Guiding Document on Healthy Schools:

A Comprehensive School Health Approach

FOR DISCUSSION PURPOSES

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"… Sometimes it feels like this. There I am standing by the shore of a swiftly flowing river, and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who is upstream pushing them all in."

McKinlay, J.; 1979

For further information about this guiding document, please contact:

Karen Wonders, Manager, Public Health Nursing
Northern Interior Health Services Delivery Area
Northern Health
Telephone: 250-565-7360
Email: karen.wonders@northernhealth.ca

Northern Health Corporate Office
Suite 600, 299 Victoria Street,
Prince George, BC Canada V2L 5B8
General enquiries: 1-866-565-2999 or 250-565-2649
www.northernhealth.ca

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1.0 Introduction

This report outlines the current evidence and best practices regarding healthy schools. Using a comprehensive school health approach, healthy schools provide students with positive experiences and structures that promote long-term health outcomes.[i,ii,iii] In the context of a population health approach, we will engage with partners and communities to move towards increased health and wellness. THIs may be accomplished by promoting and supporting a comprehensive school health approach. This work should involve community partners to improve the health, well-being and quality of life of those living, working, learning, playing and being cared for in Northern BC.

2.0 Background

The concept of healthy schools is not new. School health promotion has developed and evolved over several decades; it is gaining renewed interest in light of the complex factors associated with the rising obesity trends.[iv,v] Links between specific health behaviours and education outcomes support the notion that health impacts learning capabilities leading to school completion and children and youth's future health status.[vi,vii] It is widely believed that students who are healthy are better learners, and that better educated individuals are more likely to be healthier people for life.[viii,ix]

> *Schools play an important role in shaping the attitudes and beliefs of children and youth while healthy schools promote and support healthy choices through education, policies, community partnerships, and the school environment.*
>
> *-- BC Ministry of Health 2006; Healthy Families BC, 2011b*

In the school-setting, focus is shifting from programs which target specific health behaviours or risk factors, to those that approach health promotion more holistically.[x] Therefore, the language is changing to reflect this shift: from school-based health promotion (school health) to health-promoting schools (healthy schools).[xi]

A healthy school provides children and youth with opportunities to learn and develop healthy habits that support their current and future well-being.[xii] It is widely recognized that school settings are prime locations for students to learn about good health behaviours and practice making positive choices to support healthy lifestyles and relationships.[xiii,xiv] The healthy school concept is not a "one size fits all" model limited to physical education and health classes; the intent is to encourage the development of a health conscious population in a school community within the greater community.[xv] Working in partnership with all members of the school community is fundamental to creating healthy schools where students can ultimately grow and learn. A key feature of a healthy school is fostering supportive relationships between students, their families, school staff and the broader community.[xvi] Student-centred learning opportunities and healthy relationships between students can lead to positive peer influences.

> *When young people have the opportunity to engage in the decision-making processes that affect their lives they are more likely to report better health, higher self-esteem and greater educational aspirations, and are less likely to report extreme levels of stress or despair, suicidal ideation, self-harm, and substance use. They also experience empowering relationships with adults and peers in their community, and are motivated to become further engaged in their community.*[xvii]
>
> *-- McCreary Centre Society, 2009, p.4*

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2.1 Achieving Healthy Schools

A comprehensive school health approach is an internationally recognized enhanced practice framework for supporting academic development and addressing health in an intentional, multifaceted and integrative manner.[xviii] This approach can help schools achieve a number of successes, including: better learning outcomes for students; better health and well-being for students, educators and staff; more effective teaching and learning; and a more cooperative and connected school environment.[xix] However, to develop an effective comprehensive school health approach, the education and health sectors must collaborate to address health and academic achievement of children and youth in the school setting (see Section 6.0).[xx,xxi]

Before fully exploring the comprehensive school health approach, it is important to understand the context for this concept in Northern Health. As such, the following two sections present some information about the school systems in Northern BC and some health concerns among children and youth.

3.0 School Profile

In Northern BC, there are 14 public school districts and 40 independent or private schools (Table 1). Nearly 45,000 children or youth are enrolled in the public school system. An additional 3,600 students are enrolled in independent or private schools.

Table 1: Profile of School-Aged Children and Youth (K-12) in Northern BC[1]

	Public School System			Independent/Private Schools		
		School-Aged Population			School-Aged Population	
	School Districts [xxii]	Total Students [xxiv]	Aboriginal Students [xxv]	Schools [xxiii]	Total Students [xxvi]	Aboriginal Students [xxvii]
BC	**60**	**553,828**	**61,053**	**351**	**68,106**	**3,634**
Northern Health	**14**	**44,616**	**15,073**	**40**	**3,587**	**834**
Northwest HSDA	7	11,506	5,632	17	1,668	589
Northern Interior HSDA	4	22,282	6,549	15	1,281	75
Northeast HSDA	3	10,828	2,892	8	638	170

Of specific note, more than one in three students (33%) enrolled in northern BC schools are of Aboriginal[2] descent. In the Northwest Health Service Delivery Area (HSDA), this average is even higher, where nearly one in two students are Aboriginal (47%). These rates are in contrast to the provincial rate where Aboriginal students account for approximately one in ten students (10%).

Educational success for students is determined and measured by their ability to complete high school. Across all types of students, students in Northern BC generally experience lower than provincial average completion rates (Table 2). Within Northern Health, The Northern Interior HSDA has the highest completion rates. Further, Aboriginal students in the Northern Interior HSDA are even above provincial average completion rates. Within Northern Health, the Northwest HSDA generally has the lowest completion rates in all cases. However, Aboriginal students in the Northeast HSDA are experiencing lower completion rates than Special Education students and this is not consistent with other regional trends between these two

1 Table provides estimates based on the most currently available information.

2 Aboriginal is inclusive of First Nations, Métis and Inuit peoples. In the Northern Health region, Aboriginal peoples account for nearly 18% of the total population.

groups. These findings highlight some successes and challenges in educational success in the Northern Health region.

Table 2: Grade 12 Graduation Rates, BC (2010/2011)[3]

	Student Designation			
	All Students[xxviii]	Aboriginal[xxix]	ESL[xxx]	Special Education[4][xxxi]
	(%)	(%)	(%)	(%)
BC	**81**	**54**	**83**	**53**
Northern Health	**67**	**47**	**44**	**41**
Northwest HSDA	57	44	37	30
Northern Interior HSDA	76	58	49	48
Northeast HSDA	67	40	46	44

4.0 Health Concerns among Children and Youth Populations

The knowledge, attitudes, skills and behaviours gained in childhood and through adolescence impact health behaviours and circumstances later in life.[xxxii] Evidence indicates that health habits acquired at an early age may lead to lifelong behaviours that can positively or negatively impact overall health status as children age.[xxxiii,xxxiv] As many factors contribute to disease, it cannot be said for certain that health promotion in childhood determines outcomes with certainty; however, as health behaviours are developed in part in childhood, there is a window of opportunity to foster behaviours which promote health.

For children and youth in British Columbia, the school years are important periods of physical, cognitive, social and moral development…

The choices that are made during this time influence health, and behaviours throughout their lives, and the potential for positive growth during this period is significant.

-- McCreary Centre Society, 2008

A complete review of the complex factors that may contribute to diseases in childhood is beyond the scope of this review. However, the following sections explore some risk factors in greater depth with a specific focus on children and youth rates. This list is not exhaustive; it highlights key behaviours where children or youth rates are high or where rates are particularly prevalent amongst children and youth. Following this list is one brief section that highlights unique populations that intersect the behaviours, with specific emphasis on Aboriginal children and youth.

4.1 Sedentary Behaviour and Physical Inactivity

Physical inactivity is the fourth leading risk factor for mortality worldwide.[xxxv] In Canada, 93% of children and youth fail to meet the minimum Canadian Physical Activity Guidelines.[xxxvi,xxxvii] According to these guidelines, children and youth (aged 5-17) should be engaging in a minimum of 60 minutes of moderate to vigorous physical activity every day. Detracting from physical activity opportunities is the amount of time spent being sedentary (e.g., sitting, screen time). In Canada, children and youth are sedentary for an average of nearly 9 hours each day (62% of waking hours).[xxxviii] Moreover, the amount of time being sedentary generally

[3] Table provides estimates based on the most currently available information.

[4] Special education programs and services provide equitable access to learning and opportunities to pursue and achieve educational goals for students with special needs (learning disabilities or special gifts/ talents that are of an intellectual, physical, sensory, emotional or behavioural nature) (BC Ministry of Education, 2011).

increases with age.[xxxix] For more information about sedentary behaviour and physical inactivity levels in the North, please see Northern Health's Position on Sedentary Behaviour and Physical Inactivity.

4.2 Unhealthy Eating

Healthy eating is fundamental to good health and well-being. Healthy eating supports children and youth to grow and develop optimally, promoting their readiness for learning and supporting the prevention of chronic diseases. Evidence shows that healthy eating is important for a healthy lifestyle at every age in order to reduce one's risk for chronic disease.[xl] Specifically, unhealthy eating in childhood increases the likelihood of becoming overweight or obese as adolescents and/or as adults (see Section 4.3).[xli,xlii] This has led to school nutrition policies that address all aspects of school food. [xliii,xliv] Evidence suggests the eating habits of BC adolescents are generally poor with a key fact that they often skip breakfast.[xlv,xlvi] The BC Adolescent Health Survey reported that over 50% of youth do not eat the recommended daily intake for fruits and vegetables.[xlvii] For more information about healthy eating in the North, please see Northern Health's Position on Healthy Eating.

4.3 Overweight and Obesity

Rates of childhood obesity are increasing; more than one in four children and youth in Canada are overweight or obese.[xlviii] The highest rates are among Aboriginal populations.[xlix,l] Being overweight in childhood increases the risk for being obese in adolescence and adulthood.[li] Moreover, children and youth are increasingly being diagnosed with a range of health conditions that were previously thought to be *adult problems*, such as hypertension, high cholesterol, Type 2 diabetes, sleep apnea and joint problems. [lii,liii] However, addressing obesity should be framed in a discussion of health and not focussed on weight. Of specific importance is the potential harm that comes from a focus on weight (e.g., eating disorders).[liv] For more information about a health-focused approach to weight and obesity in the North, please see Northern Health's Position on Health, Weight and Obesity.

4.4 Substance Use

Adolescence is a period of time when experimentation with tobacco, alcohol, drugs and other risky behaviours commonly occur.[lv,lvi,lvii] However, experimentation may escalate to the point where substance use becomes problematic.[lviii, lix] Evidence suggests that Northern BC youth have higher rates of experimenting with cigarettes and marijuana than the provincial average.[lx] Unless intervention or prevention is established, the youth may carry on with risky behaviours and tendencies into adulthood.[lxi,lxii,lxiii] For more information about preventing problematic substance use in the North, please see Northern Health's Position on Problematic Substance Use. For more information about preventing participation in risky behaviours in the North, please see Northern Health's Position on Preventing Injury.

4.5 Injuries

Injury is a leading public health issue among young people around the world; specifically, the Government of Canada has identified injury as a major prevention focus.[lxiv] Injury is the leading cause of death among children and youth.[lxv] Moreover, the highest mortality rates are experienced in Northern BC.[lxvi] In Northern BC, 52% of injury-related deaths are due to motor vehicle crashes, 19% are due to suicide and 10% due to drowning.[lxvii] For more information about injuries in the North, please see Northern Health's Position on Preventing Injury.

4.6 Sexual Health

Sexual health promotion involves encouraging and exposing youth to skills, knowledge and behaviours that support good sexual and reproductive health throughout life.[lxviii,lxix] Youth who become involved in sexual intercourse, unprotected sex and have multiple sexual partners at an early age expose themselves to the risk of direct and indirect[5] negative outcomes.[lxx,lxxi,lxxii] Nationally, over the last 10 years there has been a decline in teen pregnancy rates.[lxxiii] However, young women in rural and remote Canadian communities tend to have higher rates of teen pregnancy.[lxxiv] Statistics Canada reveals a rate of 51.1/1000 (5.1%) pregnancy rate for women between the ages of 15 and 19 in Northern BC communities.[lxxv] Further, research indicates high rates of STIs in young Canadians (aged 15-24 years) particularly in Northern BC communities.[lxxvi,lxxvii,lxxviii]

4.7 Violence and Abuse

Violence and abuse can manifest in various forms, including: physical, psychological or emotional. Violence or abuse can happen when someone has the power to cause harm or injury to another person or group of people.[lxxix] Abuse commonly remains hidden, tolerated, discounted or denied as victims are embedded in pain and dysfunction; questions particularly arise with respect to rates of unreported violence and abuse.[lxxx] Societal responses are commonly crisis interventions.[lxxxi] Abused children are more likely to be abusers later in life or get involve with other criminal activity.[lxxxii]

Of particular concern among children and youth is sexual abuse and exploitation. In Canada, there are nearly 100,000 child protection investigations each year.[lxxxiii] Nearly 25% of all children are abused before age 16. Among these cases, 30% of perpetrators are adolescents themselves.[lxxxiv] Finally, young women are more likely to experience violence or abuse than young men.[lxxxv]

4.8 Bullying

As a cross-cutting issue to some of those highlighted in previous sections, bullying has far-reaching consequences for individuals, families, peers and the community at large.[lxxxvi] Examples of bullying include, but are not limited to: gender-based violence, homophobia, sexual harassment/inappropriate sexual behaviour and weight-bias. In schools, bullying affects the climate and culture, morale among teachers and students and the ability of all students to learn at their best. Canadian studies show that up to 15% of children in school are either bullied or initiators of bullying behaviours.[lxxxvii,lxxxviii,lxxxix] This is particularly concerning given that abuse and bullying are correlated with very serious outcomes (e.g., suicide, eating disorders).[xc,xci] Schools play an important role in the prevention of bullying (e.g., zero-tolerance programs).[xcii,xciii]

4.9 Mental Health

Mental health is the state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

-- World Health Organization (2010).

Good mental health is associated with increased physical health, educational attainment, employment and positive social relationships.[xciv] School may be an enjoyable setting where children and youth can help to support or develop good mental health; however, school may also be an unpleasant or threatening place

[5] Direct outcomes may include: HIV, sexually transmitted infections (STIs), unplanned pregnancies and other chronic disease; indirect outcomes may include: altered general physical or mental health and well-being, altered reproductive capacity.

where children and youth feel criticized and excluded which may detract or hinder good mental health.[xcv] Adolescents with positive interpersonal relationships tend to fare better in terms of mental health; therefore, school elements that relate to mental health include academic achievement, school climate, teacher support and peer support. Adolescents who feel socially accepted and supported at home and school generally have higher levels of self-confidence and self-esteem.[xcvi,xcvii,xcviii,xcix,c]

It is estimated that one in four children have at least one mental health concern.[ci] Further, it is estimated that 70% of mental health concerns have their onset in childhood and adolescence. [cii,ciii] Some examples of mental health issues experienced in children and youth are noted as anxiety disorders, attention deficit disorders, eating disorders and suicide.[civ,cv,cvi,cvii]

4.10 Summary

As highlighted in the above sections, a variety of factors affect the healthy development of children and youth. Schools that provide supportive physical and social environments, as well as high-quality health and physical education, have been shown to have positive effects on fostering healthy lifestyle habits. Where comprehensive school health approaches are sustained, they lower the risk of health concerns leading to chronic diseases, improve quality of life and avoid future health care costs.[cviii] Section 6.0 describes comprehensive school health.

5.0 Unique Populations

Some groups within the general population may face unique challenges across or within each of the above listed behaviours. In a population health approach, special considerations must be given for these unique populations due to systematic barriers they may face in society. It is important to acknowledge that current health disparities are situated in historical, social and political contexts.

Research suggests that there are four vulnerable groups of children and youth. These groups demonstrate similar characteristics, such as: living in low income homes, living in violent and less nurturing families and living in unsafe neighbourhoods with few community assets.[cix] These vulnerable groups include children in government care; children who have reported abuse and challenging lives; lesbian, gay, bisexual and trans-sexual; and marginalized street youth. Of particular note in BC, a disproportionate number of these groups are Aboriginal.[cx]

5.1 Aboriginal Children and Youth

Research illustrates how even a few factors such as social determinants, colonialism, jurisdiction, geography and healthcare disproportionately amplify challenges for Aboriginal children and youth.[cxi] This is particularly relevant for school health because the Aboriginal school population is higher in Northern BC (Section 3.0).

As a nation, Canada has a federal/provincial responsibility for the provision of health and social services for Aboriginal peoples that include health services, education, social supports and child welfare.[cxii] However, a lack of collaboration results in jurisdictional ambiguity and inequitable access to required services. This commonly results in frequent gaps or barriers to services.[cxiii] For example, current research indicates an overall poor health status of Aboriginal people who may be intimidated by the health system as it is currently structured.[cxiv]

BC's Aboriginal peoples require culturally-specific approaches.[cxv] While cultural and spiritual values are identified as protective factors for Aboriginal peoples, there are considerable gaps in the availability of culturally-informed services and supports across Canada. In particular, poor health status and behaviours in Aboriginal peoples have been linked to poor physical, emotional and intellectual development among Aboriginal children.[cxvi] The British Columbia education system addresses some of the barriers to school achievement through the availability of Alternative Education programs. Approximately 36% of students enrolled in this program across the province are Aboriginal students.[cxvii] A population health approach may address access issues and some of the unique circumstances of Aboriginal peoples.

6.0 Comprehensive School Health

Comprehensive school health is an internationally recognized framework[6] for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way (Table 3).[cxviii,cxix] Beginning with the 1986 *Ottawa Charter for Health Promotion*, the World Health Organization (WHO) adopted the initiative to focus on school health promotion.[cxx,cxxi] Since then, the focus of health in schools has shifted from reactive behaviours and isolated prevention initiatives, to health promotion and positive attitudes within the school setting as a whole.[cxxii]

> A two-minute video clip explains comprehensive school health:
> http://www.youtube.com/watch?v=NjvtnH3zhxI

Table 3: What is Comprehensive School Health?

Comprehensive school health:

- Recognizes that healthy young people learn better and achieve more.
- Understands that schools can directly influence students' health and behaviours.
- Encourages healthy lifestyle choices and promotes students' health and well-being.
- Incorporates health into all aspects of school and learning.
- Links health and education issues and systems.
- Needs the participation and support of families and the community at large.

Comprehensive school health encompasses the whole school environment with specific actions in four distinct (but inter-related) pillars with a student-centred focus. The pillars include: the social and physical environment; teaching and learning; healthy school policy; and partnerships and services (Table 4). [cxxiii,cxxiv,cxxv]

[6] Several international efforts work towards promoting and improving the health status of populations through building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorient health services, including: Alma-Ata Declaration (1978), Ottawa Charter for Health Promotion (1986), Population Health Promotion Framework (1994) and the WHO Jakarta Declaration (2007).

Table 4: Four Pillars of Comprehensive School Health Approach

When we say …	We mean:
Social and physical environment	The social environment is: • The quality of relationships among and between staff and students in the school. • The emotional well-being of students. • Influenced by relationships with families and the wider community. The physical environment includes: • The buildings, grounds, play space and equipment in and surrounding the school. • Basic amenities such as sanitation and air cleanliness.
Teaching and learning	Resources, activities and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and well-being.
Healthy school policy	Management practices, decision-making processes, rules, procedures and policies at all levels that promote health and well-being, and shape a respectful, welcoming and caring school environment.
Partnerships and services	Partnerships are: • The connections between the school and students' families. • Supportive working relationships within schools (staff and students), between schools and between schools and other community organizations and representative groups. • Health, education and other sectors working together to advance school health. Services are: • Community and school-based services that support and promote student and staff health and well-being.

Source: Adopted from the Joint Consortium for School Health (2012).

The comprehensive school health framework supports a proactive approach to health promotion in a school community that enhances overall social, emotional, physical and intellectual well-being of children and youth.[cxxvi] It extends beyond the classroom encompassing the whole school environment. In concert, these pillars comprehensively support the health of the whole student (Figure 1).

Figure 1: Comprehensive School Health Approach

Source: Adopted from the Joint Consortium for School Health (2012).

6.1 Integrating Health and Education: A Setting-Based Approach

Schooling is an intricate living system with layers of complexity concerning the interconnectedness of the school environment. The school environment impacts and is impacted by socioeconomic status, family values and beliefs, cultural differences and the relationships of all within a whole system. These factors influence a student's successes or failures.[cxxvii] For an approach to be truly comprehensive, the education and health sectors must collaborate to develop a common agenda and shared policy to address health and academic achievement of children and youth in our school systems.[cxxviii]

Health Canada maintains that health is a combination of factors that involve a supportive family home, a thriving social network, attendance in school programming and feeling secure and safe regarding student life adjustments within their community.[cxxix] As such, the health sector has a role in the healthy development of school-aged children and youth. This can be achieved through collaborative population-focused initiatives and programs in the school setting.

Connections between health and education confirms the notion that supporting physical, mental, social and emotional health at school increases the probability for children and youth to achieve their fullest potential.[cxxx,cxxxi] Evidence supports that a coordinated and integrated approach is more effective than single actions. To achieve greatest success, comprehensive school health depends on a common vision, shared responsibilities and harmonized actions among health, education and other sectors. The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with (and in support of) schools.[cxxxii]

Discussions with representatives from the Northern school districts (#28, #57, #60, #81, and #82) for this paper revealed some concerns and potentially limiting factors related to health promotion and programming in schools (Table 5). In consideration of these limitations, there are concerns regarding the capacity necessary to properly organize and implement initiatives to address healthy schools.

Table 5: Potential Limitations to the Promotion of Healthy Schools

- The education sector is saturated as a prime target group for initiatives and cannot do it all.
- Some school districts have limited contact with Northern Health; almost exclusively limited to Public Health. However, schools welcome partnership with various community agencies.
- Parental involvement is minimal unless their child is involved.
- Parents continue to send their children to school with unhealthy snacks.
- Scheduling health promoting activities is more difficult at the secondary school level.
- Healthy eating and health topics are taught in science and physical education classes, but most other teachers are focused on the academic curriculum.
- Tobacco laws push smokers onto neighbouring residential properties.
- Some cafeterias are full-profit businesses that sometimes create challenges in adhering to the Food and Beverage Guidelines.
- Mixed results from staff buy-in on the Ministry of Education Daily Physical Activity policy.
- Limited time available to train and educate Parent Advisory Council members and school volunteers who are involved food services in schools.

Schools are a venue for a setting-based approach to health promotion that shifts the focus from the individual to the (school-oriented) community.[cxxxiii] Although limitations are recognized, comprehensive school health is an important part of public health and a population health approach; comprehensive school health supports child health in the short-term and chronic disease prevention in the long-term.[cxxxiv]

7.0 Current Healthy Schools Initiatives

Consistent with the implementation of international, national and provincial healthy schools initiatives, Northern Health is involved with a variety of evidence-based research projects that will inform regional healthy schools planning. The following sections outline provincial and regional initiatives presently underway.

7.1 Province of BC

Launched by the Province of BC in spring 2011, Healthy Families British Columbia (HFBC) is a chronic disease prevention and health improvement strategy. HFBC supports healthy lifestyles and encourages families and communities to make healthier choices through a four pronged strategy that includes: Healthy Lifestyles, Healthy Eating, Healthy Start and Healthy Communities.[cxxxv] Of relevance to guiding principles on healthy schools, Healthy Communities encourages British Columbians to lead healthier lifestyles where they live, work, learn and play. HFBC Schools falls within the Healthy Communities component and represents a partnership between the Ministries of Health and Education.

HFBC Schools recognizes that schools are an ideal setting to promote healthy behaviours as they have the ability to reach almost every child, including their family, regardless of age, ability, gender or socioeconomic background.[cxxxvi] Evidence has been the driving force behind the development of the HFBC Schools initiative, including:

- Health status trends of BC children and youth (e.g., overweight and obesity concerns, lack of physical activity, low consumption of fruits and vegetables/day).
- Limited central coordination of the wide array of school health programs and resources operating in BC.
- Limited capacity of schools to effectively deliver healthy schools initiatives (e.g., skills, time, and resources).

HFBC Schools support health authorities to strengthen existing relationships with the education sector and to build on the good work and successes already happening to ensure that BC schools are healthier places to learn, work and play.

7.2 Northern Health

Northern Health is presently involved in initiatives that will encourage and support a multidisciplinary approach to the enhancement of child and youth health in school settings as listed below. The main initiatives are outlined in the following sections.

7.2.1 Northern Health School Health Planning Team

This is a multidisciplinary team that meets regularly to discuss, plan and make recommendations for school health programs, services and activities across Northern BC. This team is well-positioned to respond to inquiries and take forward ideas as identified by health and education representatives at the provincial, regional and local levels.

7.2.2 Consultation to Provincial Healthy Families BC Schools Performance Framework

The Ministry of Health Performance Framework has been presented as a draft document that provides a focus for health authorities to support an enhanced health-education partnership under the comprehensive school health framework (Section 6.0). Northern Health is involved in reviewing the Performance Framework with other health authority representatives to assist in refining the content and understanding of the document.

7.2.3 Health Authority Asset Mapping

Health Authority Asset Mapping is a provincial initiative to support health authorities to assess their current capacity, strengths and gaps in working with their education and community partners. Northern Health is presently creating an asset map to capture the level of current involvement in healthy school programming across Northern BC.

7.3 Northern School Districts

School districts across Northern BC are actively engaged in promoting school health through various provincial and local initiatives. Efforts in Northern school districts correspond with The International Union for Health Promotion in Education regarding evidence and best practices for successful school health promotion.[cxxxvii] Discussions with school district representatives[7] provided insight to positive outcomes experienced with school health program implementation in their local districts. Findings revealed key provincial and local initiatives commonly implemented across Northern BC (Table 6). A few examples of positive outcomes resulting from these initiatives include:

- Daily Physical Activity planning has encouraged creative and innovate activities that address various aspects of overweight and obesity
- Fruits and Vegetable Nutritional Program increased student knowledge and experience regarding fruits and vegetables they may not see at home
- Community LINKS: Breakfast and lunch programs reduced the amount of hunger in the student population while reducing the stigma attached to accessing food throughout the day for vulnerable students

Table 6: Common School Health Programs Implemented in Northern BC

- BC Fruit and Vegetable Program that is designed to deliver 2 servings of fresh and ready to eat fruits or vegetables to schools every other week for 14 selected weeks in the school year.[cxxxviii]
- CommunityLINK (Learning Includes Nutrition and Knowledge) program that provides significant funding to support vulnerable students in academic achievement and social functioning with services such as breakfast and lunch programs.[cxxxix]
- Daily Physical Activity in which schools provide 30 minutes of daily physical activity in addition to their scheduled physical education classes.[cxl]
- Guidelines for Food and Beverage Sales in BC schools.[cxli]
- Tobacco Control and Reduction by following Government of BC and Ministry of Education Tobacco Laws and Policies.[cxlii]

[7] This includes key decision making personnel such as Trustees, Superintendents, District Principals and Directors of Curriculum.

8.0 Northern Health Guiding Principles

Northern Health wants to increase health and wellness and improve quality of life for all Northerners. One way this may be achieved is by promoting healthy schools and working with schools/school districts, students/families and the community to:

- Support coordinated efforts when working in a school setting.
- Support an incremental approach to build on existing internal/external efforts.
- Recognize that planning, implementing, and messaging health promotion for children and youth in a school setting is best achieved if done in partnership fostering a shared responsibility between health, education, communities and families.
- Support a comprehensive school health approach when working with schools/school districts/regions.
- Encourage collaboration with the education sector at various levels to develop a common understanding and a common vision for integrating health promotion in the school setting.
- Focus on health promotion for children and youth while being consistent with Northern Health positions, where appropriate.

9.0 Sample Strategies

The Ottawa Charter for Health Promotion is an international resolution of the World Health Organization. Signed in Ottawa, Canada in 1986, this global agreement calls for action towards health promotion through five strategic areas.[cxliii] In concert, these strategies can create a comprehensive approach to positively influencing and promoting the health and well-being of children and youth in a school setting.[cxliv]

This section presents examples that support the five strategic action areas of the Ottawa Charter; used together, they are actions that would support the guiding principles presented in this paper. Examples are evidence-based and come from a scan of strategies proven effective in other places.

9.1 Build Healthy Public Policy

A broad range of local, regional, provincial and federal organizations have a role in building healthy public policies that support a comprehensive school health approach. Some examples include:

- Policies to support healthy schools across all levels/sectors (e.g., Comprehensive School Health Framework).
- Policies that address the health and well-being of children and youth:
  - Daily Physical Activity
  - Guidelines for Food and Beverage Sales in BC Schools
  - BC Tobacco Free School Grounds
  - BC Tobacco Control Act
  - BC Anaphylactic and Child Safety Framework
- Support school and curricular policies in a planned, integrated and holistic way (e.g., BC Education Plan Consultation).
- Develop partnerships between education and health sector policy makers (e.g., Healthy Families BC).

- Support the use of IMAGINE Grants to involve students in the decision-making process and school governance regarding the use of grant money.

9.2 Create Supportive Environments

People interact with a variety of settings - the spaces in which we live, work, learn, and play. Within each of these environments, there is opportunity to support a comprehensive school health approach to create a healthy school environment. Some examples include:

9.2.1 Home

- Involve parents and families in the comprehensive school health approach.
- Explore health issues within in the context of students' home lives.
- Reduce screen time (e.g., Screen Smart).
- Increase physical activity (e.g., Canadian Physical Activity Guidelines for children and youth).
- Provide attention to family meal time and healthy eating.

9.2.2 Work

- Support workplace programs in a school setting that model active lifestyles (e.g., Workplace Health Resources; HR Council's Workplace Wellness).

9.2.3 School

- Involve school-based stakeholders in the comprehensive school health approach.
- Promote nutritional policies for healthy foods in schools (e.g., Healthy Eating at School).
- Participate in creating Safe Schools (e.g., BC Safe Schools Strategy).
- Promote anti-bullying initiatives and campaigns (e.g., Keeping My Child Safe at School).
- Support the idea of forming Youth Advisory Councils either at school or community level i.e. Youth Advisory council developed by SD 57 as a result of Communities that Care (City of PG initiative).

9.2.4 Leisure

- Promote that schools are a multi-user facility for leisure activity events.
- Support neighbourhood watch and community policing initiatives.
- Promote active living at school and home (e.g., Action Schools BC).
- Support safe physical play areas on or near school grounds.
- Provide opportunities for children and youth to engage in physical activity where the focus is on social interaction rather than competitive sporting events.

9.3 Strengthen Community Action

Successful actions aimed at promoting healthy school communities are planned and implemented through partnerships and collaboration. Often public, private and non-governmental organizations may be involved at local, regional, provincial and federal levels. Examples of strategies that foster community capacity and support a comprehensive school health approach:

- Ensure consistency of approach across the school and between the school, home and wider community (e.g., Healthy Eating Active Living).
- Address environment, health services and community partnerships in a planned, integrated and holistic way.

- Link school health initiatives to the major purpose of schools – educational outcomes and developing the knowledge base of young people (e.g., BC Education Plan).
- Consolidate and expand partnerships for health (e.g., Healthy Families BC Schools).

9.4 Develop Personal skills

A variety of resources and systems can support individuals and families to improve health outcomes through awareness, engagement, education and capacity building. Stakeholders can focus on different levels of behaviour change and tailor programs accordingly. Examples of strategies that may support a comprehensive school health approach to develop personal skills:

- Provide ongoing capacity building opportunities for health and education staff.
- Provide resources that complement the fundamental role of health and education partners in school health programming (e.g., Joint Consortium for School Health).
- Participate in creating school health environments that require high expectations in social interactions within the school setting.
- Encourage youth engagement and leadership through guidance and mentorship (e.g., McCreary Centre Society Youth Engagement).
- Support education sector in developing student peer mentors and leadership roles though collaborative approach regarding health awareness and building on student leaders' health knowledge and skills.

9.5 Reorient Health Services

Northern Health is already undertaking action to reorient health services and embed them in healthy communities. This work seeks to make services and programs more multi-disciplinary (e.g., Primary Care Homes); these changes reflect the need to be responsive to changing societal, cultural and economic influences in Northern BC.

A broad range of people can assist in reorienting health services. For example, health professionals, local government, community planners, sport and recreation professionals, general practitioners, allied health professionals and volunteers can play a role in supporting a comprehensive school health approach. Some examples of strategic approaches could include:

- Support evidence-based strategic planning with the intent to enhance collaborative priority setting within individual organizations and across the broader community (e.g., Ounce of Prevention Revisited).
- Refocus from an individual focus to comprehensive approach to include the whole school.
- Engage in multidisciplinary planning and communication for school health program delivery through raising awareness of comprehensive school health.
- View the school environment as a health determinant in relation to school attendance and promotion of health.
- Support infrastructure for health promotion in a school setting.
- Promote supporting guidelines to achieve health promoting schools.

10.0 Conclusion

Northern Health adopts these guiding principles in its approaches to healthy schools. In supporting a comprehensive school health approach, healthy schools provide students with positive experiences and structures that promote and protect their health – now and in the future. Preventable disease burdens our health care system and the overall health of Northerners; the school setting is an optimal location to teach good health behaviours and practice healthy lifestyle choices. The messages in this paper are consistent with provincial, national, and international messages, strategies and initiatives. This paper presents evidence-based strategies that have been implemented and have been proven to support healthy schools initiatives in other places. These strategies support the comprehensive framework presented by the Ottawa Charter and support Northern Health's guiding principles.

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