

Comprehensive School Health Knowledge Guide



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Section 1

Beginning the Conversation



1.1 Introduction

This Comprehensive School Health Knowledge Guide is the first in a series of resources aimed at building knowledge of comprehensive school health (CSH) in British Columbia. CSH is the foundational approach underlying Healthy Schools BC, a key initiative of the Province's Healthy Families BC strategy. Healthy Schools BC creates opportunities for education and health to build on existing successes and work together most effectively using a CSH approach.

Whether you work as a teacher in a school, staff in a health authority, or are simply interested in creating a healthy school, this knowledge guide will introduce you to the basic concepts of CSH in order to better understand what has emerged as an international standard for health promotion in schools. The guide has been created with an aim to make CSH knowledge accessible, easy to understand and to create a common language in school health promotion. As you read through the material, you'll notice certain terms and phrases have been bolded to support the identification of key CSH concepts.

Created in partnership between [DASH BC](#), the [Ministry of Health](#) and the [Ministry of Education](#), the knowledge guide endeavors to support and shape an understanding of the shared responsibilities of education and health partners in supporting student health and learning. This guide is the foundation for the next resource in the series, CSH in Action – A Guide to Implementation, which will explain how to create and support a healthy school.

Section 2

Creating a Common Dialogue



**Representatives from health and education in conversation about partnering strategies
at the 2012 DASH Leadership Symposium**

2.1 Paradigm Shift: A New View of the Conversation Between Health and Education

Traditionally, health and education have been viewed as “vertical” systems, each providing quality services directly to the people they serve. Today, however, we increasingly understand that the systems cannot fully realize their goals independently. Health and education are interdependent: **healthy students are better learners, and better-educated individuals are healthier**. To improve the health and learning of students, we need to move to “horizontal initiatives,” or structures in which partners work together toward shared outcomes.

Healthy Schools BC is an example of a “horizontal initiative” that is intended to strengthen the way in which health and education work together. It aims to:

- support a coordinated, evidence-based approach to healthy schools across BC;
- build the capacity of both sectors to effectively implement healthy schools initiatives; and
- improve the health and educational outcomes of all BC students.

This initiative is evidence of a significant shift in thinking and in practice – one that is essential. Whether it’s tackling health issues like increasing obesity rates, inactivity, and anxiety, or addressing the needs of today’s learners, **there is great potential in a new, closer relationship between health and education**. Engaging in conversation about how the two sectors can align with the CSH approach will create exciting opportunities to optimize the healthy development of students, and allow our youth to realize their full potential as healthy learners.



Ian Grbavec from Francis Kelsey Secondary School in Mill Bay and Scott Beddall from the Ministry of Health, meet at the 2012 DASH Symposium

2.2 Defining a Healthy School

The [World Health Organization](#) defines a healthy school as **one that consistently strengthens its capacity as a healthy setting for learning, playing, and working**. In a healthy school, students have many opportunities - in the classroom, and in every aspect of their school experience - to foster their healthy physical, mental, social and intellectual development. That includes aspects such as:

- engaging in regular physical activity, learning about different types of activities and understanding the importance of physical activity to health and learning;
- understanding basic nutrition and learning how to make healthy food choices;
- feeling a sense of belonging and connectedness to school; and
- having a safe physical environment in which to learn and play.

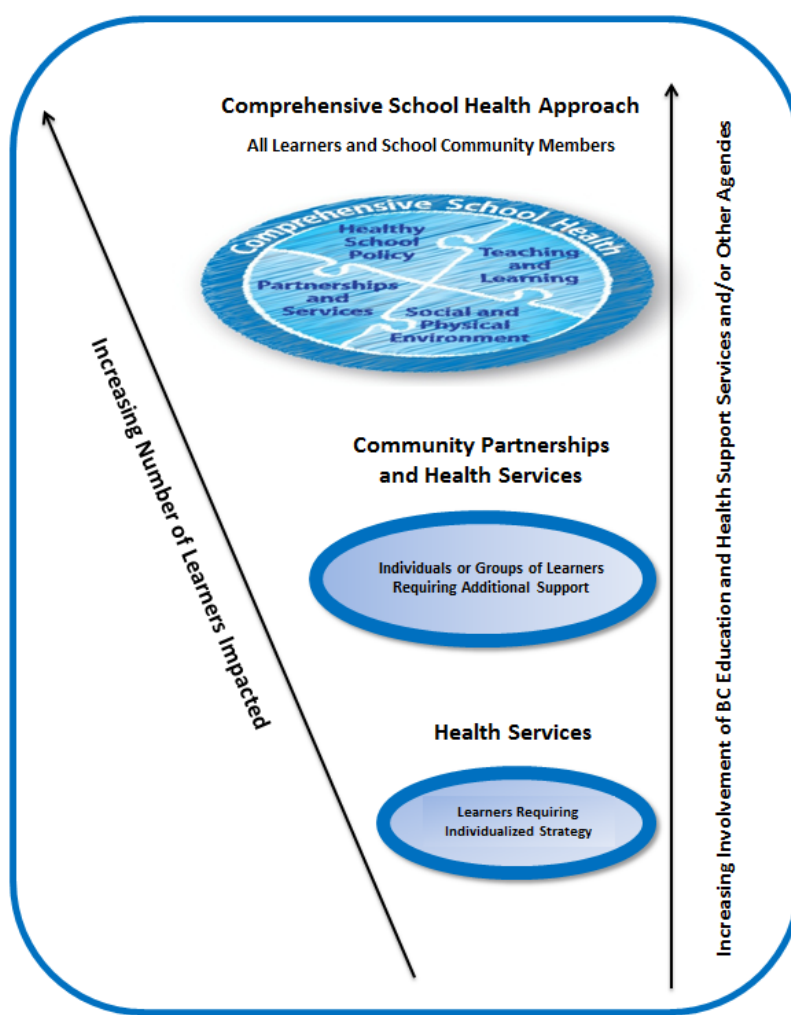
The key premise of a healthy school is that healthier students learn better and that better educated students are healthier. Healthy schools, also known as health-promoting schools, work with partners from the health and education sectors, and with those from the broader community, to help students to develop healthy habits that will last a lifetime. To steer and support their efforts, many healthy schools adopt the CSH approach featured in this knowledge guide.



2.3 The Difference Between Healthy Schools and School Health

School health promotion has been practiced in virtually every industrialized country for well over 50 years. What's different today is the model and approach used. There has been movement away from a medical model to a comprehensive or whole school approach, with a healthy living focus embedded in all aspects of the broader school environment¹. That whole school approach is now what is known as "healthy schools".

A key difference between the healthy schools model and the school health model of health promotion is the number of learners and members of the school community who are impacted. **The healthy schools approach impacts all learners and school community members across all aspects of the school.** The school health model generally targets individual students or groups to provide programs and/or services in support of specific health related issues. The following diagram depicts the increasing involvement of BC's education and health sectors against the number of impacted learners.



¹ 2008 JCSH Annual Report

Section 3

About Comprehensive School Health



Students from School District #23 in Kelowna, BC
standing in front of their healthy beverages display

3.1 What is Comprehensive School Health (CSH)?

Comprehensive school health is an internationally recognized approach for supporting improvements in students' educational outcomes while addressing healthy schools in a planned, integrated and holistic way. It asserts that greater improvements in healthy schools are achieved as a result of an organized, coherent approach as opposed to single actions in the classroom.

A comprehensive school health approach is not intended to be more work but rather it is a way of working that becomes everyday practice. In its simplest form, everyone in the school would be aware of the programs, resources, healthy policies, partnerships and services working together to improve the health and learning of students.

This means it's not just about what happens in the classroom. Instead, it encompasses the whole school environment with actions that address four interrelated areas of focus or pillars. When these actions or pillars are harmonized, students are supported in realizing their full potential as learners and as healthy members of society.

To view a short video on CSH, please click [here](#).



3.2 The Four Pillars of CSH

The CSH Framework supports those interested in creating a healthy school to assess their school's current efforts through four areas of focus in order to guide future actions. The framework was developed in 2009 as a result of the [Pan-Canadian Joint Consortium for School Health's](#) efforts to find a unifying framework for all member jurisdictions.²

The four areas of focus are known as the four pillars of CSH. **When a school's actions are coordinated across all four pillars, it creates a greater impact on student health**, as opposed to focusing on one specific aspect of the school.





The following section describes the four pillars of CSH and provides examples of each.³



² Click [here](#) to read more on common components and priorities of pan-Canadian frameworks on healthy school communities.

³ <http://www.jcsh-cces.ca/index.php/school-health/why-is-school-health-important>

3.2 The Four Pillars of CSH *continued*

When we say:	We mean:
Social and Physical Environment 	<p>The social environment is the quality of relationships among and between staff and students in the school, and includes their emotional well-being. The physical environment refers to the buildings, grounds, play space, and equipment which surround the school.</p> <p>Social environment examples include environments that do not tolerate bullying, positive learning environments that consider the needs of students with social/emotional concerns, leadership role opportunities, services that address at risk youth.</p> <p>Physical environment examples include amenities such as sanitation and air cleanliness, accessible meeting and social places where students feel safe and valued, awareness of potential safety concerns, and a shed that houses tools used in the school garden.</p>
Teaching and Learning 	<p>This includes both formal instruction, and informal learning, such as teachers modeling healthy behaviours for students. Ideally, teacher instruction will draw from, or be influenced by, the schools healthy policies so that all classrooms receive a similar message.</p> <p>Teaching and learning examples include health promotion discussions in the classroom, listening and validating student perspectives and incorporation of culturally relevant themes.</p>
Healthy School Policy 	<p>This can encompass everything from management practices and decision making processes to rules, procedures and policies at all levels of the school.</p> <p>Healthy school policy examples include BC's Guidelines for Food and Beverage Sales, creating an anti-bullying policy, BC's Safe Caring and Orderly Schools Guidelines, a policy of using the food harvested from a school garden in the school cafeteria, and encouraging students to pack healthy lunches while teaching basic nutrition during class time to support this practice.</p>
Partnerships and Services 	<p>These link the school to the broader community, enhancing the range of supports and opportunities for students, parents, educators and others.</p> <p>Partnerships and Services examples include health authorities and education sectors working together, community organizations supporting school activities or curriculum, donations of product or labour from a company towards the creation of a school garden, and contacting fruit and vegetable growers/distributors for donations towards a school event or promotion.</p>

3.3 What is a CSH Approach?

A lot of different groups have an interest in creating a healthy school, including students, teachers, parents, health professionals and community members. The CSH approach refers to the steps these interested groups will take together to address the health of students at their school or in their district.

The approach begins with a healthy schools assessment which identifies current strengths and student needs. This helps you to identify an area of focus for improvement and then to create a plan of action. The plan of action should answer the following questions:

- What can we do?
- Who should be involved or can support us?
- How will we know when we have made progress?
- What could we do next?

Ultimately, the process affirms strengths, identifies needs and informs tailored approaches to promote health in the classroom and school. The benefit of the CSH approach is that it's highly flexible and adaptable to many different school environments while addressing unique needs. Because it is so customizable, the activities associated with a CSH approach may vary widely while still sharing a common goal. In short, there is no single right way to use a CSH approach.



Sue McKinnon from DASH BC participating in a CSH mapping exercise at the 2012 DASH Leadership Forum

3.4 Why Use a CSH Approach?

There are two main purposes for using a comprehensive school health approach⁴.

1. To enhance educational outcomes

The core goal of a school is to maximize learning outcomes. An effective comprehensive school health approach makes a major contribution to a school's achievement of their educational and social goals. Successful outcomes include⁵:

- better learning outcomes for students;
- more effective learning and teaching; and
- **a more cooperative and connected school environment.**



⁴Achieving Health Promoting Schools, IUHPE 2008

⁵Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and specifically what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe. (Health Evidence Network report; <http://www.euro.who.int/document/e88185.pdf>, accessed Feb. 26, 2011).

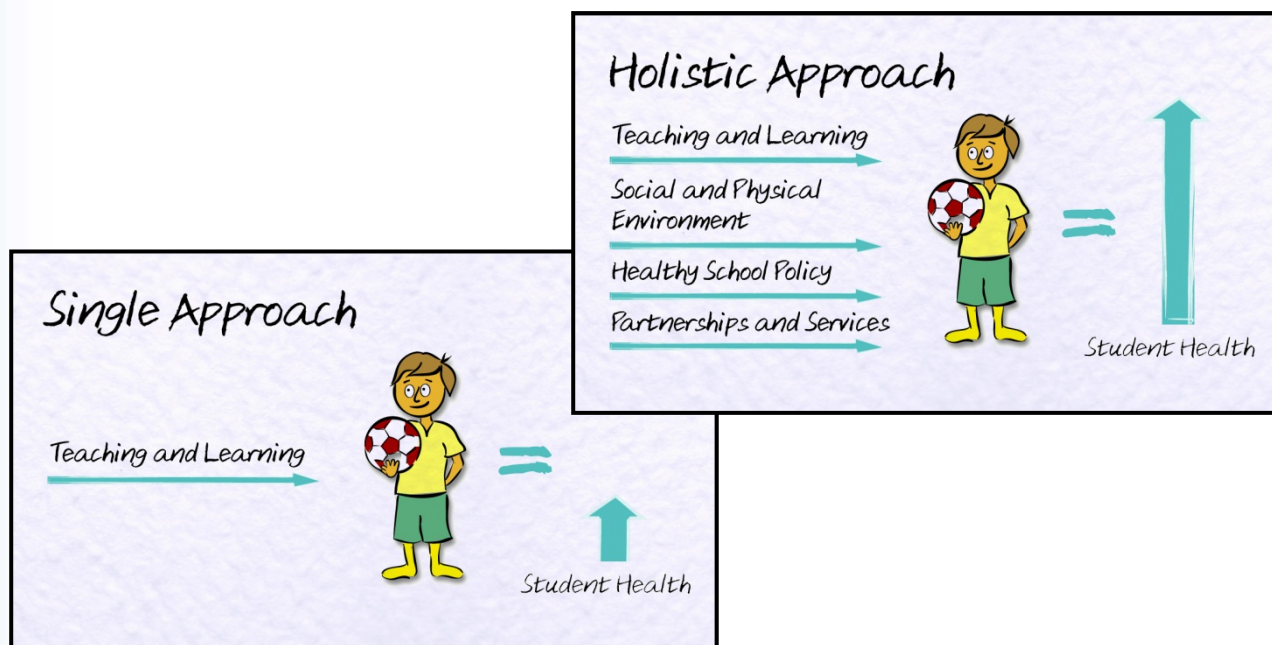
3.4 Why Use a CSH Approach? *continued*

2. To facilitate action for improvements in health

Comprehensive school health actions improve health knowledge and understanding, and encourage analysis, synthesis and application of learning. This approach helps schools to create individual and local solutions to challenges. At the same time, **the approach can also create and sustain strong partnerships between the school and community partners.** Benefits include the following⁶:

- better health and well-being for students, educators and staff
- increased feelings of support from school
- improved behaviours and healthy choices at home and in the community
- enhanced resources and opportunities
- development of unique networks of services and programs for all
- increased understanding of connections between curriculum and real life⁷

The creation of healthy environments helps students to learn and practice personal and social skills, as well as healthy behaviours, and gives them the opportunity to make healthy choices, while staff can model healthy behaviours and choices as well. This **enhances student learning and can lead to lifelong healthy habits in school and in the community.**



⁶Epstein, Joyce and others. (2008). School, Family and Community Partnerships: Your Handbook for Action. Thousand Oaks, CA: Corwin Press.

⁷<http://healthyschoolsbc.ca/csh.aspx>

3.5 What Does the Research Say About CSH?

There is a wealth of research that shows the link between students' physical, mental, emotional, and social health, and their academic achievement. Countries such as Canada, the United States, Australia, New Zealand and the United Kingdom, to name a few, have all contributed to CSH research over the last twenty years.

CSH has also been studied and endorsed by world renowned organizations such as the [World Health Organization](#) (WHO), the [United Nations Education, Scientific and Cultural Organization](#) (UNESCO) and the [International Union for Health Promotion and Education](#) (IUHPE).

For example, in 2008, the IUHPE produced the document "Achieving Health Promoting Schools: Guidelines for Promoting Health in School." The document contains considerable evidence that has emerged in the last twenty years to inform governments, schools, NGO's, educators, parents and students about the effectiveness of school health programs.

The evidence is clear that **students who are healthy, safe, engaged, challenged and supported at school consequently perform better in that setting**. Through using the four pillar CSH approach, healthy schools 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.

Please select the following links for examples of CSH research, and visit the appendices for more Information.

University of Alberta - [From "best practice" to "next practice": the effectiveness of school-based health promotion in improving healthy eating and physical activity and preventing childhood obesity](#)

IUHPE - [Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools](#)

IUHPE - [Promoting Health in Schools: From Evidence to Action](#)



3.6 A History of CSH

The term “comprehensive school health” originated in Europe in 1995 when the WHO made recommendations for a new framework or model for school health activities. The model emphasizes the five key strategies in play when promoting health that were identified in the [1986 Ottawa Charter for Health Promotion](#), which was the first international conference on health promotion. The Ottawa Charter also contributed to laying the groundwork for a shift in focus in health promotion from the behaviour of Individuals to the development of "healthy settings". The table below illustrates the alignment between comprehensive school health and the Ottawa Charter’s five key strategies:

Ottawa Charter	Comprehensive School Health Pillars
Creating supportive environments	Healthy School Environments
Developing personal skills	Teaching and Learning
Building healthy public policy	Healthy School Policies
Reorienting health services	Partnerships and Services
Strengthening community action	

In 2004, education and health ministers from provinces across Canada agreed to participate in an education/health consortium on promoting health in schools. As a result, the Pan-Canadian Joint Consortium for School Health (JCSH) was established. Its aim is to improve the overall health and well-being of Canadians. Its mission is to provide leadership, and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.

In 2009, the **JCSH reconciled various school health models being utilized across Canada and developed the JCSH Comprehensive School Health Framework**, which has been endorsed by all the member jurisdictions and adopted by various organization including DASH BC and the Canadian Association of Principals.

In 2010, the “**Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion**” expressed the view that the promotion of health and the prevention of disease, disability and injury are a priority and necessary to the sustainability of the health system. The declaration reinforced prevention and health promotion as key priorities, and acknowledged that a wide range of people and organizations in communities, and across society, play a role in creating the conditions for good health, and support individuals in adopting healthy lifestyles.

Here in BC, the Healthy Schools BC initiative is providing an opportunity to bring many of these best practice initiatives to life through a health promotion strategy that is coordinated under the comprehensive school health approach.

Section 4

What Happens Next?



Students at AS Matheson Elementary School in Kelowna proudly display their Healthy Schools Network inquiry question stand. Using a CSH approach, the students focused on the following question:

“How will providing healthy breakfasts to children improve their grades and attitudes at school?”

4.1 Conclusion

This CSH Knowledge Guide has been created to build a foundation of CSH knowledge, and to support and shape a common language and understanding of the shared responsibilities of the education and health partners to support student health and learning in BC.

Upon completing the CSH Knowledge Guide, you can use your increased knowledge to build understanding across the health and education sectors. We encourage you to continue the comprehensive school health dialogue and initiate healthy schools conversations with your health or education colleagues to support the development of sustainable partnerships.

In summary, CSH is not intended to be more work, but rather emphasizes that, when people work together and harmonize their actions, students are supported in realizing their full potential as learners and as healthy members of society.

The next resource in the series, CSH in Action – A Guide to Implementation, will provide educators, health professionals and community partners with practical ideas and tools for implementing a CSH approach. By highlighting key initiatives happening in BC schools, case studies, success stories and helpful diagrams, CSH in Action will support all those interested in creating healthy schools to collaborate to improve the health and learning of BC students - because every student deserves every opportunity to fulfill his or her potential.



Section 5

Appendices



5.1 Key Terms

A Collection of Key Terms and Phrases from the CSH Knowledge Guide

- Healthy students are better learners, and better-educated individuals are healthier.
- There is great potential in a new, closer relationship between health and education.
- The World Health Organization defines a healthy school as one that consistently strengthens its capacity as a healthy setting for learning, playing, and working.
- A comprehensive school health approach is not intended to be more work, but rather, it is a way of working that becomes everyday practice.
- When a school's actions are coordinated across all four pillars of comprehensive school health, it creates a greater impact on students' health.
- Ultimately, using a CSH approach affirms strengths, identifies needs and informs tailored approaches to promote health in the classroom and school.
- The CSH approach can also create and sustain strong partnerships between the school and community partners.
- Using a CSH approach enhances student learning and can lead to lifelong healthy habits in school and in the community.
- The evidence is clear that students who are healthy, safe, engaged, challenged and supported at school consequently perform better in that setting.

5.2 Comprehensive School Health: The Approach – Evidence

The following is a summary of current evidence in support of Comprehensive School Health (CSH) as 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:⁸

- 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.⁹

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.¹⁰

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.¹¹

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.¹²

⁸ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

⁹ 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

¹⁰ 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.

¹¹ Joint Consortium for School Health, What is Comprehensive School Health (2008)

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 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.¹³

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.¹⁴

Comprehensive healthy school community approaches can enhance academic achievement and reduce both education and health disparities.¹⁵

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.¹⁶

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.¹⁷

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.¹⁸

For more information on CSH please click [here](#).

For more information on CSH evidence please click [here](#).

¹² Comprehensive School Health, Canadian Consensus Statement (Revised 2007)

¹³ The Role of the Public Health Nurse and Public Health Staff in Schools; Health & Learning, Winter Edition 2008

¹⁴ International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

¹⁵ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

¹⁶ Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

¹⁷ Ibid

¹⁸ 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

5.3 Comprehensive School Health: Systems Evidence - Health

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: ¹⁹

- 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. ²⁰

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. ²¹

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. ²²

¹⁹ Comprehensive School Health, Canadian Consensus Statement (Revised 2007)

²⁰ International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

²¹ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

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.²³

Other key roles played by Public Health professionals:²⁴

- 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, and expertise) and mutual benefits and common results.²⁵

Other key partnering elements:²⁶

- 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 out comes
- 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 schools.²⁷

Needs continuous active commitment and demonstrable support by governments and relevant jurisdictions to the ongoing implementation, renewal, monitoring and evaluation of the strategy.²⁸

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.²⁹

For more information on CSH please click [here](#).

For more information on CSH evidence please click [here](#).

²² Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

²³ The Role of the Public Health Nurse and Public Health Staff in Schools; Health & Learning, Winter Edition 2008

²⁴ Deschenes, Martha; Institute of Public Health, Quebec; Health & Learning, Winter Edition 2007

²⁵ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

²⁶ International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

²⁷ Joint Consortium for School Health, What is Comprehensive School Health (2008)

²⁸ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

²⁹ International Union For Health Promotion and Education, Achieving Health Promoting Schools: Guidelines For Promoting Health in Schools (2008)

5.4 Comprehensive School Health: 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.³⁰
- 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.³¹
- 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.³²
- 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.³³

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.³⁴

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.³⁵

³⁰ Joint Consortium for School Health, What is Comprehensive School Health (2008)

³¹ Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

³² Veugelers Paul J, Schwartz, Margaret E; Comprehensive School Health in Canada, Canadian Journal Of Public Health, July/August 2010

³³ Ibid

³⁴ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

³⁵ 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.³⁶

In schools using a healthy school community approach there was 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. It also resulted in greater self-esteem in students and reduced bullying.³⁷

Effective physical activity initiatives in schools adopt a CSH approach e.g. the development of skills, establishing and maintaining suitable physical environments and resources, and upholding supportive policies to enable all students to participate.³⁸

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.³⁹

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 Schools⁴⁰ 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.⁴¹

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.⁴²

Living Schools showed improvements in test scores in grade 3 students after one and two years.⁴³

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 2008.⁴⁴

For more information on CSH please click [here](#).

For more information on CSH evidence please click [here](#).

³⁶ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

³⁷ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

³⁸ International Union For Health Promotion and Education, Promoting Health in Schools From Evidence to Action (2010)

³⁹ Ibid

⁴⁰ Action Schools BC (2004). Phase I (Pilot) Evaluation Report and Recommendations. November 2004.

⁴¹ Day, Meghan (2009). Action Schools! BC – Healthy Eating Pilot Final Report - Results and Recommendations

⁴² Standards, Programs & Community Development Branch, Ministry of Health Promotion, Ontario; School Health Guidance Document, May 2010

⁴³ Propel Centre for Population Health Impact for Physical & Health Education Canada, Healthy School Communities Concept Paper; August 2012

⁴⁴ Ibid



Healthy students are better learners,
and better-educated individuals are healthier.



HEALTHY | **BC**
SCHOOLS