

SECTION 1: WHAT'S NEW?

Health Canada launched **Canada's Food Guide** on February 5, 2007. For more info visit www.healthcanada.gc.ca/foodguide.

The **CTF Health & Learning Magazine** Arrives in Schools

The first issue of the teachers magazine is arriving in schools this month and features articles:

- educating the whole child
- the CSH consensus statement endorsed by over 35 national NGOs
- healthy foods at school
- the CCL Health & Learning Centre
- Action Schools BC
- the Family & Schools Together program
- school bus bullying
- body image
- comprehensive school nutrition programs
- the ASCD Healthy School Report Card
- fitness assessment and promotion.

The magazine will be published three times per year in cooperation with the Canadian Association for School Health and is funded by the Canadian Council on Learning. Online copies are available at www.ctf-fce.ca

School Health Insert in CPHA Journal

A parallel publication, also funded by the Canadian Council on Learning, has been sent to more than 2000 public health leaders through a regular, four-page insert in the Canadian Journal of Public Health. (Vol. 98 (1)). This first of three issues per year includes several web-linked resources related to how public health professionals can promote a comprehensive approach to school health. These include examples of coordinated ministry policy (MB, QC, SK and NU), local school health coordinators (NF, NS, NB), regular reports on the status of child/youth health (AB, QC, CPHI) and several examples of coordinated school health programs www.cpha.ca/schoolhealth.

Burger King Bans Own Ads on U.K. Children's Shows

Burger King has decided to stop advertising during children's TV programs in the U.K., pre-empting a decision by Ofcom on whether it should introduce a ban on fast food ads before 9 p.m., writes Brand Republic. <http://www.mediabuyerplanner.com/2006/11/15/burger-king-bans-own-ads-on-uk-childrens-shows/>

RESEARCH, REPORTS & SCHOOL HEALTH KNOWLEDGE**Alberta Physical Activity Report Released:**

www.centre4activeliving.ca/publications/surveys.html According to the 2007 Alberta Survey on Physical Activity, the proportion of active Albertans has increased to 62.40% (from 60.20% in 2005).

Youth Issues Paper 7

[Youth Peer Education in Reproductive Health and HIV/AIDS: Progress, Process, and Programming for the Future](#) (PDF, 413 KB). This 28-page report summarizes the latest thinking on youth peer education, as discussed at a two-day international consultation held in Washington, DC in January 2006. The report frames the key issues, provides a summary of evidence of the degree of impact of these programs, discusses major issues for peer education, gives examples of programs that are scaling up activities, and offers suggestions for the future.

Youth Issues Paper 4.

[Reaching Out-of-School Youth with Reproductive Health and HIV Information and Services](#) (PDF, 341 KB). This paper explores different populations of out-of-school youth, examines the link between schooling and safer sexual behaviours, and presents programs that work with young people who do not or cannot attend formal schools. Four case studies detailing programs working with mainstream and marginalized youth are also included.

Vreeman RC, Carroll AE (2007) **A Systematic Review of School-Based Interventions to Prevent Bullying** *Arch Pediatr Adolesc Med.* 2007;161:78-88.

The types of interventions could be categorized as curriculum (10 studies), multidisciplinary or whole-school interventions (10 studies), social skills groups (4 studies), mentoring (1 study), and social worker support (1 study). Only 4 of the 10 curriculum studies showed decreased bullying, but 3 of those 4 also showed no improvement in some populations. Of the 10 studies evaluating the whole-school approach, 7 revealed decreased bullying, with younger children having fewer positive effects. Three of the social skills training studies showed no clear bullying reduction. The mentoring study found decreased bullying for mentored children. The study of increased school social workers found decreased bullying, truancy, theft, and drug use. **Conclusions** Many school-based interventions directly reduce bullying, with better results for interventions that involve multiple disciplines. Curricular changes less often affect bullying behaviors. Outcomes indirectly related to bullying are not consistently improved by these interventions.

<http://archpedi.ama-assn.org/cgi/content/abstract/161/1/78>

[The UN Secretary-General's Report on Violence Against Children](#) was presented in Canada at WorldForum 2006 in Vancouver on November 20, 2006. [Read the report here.](#) The Report is supported by UNICEF, the Office of the High Commissioner for Human Rights, and the World Health Organization. It is founded on perspectives from human rights, public health and child protection contributed by thousands of researchers, practitioners, institutions, professional associations, other civil society organizations and children from every part of the globe, together with governments.

WHAT'S NEW (CONTINUED)

Breakfast for Learning has prepared a **Report on Provincial/Territorial Government Support for School Food Programs** from Breakfast for Learning. [Click here](#)

Healthy School Awards Programs

Five provinces are now doing healthy school awards programs. The Healthy School Community Award. Can be found at www.healthyalberta.ca. In Ontario, the [Healthy School Recognition Program](#) includes a challenge to each school and provides \$1,000.00 to all secondary schools. [Manitoba Healthy Schools](#) provides \$100 per participating school for each of its issue-based campaigns. British Columbia is providing \$1,000.00 per schools who are successful in applying to join the [Healthy Schools Network](#). About 35 schools have received funds in the first year. Quebec's [Écoles en forme et en santé](#) provides funds for schools serving students in upper elementary and junior high school to promote physical activity and healthy eating.

Texas Is First State to Require Pre-Teen HPV Immunization

As controversy continues over whether states should require immunization against the sexually transmitted human papillomavirus (HVP), the Texas governor mandates vaccination of all 11- and 12-year-old girls entering sixth grade.

CIHR Research Grant on Mentoring \$1.7 million Awarded for Research Project with Big Brothers Big Sisters of Canada

The Canadian Institutes of Health Research provided the funding to make a new research study led by Centre for Addiction and Mental Health and Centre for Child Studies who will examine the relative importance of matched relationship components as determinants of positive change in the health and social functioning of Canadian children enrolled in BBBS adult mentoring programs involving 950 families and adult mentors from 15 BBS agencies across Canada.

CCL report on State of Learning in Canada

www.ccl-cca.ca/CCL/Home?Language=EN indicates that more than half (55%) of Canadians aged 16 to 65 do not have levels of health literacy adequate to read nutrition labels, follow medication directions,

RESOURCES

Tobacco Resources

- **BLAST Northwest Territories**
Introduces 'Building Leadership for Action in Schools Today (BLAST)', a program which encourages junior high school students aged 12-14, in the Northwest Territories, to develop and implement tobacco reduction projects in their local communities. Source: [Alberta Lung Association](#)
- **Improving the odds: educator's resource**
Provides resources to help teachers improve and expand smoking-prevention programs for grades 5 through 8. Contains a series of lessons on smoking and young women and on the role of the cigarette industry. Prepared in collaboration with the Centre for Applied Health Research. Source: [Health Canada](#)
- **What is in a cigarette?** Utilizes a wordsearch puzzle to provide information about some of the chemicals that exist in cigarettes. Link requires PDF reader. [Nova Scotia Department of Health, Tobacco Control Unit](#)

Mental Health Resources

- **Mauve** Describes 'Mauve', a CD-ROM with a unique approach to mental health promotion. Targets youth and covers topics such as life, love, school, friendships, family, depression, suicide, drug abuse, school drop-out, and delinquency. Includes ordering information. [Public Health Agency of Canada \(PHAC\)](#)
- **Real me experience** Uses quizzes, stories, illustrations, and journals to shed light on the complex issue of self-esteem and give young women strategies to feel good about themselves. Explores how factors such as cultural messages and family influences can shape self-esteem and body image. Requires free user registration. [National Eating Disorder Information Centre \(NEDIC\)](#)
- **Talking about mental illness: a guide for developing an awareness program for youth** Includes a community guide and a teacher's guide for implementing an awareness program called 'Talking About Mental Illness'. This program seeks to bring about a positive change in young people's knowledge about mental illness, and in reducing the stigma that surrounds it. Source: [Centre for Addiction and Mental Health \(CAMH\)](#)
- **The Partners for Life program: to have the tour visit** Provides a travelling presentation, designed for high school staff and students, to raise awareness of the importance of early detection and diagnosis of depression in order to prevent the problem of teen suicide. Provides a registration form for use by schools. [Mental Illness Foundation](#)

Work Place Health

- **What gets measured gets done': the healthy workplace balanced score-card** Project that helps workplaces improve their health and safety by designing and tracking a balanced set of key 'healthy workplace' indicators. : [Institute for Work and Health](#)
- **An introduction to comprehensive workplace health promotion** Provides an overview of comprehensive workplace health promotion, examines steps to help workplaces take action, shares ideas and strategies, and outlines resources. [University of Toronto, Centre for Health Promotion, The Health Communication Unit \(THCU\)](#)
- **Best advice on stress risk management in the workplace: part 1** Shows how excessive stress and the costs associated with it can be identified and limited in workplace settings. Focuses on organizational sources of stress. Includes over-heads. [Health Canada](#)

understand safety instructions, or make informed and adequate choices for their own healthy living.

Abstinence Programs Questioned

Most no-sex-before-marriage programs escape the type of scientific scrutiny required to show whether they work, a US government watchdog agency said recently. (Government Accountability Office) *Kansas City Star*, 11/17/06

FEATURE ARTICLE

With the publication of Canada's Food Guide, attention will shift to updating and revising nutrition education programs. This feature article provides some background on nutrition education and lists various educational, planning and policy resources.

Excerpts from a Research Review on Nutrition Education

In 2004-05, members of the School Health Research Network undertook (McCall, 2004) a literature review for Health Canada on Schools and Nutrition. Curriculum and instruction that promote healthy eating, prevent eating disorders, ensure food safety and reduce insecurity were some of the topics in that review. Specifically, the review examined these:

- Instruction to convey knowledge and awareness of general dietary behaviours, food groups, portion sizes, etc.
- Instruction on specific skills such as food selection, meal preparation, food purchasing, etc.
- Instruction in more general skills such as media literacy, social skills, decision-making
- Instruction to address self-knowledge, self-worth, body image, etc.
- Instruction to increase awareness of local and other sources of nutrition information, advice, counselling and crisis interventions
- Features of successful curriculum design
- Features of effective teaching methods and strategies
- Features of successful implementation and professional development strategies for teachers in implementing the curriculum
- Features for effective involvement of students as peer leaders in instruction.
- Features for effective involvement of parents in take home learning associated with the school curriculum.
- Effective adaptations of programs for vegetarians, students with food allergies, for eating disorders, for aboriginal students, for ethnocultural minority students, etc.

The SHRN review included these findings:

Nutrition education may be defined (American Dietetic Association, 1996) as any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition related behaviours conducive to health and well-being. These behaviours are identified according to the needs, perceptions, motivations and desires of the target audience, as well as, from national nutrition and health goals and science-based research. These behaviours should include nutrition education that:

- Promotes healthy eating (i.e. a balanced diet of an appropriate number of calories) that is combined with a daily amount of physical activity
- Promotes a healthy body image and prevents eating disorders as part of a mental health and lifestyle (vitality) approach
- Ensures food purchasing, preparation and handling skills so that students can become wise consumers of food products
- Addresses food insecurity by teaching students and parents about healthy, inexpensive foods and linking schools to community and school based food services

There are several opportunities for nutrition education in the school setting. These include formal instruction in health education classes, physical education classes and family study programs. Nutrition messages can also be delivered in other subject areas. Informal nutrition education can occur in extracurricular activities, preventive health services, peer helper programs and student leadership activities.

Studies indicate (American Dietetic Association, 1996) that nutrition education programs that only disseminate information often do not bring about behaviour change because they fail to motivate the audience. Research indicates that more effective programs use a combination of contemporary models of individual, social and environmental change. Nutrition education should include knowledge and skill development, as well as, the promotion of healthy attitudes and beliefs about eating. In the past, the focus on knowledge only, has prevented educators from achieving their goals (American Dietetic Association, 1996).

Johnson and Johnson (1985), in a meta-analysis of over 300 school nutrition education studies, noted that nutrition education is effective in increasing nutrition knowledge, developing positive attitudes about nutrition and increasing consumption of nutritious foods. Contento, et al. (1992) also reviewed school-based nutrition education. They found that most studies involved only 10 to 15 hours instruction over 3 to 15 weeks. These short studies resulted in a positive effect on nutrition knowledge, diet-related skills, behavioural expectations and

self-efficacy. The effect on attitudes was inconsistent but generally positive. However, the impact on general nutrition behaviour was minimal. Multiyear programs, however, were successful in achieving behaviour change.

Teacher preparation increased the time spent on nutrition education. Parental involvement supported classroom instruction for younger children. An earlier study done by Rothman & Byrne (1981) found similar results in health education for cardiovascular risk factors. This meta-analysis of school-based health education found mixed results.

The studies reviewed for this paper noted that implementation was a key factor to success. Grunbaum (1998) noted that the characteristics of successful health education programs often centered on the training provided to teachers. A similar finding Renaud (1997) comes from a heart health project in Montreal. The characteristics of the teachers and the program explained the level of implementation of the heart health curriculum. Hausman & Ruzek (1995) suggest that implementation of school health education should focus on teacher concerns.

Other references show that peer and parental involvement improved the chances of classroom instruction effect. Hern, et al. (1998) reported that high school biology students can be educated by older peers drawn from undergraduate nursing students. Johnson & Johnson (1987) report that when cooperative learning is implemented effectively in peer-based learning, long-term modifications of nutrition knowledge, attitudes and behaviour result. A report on the Chicago Heart Health Curriculum (Petchers, et al., 1987) reported that the parent participation component had no effect on student knowledge or behaviour with regard to cardiovascular disease prevention. However, Gordon & Haynes (1982) report that parental involvement with homework in nutrition education at the elementary grade level was successful.

Other case studies showing the effectiveness of health education in promoting healthy eating were found in our review. The Health Canada report on innovative practices describes an example (Health Canada, 1995a) within an Inuit community. Another (BC Dairy Foundation, 1986) reports on the impact of the nutrition education program sponsored by the BC Dairy Foundation. Health Canada (1995b) has also reported on a program in Ottawa that aims at body image and healthy eating. Another case study (Marketmasters, 1992) shows how teens can be taught shopping skills.

Carleton, et al. (1991) report on a similar focus on food preparation skills as part of the Pawtucket Heart Health Program. Walter, et al. (1986) report on the success of the "Know Your Body" curriculum. Perry, et al. (1985) report on an example based on social learning theory that was successful. Way (1981) reports on Project Super Heart. The Feeling Good Program in Michigan, (Kuntzleman, 1984) reported improvements in cholesterol values and BP. Gans, et al. (1990) reporting on the program in Pawtucket, Rhode Island, showed reductions in blood cholesterol and in changed diet for the students. Similar success was reported by Howard et al (1996).

Buddeberg-Fische, et al. (1998) report on an unsuccessful school-based instruction to prevent eating disorders among students in Switzerland. The Cardiovascular Health in Children's study (Harrell, 1996) reports success in improving children's cardiovascular disease risk profiles. Harrell, et al. (1998) report on a combination out of classroom instruction and counseling for higher risk students, concluding that both interventions can improve the risk profile of children with multiple risk factors. Olson, et al. (1993) reporting on the dissemination of the nutrition program in New York State secondary schools reports that home economic teachers were more likely to receive and use the program than health teachers. Fardy, et al. (1996) report on a combined intervention of weight training and classroom instruction in an inner city school setting. Results suggest that this approach is beneficial and effective with inner city adolescents, especially females.

Smolak, et al. (1998) report that knowledge on how to prevent eating disorders changed in elementary school programs but behaviours, including eating patterns and exercise patterns, were not changed. Wallin, et al. (1993) also reported changes in nutrition knowledge. Holund (1990) examined the classroom instruction of adolescents in Denmark and suggested that to be effective the focus should be on attitudes rather than knowledge.

Ciliska, et al. (1999) reviewed studies of nutrition education and food services programs that were aimed at increasing consumption of fruits and vegetables. They found that short interventions (less than ten weeks) and curriculum/instruction only interventions had no effect. One food services intervention that supplied fruits and vegetables to children in schools did have an effect. Among the 18 programs selected after an extensive search, six were aimed at school-aged children. The most effective intervention were:

- gave a clear message about increasing fruit and vegetable consumption
- incorporated behavioural theory
- provided a consistent framework for implementation
- actively involved influential people such as family members

Other case studies indicate that nutrition education can be successfully delivered in subjects other than only health classes. Gans, et al. (1990) reported on the successful heart healthy cook-off in home economics classes with junior high school students. A similar program, Food Styles, was reported to be effective in a secondary home economics class. This program is offered by the BC Dairy Foundation. A

math curriculum (James & Adams, 1998) in a school in Florida was used to convey nutrition science concepts with some success in changing nutrition knowledge.

As well, there were references to the use of interactive technologies to promote nutrition awareness and learning. One case study (Kumar, et al., 1993) dealing with nutrition and cancer, reported that an interactive computer delivered program instruction can be an important adjunct to cancer prevention programs in high schools and in university settings. In another case study, James et al (1997) used focus groups to develop a nutrition education video for high school students. Student suggestions indicated that they are more than capable of guiding the development of such electronic resources.

Key Messages and Content of Nutrition Education Programs

The Dietitians of Canada (2003) have listed these key messages for school-aged children and youth:

- **Healthy Living Builds Healthy Kids** (Teach children by example, choose sensible portions. Make Healthy Choices based on Canada's Food Guide. Encourage physical activity. Offer a variety of foods. Choose less nutritious foods less often. Reinforce the contribution made to life by family, friends and teachers.
- **Breakfast Matters** Offer variety, social interaction, be a role model, get organized the night before.
- **Do Dinner Together** Plan ahead. Involve family members. Make grocery shopping educational. Make the most of cooking time by cooking in bulk and freezing. Choose nutritious foods when eating out.
- **Discover Fun and Great Tastes** Try different foods. Share recipes. Eliminate unhealthy foods from the cupboard
- **Get out and play.** Use Canada's physical activity guide. Support children in organized activities and sports. Be a role model. Offer non-sport physical activity options. Curtail TV and computer games time. Keep it fun.
- **Help Children Grow into a Healthy Weight.** Focus on overall health and well-being rather than weight. Recognize children weights fluctuate during growth and development.
- **Build Healthy Lunches** Include favourite foods. Think like a kid. Offer cooked items cold. Involve kids in planning their lunches. Try variety.
- **Take a Stand- Advocate for Healthy Eating and Supports.** Encourage and advocate for community, parental, school and other programs.
- **Seek Expert Help** Contact a dietitian. Look for expert advice from Canada's Food Guide.

The [Canadian Partnership for Consumer Food Safety Education](#) has defined these key messages about food safety:

- **CLEAN** Wash hands, utensils and surfaces with hot soapy water before, during and after preparing foods. Sanitize counter-tops, cutting boards and utensils with a mild bleach and water solution. Wash all produce thoroughly before eating or cooking.
- **SEPARATE** Keep raw meats and poultry away from other foods during storage and preparation. Keep separate cutting boards for raw meats and vegetables. Always keep foods covered.
- **COOK** Cook food thoroughly - cooking times and temperatures vary for different meat and poultry. Prepare foods quickly, and serve immediately so foods don't linger at room temperatures where bacteria can grow.
- **CHILL** Refrigerate or freeze perishables, prepared food and leftovers within two hours. Make sure the refrigerator is set at a temperature of 4°C (40°F), and keep the freezer at -18°C (0°F).

As part of the research review undertaken for Health Canada, a list of key curriculum topics was developed: These topics were developed from a number of sources (Allensworth, 1993) are:

- Promote positive beliefs about eating and food
- Food and Growth, Adolescence
- Moderation & balance as key
- Eating a variety of foods is key
- Critical assessment of sources of nutrition information, fad dieting
- Food identification and selection (incl. food groups)

- Nutrients, calories, fats, salt, (properties of foods)
- Selecting nutritious foods (incl. how to read food labels, menus, grocery shopping etc)
- Dietary guidelines (Food Guide)
- Food preparation, processing, additives and GM Foods (K)
- Energy Balance Eating and Activity (K)
- General meal planning skills (S)
- Food Handling, Safety (K)
- Healthy breakfast (K)
- Healthy snacks (K)
- Fast Foods
- Social influences (media, family, lifestyle, work) (K, B)
- Media Literacy (S)
- Body Image (B)
- Eating Disorders (K, B)
- Food Allergies (K)
- Use of food services (HS)
- Connection to chronic disease (K)
- Access to nutrition services (HS)
- Personal plan & goals for diet, eating (SABI)
- Food and Society (K)
- Careers in Nutrition (K)

Health Canada (1996) commissioned a study on the perceptions that young and older children had about healthy eating. The study examined their perceptions of healthy eating and behaviour, and their awareness of links to self-image, body image and activity, their perceptions of the influences on their eating patterns, their awareness, knowledge and use of the Food Guide, and their enjoyment of food and eating. The key findings of the study were:

- most younger children associated healthy eating with a single food, while older children associated healthy eating most often with food groups
- consuming junk foods in moderation was more acceptable to children than to parents
- children reported that they could improve their eating by increasing fruits and vegetables consumption and decreasing the junk food consumed
- older children linked healthy eating with activity
- both children and parents identified parents as the most important influence
- children reported that taste was extremely important and that they chose snack foods that needed little preparation
- younger children did not see television as an influence on their eating patterns, while older children did
- children identified school as a major source of information
- awareness of Canada's Food Guide was high.

Resources for Nutrition Education

Educational Resources

- The Canadian Association for School Health, in cooperation with a number of education and health organizations maintains a web site with an extensive list of health education lesson plans and student webquests. These include hundreds of [lesson plans in nutrition education](#) and over 20 [student webquests in nutrition](#).
- The Dietitians of Canada have published numerous lesson plans and learning activities . The MISSION NUTRITION program supports teachers with credible curriculum-based resources, easy-to-use lesson plans, and fun student activities. [\[More\]](#)
- Anaphylaxis Canada has published several [lesson plans on food allergies](#).
- The Canadian Partnership for Consumer Food Safety Education has published teaching guides for Grades 1-3 and 4-6 that have several [lesson plans on food safety](#).

Planning and Assessment Resources

- The PEI Healthy Eating Alliance supports implementation of the school nutrition policies by providing all elementary schools with School Healthy Eating Toolkits, a Newsletter called Healthy EatS Newsbites.

Policy Resources

- Guidelines for Food and Beverage Sales in BC Schools were released in 2005.
- Schools and districts are encouraged to work with students, teachers, parents and others to develop strategies for implementing these guidelines. FAQs for Education Professionals Another BC government web page, http://www.bced.gov.bc.ca/health/health_publications.htm houses a variety of information documents geared to informing schools about healthy eating and supporting implementation of the guidelines.
- The Alberta Coalition for Healthy School Communities has worked with nutrition stakeholders across Alberta to draft guidelines for the development of school nutrition policies. See: http://www.dietitians.ca/members_only/pdf/Foundations_for_School_Nutrition_Alberta.pdf.
- Nutrition Guidelines for Schools by Public Health Nutritionists of Saskatchewan Research Centre for the Saskatchewan School Boards Association provides information and guidelines for school boards to consider and their responsibility in promoting school health/nutrition.
- The Heart and Stroke Foundation of Saskatchewan produced the report Nutrition in Saskatchewan Schools: Policy, Practice and Needs and as a follow up the School Policy Nutrition Toolkit.
- 1023 Home Prepared Foods(2005) is a policy document from the Saskatchewan Dept of Education related to food safety and the sale of foods in schools.

In October 2004, the Ontario Ministry of Education released a policy document:

- Healthy Foods and Beverages in Elementary School Vending Machines Policy/Program Memorandum. The Dietitians of Canada developed School Food and Nutrition Recommendations for the Ontario Ministry of Education Regarding Snacks and Beverages Dispensed by Vending Machines which accompanied this Policy and Program Memorandum.
- Food and Nutrition Policy for Nova Scotia Public Schools. The final draft of the policy is under review and awaiting final approval by the Ministers of Education and Health Promotion
- The School Healthy Eating Policy Project (an initiative of the PEI Healthy Eating Alliance) has worked with the three school boards of Prince Edward Island to develop healthy eating policies using a consultative process. PEI School Nutrition Policies for schools now exist in all three school boards.
- The Newfoundland and Labrador cross government, multi-sectoral Provincial Wellness Plan for Newfoundland and Labrador (2006) includes initiatives directed at schools: **Healthy Students, Healthy Schools Initiative**: expanding to create school environments that support healthy living for children, youth and the larger school community. The guidelines are now being distributed to school districts and school administrators. The guidelines can be found at www.gohealthy.ca, or the Department of Education web site at www.gov.nl.ca/edu.

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[knowledge matters]

CANADIAN SCHOOL HEALTH
KNOWLEDGE NETWORK

We welcome your suggestions on topics that should be addressed in the School Health Report as well as news about coming events and other information, innovations and initiatives you have to share. Contact us at: info@cash-aces.ca

3RD ANNUAL SCHOOL HEALTH CONFERENCE

THE SCHOOL'S ROLE IN PROMOTING POSITIVE SOCIAL DEVELOPMENT & MENTAL HEALTH IN COOPERATION WITH HEALTH AUTHORITIES, YOUTH AGENCIES & POLICE SERVICES

Research on anti-social and risky behaviours is increasingly showing that delinquency, bullying, harmful substance abuse, and sexual risk-taking all stem from the disconnection between young people, schools and the community. Research shows that social problems are directly linked to dropping out of school, alienation within families, and the difficulties young people experience in identifying adults that are trustworthy guides and advocates.

School-based and school-linked programs and services are evolving to respond to these clusters of negative behaviours and include:

- Anti-bullying programs that take a social development approach
- Sexual health education programs that include youth development strategies
- Mental health programs that improve the social climate of the school
- Substance abuse prevention that builds life skills
- Crime prevention programs that include police service development of preventive and restorative justice approaches

EFFECTIVE PROGRAMS REQUIRE INTER-AGENCY COOPERATION TO BE EFFECTIVE & SUSTAINABLE

The third annual Canadian School Health conference will focus on how local agencies and professionals from a variety of sectors can work together on proven strategies.

Conference keynotes will share information about the latest developments. Conference workshops will provide hands-on, practice-based information and experience, including:

- **Together We Light the Way**, a social development program developed in Durham Ontario and evaluated in sites across Canada
- **The Gatehouse Program** that was developed and evaluated in Australia and Canada
- The research behind the **Canadian Sexual Health Education Guidelines**
- Canadian adaptations of international better practices guidelines in substance abuse prevention
- The new **RCMP Youth Officer Program**

SCHOOL HEALTH CONFERENCE

JUNE 8-10, 2007 | VANCOUVER, BC
VANCOUVER CONVENTION & EXHIBITION CENTRE

FOR MORE INFO CONTACT:

THE CANADIAN ASSOCIATION FOR SCHOOL HEALTH
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