

PUBLIC HEALTH NURSING AND COMPREHENSIVE SCHOOL HEALTH: RESULTS OF A PARTICIPATORY ACTION RESEARCH STUDY

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Funding Acknowledgements: Interior Health Evidence Informed Practice Challenge



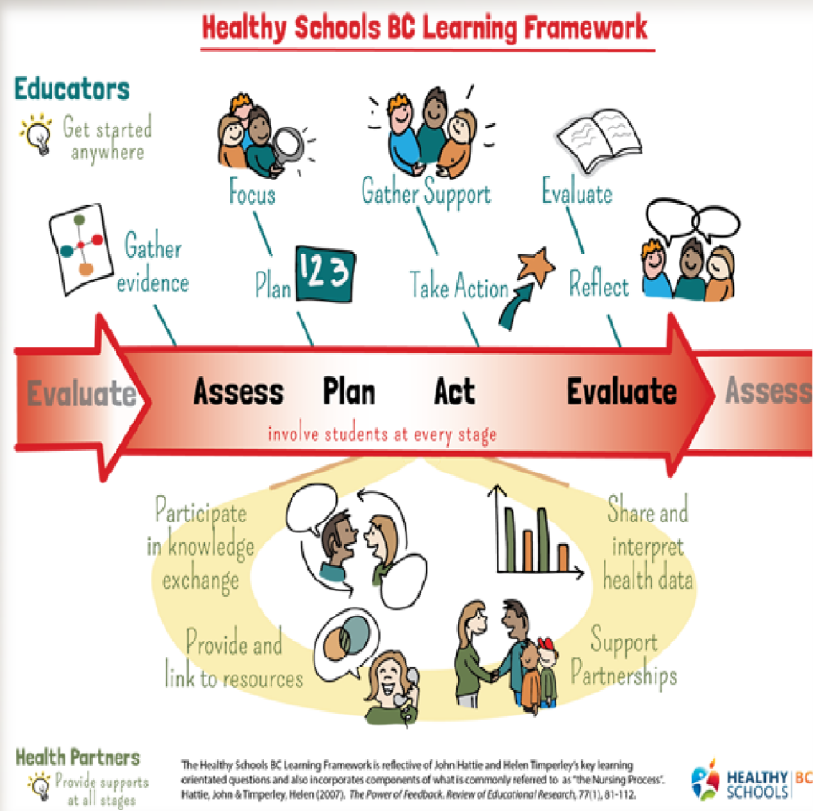
COMPREHENSIVE SCHOOL HEALTH

(Comprehensive School Health Framework, 2009; Healthy Schools BC, 2015)

- Internationally recognized framework
- Four inter-related pillars:
 - Social and Physical Environment
 - Teaching and Learning
 - Healthy School Policy
 - Partnerships and Services



BACKGROUND: BC CONTEXT



Healthy Schools BC

Vision: BC students learn, play and thrive in healthy school communities

Mission: To bring together health, education, students, parents and community partners in creating school environments that support optimal health and learning.

BACKGROUND: PHN & CSH



BACKGROUND: PHN ROLE

- Public health nurses (PHN's) relate to schools and communities in the delivery of essential public health programs such as immunization and preventive screening
- Full scope of practice as a partner with schools and communities in health promotion is not being utilized

BACKGROUND: PHNs UNDERUTILIZED

- PHNs have struggled to engage with school staff and feel they are not often accepted as part of a Healthy Schools Team.
- Schools struggle to understand the PHN's role and how they fit into the picture.
- When health and schools collaborate, many positive gains in student health can occur.
- Comprehensive School Health is not well understood by both health and school professionals.

PURPOSE & RESEARCH QUESTIONS

Purpose: to explore how PHN's can become catalysts for engaging the voice of schools for the implementation of CSH initiatives.

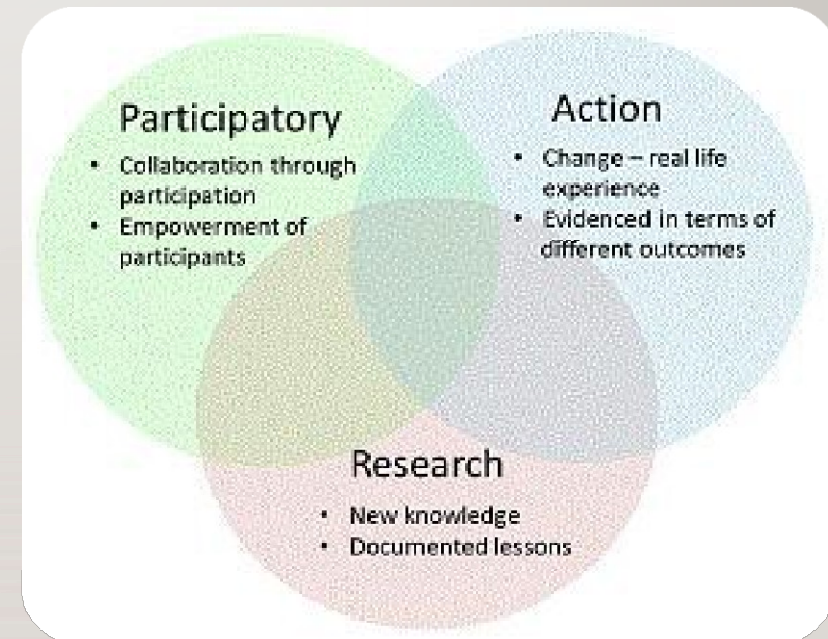
Research Questions:

1. What is the process of engagement of PHNs in a partnership model with schools, other public health professionals, and the community?
2. How can CSH through a collaborative approach to education, research and public health practice be supported in school communities?
3. Can the school health assessment tool serve as an effective point of engagement of a partnership model and capacity building for comprehensive school health / healthy schools initiatives?

STUDY DESIGN

Participatory action research (PAR) methods provide a paradigm that recognizes value of contributions from individuals, community partners and other stakeholders to actively participate and engage in the research process.

(Higginbottom & Liamputtong, 2015)



STUDY DESIGN

- Central tenet of PAR is that the research process itself is a catalyst for change as participants become more aware and involved in actions that transform living conditions, services, programs or professional practice
- Emphasizes the notion of voice in the study participants
- Acknowledges the trilogy of – people, power and praxis

RECRUITMENT OF PARTICIPANTS

- Recruitment extended process due to school/PHN transitions
- Schools selected through expression of interest of school PHN and principal in the Healthy Schools BC initiative – one urban and one rural school
- Invitations to participate through PHN networking within the school
- Ethical components—full informed consents by all participants

DATA COLLECTION

- *Key consideration in participatory research:* data collection methods need to address the collaborative processes; where co-learning is emphasized, people value each other's knowledge and expertise—in turn participants are empowered to take action

(Higginbottom & Liamputtong, 2015)

DATA COLLECTION

- A variety of methods were applied:
 - Healthy school team meeting field notes and reflections
 - Outcomes of the school health assessments
 - PHN ongoing interviews and a focus group
 - Research team meeting minutes
 - Exit interviews

DATA ANALYSIS

Data analysis revealed three themes:

1. Facilitators of PHN engagement in partnership model
2. Barriers of PHN engagement in partnership model
3. Rural Context

FINDINGS: FACILITATORS OF PHN ENGAGEMENT

- Relationships
- Assessment tools
- PHN role and support
- Communication identified in effective strategies
- School components –values, administrative support, new curriculum

FINDINGS: BARRIERS OF PHN ENGAGEMENT

- Time and “life cycle” of school and PHN work
- Role and priority conflicts
- Transitions and disruptions in relationships
- CSH knowledge and language

FINDING: RURAL CONTEXT

- Unique features in the rural context that influence CSH engagement
- Geography and access to communication impacts involvement
- Effective strategy to connect with existing groups
- Recognition of the multiple roles individuals hold

CONCLUSIONS

- Collaborating and organising with multiple individuals requires time, planning and interest from all stakeholders to build collective action.
- Student engagement is critical for the success of the CSH process.
- PHNs can be catalysts for engaging the voice of schools in CSH, and are a vital link between school/health system programs and policies that facilitate best practices.

KNOWLEDGE TRANSLATION STRATEGIES

- Integral phase of the research process to share knowledge focusing on practical outcomes—increase awareness of how to advance the CSH model among PHNs, practitioners, researchers, school communities and students.
- Variety of strategies:
 - interactive venues such as webinars, Community of Practice with PHNs, school community through the Healthy Schools BC Network
 - interprofessional conferences, publications

IMPLICATIONS FOR PHN PRACTICE & POLICY

- Whenever possible work toward stability in assigning nurses to schools.
- Staff should be encouraged and supported to collaborate with other health and school colleagues through online platforms and education opportunities.
- Explore and support education and mentoring opportunities for staff to work in community development models with our school communities.

LIMITATIONS

- School and PHN availability and timing
- Assessment tool as the point of entry
- Small sample size

REFERENCES

Comprehensive School Health Framework. (2009). Retrieved from: <http://www.jcsh-cces.ca/index.php/about/comprehensiveschool-health>. Pan-Canadian Joint Consortium for School Health.

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QUESTIONS?

