

# It Takes a Whole School to Raise Healthy Children

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Healthy Schools Network Meeting  
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# Key elements of a Healthy School

- Education is good for health
- Health instruction, including physical education
- Social support
- A healthy physical environment
- Preventive health services
- Links to health-promoting activities in the community

Based on “An Ounce of Prevention”

PHO Report, 2003

# Education is good for health

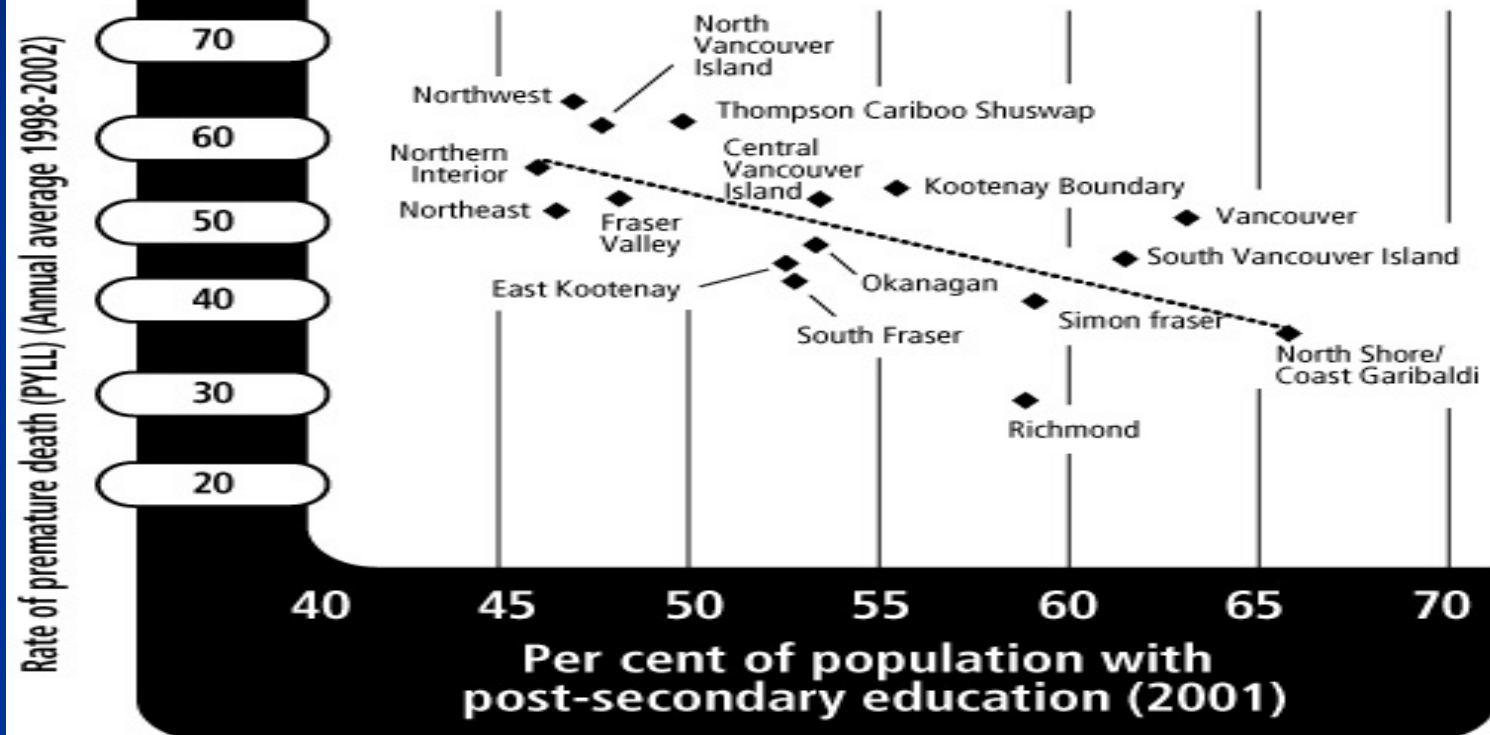
“Research repeatedly shows that education is one of the most important determinants of health. In general, the higher the level of education, the better the health.”

- 1991 - 73.4%
- 2001 – 80.6%

of BC pop age 25 – 64 had a high school diploma

# FIGURE 4.5

## Relationship between education and health, B.C. Health Service Delivery Areas



Source: Education - per cent of population age 25 to 64 years with a post-secondary education. Statistics Canada. 2001 Census. Data prepared by BC STATS, B.C. Ministry of Management Services. Health - PYLL is expressed as a rate per 1,000 standard population (1998-2002 annual average). B.C. Vital Statistics Agency, B.C. Ministry of Health Planning. Unpublished tables.

# Health Instruction

**This includes health instruction at all levels from kindergarten to Grade 12, both separately and integrated into other curricula.**

**“An Ounce of Prevention” PHO Report, 2003**

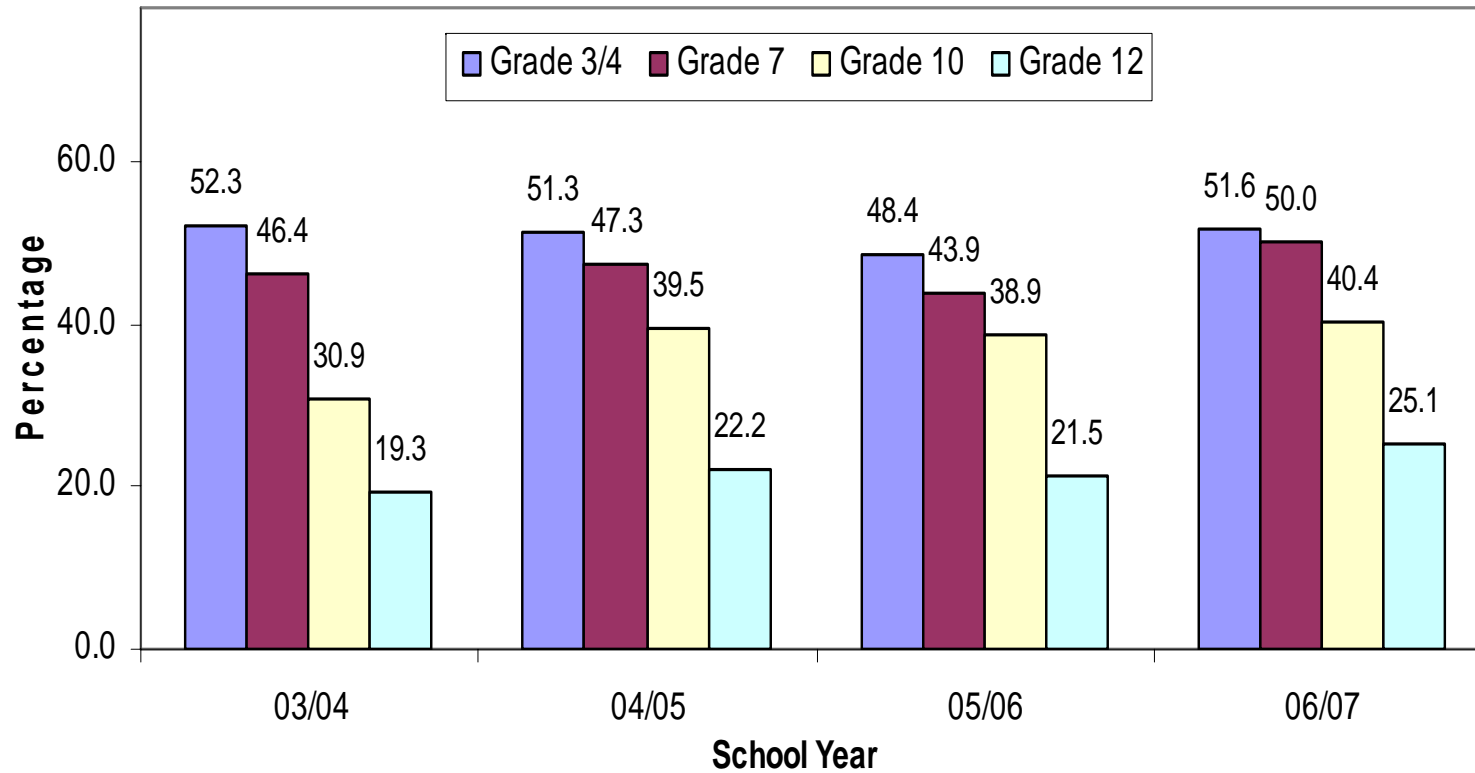
# Health Instruction

- with 20 hours of health instruction, student knowledge of content increased significantly;
- with 40 hours of instruction, students' health attitudes improved significantly;
- with 60 hours of instruction, target behaviours themselves were affected significantly.

School Health Education Study, USA

## Feel That You Are Learning How To Stay Healthy At School

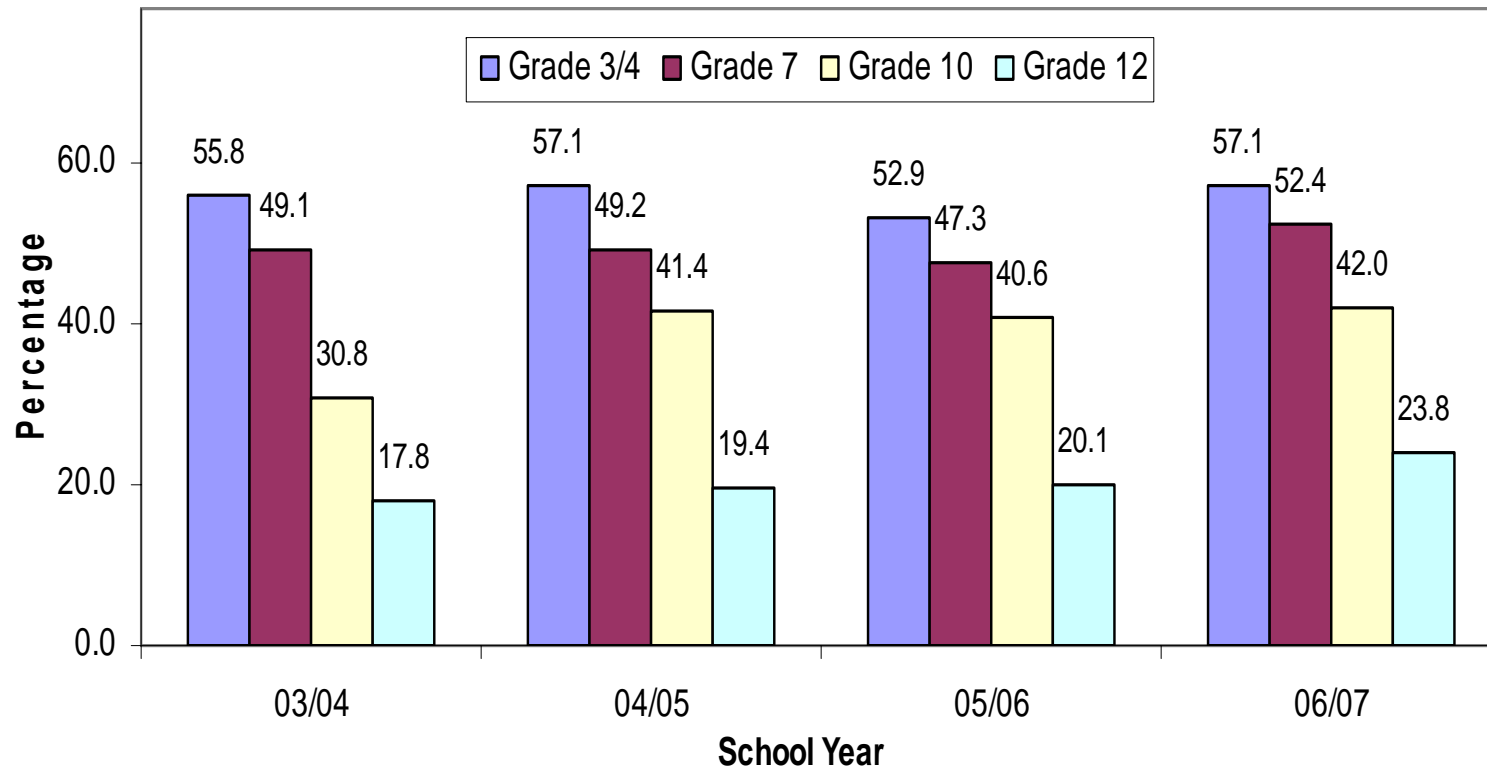
(Females By Grade and School Year, 2003/4 through 2006/7)



Source: Satisfaction Survey, 2006/7 (BC Public Schools)

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# Healthy Literacy.....

## 3 Levels of Health Literacy

### 1. **Basic Functional**

i.e. Building knowledge of ones body, nutrition, hygiene (teaching and learning)

### 2. **Communication Interactive**

i.e. Interpersonal relationships, critical thinking and decision making skills (social environment)

### 3. **Critical Literacy**

i.e. skills in advocacy (social action) and personal empowerment – of benefit to the individual and community (influenced by school culture)

# Health Literacy

- Health Literacy entails the ability to make sound health decisions in the context of everyday life – at home, in the community, at school, at the workplace, in the health care system, in the market place and in the political arena.
- It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and to take responsibility

(Dr. Iiona Kickbusch, Global health Consultant)

# Social Support

**Social support includes role modeling, peer support and healthy policies for staff and students. These imply an active in-school effort to promote these supportive attributes.**

- **a healthy school environment does not expose children to unhealthy messages or influences.**

**“An Ounce of Prevention” PHO Report, 2003**

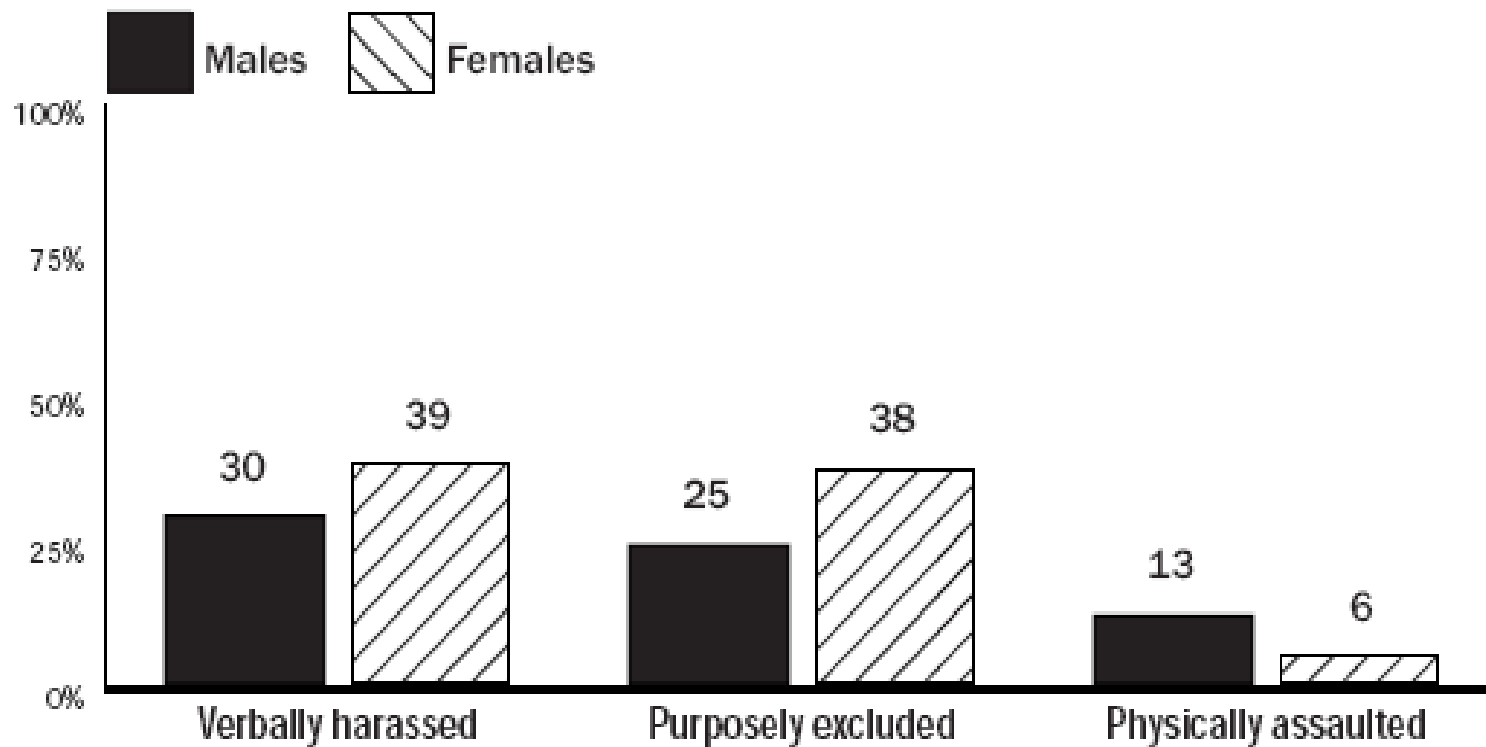
# A Healthy Physical Environment

**Schools must be healthy and safe places to work and learn.**

- sanitation,
- safety from harmful exposure to environmental contamination,
- a comfortable learning environment,
- an environment free from significant risks of injury, and
- an environment where children feel safe both physically and emotionally.

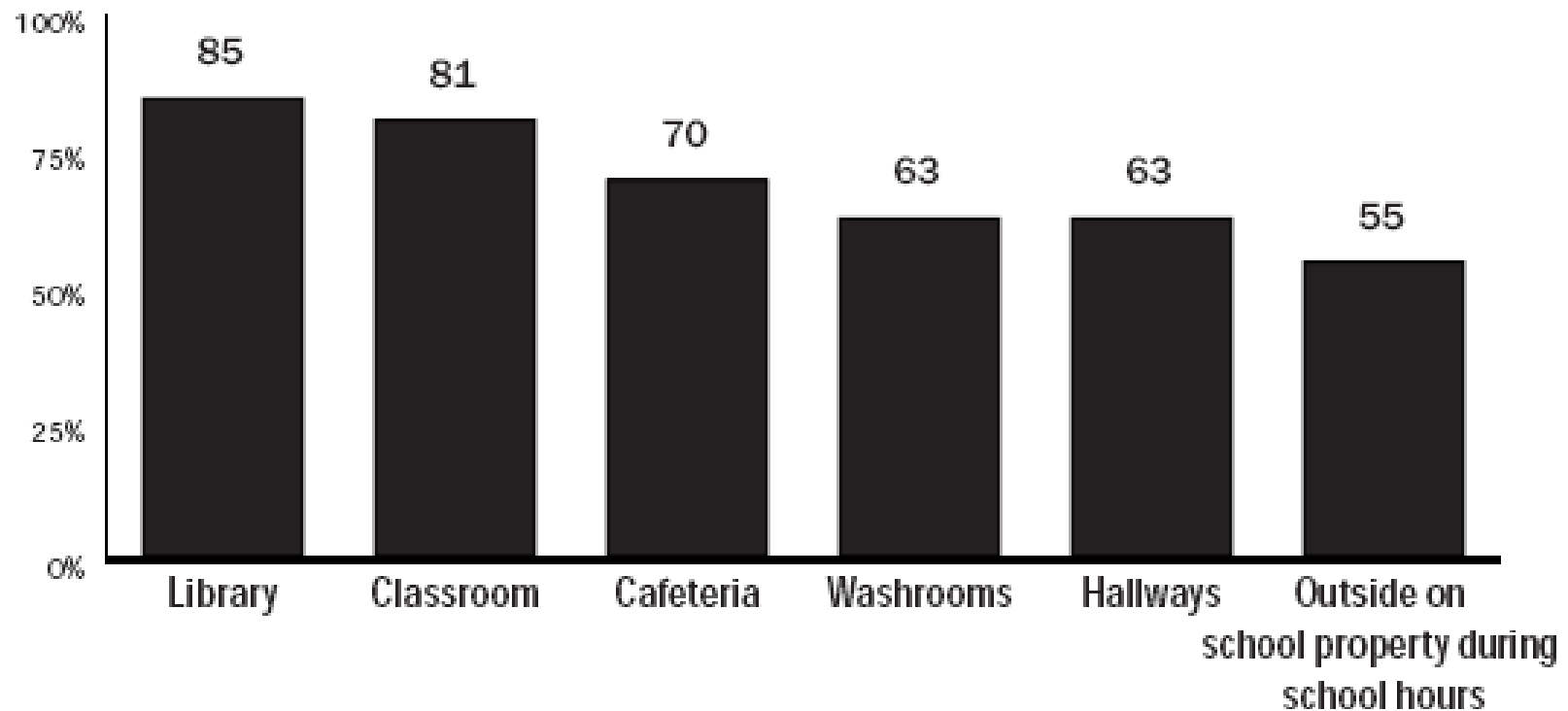
“An Ounce of Prevention”, PHO Report, 2003

## Harassment, Exclusion and Assault by Another Youth at School in Past Year



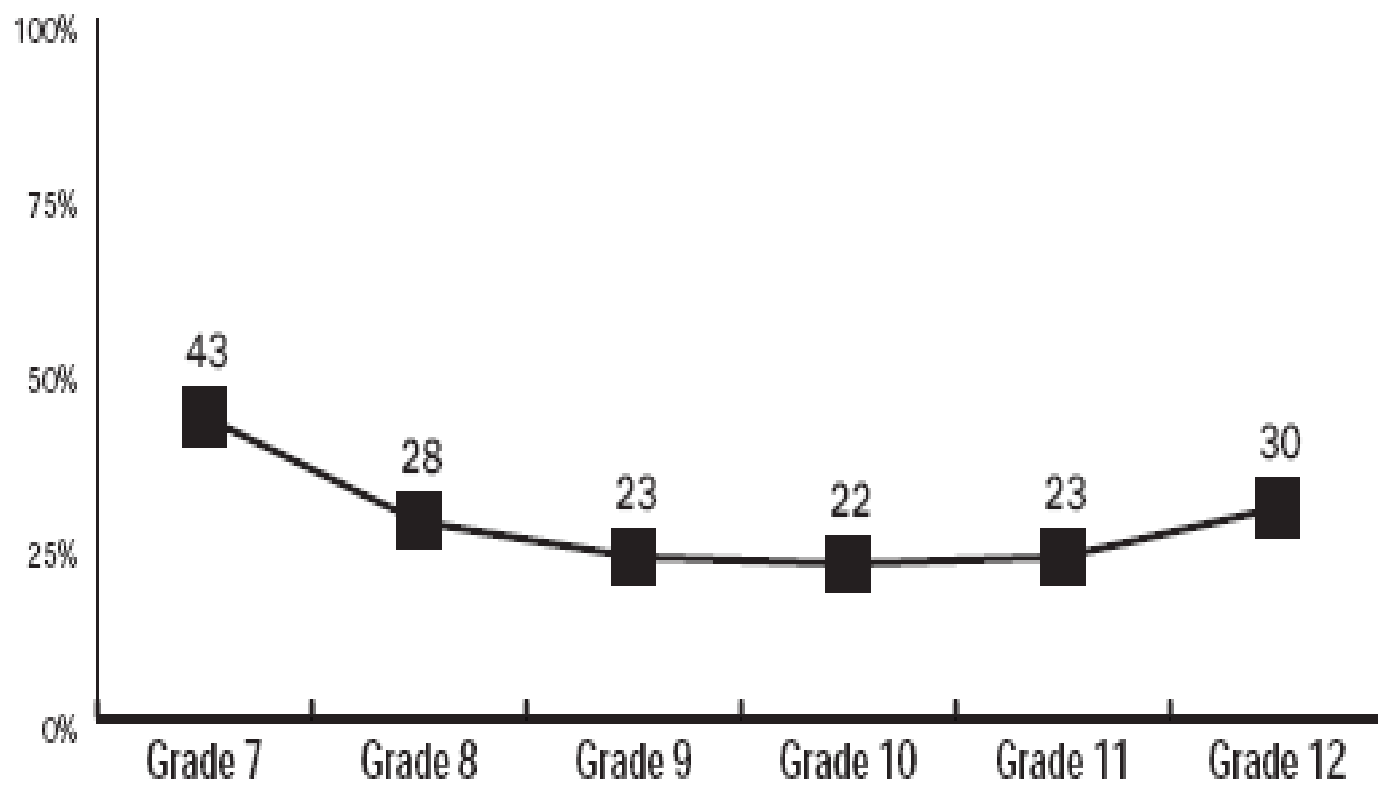
Healthy Youth Development: Highlights  
from the 2003 Adolescent Health  
Survey III

## Always or Usually Feel Safe at School in ...



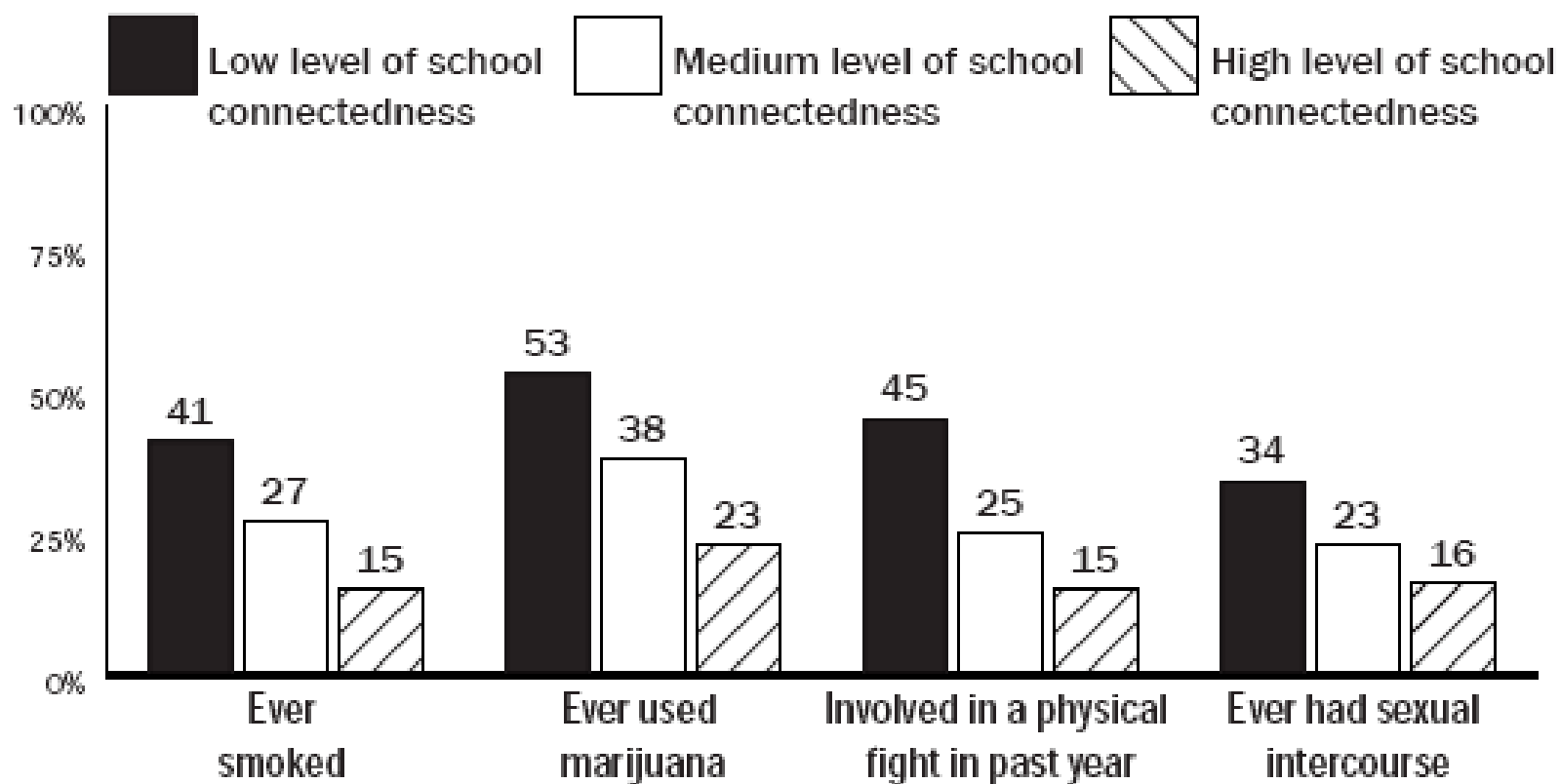
Healthy Youth Development: Highlights  
from the 2003 Adolescent Health  
Survey III

## High Level of School Connectedness



Healthy Youth Development: Highlights  
from the 2003 Adolescent Health  
Survey III

## School Connectedness and Risk Behaviours



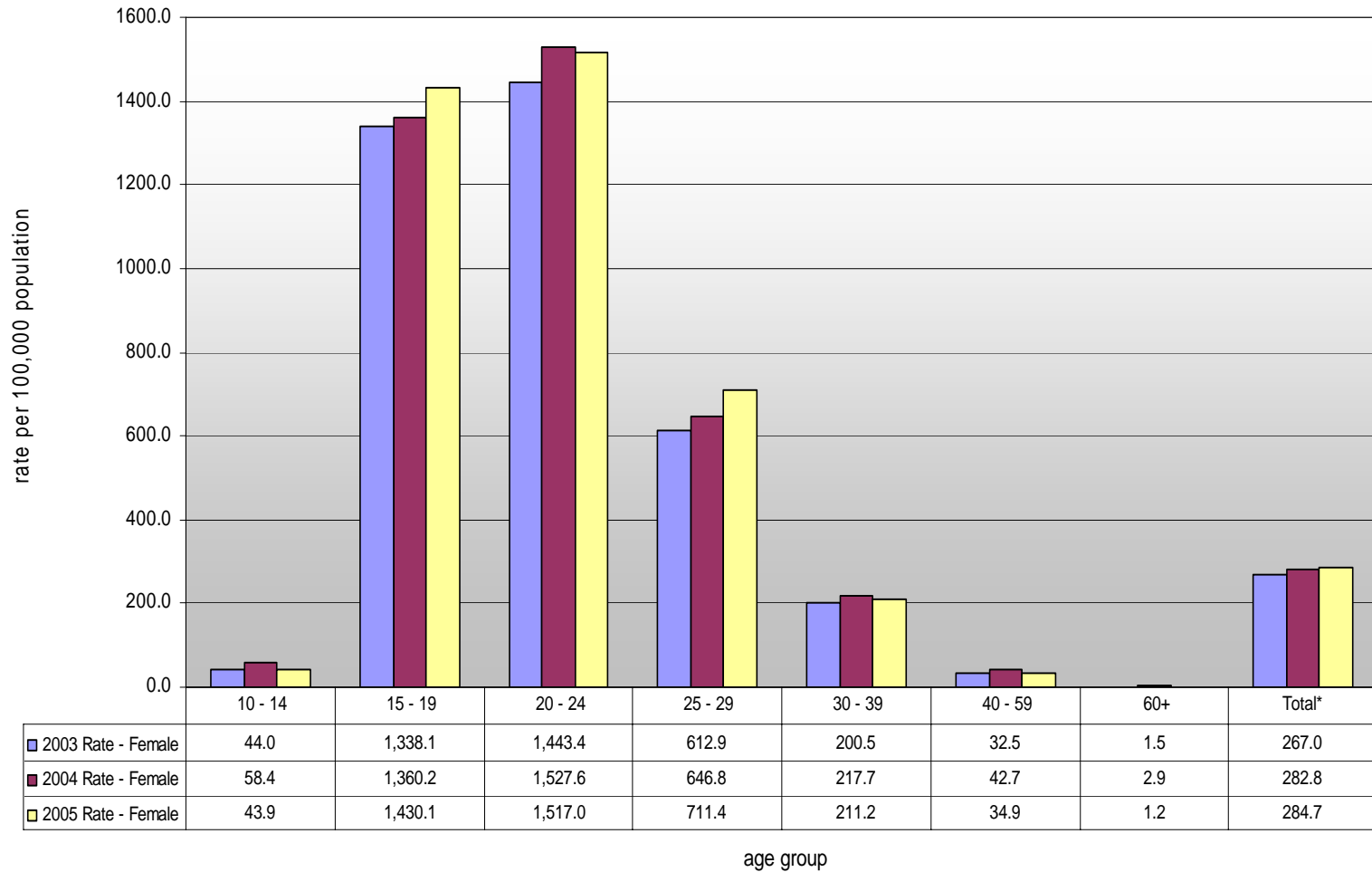
Healthy Youth Development: Highlights  
from the 2003 Adolescent Health  
Survey III

# Preventive Health Services

**This includes personal guidance and counselling services, as well as early identification and referral of children and their families to needed health services, some of which may be ideally provided on site.**

**“An Ounce of Prevention, PHO Report, 2003**

### Female chlamydia rates in BC by AGE, 2003/2004/2005



Total\* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

# Linked to the community

**A school that is health-promoting views itself as both a community in itself, and as an integral part of the wider community.**

**Community involvement in the school is an important element of school health promotion.**

**“An Ounce of Prevention” PHO Report, 2003**

# But let's also be modest

- “student’s health status is influenced far more substantially by factors external to the school . . . .”

so we should have somewhat modest expectations of how powerful school health interventions can be.

# Children's time allocation, Canada

**Children between the ages of 4-12 spend**

- **6,475 hours in school**
- **up to 18,000 hours in out-of-school programs <sup>[1]</sup>**

**Children spend more time watching TV each day (1.39 hours) than anything else but sleeping (10 hours) and attending school (5.5 hours) <sup>[2]</sup>**

So what does  
work?

And thus,  
what should we do?

# Topics with evidence of effectiveness

- Tobacco, alcohol and substance use
- Physical activity
- Nutrition
- Obesity
- Sexual health

# Tobacco, alcohol and substance use

But such programs

- have “only a modest effect on behavioural goals”, and only if they are comprehensive, integrated, well-resourced etc

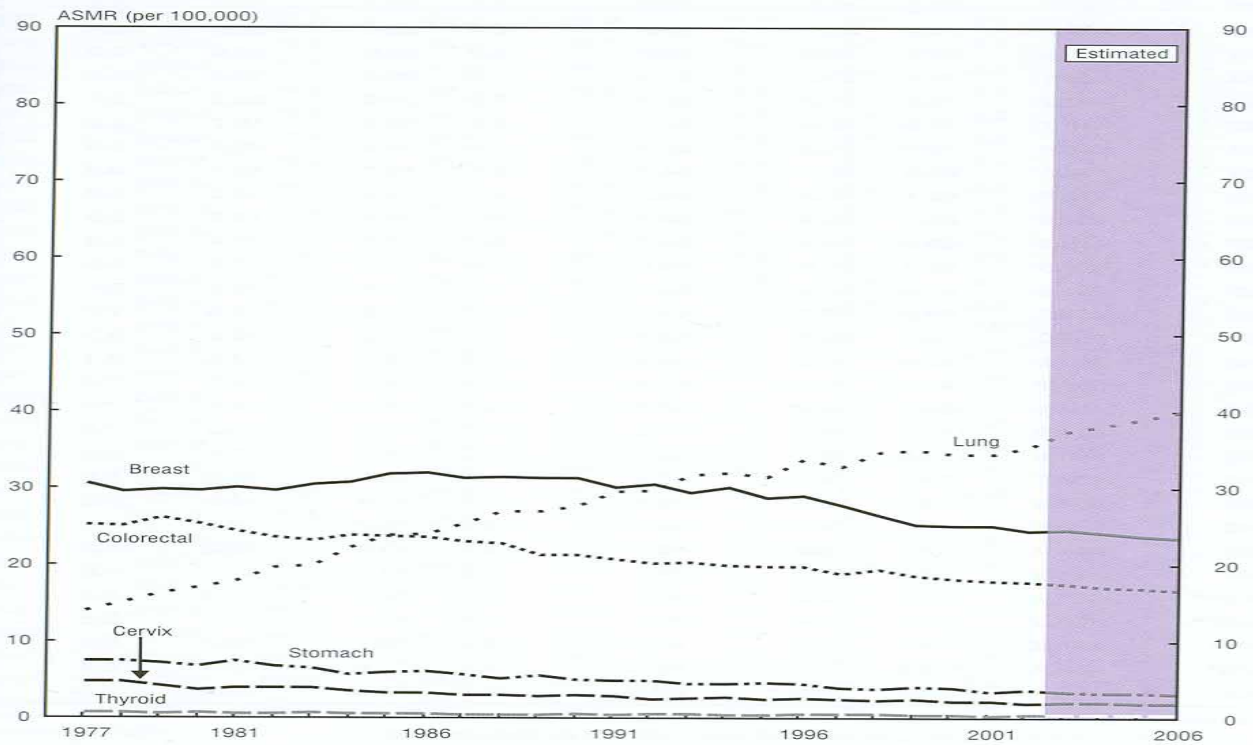
(St. Leger and Nutbeam, 2000)

So

“The current trend in these programs is away from a problem focus (e.g. drugs) and toward a focus on building resilience.”

“An Ounce of Prevention”, PHO Report, 2003

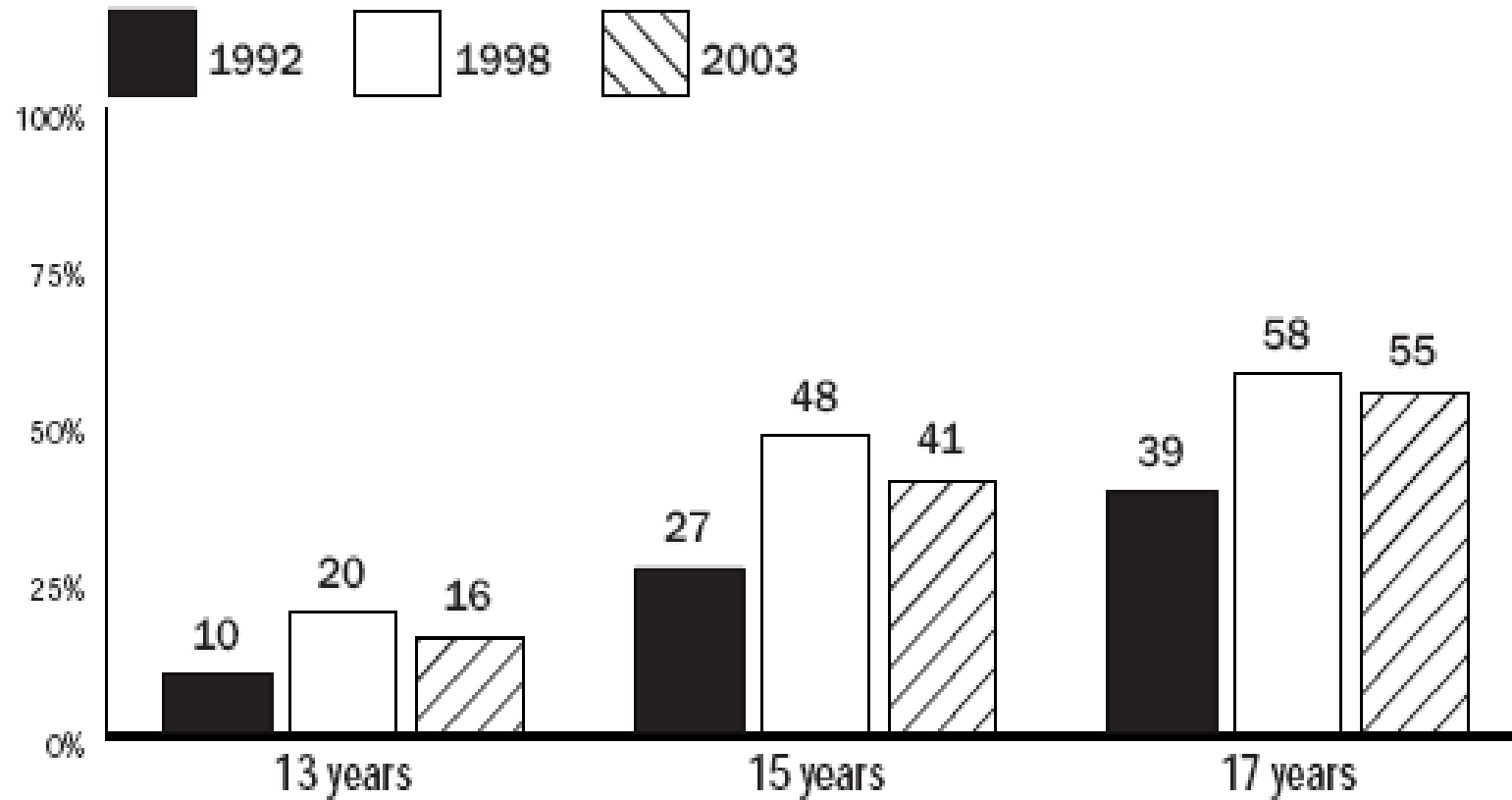
# Age Standardized Mortality Rates for Selected Cancer Sites, Females, Canada 1977-2006



**Note:** Rates are standardized to the age distribution of the 1991 Canadian population. See Table 8.2 for data points.

**Source:** Surveillance Division, CCDPC, Public Health Agency of Canada.

## Ever Used Marijuana



# Physical activity

Positive changes can be achieved if the intervention is

- comprehensive and integrated,
- uses properly trained personnel,
- ensures adequate time (60-80 minutes per week),
- provides quality facilities and resources, and
- occurs regularly during the week

St. Leger and Nutbeam (2000) in IUHPE Review

# Programs are more effective if . . .

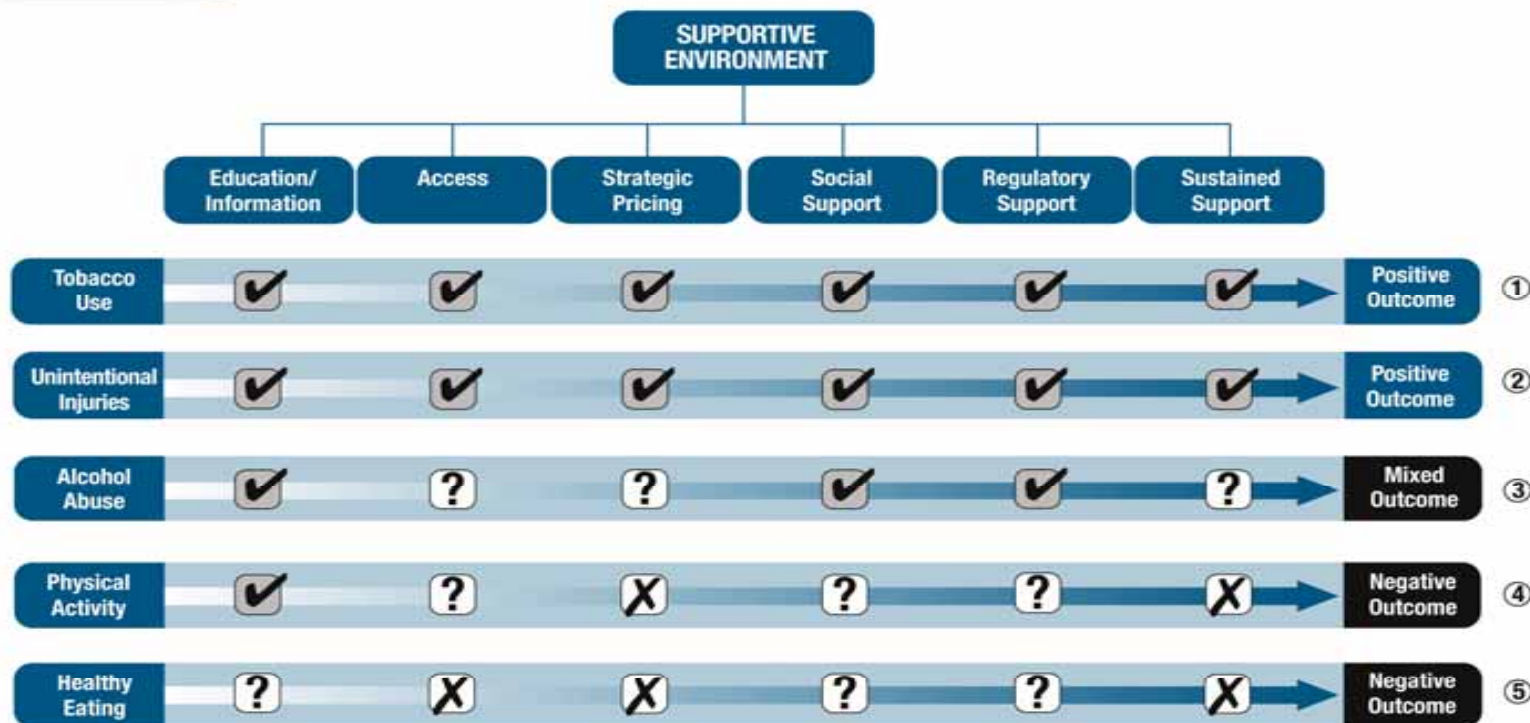
- the focus is on cognitive and social outcomes as a joint priority with behaviour change
- programs are comprehensive and 'holistic', linking the school with agencies and sectors dealing with health

- the intervention is substantial, over several school years, and relevant to changes in young people's social and cognitive development
- adequate attention is given to capacity building through teacher training, and provision of resources.

St. Leger and Nutbeam (2000) in IUHPE Review

Figure 4.5

Coordinated Prevention Strategies in British Columbia



Factor aligned to promote change   
  Factor not aligned to promote change   
  Gap or ineffective program

① Lowest ever smoking rate.

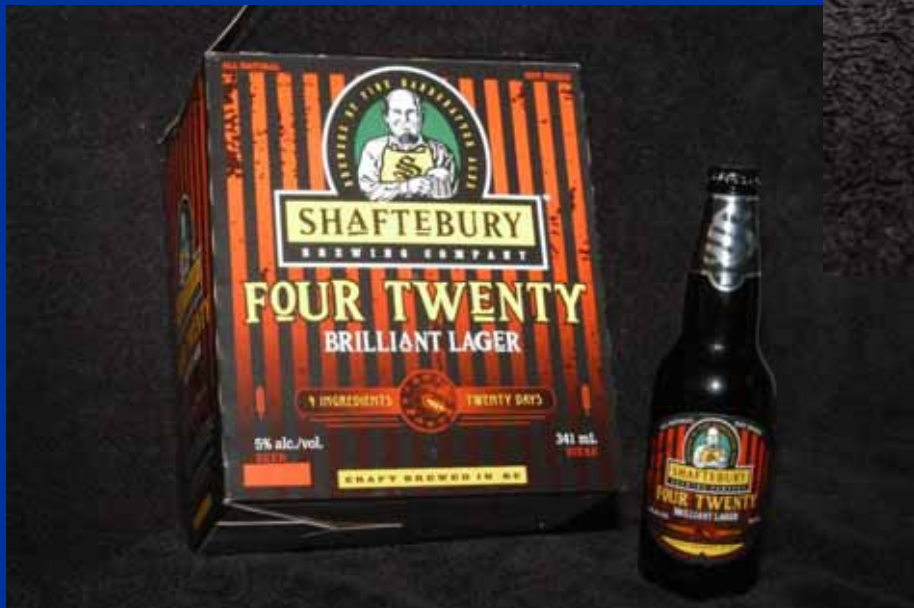
② Fifty per cent reduction in unintentional injury death rates.

③ Data show increased alcohol intake and binge drinking episodes by youth, but also a decline in alcohol-associated mortality.

④ In 2003, the overall rate of physical inactivity was 41 per cent in British Columbia.

⑤ In 2003, 46 per cent of individuals in British Columbia, considered themselves overweight or obese.

# Harm Reduction & Prevention



# What does not work

- Addressing crises, especially through preaching or scare tactics.
- Little broad school/family/community involvement (classroom only).
- Programs based on external speakers or assemblies with little involvement of school staff.
- Little or no investment in teacher training or provision of support resources.

“An Ounce of Prevention”, PHO Report, 2003

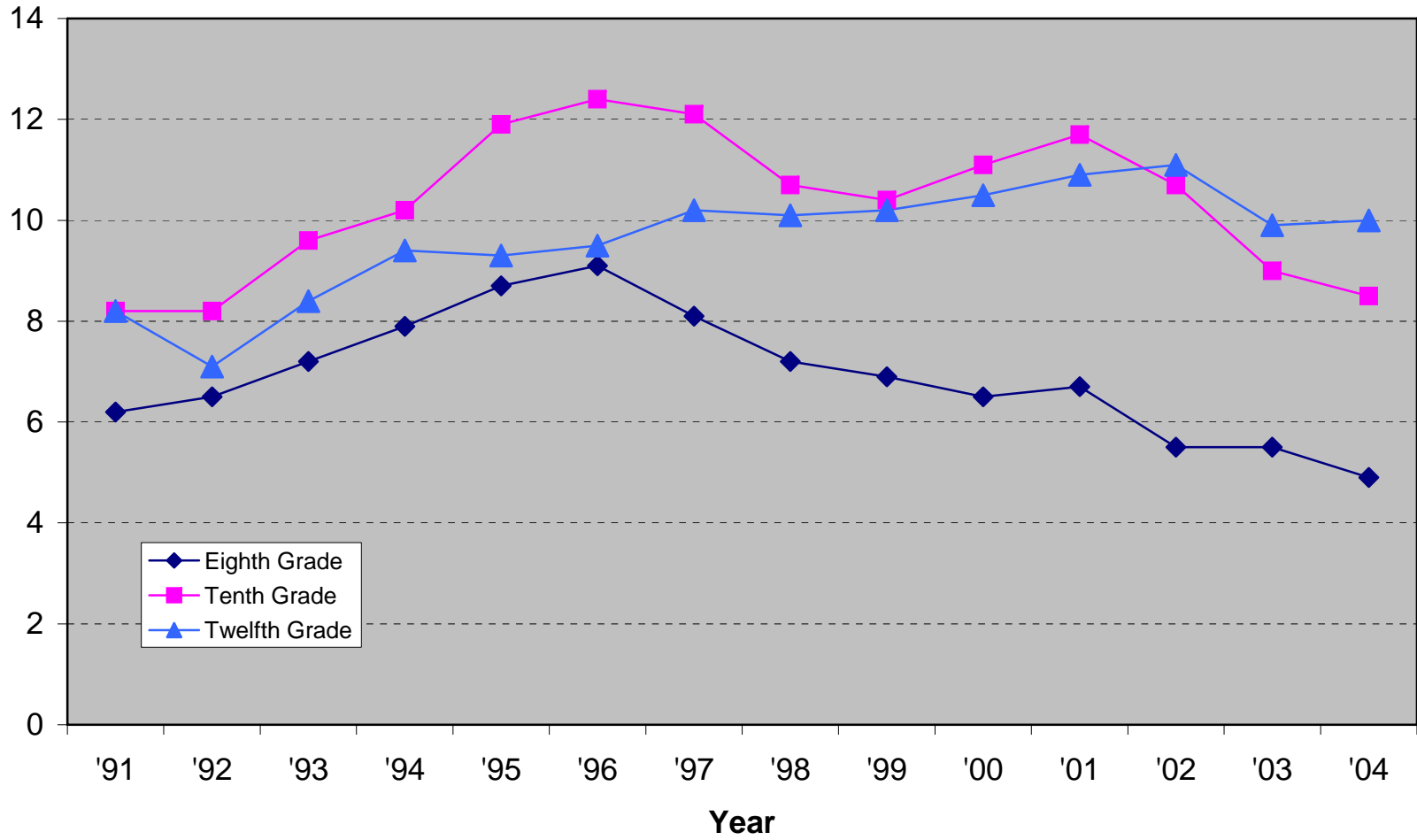
# Do Not Touch the Edges of This Sign



# AMPHETAMINES

## Use

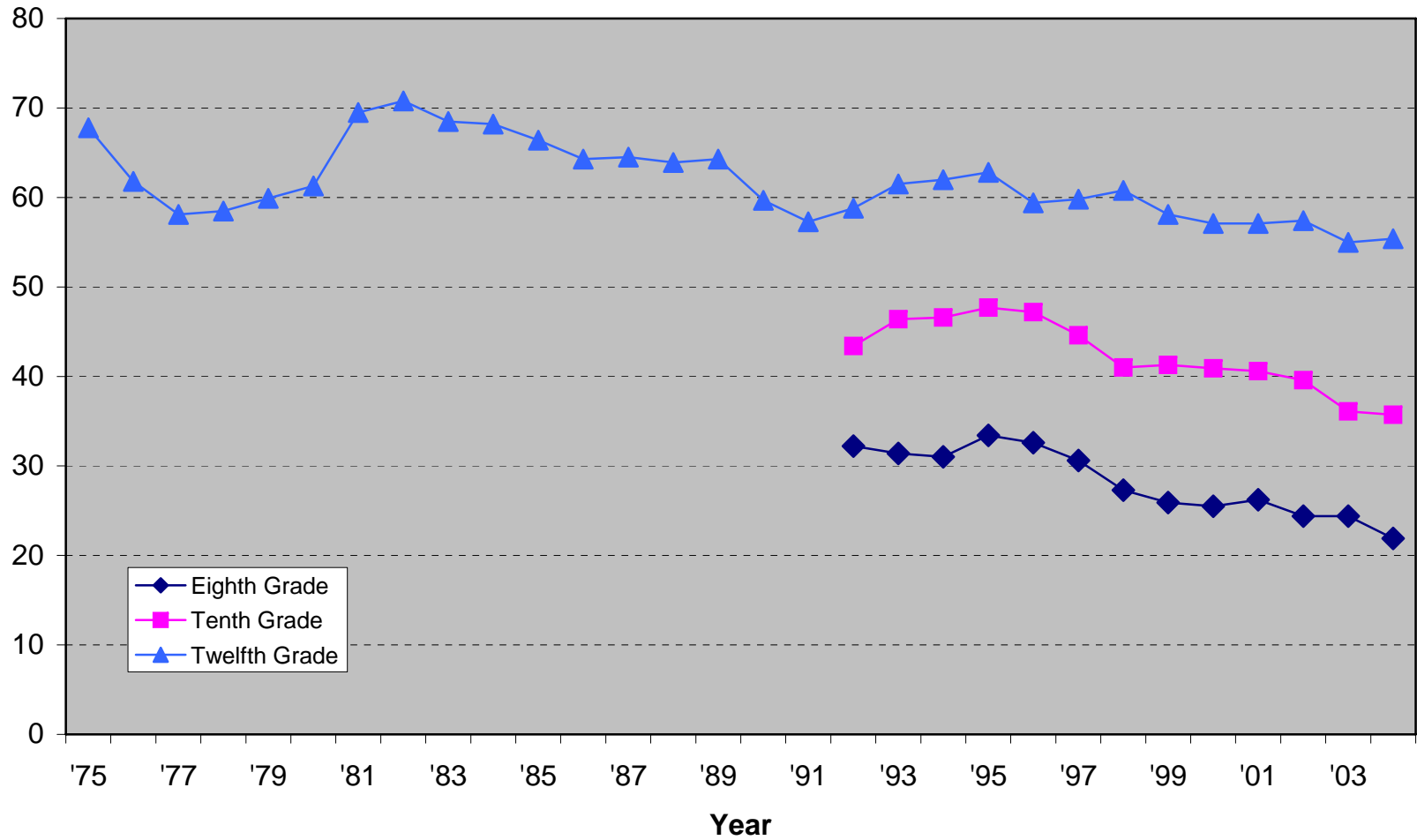
% who used in last twelve months



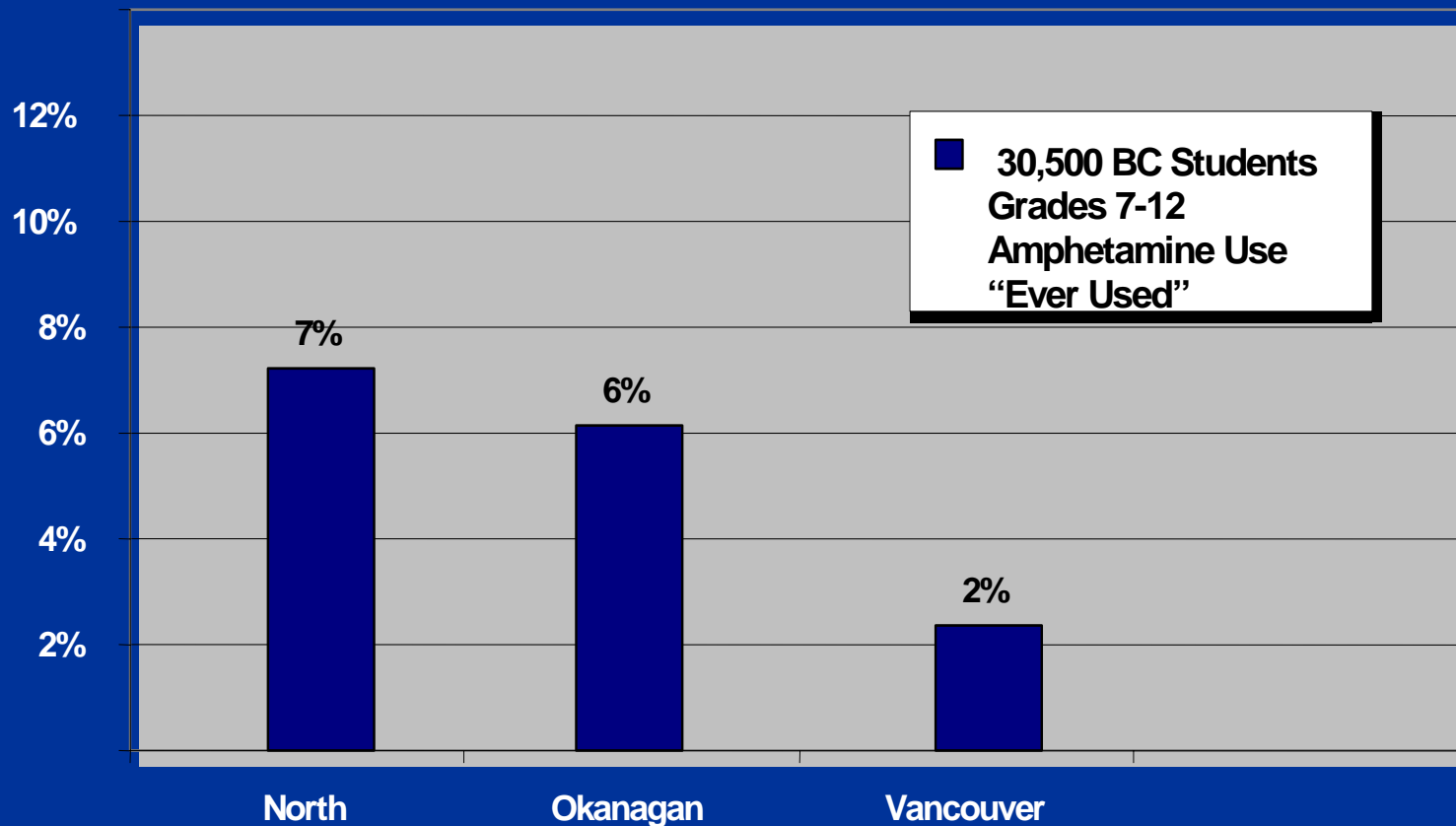
# AMPHETAMINES

## Availability

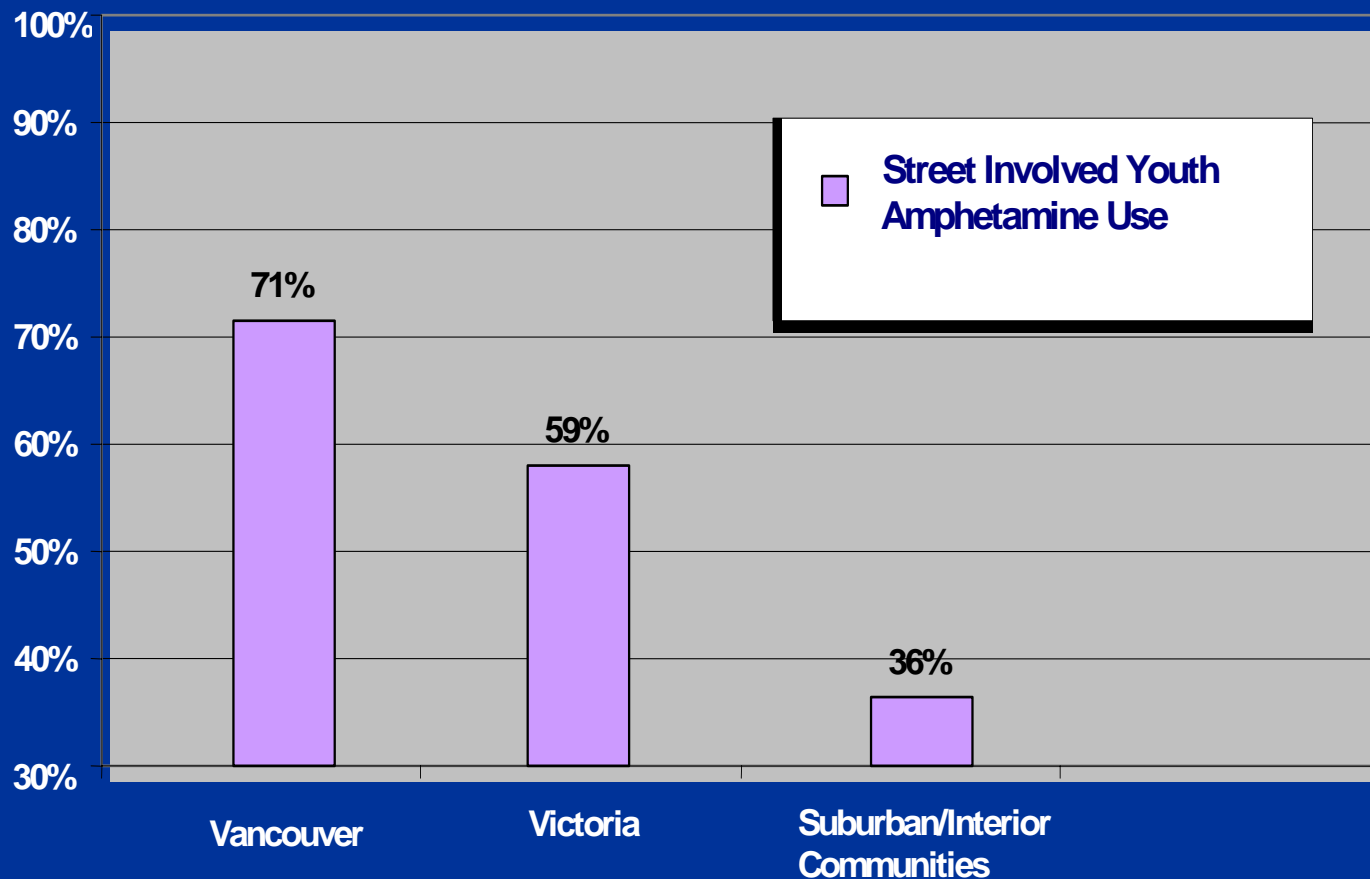
% saying "fairly easy" or "very easy" to get



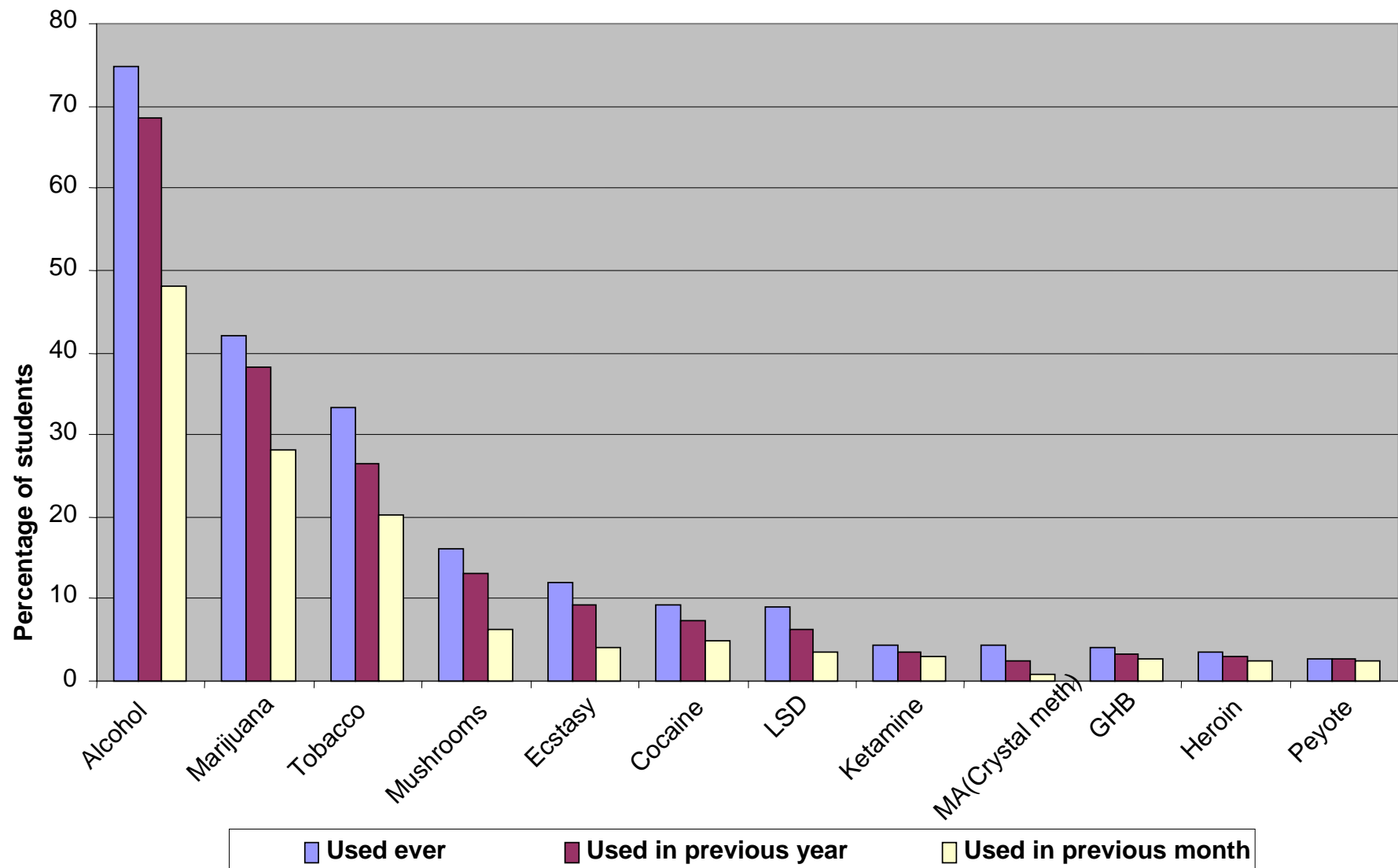
# McCreary Centre Society (High School Students Survey 2003)



# McCreary Centre Society (Street Involved Youth Survey 2000)



## Prevalence of substance use reported by Vancouver and Victoria grade 9 to 12 school survey participants, by drug and timing of use, 2003



students in Vancouver and Victoria,  
 BCMJ, Vol. 48, No. 1 Jan/Feb 2006

# Impact of PSA's

Montana Meth Project

\$5.5M = 30,000 minutes of advertising on Radio

30,000 minutes of advertising on TV

150 Pages of Newspaper Ads

## Results:

↑ 10% on Perception of “great risk”

↑ 30% in Disagreement that CM makes more attractive

↑ 50% in Teens discussing meth

↑ 100% in Consulting TV for information on Meth

↑ 15% Perception by Parents of Likelihood of eldest teen having taken meth

No change in Availability by teens

# Reported Lifetime Use

Ages 12-17		Ages 18-24	
Aug 2005	March 2006	Aug 2005	March 2006
3%	5%	12%	15%

# A comprehensive approach

**The evidence suggests that effective school health programs address a combination of the curriculum, the environment, health services, community partnerships and school policies.**

**St. Leger and Nutbeam (2000) in IUHPE Review**

# A review of health-promoting schools

- “Health promotion interventions are most effective when they entail a multifaceted approach.
- Classroom education should be implemented in combination with changes to the school environment and/or family/community participation.
- When initiating the health promoting schools approach, it is important to implement all components inherent to this approach.”

Effective Public Health Practice Project (Ontario), 2003

Questions?