to be blank slates, we invited them to create health-promoting projects on campus and their practicum placements that were related to their prior experiences. What emerged were small clusters of pre-service teachers where one or more leaders within the small group would motivate others by sharing their expertise in diverse areas such as nutrition in the classroom, meditation, outdoor education, and Aboriginal perspectives on health. One group of pre-service teachers, for example, created a community of practice around the cross-curricular activity of 'sport stacking' cups. They organized time to practice, develop sponsorship negotiation and promotion skills such as doing an interview on CBC (<http://www.cbc.ca/player/News/Local+News/Montreal/Sports/ID/2179647954/>), develop and host professional development workshops for their peers in the B.Ed. program, as well as share these 'sport stacking' skills with children in schools. Such an experience was significant for those involved as the following focus group interview excerpts reveal.


 *my [associate] teacher loved the idea! ...one of our stations in math happened to be the cup stacking station, just to give them a break from fractions, or give them a break from other stuff. Well, it's sequencing, working [the entire] brain, um, and it's fun. And then she would build up those skills to take them to do DPA outside with them, and do relay races and things like that.*

 *perseverance. ...at first, um, you know we had all these ideas and we tried a workshop, and, it was like a, it was a bit of a, well, it was a bit of a flop. Like, nobody showed up from any other cohorts, um, but we stuck with it, you know... and, the work we did with that paid off with that last [cup stacking] workshop that we did at the end, was great, and, um, I've used it in my classes, and uh, yeah, it's good. So, people need to understand like, just if it... just keep, keep trying, cause it'll work eventually.*


Creating a Collective Vision and Identity for the CSH Cohort

While the creation of small self-organized groups was essential for physical, social and environmental dimensions of health to be experienced and promoted, connecting the students within the CSH cohort with a collective vision and logo was a key step towards creating a group identity. The words in the following statement came from a facilitated discussion in one of their classes in the second term.

While the process of creating this mission statement took time and strategic negotiation, as cohort members were particular about the words in which they used to express themselves, the experience was meaningful and essential for team building as this student articulates:

 *I felt like it was a really cool process. I felt like it was a little picky and choosy in terms of words, like people were like, "Oh, I don't like the word 'spirit', or I don't like this..." Like, we really flushed out our idea of what CSH meant, to all of us.*

Other activities that helped the students develop a CSH cohort identity were the creation of CSH t-shirts and posters that advertised the series of CSH 'lunch 'n learn' workshops they hosted on campus.

 *When we started doing those lunch n' learns. You know, people started hearing about it and you know, the word got out, and every little thing we did just kinda like, um grew, grew the image really nicely, and it, to me it like culminated with those purple t-shirts. Like, it's just a t-shirt, you know, but it, it really made a big, impact.*

Not to be trivialized, time invested in creating an identity and sense of community as a CSH cohort helped the pre-service teachers both conceptualize and experience the relational dimension of health within the CSH model as the following excerpt shows.

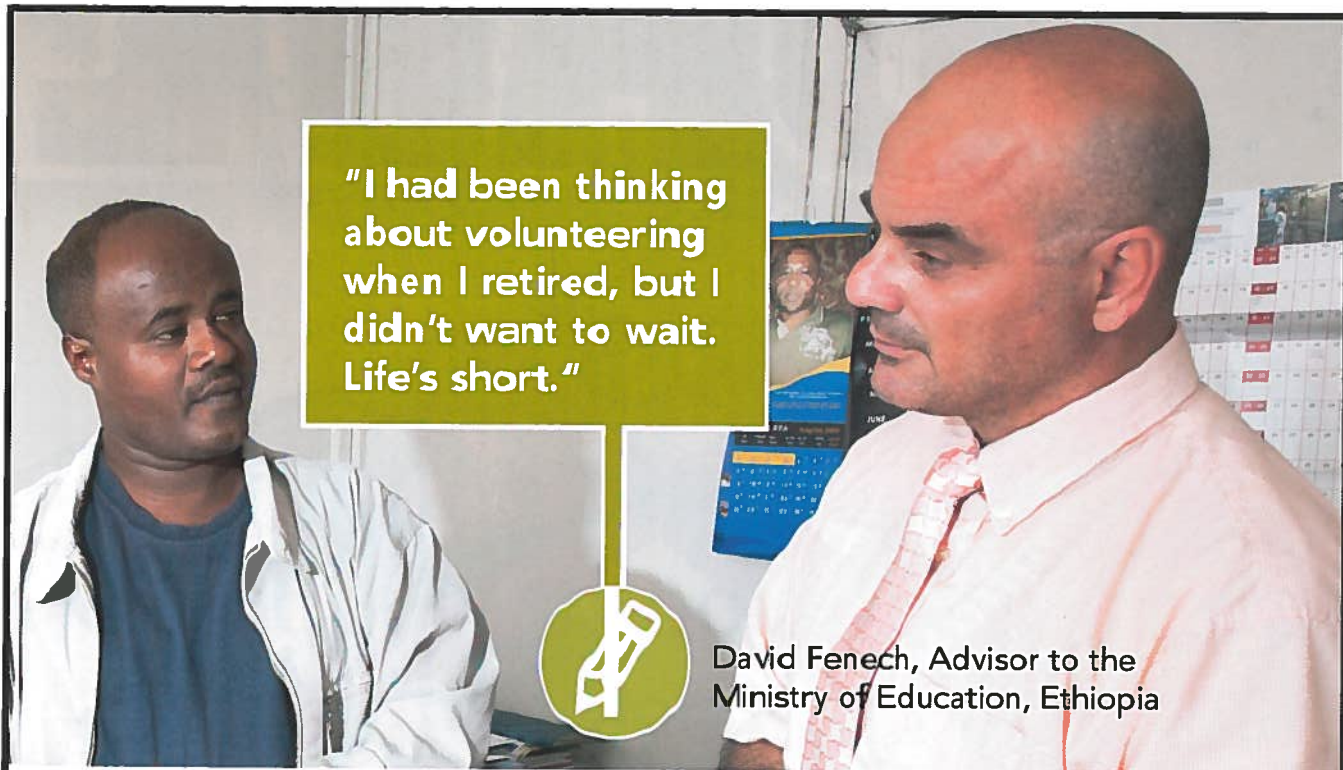
Being able to come every day knowing that I'm seeing this group and they're here to support me. I know others who've expressed the same thing, it was just nice to have that, that comfort zone, but also people that I knew that had my back, and, you know, it was just to walk into a room and get a smile and be like, "hey, how's it goin'?" and people that... wanted you there.

Challenges in Promoting CSH in Practicum Placements

Students shared insights regarding the complex notions of health that they found challenging, particularly when it came to implementing them in their practicum setting.

...where do I go with this? Like, do I push mental health on my prac or in my lesson, or in my assignments, or am I gonna do physical, or do both?

I think we all just kind of thought that, like, that it had to be this big thing; we wanted it to be this big thing. But, realistically, I think, um, small things are good too, and especially when you're invited into someone else's classroom, it's really difficult to say, "I'm gonna do this!" and "I'm gonna take over that!" like, that doesn't work right? Like, your place is clearly below your AT and you need to weasel [CSH] in there and so, little ideas work better than big ideas...



"I had been thinking about volunteering when I retired, but I didn't want to wait. Life's short."

David Fenech, Advisor to the Ministry of Education, Ethiopia

I am a volunteer for the world

David left a teaching job in Toronto and hasn't looked back. When he wasn't busy overseeing the implementation of standardized testing for the nation's 40,000 elementary school teachers, he participated in the Great Ethiopian Run.

To read David's story or find out more, please visit:

cusointernational.org



Other students also highlighted the difficulties they had with the 'how' of CSH when faced with the reality of the classroom.



I have to say the schools I was placed in were inner-city schools, low socio-economic, um, a lot of social problems, behaviours, and... I found it really hard to wave the CSH banner in those schools when most of the teachers were, just weren't... it just wasn't a priority for them. They're so focused on, their testing and EQAO's, and, and you know, dealing with these, these students who are struggling academically, um, and also that can't afford to eat healthy, that, you know, they're going home, they're not supervised. For me to, to... You know, I could in my lessons, I could promote it, but without having other teachers around also engaged in that and promoting it, ... I think I struggled with that a lot, was just, you know, I felt like ... no one's listening.

Lessons Learned for Promoting CSH in Teacher Education

Taking the time to listen and learn from our first cohort of pre-service teachers was invaluable in helping us to conceptualize the ways in which CSH could be introduced to future cohorts. Embracing the complex and diverse nature of CSH while also finding ways to unify the group of pre-service teachers is essential. Some of the activities we facilitated in this 2012-2013 year of our CSH cohort included an orienting CSH cohort hike at the beginning of the year, as well as the creation of a professor-organized volunteer opportunity to deliver a mindfulness-based program at a local elementary school for those students who prefer more direction. Champions of health certainly emerged in this second year, however, as leaders within this year's cohort have organized charity events such as a Zumbathon to raise monies for Aboriginal education

as well as a series of 'lunch 'n learn' workshops where topics of mindful movement, heart math, winter activities and nutrition were introduced to students in the B.Ed. program at large.

As co-directors of this second 2012-2013 cohort, we have become more explicit in helping our students make links between curriculum, pedagogy, and CSH. We have offered more opportunities for hands-on, active involvement in CSH-related activities. We have opened up more conversations about issues of CSH and equity. We have worked with professors to increase cross-course messaging regarding CSH. We have also learned that the prospect of fully preparing educators to be confident, respectful, creative, passionate champions of comprehensive school health is a long-term endeavour, and not one to be considered accomplished within a brief program. We have shifted our goals to include facilitating the development of a mindset among pre-service teachers of openness, curiosity, and risk-taking with respect to CSH, rather than imagining fully-equipped educators armed with CSH teaching toolkits. As the second uOttawa CSH cohort heads into their final months, and we again meet with them to explore their lived experiences throughout the year through formalized end of year interviews, no doubt new strengths and challenges will emerge. However we are confident that the preparation of teachers to work within, contribute to, and lead health-promoting classrooms and schools is necessary and worthwhile and has already begun to dismantle the 'doing more of the same' loop towards Einstein's insanity. By introducing CSH through a specialized teacher education cohort and promoting health in complex ways, we are doing different things and seeing different results, which in this case, are creating a positive step towards the promotion of physical and mental health of children in schools. **CJ**

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