

CAPE - Centre for Academic and Personal Excellence
830A Balmoral Street SE
Medicine Hat, AB
T1A 0W9
Tel: (403) 528-2983
Fax: (403) 528-3048
www.capeisgreat.org

CAPE Action Research Wellness Project (AISI Cycle II) 2003/2004-2005-2006

The September 2001 move to a new school site brought about an increase in enrollment and a new set of issues. Students and staff now found themselves going up and down three flights of stairs many times a day. The availability of snack foods across the street was an irresistible temptation for many. The pleasure of a welcoming staff room and an appreciative parent body brought out the cookie monster in many. The complaints about the stairs, the many stops before getting to the top, and the huffing and puffing made it all too apparent that students (and staff) were seriously unfit. In the morning, student after student presented at school with large containers of sugary drinks. Lunches consisted primarily of highly refined foods with little nutritional value, lacking recognition of balanced diet and acknowledgement of various food groups. Gentle requests to not indulge went unheeded. By mid morning, teachers noticed lethargic students fighting sleep as they tried to think. Bullying by individuals and groups was a serious issue, especially among our female population. Aggression was the preferred means of solving a problem among our male population. Student community support initiatives dwindled. Student council became ineffective. No one was getting involved.

The CAPE vision, defined in our charter, states: "To foster in students a desire to learn, to grow, to explore, to excel, to achieve, and to develop into **lifelong learners and productive, contributing world citizens.**" Our mission reinforces this vision; "To foster academic and personal skills in students so that they may pursue and achieve **personal** and academic excellence and **become lifelong learners and contribute to human improvement.**" CAPE staff, parents, and community believe that physical and mental health are crucial to the academic and personal growth of our students. This belief is the framework within which this project was designed. The purpose of this project was to increase physical fitness through nutrition and fitness initiatives, to increase mental well-being through bullying, anger management, problem solving, and conflict resolution programs, and to increase social health through volunteerism, environmentalism, multiculturalism, and citizenry. Key elements of the nutrition component were (1) the banning of all junk food on school grounds, (2) School Council involvement in the re-configuration of the special lunches into nutritious meals, (3) parental involvement in the preparation of lunches and snacks that integrated nutritious foods, (4) emphasis on nutrition within the health program, strengthened by projects on nutrition (community involvement), (5) Nutrition Info Packs for parents at the beginning of the year (includes sample menus, Canada Food Guide info, websites, fun yet nutritious snack recipes, etc.). Key elements of the fitness component were (1) mandatory daily school-wide fitness time, (2) school-wide bullying program, teacher inservice, student workshops, parental evening seminars for two years. There was also an increase in PE time (PE + daily fitness) before DPA was introduced. Key elements of the citizenry component were (1) projects with a focus on volunteerism (students out in the community learning and contributing), multiculturalism (community involvement), anger management (community agencies), environmentalism (local and global

awareness), and more, (2) re-structuring the Student Council with a focus on service, (3) clear and transparent focus on democratic decision making.

Evaluative methods included teacher generated marks, discipline documents, BMI, parent/ student/teacher satisfaction surveys, and teacher observations.

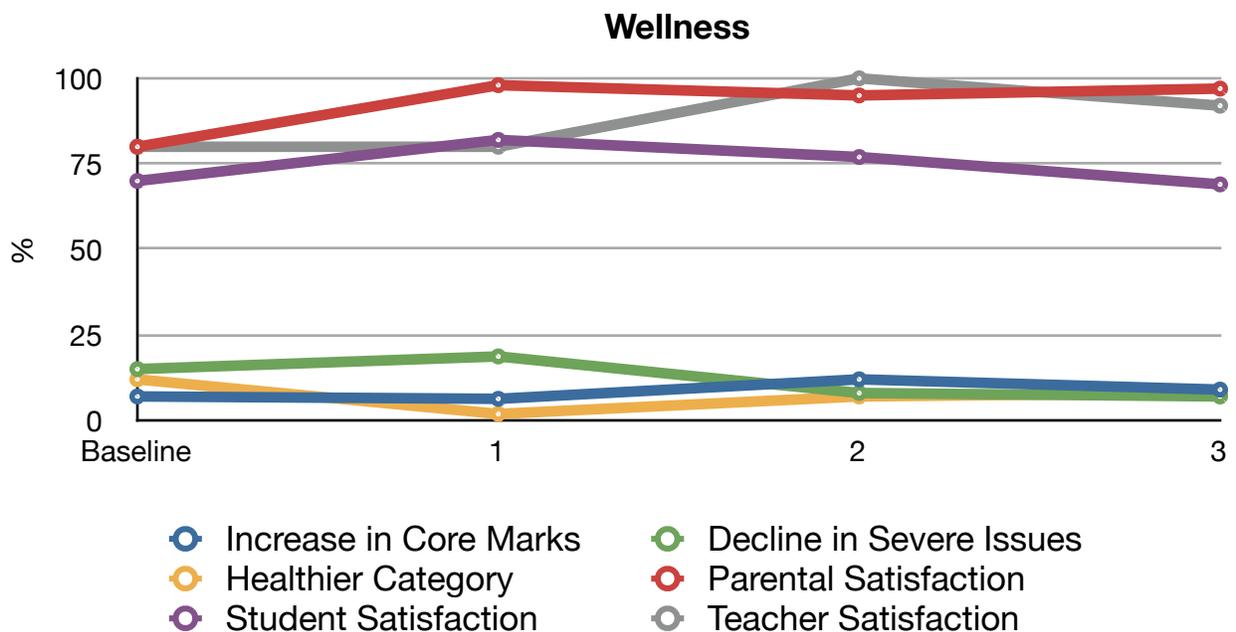
The first year of the Wellness Program was discouraging at best, fitness and nutrition being the culprits. While the younger student population embraced the fitness, the nutrition, and the wellness projects with a passion, the older group rebelled loudly and often, especially against the fitness and the nutrition a.k.a. banning of junk food. However, this subsided eventually. The staff responded very well to the bullying program but there was little interest among parents. Students responded, participated, and seemed receptive. Of greater significance was the students' change in attitude and behaviours observed in year two and three. By year three there was a noticeable tangible decrease in tolerance for bullies and associated behaviours. Students were now speaking up and standing up for each other. The Student Council initiated several activities in support of community groups as well as organizing student and family activities. Discipline issues declined in number and severity. Staff were required less and less often to intervene to resolve a conflict. The Wellness projects proved to be one of the most successful strategies, in part due to its student decision-making component and in part because of the interactive hands-on structure and the focus on meaningful learning. This does not seem to be reflected in the data above. Successful promising practices are being retained and integrated into the CAPE program.

Measures and data:

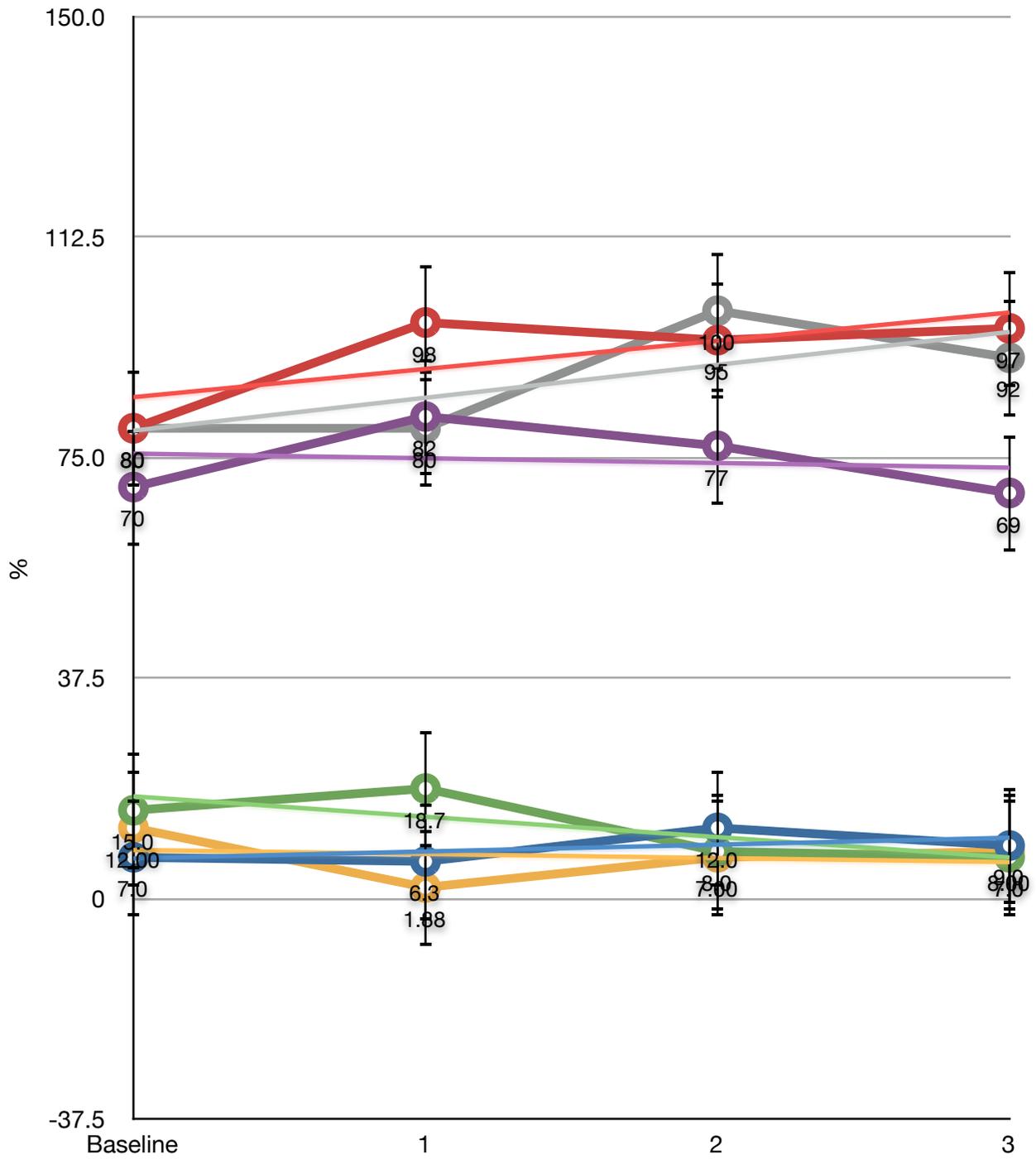
Measure	Baseline	Year 1	Year 2	Year 3	Overall Change
Percentage of students showing improvement in each core subject area as demonstrated through teacher generated year-end marks.	7	6.3	12	9	2
Percentage of students involved in severe discipline issues.	15	18.7	8	7	8
Percentage of students that moved at least one category closer to the healthy category as determined by the World Health Organization and measured through the BMI.	12	1.88	7	8	-4
Percentage of parents satisfied that the Wellness Program has improved the overall wellbeing of their child.	80	98	95	97	17
Percentage of students that are satisfied that Wellness Program has increased their level of community awareness and their level of social consciousness.	70	82	77	69	-1
Percentage of teachers who are satisfied that Wellness Program is encouraging students to make better choices which contribute positively to their overall wellbeing.	80	80	100	92	12

Note: The baselines were derived from an analysis of year-end marks from the previous two academic years, of the previous academic year's discipline records, from the parent responses to the 2004 Parent Satisfaction Survey and adjusted to reflect parental input throughout the year, from the student responses to the 2004 Student Satisfaction Survey and adjusted to reflect student input throughout the year, from the teacher responses to the 2004 Student Satisfaction Survey and adjusted to reflect student input throughout the year.

Note: The BMI baseline represents the percentage of students not in the healthy category as determined by the World Health Organization and measured through the BMI.



Wellness



- Increase in Core Marks
- Decline in Severe Issues
- Healthier Category
- Parental Satisfaction
- Student Satisfaction
- Teacher Satisfaction

Bibliography:

Bonds, Marla & Sally Stoker. (2000). *Bully-proofing Your School: A Comprehensive Approach for Middle Schools*.

Abstract: This book addresses the issue of how to create a 'caring community' within which students care and support each other. It distinguishes between bullying and disagreements. It encourages students to end the silence of fear within the school, to support victims, and to ultimately decrease the power of bullies. Staff learn how to avoid power struggles while handling discipline issues.

The Iowa Interagency Health Promotion Community and Schools Team, Department of Education. (2003).

Improving Academic Achievement by Meeting Students Health Needs.

<http://www.state.ia.us/educate/ecese/cfcs/hpi/doc/iaamshn.pdf>

Abstract: Scientific research provides direction for schools to incorporate school health programs to improve academic achievement. There is a need for schools to address the needs of students in poor health and not learning well, students with poor health practices which drain educational resources, and student choices affecting their health.

Hanson, Thomas L., Gregory Austin, and June Lee-Bayha. (2003). *Student Health Risks, Resilience, and Academic Performance Year 1 Report*.

<http://www.wested.org/hks/apirpt.pdf>

Abstract: This six-part report links academic performance to physical activity, nutrition, substance use, school safety environment and resilience assets. It includes methods, measures, and analytic strategies used. Data show that students whom routinely engage in some physical activity and healthy eating have higher API scores. Conversely, the lowest performing schools had the lowest percentage of students who engaged in any physical activity and nutritious eating.