

Comprehensive School Health Evidence to Support Practice

I. Systems Evidence – Health Sector

The following is a summary of current evidence from a systems perspective for effective and sustainable health sector support of Comprehensive School Health (CSH). The CSH framework is widely used in Canada and is used as the implementation approach to school health promotion in the Healthy Schools BC initiative. In other jurisdictions the approach is known as “health promoting school”, “healthy schools” or “whole school” however the underlying concepts are the same.

Organizational Change/Capacity

The organizational capacities of health systems need to be strengthened in areas such as:¹

- comprehensive and coordinated policies on school health, health issues and the elements of school health promotion that are actively supported by senior managers;
- assigned staffing infrastructure to support interdisciplinary cooperation at all levels;
- formal and informal mechanisms for coordination and cooperation;
- active knowledge transfer and exchange within and across sectors;
- ongoing workforce development of health and education professionals through professional preparation programs and staff development;
- providing regular and reliable data on the health status, determinants, behaviours, attitudes, skills and knowledge of children and youth, as well as periodic surveys and self-assessments of policy/program capacity;
- regular scans of environments, trends/emerging issues that affect the health of children and youth;
- appropriate and sustained funding to ensure the continuance of effective programs

The health sector needs to ensure their monitoring services view student learning and success as an integral part of health promotion and it is reflected in the monitoring indicators.²

Joint planning and coordinating policies and resources (eg funding, time) across health and education sectors can reduce duplication of efforts to enhance student wellbeing and decrease gaps in existing policies practices.³

Partnerships/Collaboration

The development and maintenance of strong positive working relationships with all school stakeholders at all levels is fundamental to all healthy schools work and critical for success.⁴

A critical role played by public health staff is to be the catalyst/change agent bringing different groups and agencies within the community together to work with students, parents, school staff and administrators.⁵

1 Comprehensive School Health, Canadian Consensus Statement (Revised 2007)

2 International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

3 Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

4 Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

5 The Role of the Public Health Nurse and Public Health Staff in Schools; Health & Learning, Winter Edition 2008

Other key roles played by Public Health professionals:⁶

- Working in partnership structures at both the school district/region and local school levels
- Engaging in planning processes where health is one of the priorities for school improvement
- Facilitating linkages to community services and resources
- Responding to the needs of the school community through a collaborative consultative approach
- Using education language instead of health jargon

Horizontal collaboration between the health and education sectors is emerging as an effective alternative partnership that includes shared authority and responsibility, joint investment of resources (eg time, funding, expertise) and mutual benefits and common results.⁷

Other key partnering elements:⁸

- Creating a small key stakeholder group to actively engage in leading and coordinating actions and share in the work load, decision making and implementation
- Providing evidence about the advantages CSH can offer in improving educational outcomes
- Providing sound and factual resources that complement the fundamental role of the teacher

Sustainability

- Depends on a common vision, shared responsibilities and harmonized actions amongst partners to pool resources and develop action plans together with and in support of schools⁹
- Needs continuous active commitment and demonstrable support by governments and relevant jurisdictions to the ongoing implementation, renewal, monitoring and evaluation of the strategy¹⁰

Health promotion in schools is not a time limited project - it is a process of change, development and evolution. With realistic goals and strategies substantial change can occur in 3-4 years.¹¹

For more information on CSH please see:

http://www.youtube.com/watch?v=NjvtnH3zhxI&feature=player_embedded

For more information on CSH evidence please see:

<http://www.healthyschoolsbc.ca/csh/research.aspx>

6 Deschenes, Martha; Institute of Public Health, Quebec; Health & Learning, Winter Edition 2007

7 Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

8 International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

9 Joint Consortium for School Health, What is Comprehensive School Health (2008)

10 Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

11 International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

II. Approach Evidence

The following is a summary of current evidence in support of Comprehensive School Health (CSH) as an effective settings-based approach to health promotion. The CSH framework is widely used in Canada and is used as the implementation approach to school health promotion in the Healthy Schools BC initiative. In other jurisdictions the approach is known as “health promoting school”, “healthy schools” or “whole school” however the underlying concepts are the same.

Evidence suggests that:¹²

- both education and health outcomes are improved if the school uses the health promoting schools approach in addressing health related issues in an educational context
- multifaceted approaches are more effective in achieving health and educational outcomes than classroom only or single intervention approaches
- the factors affecting learning are mostly influenced by social-emotional factors, e.g. student-teacher and teacher-teacher interactions, school culture, classroom climate, peer group relationships
- social-emotional factors are pivotal to the way a health promoting school operates and how schools achieve their education and health goals
- a whole-school approach, where there is coherence between the school’s policies and practices that promote social inclusion and commitment to education, actually facilitates improved learning outcomes, increases emotional wellbeing and reduces health risk behaviours

Evidence also indicates that:

CSH is embraced internationally as the most effective way of promoting the health of students and the school community.¹³

The successful implementation of health promoting schools policies, principles and methods can contribute significantly to the educational experiences of all young people living and learning within them.¹⁴

CSH is an effective way to tap into the linkage between health and better learning, improving both health and educational outcomes and encouraging healthy behaviours that last a lifetime.¹⁵

While results vary between programs, a comprehensive approach to school health promotion can influence the health-related knowledge, attitudes and behaviours of students, and alleviate factors that compromise health.¹⁶

Where Public Health Nurses have been involved in CSH approaches, they have been successful in supporting schools to address and act on health and social issues. Much of the success can be attributed

12 International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

13 Pan Canadian Joint Consortium for School Health; Facilitating Health and Education sector Collaboration in Support of Comprehensive School Health; Canadian Journal of Public Health, Vol 101, Supplement 2, 2010

14 Kendall PRW. An Ounce of Prevention, A Public Health Rationale for the School as a Setting for Health Promotion. A Report of the Provincial Health Officer. Victoria (BC): Ministry of Health Planning; 2003.

15 Joint Consortium for School Health, What is Comprehensive School Health (2008)

16 Comprehensive School Health, Canadian Consensus Statement (Revised 2007)

to their ability to establish effective, caring relationships with school communities and their expertise in applying the principles and processes of multi-pronged health promotion strategies, e.g., personal/family and community skill building, small group development, community development/mobilization, and advocacy.¹⁷

Programs that are integrated, holistic and strategic are more likely to produce better health and education outcomes than those which are mainly information-based and implemented only in the classroom.¹⁸

Comprehensive healthy school community approaches can enhance academic achievement and reduce both education and health disparities.¹⁹

It is more effective to work more comprehensively, that is, integrating policies and practices that support student learning, health and well-being into every aspect of the school environment.²⁰

The healthy schools approach contributes to the healthy growth and development of children by creating safe, caring environments that facilitate student engagement in learning and a sense of belonging and connectedness to the school.²¹

There can be significant organizational and transitional costs associated with the introduction and maintenance of horizontal approaches and structures between the health and education sectors, but once in place, they can help realize synergies and maximize the effectiveness of policy and/or service delivery. Often there are resulting economies of scale achieved through the sharing of resources such as data and information, information technology and property.²²

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http://www.youtube.com/watch?v=NjvtnH3zhxl&feature=player_embedded

For more information on CSH evidence please see:

<http://www.healthyschoolsbc.ca/csh/research.aspx>

17 The Role of the Public Health Nurse and Public Health Staff in Schools; Health & Learning, Winter Edition 2008

18 International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

19 Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

20 Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

21 Ibid

22 Pan Canadian Joint Consortium for School Health; Facilitating Health and Education sector Collaboration in Support of Comprehensive School Health; Canadian Journal of Public Health, Vol 101, Supplement 2, 2010

III. Topic/Issue Evidence

The following is a summary of current evidence in regards to the effectiveness of the Comprehensive School Health (CSH) approach with specific health and education topics and issues. The CSH framework is widely used in Canada and is used as the implementation approach to school health promotion in the Healthy Schools BC initiative. In other jurisdictions the approach is known as ‘health promoting school’, “healthy schools” or “whole school” however the underlying concepts are the same.

Evidence indicates that:

- In the classroom, CSH facilitates improved academic achievement and can lead to fewer behavioural problems. In the broader school environment, it helps students develop the skills needed to be physically and emotionally healthy for life.²³
- Healthy eating, physical activity and mental health interventions were most effective if they included involvement of the whole school, parents, community and changes to the psychosocial environment, personal skill development, and implementation over a long period of time.²⁴
- Schools that provide supportive physical and social environments and high-quality health and physical education, have positive effects on fostering healthy lifestyles. Where sustained these actions will lower the risk of overweight and chronic diseases, improve quality of life and avoid future health care costs. Students attending CSH schools have more healthy eating habits, are more active and less likely to be overweight.²⁵
- The benefits of CSH for learning and self-esteem are expected to exceed the combined effects of healthy eating and active living. Other benefits include the strengthening of family and other relationships, equity in education and health, and better school ethos to support healthy eating and active living.²⁶

Evidence also shows that:

Successful mental health initiatives link school, home and community; address the school ecology and environment; combine a consistency in behavioural change goals through connecting students, teachers, family, community and foster respectful, supportive relationships among students, teachers and parents.²⁷

Mental health promotion in schools that targets multiple health outcomes in the context of a healthy schools approach are the most effective and lead to increases in mental well-being, competence, social skills, school achievement and a reduction in anxiety and depressive symptoms, aggression and bullying.²⁸

23 Joint Consortium for School Health, What is Comprehensive School Health (2008)

24 Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

25 Veugelers Paul J, Schwartz, Margaret E; Comprehensive School Health in Canada, Canadian Journal Of Public Health, July/August 2010

26 Ibid

27 International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

28 Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

Effective school-based drug reduction initiatives take a whole-school approach, link with the family and local community and improve connections for students.²⁹

CSH shows a positive impact on the opportunities for healthy food at lunch and physical activity programs as well as having a positive impact on students' physical activity levels, self-esteem and reduces bullying.³⁰

Effective school physical activity initiatives adopt a CSH approach - development of skills, establishing and maintaining suitable environments and resources, supportive policies to enable all students to participate.³¹

Initiatives that follow a whole school approach regularly show increased student knowledge about food and diet. Initiatives which achieved some behavioural changes featured a whole-school approach, links with parents and food preparation at home, consistency between the taught curriculum and food availability in the school, programme longevity (over three years), regular input by staff and students in planning and implementing activities as well as on-going capacity building opportunities for staff.³²

Evidence from initiatives using a CSH approach:

- Action Schools! BC showed an almost two times greater increase in physical activity in participating girls and a 9 percent decrease in the percentage of low active children. Participating teachers increased the amount of physical activity delivered by 50 per cent in Champion Schools and 100 per cent in Liaison Schools.³³ The Healthy Eating pilot showed differences in the per day number of servings of fruit, number of servings of combined vegetables and fruit, variety of different vegetables and fruit consumed, the per cent of vegetables and fruit tried from a fixed list and willingness to try new vegetables and fruit.³⁴
- Making the Healthy Choice the Easy Choice revealed that students in Annapolis Valley schools made healthy food and physical activity choices more often compared to other students in Nova Scotia.³⁵
- Living Schools showed improvements in test scores in grade 3 students after one and two years.³⁶
- The Alberta Project Promoting Active Living and Healthy Eating (APPLE) Schools showed students were more physically active, had a lower likelihood of obesity, consumed more fruits and vegetables, and consumed fewer overall calories in 2010 compared to 2008.³⁷

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http://www.youtube.com/watch?v=NjvtH3zhxl&feature=player_embedded

For more information on CSH evidence please see:

<http://www.healthyschoolsbc.ca/csh/research.aspx>

²⁹ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

³⁰ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

³¹ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

³² Ibid

³³ Action Schools BC (2004). Phase I (Pilot) Evaluation Report and Recommendations. November 2004

³⁴ Day, Meghan (2009). Action Schools! BC – Healthy Eating Pilot Final Report - Results and Recommendations

³⁵ Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

³⁶ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

³⁷ Ibid