



St. Mary Wellness and Education Centre

Nominated by: **Greater Saskatoon Catholic Schools**
for the 2008 Premier's Board of Education Award
for Innovation and Excellence in Education

November 2008

Board Chair: **Diane Boyko**

Director of Education: **Bev Hanson**

About the project

In the heart of Saskatoon's Pleasant Hill community is St. Mary Community School, part of the Greater Saskatoon Catholic Schools division. As one observes the morning bustle of staff and students at the school, one would never guess this school resides in the heart of one of the lowest income and high-disease neighbourhoods in Saskatoon.

While Pleasant Hill was once a prosperous middle-class neighbourhood with working citizens, the community is now characterized by low annual income, high addiction rates and less than adequate educational achievement.

Predominantly First Nations and Métis, St. Mary's parents and community members want to change their community profile. Like all of us, they want the best for their children and their community and are working hard in the hope that their children will grow to become socially independent, healthy adults who have an opportunity to be part of the same positive growth and energy the rest of the province is experiencing.

St. Mary has long been a leader in showing how authentic implementation of the community school model can lead to direct benefits for students. Working with numerous agencies, service and community groups, and other partners it provides a nutrition program, leadership opportunities, cultural learning opportunities, like the school's Oskāyak dance troupe, and community participation in summer recreational programs.

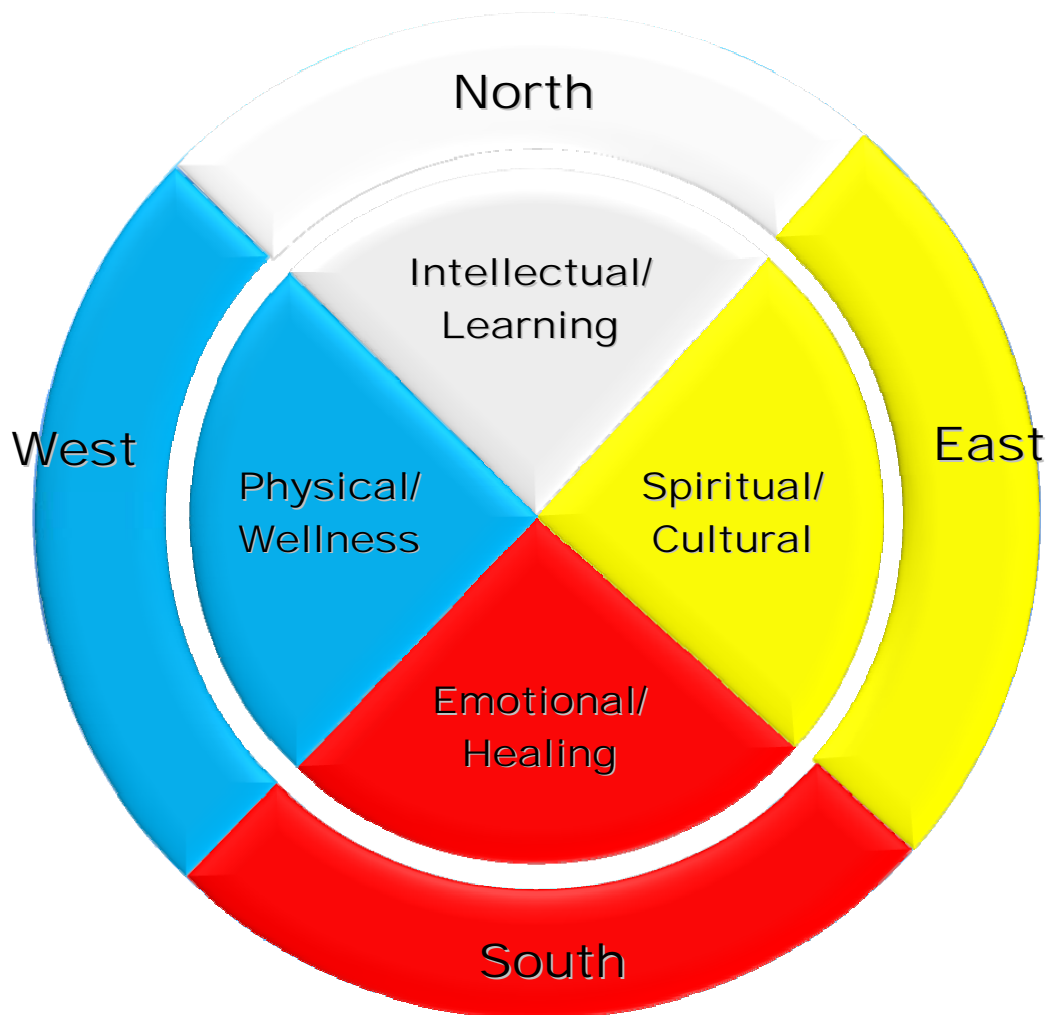
The City of Saskatoon and the provincial and federal governments also recognize the potential of the community and have undertaken the Pleasant Hill Revitalization Project. This ambitious plan will renew the neighbourhood with affordable housing, park space, and, at its centre, a new St. Mary Community School.

In anticipation of this project, Greater Saskatoon Catholic Schools has envisioned and is realizing a new type of community school. This new model of learning is one that takes a holistic approach to education and wellness and focuses on each key area in the development of a child: the spiritual, emotional, physical and intellectual.

The medicine wheel, an ancient and powerful symbol of the universe, prominent in Aboriginal spirituality, challenges us to address the needs in each of these four realms in order to achieve balance and peace.

Greater Saskatoon Catholic Schools is answering the challenge with new and innovative programming at St. Mary Community School including a nursing residency program, a high performance agility program, and a pediatrics clinic that is the first of its kind in Canada. These are only the first components of the St. Mary Wellness and Education Centre.

The Traditional Medicine Wheel



Goals

“What works is people working together. We want our kids to be successful – to finish high school, university, and to make a good living for themselves. We want them to have a good life, we want to give them the opportunity.”

-Elder,
St. Mary Wellness and Education Centre

The new St. Mary Wellness and Education Centre is a unique and innovative facility with integrated services addressing the spiritual, emotional, physical and intellectual needs of students and community to a depth not seen anywhere else in Canada.

This is essentially an expansion and enhancement of the community school model that has been in place at the school, where the needs of the children guide what action is taken.

First, the Catholic School Community Council, staff, parent and community wellness leadership group and student leadership groups identify and acknowledge the needs of students. Next, they express these needs to partners and service providers within the larger community who then provide relevant and targeted services delivered directly to the students.

The end result? Children will become not only healthier physically, but mentally and spiritually as well.

Our Vision:

“An efficient model of community partnership, co-operation and learning that uses new strategies, creates new opportunities, effects change, and results in healthy, independent communities and individuals.”

Our Mission:

We provide a forum in which educators, health-care providers, researchers, business and industry can work together with the community to develop strategies that create healthy, independent communities and individuals who contribute to the economic growth and development of our province.

Selection Criteria

1. Evidence of direct board influence and participation in the innovation

The Greater Saskatoon Catholic Schools Board of Education has worked particularly hard to help achieve the dream of a new level of service to the St. Mary's community. The Board's participation was characterized by significant efforts to secure resources for a new school, the promotion of innovative responses to the health disparities research and the development of unique partnerships to support the development of the wellness concept in education.

Advocating for a new facility

Over a six-year period the Board maintained St. Mary as a priority on its five-year capital project list. During this time, the Board brought its impassioned plea to both government and opposition MLAs. This effort was maintained and accelerated as provincial revenues suggested that the time to act was upon the Board. In support of the interventions with the Ministry on funding for construction of St. Mary Community School, the Board commissioned a facilities planning study completed in April 2006. Parents, staff and community members envisioned a school that offered cultural support, safety and family and student education, specifically regarding nutrition, wellness and life skills. Trustees subsequently approved the construction of a new school.

Response to health disparities

In November 2006 trustees were deeply concerned when they received the "Health Disparity by Neighbourhood Income" study from the Saskatoon Health Region. The study compared six adjacent low-income neighbourhoods to the health status of residents living in the rest of the city in general and to five high-income neighbourhoods in particular. The study found that people living in low-income neighbourhoods have significantly low health status across most measures. For example, there were vast differences observed for suicide attempts, mental disorders, diabetes, coronary heart disease, chlamydia, gonorrhea, hepatitis C, and infant mortality.

The Board's ill-ease with the picture painted by the health disparities research fostered a request of its Executive Council to explore ways to alleviate some of the social pressures and to attend to the wellness of the community alongside the usual slate of supports for community and learning. The Board requested that options for supportive wellness programming be explored and that the results of those explorations be reported to the Board. The Division response included assignment of a staff position to lead the health disparities response, development and staffing of a high level sports agility program, and, most significantly, establishment of a pediatrics clinic inside the school.

Building relationships

In addition, the Board embarked on an ambitious partnership development initiative that saw the division achieve new levels of integration with government, academic and corporate partners. In March 2007 the Board officially identified “Building Relationships and Partnerships” as a Board goal . This strategic move fostered a flourishing of partnerships with the school division and the adoption of a belief that the best service to students and community is when partnerships are achieved both with the local community and with other human service providers.

As evidence in support of this new direction, the Board relied on feedback garnered from community consultation undertaken as a part of the St. Mary facility study in early 2006 and the Pleasant Hill Revitalization consultation that occurred in conjunction with the City of Saskatoon in December 2006. Most importantly, the development of a parent and community leadership group to lead a response to the health disparities provided the Board with informed, responsive and authentic voice. This voice was a visceral and impassioned plea to the Board to sustain the innovation and ensure that long-term changes were achieved. On May 13, 2008, when the provincial government officially announced funding for a new school, Premier Brad Wall told reporters that the extensive consultation done by the Board of Education to identify the community’s needs was a significant factor that the government considered in its decision to fund construction of a new St. Mary facility.

2. Innovative nature of the program or project

As noted earlier, there was a sense of urgency after it became clear there was an overall absence of health and prevention services in Saskatoon’s core areas. With the support of the Board, Division administration undertook a cross-Canada review of programs aimed at alleviating poverty-related health disparities within the context of education. While a patchwork of such initiatives exist, none are generated from a community development orientation; the orientation that is central to all new initiatives at St. Mary.

After release of the Saskatoon Health Region’s health disparities study in November 2006 community consultations completed by the region resulted in the main recommendation that interventions should focus primarily on adolescents in school.

From the Division’s perspective, the most hopeful response was the *Centre d’aide aux enfants en difficulté* in Montreal. This interagency team advocates for child health and wellness supports within the context of schools and communities. This became the blueprint to reformulate services to the St. Mary’s community. The innovation of the St. Mary’s response is that the health and advocacy response stems from a community development orientation.

Essentially, the goal is to build the capacity of the community so that the initiative is no longer necessary because community self-sufficiency and advocacy fill the gap that contributes to the current community profile problems. A relationship and partnership is being developed with the Montreal project so that the model continues to develop to meet the needs of the community and children.

The partners subsequently developed a new wellness initiative aimed at reducing health disparities for these residents and creating long-term access strategies for its many First Nations and Métis families. At the centre of the initiative is a capacity building exercise that works with parents and community to envision their preferred future and give voice to their requests on behalf of the community. Working with a community developer, the parents and community members learn more about health disparities and the resulting effect on school achievement and life opportunity. Parents and community members meet to articulate needs and express those needs to the project leadership team. The team then advances the requests of the leadership group to community service entities with the responsibility to provide service to community.

The first milestone was reached in May 2007 when the St. Mary community partnership realized an important achievement with the delivery of pediatrics services within the school. The Department of Pediatrics in the University of Saskatchewan's College of Medicine was approached to bring the services of a pediatrician into the school. It is one of the first clinics of its kind in Canada. Greater Saskatoon Catholic Schools renovated a classroom, purchased the necessary equipment and worked with the Saskatoon Tribal Council to provide receptionist services. It is equipped much like a regular doctor's office, with an examining table and basic pediatric medical supplies. It is staffed three days a week by pediatricians from the Department of Pediatrics.

The clinic brings pediatric care to children who otherwise may not receive it because of several barriers, including: distance, lack of transportation or inconvenient operating hours. Client support for the clinic means that parents must make an appointment approximately one week in advance to see the pediatricians, though emergent or urgent cases are seen immediately.

Where the pediatrics clinic serves the most acute wellness needs of children, the high-performance agility program is preventative in nature. It provides the kinds of fitness and developmental opportunities typically only accessible to children and youth in affluent families. The program has been well received by the students and the community. It demonstrates that the absence of opportunity compounds need, where achieving opportunities on behalf of the community ensures that children and neighbourhood residents achieve their full potential and are not limited by income or area of residence.

Along with getting in better shape, many of the children are for the first time experiencing a coach/athlete relationship where they are encouraged to be

disciplined and work as a team with their classmates toward specific fitness goals. As well, youth are more active, losing weight and are less likely to acquire adult onset diabetes. Indeed, Lawrence Joseph, the Chief of the Federation of Saskatchewan Indian Nations, upon visiting the program told the kids “You have to make sure you exercise every day and walk instead of sitting around. There is lots of Type II diabetes and you don’t want it.”

The nursing residency program is another one of the innovations that contributes to the overall wellness of the students and community. Third and fourth year students from the University of Saskatchewan’s College of Nursing spend up to four weeks within St. Mary and other community schools and are integrated into both curriculum and community.

While health region resources are vital, matching the extraordinary needs of the community with the training and community service needs of the College of Nursing contributes to the development of a community focused on wellness. This community fosters collaboration and innovation. It is these innovations that in turn foster wellness and the resulting school achievement. Dismantling the silos that saw health-care, professional health-care training and health-care needs as isolated interests realizes benefits to prevention, training and need without adding an additional layer of services. Where typical responses have failed, integration and collaboration become the innovation.

3. Sustainability of the innovation within the present system or school

From the outset, the Board aimed for sustainability by encouraging the development of a new model of community education rather than simply a slate of services dependent on the availability of resources. The sustainability is couched primarily in concept development and in partnership development. The concept of wellness and education is a fundamental shift in educational priority. This shift requires increased consideration of those characteristics that support opportunities to learn. Attending to basic needs such as disease prevention and treatment and consideration for mental health issues fosters a sense of belonging and an ethic of care that transcends the resource ebb and flow. The inter-agency leadership group develops the vision and promotes the model so that it is sustainable. This model, alongside the enhanced capacity of the community, aims to entrench a wellness priority in the community.

Partnership development also fosters sustainability. The health-care professional training colleges access St. Mary for the benefit of their professional training. The multi-faceted way that need is manifest in the school and community prepares health-care professionals for effective work with diverse communities. Wellness and education partnerships complement publically funded services and contribute to sustainability. More importantly, community need becomes recognized as an indicator of the overall shift of the community’s wellness profile.

No longer viewed as an anomaly or a concern of the poor, partnership collaboration ensures that when the least among us are well, the community is also well.

The St. Mary's wellness and education concept has been instrumental in demonstrating that the ethic of community caring is alive and well and that a new attitude of long-term commitment has been realized. This commitment will also be especially evident in the design and construction of a new St. Mary facility which will be a physical manifestation of this new way of doing things to further enhance community wellness and independence.

4. Cost of the innovation related to benefits achieved

Analysis of costs and benefits associated with the wellness and education concept are difficult to portray in usual terms when the initiative is aimed at alleviating issues of concern that are more evident in certain areas. Youth in low-income neighbourhoods compared to youth living in affluent neighbourhoods are approximately:

- 2.9 times more likely to seriously consider suicide
- 3.0 times more likely to be depressed
- 8.1 times more likely to have ever been drunk and
- 20.0 times more likely to have used marijuana.

Where immunization rates for the core neighbourhoods are significantly lower than the remainder of the city; 43% compared to ~75%, the immunization rates for Saskatoon's most affluent neighbourhoods were in the region of 98%. It is in relation to these conditions where prevention is essential and resourcing upstream promotes economies in the future.

It is a fact that the basis of many (if not most) diseases in adulthood are indisputably linked with the origins of disease in childhood. Measuring benefit has to use a different measuring stick than the accountability that has allowed these disparities to be realized. Measuring the results of prevention will be done years into the future. This translates into disease prevention, harm reduction and health promotion. Preventive measures that address the major causes of youth morbidity and mortality take priority. The new morbidities that are facing our youth today cannot be solved by the conventional practice model. Issues such as obesity and its co-morbidities, low immunization rates, behavioral and developmental issues all require periodic and early screening and diagnosis.

Two tangible indicators of cost-benefit are in partnerships and identification of responses by redistribution rather than the application of new funds. Partnerships are an indicator of benefit as they realign existing community resources at the cost of the creation of dialogue and relationship building. The

fact that the St. Mary wellness initiative is supported by the Saskatoon Tribal Council, the Saskatoon Health Region, the Department of Pediatrics and the College of Nursing accounts for the majority of the resources realized without an associated cost to the school division. In fact, the cost-benefit profile is enhanced by the notion that the partners are increasing their effectiveness and ability to achieve their mandate by realignment to support the partnership.

5. Client support for innovation

Extensive consultations among various stakeholders occurred to ensure that the wellness and education model was imbued throughout both program developments and physical plant construction. These perspectives included the St. Mary's community, health practitioners and educators, various community groups and the City of Saskatoon.

The St. Mary's staff, in February 2006, identified strengths, shortcomings, needs, wants and dreams for the school. While discussion was rooted in the existing school facility, it was also forward-looking with a number of themes which are relevant to a new school. The St. Mary Parent and Community Wellness Leadership Group provided specific input to the concept in February 2006. This meeting with the parents and community residents was structured as a future visioning session. Among the prominent themes were a safe and secure full-service school that supports family, wellness and culture.

The Pleasant Hill Revitalization Visioning and Design Workshop was held in December 2006. The workshop encouraged the sixty residents, stakeholders, school representatives, property owners and observers who took part to share their input on the Pleasant Hill Revitalization Project. The themes articulated included safety, health and sustainability.

The St. Mary Community School Active Partners and Leadership Group met on September 27, 2007. This meeting included representation from the Saskatoon Tribal Council, the St. Mary Parent and Community Wellness Leadership Group, the Department of Pediatrics, St. Mary Community School and Greater Saskatoon Catholic Schools. Dialogue covered items such as community integration and utilizing the opportunity of renewed priorities to address systemic issues that prevent the community from achieving its dream.

The following quotations are indicative of input that has helped to tailor the programming at St. Mary Wellness and Education Centre:

"I live in the community. I see the positives. I don't think anybody was really listening before. Now, they listen to our input; they don't just push you aside. The future is going to be a lot better for the community."

-member, parent and community wellness leadership group

“As a Mom, the agility program is the best thing that could come to a school. My son is now out there exercising instead of lying around.”

-parent

“This (agility) program is awesome. Never in my life have I done something like this. Now I am learning how to train like a top athlete.”

-student

“Recent initiatives at St. Mary school are wonderful examples of moving knowledge into action. For example, the pediatrics clinic helps address the complex health needs of the children while the agility program helps address the causes of health disparity.

“The staff, parents, community members and the children themselves at St Mary`s school should be commended for actually doing something to address health and social disparity. This team approach towards intervention is a model for all of Canada to follow.”

-Dr. Mark Lemstra, epidemiologist, Saskatoon Health Region

“The Department of Pediatrics is committed to being receptive and responsive to the health-care needs of children and youth in our community, as these needs are perceived by the community. We believe that our department can be more effective by working with and in the community, and what better place to do this than the local school.”

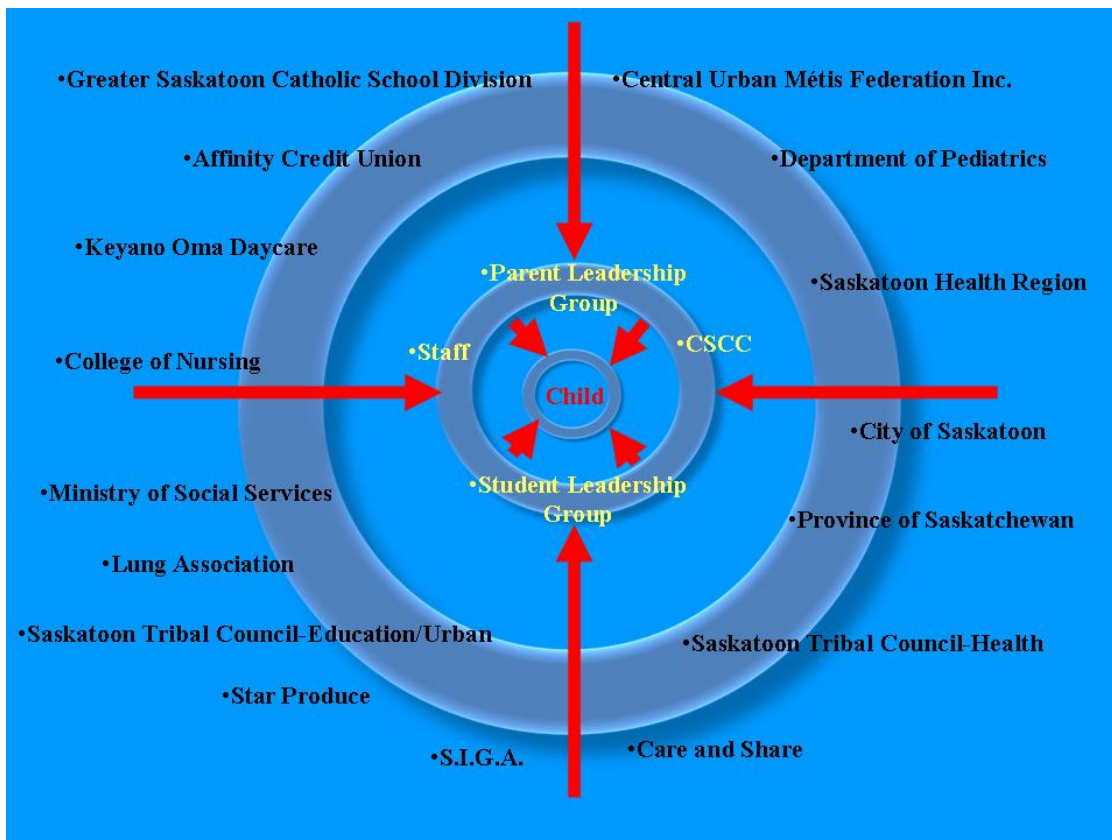
-Dr. William Bingham, Head, Department of Pediatrics

“Our partnerships are focusing on creating solutions, with one solution targeted to bring medical care for children into the community. We are focusing on ensuring young, school-age kids are getting early assessment and interventions that facilitate their learning successes.”

-Tribal Chief Joe Quewezance, Saskatoon Tribal Council

Clearly, the most specific evidence of the concept of wellness and education being shaped by the client group is represented in the model that illustrates the position of the community in designing a resource response to their own needs:

(Please see graphic on next page)



6. Evidence of improved student achievement

Student achievement is always the goal of school-based community interventions. Broadly, lack of student achievement was manifest in poor student attendance, students frequently off-task and evidence a lower student achievement compared with their peers in other schools. Gathering evidence of how the wellness and education concept influences student achievement occurs on four levels; early anecdotal evidence, development of infrastructure to assess local indicators of achievement, evidence in ongoing learning assessments and participation in community large-scale research of health and wellness indicators.

Early anecdotal evidence illustrates that a school-wide fitness and agility program assists students in remaining on-task and demonstrating less irritation from minor distractions. This increased focus also results in fewer behavioral problems that result in behavioral interventions. Development of infrastructure to assess local indicators of student achievement has resulted in improved data gathering efforts including behavioral interventions and the establishment of basic literacy rates.

Division-level indicators demonstrate leveling and early gains in English Language Arts achievement. For example, Grade 2 running records data shows that in June 2008, 38 per cent of students were reading at or above grade level; in 2007, 12 per cent were at or above grade level.

Participation in Saskatoon Health Region health disparities research will add valuable evidence to outcomes as a result of the health disparities intervention. Together, these diverse indicators have demonstrated early gains and have established a framework for assessing local improvements. Together with assessment for learning indicators and health disparities research, the wellness and education model is closely considered for its contribution to immediate and long-term benefit to students.