



The History and Future of School Health in Canada and Other Countries

Douglas McCall
Executive Director
Canadian Association for School Health
Prepared April 2003. Updated November 2, 2003

A focus on settings-based health promotion developed out of the Ottawa Charter for Health Promotion (World Health Organization, 1986). The five strategies in that document will relate to actions that can take place through the school setting, namely:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- re-orienting health services

The World Health Organization (WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997, p.14) has called for an application of these five strategies to the school setting:

- promote public policies for school health that provide resources for and embody a commitment to enhanced health and education
- foster supportive environments that are the result of assessment and improvement of the physical and psychosocial environments of the school
- encourage community action that supports the process of health promotion and the linkages between the school and other relevant institutions
- promote personal skills development (through both curriculum and the teaching and learning process) that emphasizes specific health-related behaviour as well as the skills needed to support health throughout life
- re-orient health services in the school and the community so that they -provide enhanced access to services within the school as well as referral to the external health system
- identify and implement specific health interventions that are best carried out through the school (e.g. every day immunization)
- integrate curative and preventive interventions

Most importantly, and with significance to this paper, the WHO Expert Committee noted that these “are not discrete strategies of change that can be adopted individually”. They are strategies of an integrated, mutually reinforcing and holistic framework for change”.

Definitions and Terms

The terms “***comprehensive school health***”, “***coordinated school health***” and “***health-promoting schools***” are used in different ways. In some cases, these terms are used to describe an intervention (or defined set of interventions), a useful organizing framework or “approach”, or an outcome or goal (Nutbeam & St. Leger, p.1).

A technical report prepared for the World Health Organization (WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997, p.10) noted that a growing understanding of several interventions (school health programs) such as health curriculum, health services, school-community projects and mental health counseling eventually led to the development of frameworks to group these interventions into areas such as services, education, social support and the physical environment.

As the understanding of specific interventions (programs) and various frameworks were published and named, policy-makers, practitioners and researchers have struggled to find ways to capture these essential ideas:

- While the frameworks use the term “school”, the meaning actually extends beyond the school to include youth, parents, other agencies and the community.
- The “comprehensiveness” includes the coordination of multiple school-based or school-linked interventions, addressing several health risks simultaneously and also extends upwards into the systems that work with schools, including public health, social services, recreation, police and employment services as well as the school systems themselves.
- The sum or impact of all the programs is more than a simple cumulative total. An underlying set of values and beliefs or ethos is needed to be truly health-promoting. These values may not be congruent with the explicit or implicit values of the school, parents, agencies or communities.
- There is an interaction with culture, community norms, local circumstances, parents and the characteristics of the staff and students of the school that mediates the impact of planned interventions.

Rationale for Using School as Setting

The importance of the school setting is felt in these ways (WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997, pp.1-2):

- a) **Health Status Affects the Capacity to Learn**
Health is a key factor in school entry. Nutritional deficiencies, physical and mental disabilities and problems associated with premature sexual activity, tobacco/alcohol/drug use, injury, bullying and violence and other health/social issues can inhibit or prevent academic success.
- b) **Educational Attainment Affects Health Status**
A lack of basic academic, literary and numeracy skills prevents a person’s capacity to participate fully in personal, family and community life. Formal academic status is directly linked to economic status.

- c) Purposeful interventions using the school as the delivery system can influence short-term and long-term health status as well as improve educational achievement.

The Evolution of a Comprehensive Approach to School Health Promotion

In the late 1980s, the definition and discussion of school health programs evolved significantly. Up to that time, proponents of school health had been primarily focused on “comprehensive school health education”. A major study (Cornell et al., 1985) had galvanized proponents of school health education, showing that 50 hours of good health instruction had an impact on several health behaviours.

At the turn of the decade, attention moved to the notion of comprehensiveness (Allensworth & Kolbe, 1987). In 1988, a national conference sponsored by Health Canada led to a national consensus statement of comprehensive school health (Canadian Association for School Health, 1990). This statement was endorsed by over 20 national education and health organizations. It described many elements and components of a comprehensive approach into four areas: instruction, social support, physical environment and support services.

The Canadian statement also noted that CSH is operationalized at several levels, including the school/neighbourhood, school board/agencies, province/territory and nationally. There are several purposes in using this framework, including promotion of school health, prevention of specific diseases or problems, support for those experiencing poor health and treatment of illness/disorders. Thus the Canadian contributions to the school health concept were the twin notions of comprehensiveness and coordination.

Many of the terms used in the Canadian statement would be found a year later in the World Health Organization (1991) guidelines for comprehensive school health. The pioneers of the European Health Promoting Schools Network had met a year earlier, in 1990, with a few schools from the Czech Republic, Hungary, Poland and Slovakia meeting to discuss their efforts. This was the beginning of the Health Promoting School movement in Europe.

Over the years, the European HPS Network has grown and in 1997, their international conference resolution (Burger et al., 1999) captured and described the comprehensiveness of the HPS concept in several languages. This statement developed a new aspect to the discussion of school health promotion. The European statement articulates ten principles of a comprehensive approach that are more explicit about the social outcomes of the process. These include concepts such as democracy, equity, empowerment, measuring success, collaboration, communities and sustainability as well as a more traditional approach of defining elements such as school environment, curriculum and teacher training.

In 1995, 27 countries in the Western Pacific responded to a WHO invitation to collaborate in the development of health promoting schools. Guidelines for the development of HPS (World Health Organization, 1995) identified six major elements of the framework including: school health policy, physical environment, social environment, community, relationships, personal health skills and health services. This south pacific approach reflects the common characteristic of all attempts to define school health promotion by listing some of the essential; “components” that need to make up the approach.

Meanwhile, similar movement to a comprehensive approach (going beyond education to include health services and a healthy environment) was also underway in the United States. Diane Allensworth, then Executive Director of the American School Health Association, had assisted in the development of the Canadian consensus statement. Her influence led to changes in the ASHA terminology and the development of an eight part school health model in the United States. In 1990, the Centers for Disease Control began its program to support “coordinated school health” infrastructure in the United States. In 1997, the United States government commissioned a panel of experts (Allensworth et al., 1997) to report on comprehensive school health.

In Canada, the concept of comprehensiveness and coordination was reinforced with the emergence of the “Population Health” approach (Health Canada, 1994; 1996). The comprehensive school health approach was now understood as an application of the population health principles.

At the same time, the comprehensive approach was gradually adopted by Canadian education and health leaders. A 1991 survey (Canadian Association for School Health, 1991) found that less than two (2%) per cent of Canadian health and education leaders were aware of the term, comprehensive school health. Eight years later, a national survey (McCall et al., 1999) found that:

- 60.6% of public health units had explicit policy support for CSH (whole or in part)
- 41.0% of school boards had explicit policy support for CSH (whole or in part)
- 80.0% of schools had explicit support for CSH (whole or in part).

A very recent and preliminary content analysis of provincial/territorial online education ministry policy documents (McCall, 2001) found that all jurisdictions have explicit references to comprehensive school health or their policy documents.

This success in promoting the comprehensive approach was initially due to active Health Canada support (Health Canada and the Canadian Association for School Health, 1993). However, reorganization of government structures and reduced budgets led to a curtailment of federal leadership in CSH. Nevertheless, through a series of projects, a variety of sectors and organizations have applied the comprehensive school health approach to specific health issues such as:

- HIV/sexuality (Canadian Association of School Administrators, 1988)
- Tobacco (Canada Cancer Society, 1995)
- Heart Health (Heart & Stroke Foundation, 1997)
- Violence (Canadian Association of Principals, 2001)
- Physical Activity (National Roundtable on Active School Communities, 2001)

Also in 1997, the World Health Organization (WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997, p.10) sought to consolidate the various definitions and descriptions of school-based and school-linked health promotion. These experts described three underlying “strands of thought” that have come together to underlie a comprehensive approach to school health programs:

- school health programs must be founded on organized and mutually reinforced components
- schools and dynamic organizations that care respond to changing needs and environments

- successful health promotion programs are built on five areas: policy, supportive environments, community action, personal skills development and a reorientation of health services.

The WHO Expert Committee then regroups several elements of a comprehensive approach into three areas:

Environment

- a physical, psychological and social environment that is developmentally oriented and culturally appropriate and that enables students to achieve their potential
- a healthy organizational culture
- a productive interaction between the school and the community of which it is a part.

Services

- preventive, curative and referral services (established referral networks extending beyond the school are essential)
- nutritional and food safety services
- counseling, psychological and social services
- safe water and sanitation service
- health promotion services for staff

Education

- academic skills and knowledge development (that make full use of a range of pedagogical techniques, including active learning, peer education and inquiry-based learning)
- health and nutrition education
- life skills education
- training and development of school personnel

Comprehensive School Health In Canada: An Update

Reflecting interest in several provinces/territories and in several countries, the school health movement in Canada came together in the late eighties. Provinces and territories were motivated by public pressure relating to three health issues (AIDS, Child Abuse and Drugs) that coincided with a major Health Canada study on youth health and a landmark US study on the effectiveness of 50 hours of health education. Up to this time, most jurisdictions had only elective health education curricula at the high school level, there were few, if any, school health policies and initiatives and there had been only three provincial/territorial school health associations (BC, MB, NS) that had been started through local effort.

Some of the highlights during this time period were

- **Founding Meeting of CASH- Reflects National Interest**

Supported by Health Canada funding derived from three separate health issues, delegates from every jurisdiction came together in Winnipeg in 1988 to form a national association and to create provincial/territorial coalitions. This conference coincided with Health Canada's Health for All policy, reflecting Canada's follow-up to the Ottawa Charter on Health Promotion. Delegates reporting exciting changes underway in curricula, policies and public awareness campaigns aimed at youth.

- **The Social Marketing Research, Consensus Statement and Campaign**

Following this successful national conference, 25 national organizations developed and then endorsed a national consensus statement on Comprehensive School Health (CSH). This framework benefited from new thinking about school health (it was no longer considered to be only instruction) being expressed in the research journals. The new definition emphasized a multi-issue, multi-intervention, multi-level, comprehensive approach. A targeted marketing campaign, aimed at health and education leaders found that only two per cent of those 3000 individuals were aware of the CSH concept. This was soon to change

- **Rapid Improvements Across Canada**

Driven by a variety of factors, the provinces and territories significantly improved their commitments to school health programs. Curricula were upgraded and made mandatory, student activity programs were funded, extra-curricular student health activities were increased, and employee health became a concern for many school systems. Health Canada did not create a school health unit, but there was de-facto coordination through its Education and Training Unit. The Canadian Association for School Health (CASH) led several projects funded through issue specific grants and contributions. At the same time, established education organizations such as those representing superintendents, school principals, school boards, education ministries and others were involved through specific project grants.

- International Recognition

The leadership being demonstrated by Canadian governments and organizations was noted and reflected in early international documents and conferences. An official from Health Canada joined the new WHO School Health project in Europe.

- CASH Network Grows by Helping Health to Reach Education

Vibrant, innovating school health projects and associations sprang up across the country, reflecting the interest in the CSH concept and approach. The school health associations were to be based on a new model, where there was no ongoing, sustained funding, but there was a significant commitment to voluntary cooperation among established health and education organizations. This bare bones approach was to be a significant factor in the resilience of the movement when economic times changed.

And then the times changed and school health programs were diminished across the country

Economic conditions led to a call for job-related education programs. As well, science and technology issues moved to the forefront, creating other pressures on the school curricula. As a result, health education curricula were combined either with physical education or with career education

Public health ministries and funding were slashed and as a result many public health nurses were removed from daily contact with schools.

Health Canada also re-organized and the small group within the Education and Training Unit was disbanded. Funding for CASH projects that had focused on dissemination of resources disappeared. In order to survive, CASH tuned to research type projects. ASH groups in several jurisdictions became dormant.

At the same time, the concept of Health Determinants/Population Health emerged to replace some of the terms related to Health Promotion. The new language emphasized economic factors and social barriers to health. Well-documented strategies such as the PRECEDE framework were replaced by new definitions and terms. However, this helped people to understand the CSH concept, as it was easy to refer to CSH as the “school application” of the Population Health/Health Determinants approach.

As well, many single-issue groups and sectors adopted the language of the comprehensive approach. Strategies and programs such as “Comprehensive Guidance”, “Active School Communities, “integrated approach”, “the four pillars approach” etc came into general use and were applied to the school setting.

At the same time, some researchers in Ontario started using the European term “health promoting schools” to describe their efforts. In the US, the Centers for Disease Control changed its official title to Coordinated School Health Programs.

Once again, however, the times are changing. School health is again emerging as a focus for policy-makers, health practitioners, educators and the general public. (See CSH Briefing Book in Appendix)

Safety/violence concerns, diabetes, obesity and other new issues for schools are leading to revised curricula and pressure for more instructional time devoted to health, personal and social development and physical activity.

A report prepared for the Council of Ministers of Education, Canada (CMEC) used the research funds on AIDS to report on the status of schools and public health policies and programs in Canadian schools and public health systems. This baseline study provides data on the current practices of both systems at three different levels; provincial, regional and local school.

The trend to focus and consolidate research evidence has benefited school health, as the efficacy of the school becomes more and more apparent relative to other forms of health promotion and prevention. Significantly increased levels of funding for health research in Canada will likely continue this positive trend.

The Internet has become part of our daily work lives, permitting the rapid exchange of ideas and information

A concern about specific health issues has reemerged, with funding now going to topics such as tobacco, diabetes, obesity, chronic disease, mental health, drugs, physical activity, healthy eating and injury prevention

At the same time, there is increased interest among policy-makers in how integrated, coordinated approaches can be implemented effectively. The federal-provincial Advisory Committee on Population Health and Health Security has recently published a paper suggesting that settings, including schools, are an excellent means to coordinate prevention efforts. More recently, the federal-provincial Healthy Living Strategy has included schools as one of the settings for comprehensive strategies for health promotion.

As an association CASH has turned effectively to the Internet, offering a comprehensive web site and email services. The CASH network is rebuilding in several jurisdictions and at the national level.

Provincial/Territorial and National Activities: A Glimpse at Current Activities

These activities are just a glimpse at some of the activities currently underway in the provinces and territories. (Please see the web links in the CSH Briefing Book below.)

British Columbia- The school health coalition in BC, DASH, is doing well, with the current priorities including the development of a comprehensive explanatory document on CSH, a web site, new brochure and a project on school meals with the Canadian Living Foundation. The BC Healthy Schools program, which mobilizes youth in hundreds of schools across the province, has survived the regionalization of public health in the province, but is able to maintain only a tenuous presence in several of the province's regions. A recent review of the CAPP (health, wellness, career education program) found strong support for maintaining the program. As part of that review, the education ministry is committed to updating the resources that support the CAPP program. The BC Health Ministry has funded a large-scale tobacco program that includes many school components. The province has a comprehensive safe schools program, operated jointly with Justice and Education. The school meals program is under review. The Education Minister has recently announced that she wants to make physical education mandatory in Grades 11 & 12, but rumours persist that she may be looking to take that time from the health (CAPP) curriculum.

Alberta- The Alberta Coalition for School Health has been operating well, with an annual conference being its major activity each year. The province has recently updated the health and physical education curriculum and a new consultant has been hired at the education ministry. The health ministry has funded early interventions programs for young children under its healthy schools program. The province is host to two excellent web sites on teaching physical education and teaching sexual health education. The Alberta Teachers Association (ATA) manages a large-scale program on Safe & Caring Schools that uses a CSH approach. The PE teachers group, HPEC, operates the EverActive Schools program.

Saskatchewan- The province has several school health initiatives underway. The most significant of these is the "Schools Plus" initiative, that seeks to have the school placed as the hub to a variety of children and family services. The province has a comprehensive approach to school safety that uses the CSH approach. The "Physically Active Saskatchewan Roundtable" provided an opportunity for over 80 leaders from health, education, recreation, and sport sectors to discuss possible solutions in addressing the physical inactivity crisis in our province.

Manitoba- The Manitoba ASH group has been operating well for several years as a meeting place for all of the health groups. Meetings are held every month. Current priorities include teacher education and advocating for a health teachers specialist group within the Manitoba Teachers Society. There is an active coalition of groups working on chronic disease prevention.

Ontario -Three groups have come together in the province to form the Ontario Healthy Schools Coalition. The Ontario Public Health Association supports this network. The Centre for Health Promotion at the University of Toronto has an active School Health Interest Group consisting of lay members, professionals and academics in health and education. The province has just announced a million dollar campaign that will be led by OPHEA, the

Health and PE teachers association in the province, to prevent diabetes and obesity. The mandatory guidelines for public health require that public health units work with school on designated health issues. The Active Schools program is operated by OPHEA.

Quebec -the education ministry has decided to phase out the personal and social development curriculum (FPS) in the next few years. The physical aspects of health will be covered in a combined program with Physical Education and the social aspects will be integrated into the provinces moral education and moral/religion curriculum. Sensitive issues such as sexuality as supposed to be part of a “program of programs” (ie a cross curriculum approach). The ASH group in the province, which was led by the FPS teachers association, has been disbanded.

New Brunswick – health and education ministry officials are developing a formal CSH policy and the province has several school health initiatives underway, including a Healthy Learners program funded by public health, more health nurses in schools, a comprehensive guidance program, a comprehensive safe schools program and several other activities. The tobacco strategy also uses a CSH approach. School Communities In ACTION, a recently announced strategy for promoting physical activity through a CSH approach has just been launched.

Nova Scotia- there are some CSH activities underway in the province and the health curriculum has recently been updated. The ASH group is dormant. A provincial strategy on physical activity has just been announced. There is an active alliance of groups working on chronic disease prevention.

Prince Edward Island – Health and education ministry officials are working on an Active and Healthy Living Strategy that will include schools. A recent meeting of tobacco, physical activity and nutrition groups has targeted schools as part of a coordinated approach to chronic disease prevention. The ASH group is dormant.

Newfoundland –The ASH group is dormant, but the CSH approach is well supported by the education and health ministries. The curriculum is being updated. The province has a large-scale anti-bullying program underway. The province monitors the social climate of the schools through a mandatory Quality of School Life and a mandatory Student Activities survey to verify that student health concerns are being met. The data from these two surveys is published as part of a “profile” for every school that is available on the Internet.

Yukon- the focus on the CAPP (Health program) has increased and the education ministry has hired a coordinator. The ASH group is dormant. The Active Yukon Schools" working group has just been formed to work on promoting physical activity through a CSH approach.

NWT- has had a formal CSH policy and program for several years. The ASH group works through the ministry officials who continue to be supportive of CSH. The education, health and sports/recreation departments are developing an Active Living Strategy for the NWT that will have an active schools component. The Department of Education Culture and Employment is currently adopting new curriculum for physical education for the elementary Schools in the NWT.

Nunavut - the territory is developing a community-based health promotion strategy. No ASH group has been formed yet. The education ministry has launched an anti-bullying program. The ministry is also working on a comprehensive wellness curriculum.

Other related activities at the Inter-provincial level

The Atlantic Provinces are just starting a joint curriculum initiative on wellness that will have a significant potential impact on school-based programs.

The Council of Ministers of Education, Canada (CMEC) has expressed interest in student and school health issues in a variety of ways. Recently, the education Ministers expressed interested in sharing information on school health strategies and working together and with the federal and provincial health ministers to create a Pan-Canadian School Health Strategy.

National Activities Report

CASH Advocacy Activities

CASH is often asked to serve as a volunteer on national advisory committees such as school-tobacco research project, the Planned Parenthood Sex Ed Resource Book project, an Active Schools Roundtable Planning Committee, a tobacco conference planning committee, the SOGC project and others.

Recently CASH participated in a think tank on chronic disease prevention that led to a policy paper accepted by all health deputy ministers (federal, provincial/territorial) that recommends settings-based health promotion strategies, including schools.

CASH Web Site and Listserve

Using bits of project funding and volunteer labour, CASH has benefited from the creation of a partnership Gateway Web Site on CSH (www.safehealthyschools.org). CASH also publishes an email school health “clippings” service. To join this email list, contact dmccall@schoolfile.com. Both these web-based resources are gaining popularity and ever increasing content in the form of links to web-based resources. For example, the safe school section of the SHS web site has over 2000 selected documents and resources.

CASH Project Activities

CASH continues to use project funds effectively to promote school health and to survive as an organization. Here is a list of current activities:

Sexuality Lesson Plan Gateway- with funding from Health Canada CASH has published a lesson plan catalogue of over 500 lesson plans for sexuality education teachers.

Student WebQuests Template for Teachers- CASH is preparing a web site that will enable teachers to create online student health projects that involve specific web sites and off-line activities.

Society of Obstetricians and Gynecologists of Canada – CASH is chairing a school working group on developing school-based resources in sexuality education. This working group has funding for several activities, including student web quests in sexuality education, funds to maintain the Sex Ed Lesson Plan gateway and other activities. The *Health Canada (Sexual Health Division)*– has also provided funds to CASH to develop student Web Quests in sexuality education.

CASH and the *Canadian Centre on Substance Abuse* have cooperated in researching and publishing a best practices compendium on youth substance abuse prevention for Health Canada. The report can be found on the health Canada web site.

National Diabetes Project - CASH and CAHPERD are working together on a large-scale project from the national Diabetes Funding Program for lesson plan gateways, student web quests and other activities in healthy eating, physical activity and diabetes/chronic disease.

Student Health Model- CASH and CAHPERD are co-managing a project that has an online student health needs assessment tool that provides a profile back to responding schools. Several other organizations are involved. The program will be launched by Health Canada in late Fall 2002.

Official References to Comprehensive School Health in Education Ministry Policy Documents

Summary:

This preliminary review is based on a very rapid search of education ministry web sites.

All provinces and territories officially and explicitly support a comprehensive and coordinated approach to school-based and school-linked health promotion. Nine jurisdictions use the CSH term to explain the concept. Two jurisdictions (BC and YK) use the term “Healthy Schools”. One (QC) uses “education multi-determine”. One uses the term “Healthy and Active Schools”.

Provincial Review:

Newfoundland (Explicit official support for “CSH” in Health Curriculum)

http://www.gov.nf.ca/edu/sp/prim_health_guide.htm

Prince Edward Island

Official support for Community Schools, will launch formal Active, Healthy Schools Program in 2002-03

<http://www.edu.pe.ca>

Nova Scotia

Explicit support for Comprehensive Guidance Program as part of “Comprehensive School Health Program” in ministry Annual report

<http://www.ednet.ns.ca/Cart/index.php?UID=2002042615195024.78.126.82>

New Brunswick

Explicit reference to “CSH” in Health Curriculum, also launching official CSH approach.

<http://www.gnb.ca/0000/anglophone-e.asp#1>

Quebec

Explicit reference to “education multidetermine” in the health curriculum

<http://www.meq.gouv.qc.ca/dfgj/program/primaire/persoc.htm>

Ontario

Health and PE Curriculum provides explicit official support for CSH as follows:

<http://www.edu.gov.on.ca/eng/document/curricul/health/health.html#introduction>

“A comprehensive approach to health and physical education emphasizes the shared responsibility of parents, peers, schools, health-care systems, government, the media, and a variety of other institutions and agencies. Meaningful health and physical education also requires safe, health-promoting environments, support services from the community, and a school curriculum that makes health a priority in the school.”

Manitoba

<http://www.edu.gov.mb.ca/ks4/cur/physhlth/k-s4framework.html>

The Health curriculum states that “The framework encourages parents, families and the communities to work together to promote health...the home, the school and the community have a shared responsibility to ensure that the environment, programming and services provide opportunities for students...”

Saskatchewan

The health curriculum makes explicit, written support for “CSH” as the guiding philosophy for the curriculum.

<http://www.sasked.gov.sk.ca/docs/health/health6-9/index.html>

Alberta

http://ednet.edc.gov.ab.ca/k_12/curriculum/bySubject/healthpls/health.pdf

The health curriculum makes explicit, written reference to “CSH” as the overall framework and guiding orientation

British Columbia

Official “Healthy Schools” joint health and education ministry program

<http://www.bced.gov.bc.ca/bcednews/archive/s-o96/health.html>

References throughout CAPP curriculum document

Yukon

Follows BC Curriculum

Northwest Territories

Explicit, official support for “CSH”, including several booklets on the CSH program

http://siksik.learnnet.nt.ca/02%20k_12/ind

Nunavut

Follows NWT programs and policies

CSH Briefing Book

Some examples of Canadian provincial initiatives that relate to Comprehensive School Health

- The [PEI Healthy Living Strategy](#) has a strong school component. The strategy addresses **healthy body weights and chronic disease**.
- The "[Schools Plus](#)" plan and policy in Saskatchewan where all government departments are committed to using the school as a hub for **delivery of services** is using a combination of **consensus-building**, provincial **policies** and **incentive funding** to implement their policy.
- In New Brunswick, they have strengthened the **capacity of the public health** system to work with schools as the basis of their strategy. Their [Healthy Learners in Schools](#) program placed full time Public Health staff directly into every school district office in the province and are piloting a school based approach in 20 high schools. Each district and each high school has developed an action plan and is working towards implementation.
- In the [Northwest Territories](#) and [Nunavut](#), their school health programs are tied to **working with trusted elders or community liaison** staff (local community people) so that the necessary cultural adaptations are developed
- **Strengthening links among schools, families and communities** is also a big part of the [strategic plan for Manitoba education](#) where they have been revitalizing what used to be called “community schools” to link education programs more effectively with the government’s overall early childhood development agenda and enhance their **policy coordination**. Recently, the health and education ministries have launched the [Healthy Schools Initiative](#), which includes a policy framework, a web site, resource development and other activities.
- In Quebec, the recently announced [strategy on prevention](#) will be implemented in schools. The local health centres, **the CLSC’s, will be coordinating the interventions aimed at youth**. Schools are to be a big part of that plan, working on themes such as healthy eating and healthy cafeterias in schools. The new [inter-ministry protocol](#) recognizes the school as the “predominant living and learning environment” for youth and a “major component of the community”.
- In Ontario, a [School-Based Health Resource Centre](#) **supports the transfer of knowledge** and information and is funded by the Ministry of Health and Long-Term Care as part of the Ontario Health Promotion Resource System. An Active, Healthy School Community Initiative is being funded through the Ontario Diabetes Strategy.
- In British Columbia, the [Healthy Schools program](#) is based on **youth engagement and mobilization**. The program uses regional staff and school incentive grants to enable students to create a shared vision, select issues and develop an action plan.. Recently, the Provincial Health Officer called for a provincial School Health strategy in a [public report](#)

that included research and recommendations..

- Several provinces and territories are developing or implementing school-based **physical activity campaigns**, including [Ontario](#), [Alberta](#), Nova Scotia, [British Columbia](#) and New Brunswick.
- Almost all provinces and territories have a “**safe school**” **policy and campaigns**, often implemented in cooperation with their justice ministries.
- Other examples can be found on other issues such as **tobacco** (New Brunswick and BC), **early childhood** (Alberta) and **injury prevention** (Manitoba)
- All of these examples are innovative, integrating and effective. The problem is that **they are also vulnerable to changing public priorities and external project funding**. And, **they often compete for attention within the school or the community with other materials, meetings and resources** entering the schools on other health issues. What we desperately need is sustainability, stability and alignment. We need mechanisms for pulling all of these things together.

References

References

Allensworth DD. 1993. Health education. The state of the art. *Journal of School Health*, 63(1), p.14-20.

Allensworth DD et al. 1997. *Schools and Health*, Institute of Medicine, Committee on Comprehensive School Health. Washington, DC: National Academy Press.

Cameron H. 1993. *Status of Health Education Provincial/Territorial Departments of Education*. Ottawa, ON: Education and Training Unit, Health Canada. Unpublished.

Canadian Cancer Society. 1995. *A Comprehensive School and Community Approach to Preventing and Reducing Tobacco Use Among Youth: Strategic Project Planning Guide*, Toronto, ON.

Canadian Association for School Health. 1991. *Comprehensive School Health: A National Consensus Statement*. Surrey, BC: Canadian Association for School Health.

Canadian Association for School Health. 1992. *Making the Connections: Comprehensive School Health*. Surrey, BC: Canadian Association for School Health.

Canadian Association for School Health. 1997. Food for thought: Schools and nutrition. *The CAP Journal*, 7(1), 11-14.

Connell D et al. 1985. Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation and costs. *Journal of School Health*, 55(8).

Fullan MJ. 1991. *The New Meaning of Education Change*. Toronto, ON: OISE Press, University of Toronto.

Health Canada. 1994. *Strategies for Population Health Investing in the Health of Canada's Advisory Committee on Population Health*. Ottawa, ON.

Health Canada. 1996. *Towards a Common Understanding: Clarifying the Core Concepts of Population Health. A Discussion Paper*. Ottawa, ON.

Health & Welfare Canada. 1986. *Achieving Health for All: A Framework for Health Promotion*. Ottawa, ON: Health and Welfare Canada.

Heart & Stroke Foundation. 1997. *Children and Youth Initiative*.

Mackie W & Oickle P. 1996. Comprehensive school health: The physician as advocate. *Journal of the Canadian Medical Association*, 156: 1301-5.

McCall D. 1997. *A Research Agenda on Community and School Health*. Surrey, BC: Centre on Community and School Health, Canadian Association for School Health.

McCall D, Beazley R, Dohery-Poirier, Lovato C, MacKinnon, Otis J, Shannon M. (1999) *Schools, Public Health, Sexuality and HIV: A Status Report*. Toronto, ON: Council of Ministers of Education, Canada.

McLaren P, Leonardo Z, Perez X. 2000. Commentary on the school as a setting for health promotion in Poland BD, Green LW, Rootman I, Settings for Health Promotion. Linking Theory and Practice. Thousand Oaks, CA: Sage Publications Ltd.

Weijck KJE. 1982. Administering education in loosely-coupled schools. *Phi Delta Kappan*, 63:673-76.

Newfoundland Department of Education. (2000a). Student Activity Survey: Grade 6. St. Johns, NF: Author.

Newfoundland Department of Education. 2000b. Student Activity Survey: Grade 12. St. Johns, NF: Author.

Nutbeam D, St. Leger L. 1997. Priorities for Research into Health Promoting Schools in Australia. University of Australia, Australia Health Promoting Schools Association.

Parcel GS, "Theoretical Models for Application in School Health Research", Health Education, 15(4), 39-49

Janz WK & Becker MH. The Health Belief Model: A Decade Later, Health Education Quarterly 1984; 11: 1-47

Catania JA et al. Towards an Understanding of Risk Behaviour: An AIDS Risk Reduction Model. Health Education Quarterly 1990; 17(1): 53-72

Green LW & Kreuter AW. Health Promotion Planning: An Education and Environment Approach. Mountain View, CA: Mayfield Publishing, 1991.

Parcel GS, Kelder SH, Basen-Enquist K. 2000. The school as a setting for health promotion in Poland BD, Green LW, Rootman I, Settings for Health Promotion. Linking Theory and Practice. Thousand Oaks, CA: Sage Publications Ltd.

Perry CL. 2000. Commentary on the school as a setting for health promotion in Poland BD, Green LW, Rootman I, Settings for Health Promotion. Linking Theory and Practice. Thousand Oaks, CA: Sage Publications Ltd.

Poland BD, Green LW, Rootman I. 2000. Reflection on settings for health promotion in Poland BD, Green LW, Rootman I, Settings for Health Promotion. Linking Theory and Practice. Thousand Oaks, CA: Sage Publications Ltd.

Renaud L, Chevalier S, Dufour R, O'Loughlin J, Beaudet N, Bourgeois A, Ouellet D. 1997. Evaluation of the implementation of an educational curriculum: Optimal intervention for the adoption of an educational program of health in elementary schools. *Canadian Journal of Public Health*, Sep-Oct;88(5):351-3.

Shannon & McCall Consulting Ltd.. 1993. Canada's school systems: An overview of their potential role in promoting reproductive health and understanding of new reproductive technologies. New Reproductive Technologies and the Science, Industry, Education and Social Welfare Systems in Canada, Volume 5, Research Studies. Ottawa, ON: Royal Commission on New Reproductive Technologies.

Shannon MM, McCall DS. (2001a). The Feasibility of Collaboration in Collecting and Sharing Data on Youth Social Behaviours, Environments and Relevant School and Community Programs. Ottawa, ON: Canadian Association of Principals.

Shannon MM, McCall DS (2001b). Schools as Safe Places to Learn: Current Practices in Monitoring the Safety of Schools. A Report to the Canadian Education Statistics Council. Toronto, ON: Council of Ministers of Education, Canada.

Stephens, Thomas, Murray J. Kaiserman, Douglas S. McCall, Carol Sutherland-Brown. 1996. The Costs and Potential Economic Benefits of School-based Smoking Prevention in CANADA. Working Paper. Ontario Tobacco Reduction Unit.

Whelage GG, Rutter RA et al. 1989. Reducing the Risk: Schools As Communities of Support. Philadelphia, PA: The Falmer Press.

WHO. 1991. Comprehensive School Health Education Suggested Guidelines for Action. Geneva, Switzerland: World Health Organization.

WHO Expert Committee on Comprehensive School Health Education and Promotion. (1997). Promoting Health Through Schools, Geneva, Switzerland: World Health Organization.