Submission to the Minister of Education

Regarding

Comprehensive School Health: A Framework for Wellness in Alberta Schools

Health and Physical Education Council of the Alberta Teachers' Association
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Introduction

As a nation, we aspire to a Canada in which every person is as healthy as they can be—physically, mentally, emotionally, and spiritually.
—Government of Canada, "Health Goals for Canada"

The purpose of this position paper is to provide a framework that will encourage teachers, schools and school jurisdictions to address wellness and deliver Alberta's existing programs of health and physical education within the context of the Comprehensive School Health approach. Further, as members of the Health and Physical Education Council of the Alberta Teachers' Association, we wish to play a role in shaping provincial policy and professional practice regarding the implementation of quality health and physical education programs in our schools to positively impact the wellness of children and youth in Alberta.

Comprehensive School Health (CSH), also known as Health Promoting Schools or Coordinated School Health, is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way (World Health Organization 1996). CSH is an integrated approach to health promotion that gives students numerous opportunities to observe and learn positive health attitudes and behaviours.

CSH views health as a resource for daily living. It recognizes that many different factors affect the health and well-being of students, including the physical condition of the home, school and community; the availability and quality of health services; economic and social conditions; and the quality and impact of health education. CSH encourages and depends on active partnership among everyone who can and should contribute to the well-being of students, including teachers, administrators, parents, peers, health professionals and the community.

According to the World Health Organization (1996), CSH

- fosters health and learning with all the measures at its disposal;
- engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place;

- strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach; health promotion programs for staff; nutrition and food safety programs; opportunities for physical education and recreation; and programs for counselling, social support and mental health promotion;
- implements policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success and acknowledge good efforts and intentions as well as personal achievements; and
- strives to improve the health of school personnel, families and community members as well as pupils and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

In Alberta, the Ever Active Schools program covers these same areas through the Four Es (2009):

- **Education**: Supporting a culture of learning for all school community members, including wellness-related programs for students and health promotion learning opportunities for teachers, staff and parents
- **Environment**: Fostering safe social and physical environments in the school, home and community; implementing policies that enable healthy active lifestyles; and cultivating a place where everyone knows they belong
- **Everyone**: Collaborating in a meaningful way with the people involved in the everyday life of the school and equal and inclusive opportunities for everyone to make healthy choices
- **Evidence**: Collaboratively identifying goals, planning for action and gathering information to indicate the effectiveness of actions to support healthy active lifestyles throughout the school community

A CSH model, therefore, should include the integration of health into all subject areas; formal and informal learning; and the development of awareness, knowledge, behavioural change, attitudinal change, decision making, skill building and social action.

Current Health Status of Children and Youth

Despite the significant advances in health promotion for children and youth, new challenges threaten the physical and mental well-being of young people in Canada. Threats to the wellness

of children and youth are associated with poor quality food choices, sedentary lifestyles, stress, social isolation and mental illness:

1) Overweight/Obesity

According to *Healthy Weights for Healthy Kids*, a report of the Standing Committee on Health, "childhood obesity has become an epidemic in Canada" (39th Parliament of Canada 2007):

- In 1978, 15 per cent of children and adolescents were overweight or obese. By 2004, the percentage had risen to 26 per cent.
- Fifty-five per cent of First Nations children living on reserve and 41 per cent living off reserve are either overweight or obese.
- The overweight/obesity rate in Alberta is 22 per cent.

Overweight and obesity in children and youth correlate positively with the development of hypertension, Type 2 diabetes, asthma, impaired glucose tolerance, orthopaedic injuries and obstructive sleep apnea. In addition, as the overweight children of today become tomorrow's obese adults, the burden on our health care and social systems increases. One estimate suggests that obesity currently costs Canada about $1.6 billion annually in direct health care costs. In addition, another $2.7 billion in indirect costs is associated with obesity, including lost productivity, disability insurance, reduced quality of life and mental health problems due to stigmatization and poor self-esteem.

2) Physical Inactivity

Data from the Canadian Fitness and Lifestyle Research Institute (2007) indicate that

- three out of five Canadian children and youth (aged 5 to 17 years) are not sufficiently active for optimal growth and development;
- 86 per cent of Alberta children do not meet the recommended 16,500 steps daily to meet Canadian guidelines for physical activity; and
- on average, adolescents in Canada spend almost 35 hours a week in front of a television or computer screen.

Canadian children are choosing to watch television, spend time online and play video games instead of pursuing more active leisure pursuits. Children and adolescents who participate in both unorganized and organized physical activity are at a lower risk of being overweight and obese than those who do not. Children aged 6 to 11 who engaged in more than two hours of screen time per day in 2004 were twice as likely to be overweight or obese than those who logged one hour or less per day. The health consequences of physical inactivity are severe and extend beyond the increased risk of being overweight and obese. Inactive children and youth also suffer from increased risk for cardiovascular disease, Type 2 diabetes and osteoporosis compared with their more active counterparts.

3) Nutrition

The Canadian Community Health Survey (Garriguet 2004) reported that children and youth are eating more high-calorie, low-nutrient junk food and fast foods than ever before. According to the survey, one-quarter of Canadian children report eating at least some fast food on a daily basis. More than half of Canada's children do not meet the minimum daily servings of low-calorie, nutrient-rich fruits and vegetables recommended by Canada's Food Guide. An online survey of 5,000 Alberta junior high school students found that a majority of girls did not meet the daily recommendations for all four food groups while boys failed to meet the recommendations for fruits and vegetables and milk products. The reality is that children and youth can struggle with being overweight and obese, yet be malnourished.

4) Mental Health

Children and youth often deal with significant challenges to their mental health and experience mental disorders that can cause significant distress and impair their function at home, at school with peers and in the community. The most common issues are anxiety, conduct, and attention deficit and depressive disorders. According to "Children of Darkness," an article in the *Globe and Mail*, "across Canada, about 800,000 families struggle with the stress and complications of raising a child with a mental illness" (Anderssen and Picard 2008). As well, at least 70 per cent of cases of mental illness in adults can be traced back to childhood. Various studies have found that illnesses such as depression, anxiety and bipolar disorder affect 13 to 22 per cent of Canadian children and youth and that early intervention is the key to better outcomes. However,

the evidence indicates that, for the most part, these issues are not being adequately addressed. Whereas an estimated 15 per cent of Canadian children and youth need mental health support and would benefit from some level of treatment, only 1 per cent of those in need are connected to the mental health system.

As the Standing Committee on Health states, "the committee shares the fears of many experts who predict that today's children will be the first generation for some time to have poorer health outcomes and a shorter life expectancy then their parents" (39th Parliament of Canada 2007). There is a sense of urgency surrounding the promotion and improvement of the health and wellness of Canadian children and youth.

Current Status of Health and Physical Education Programs in Alberta

In 2003, Alberta's Commission on Learning recommended the concept of wellness education for all students. Alberta Education's Draft Framework for Kindergarten to Grade 12 Wellness Education (2009) states, "Wellness is a balanced state of physical, emotional, social, spiritual and intellectual well-being that enables students to reach their full potential in the school community. Personal wellness occurs with commitment to lifestyle choices based on healthy attitudes and actions." Wellness in this context implies a preventive approach that is holistic in nature.

Instruction is the basic way that students receive information about their health and wellness, health risks and health issues. The Alberta Education Programs of Study that currently address the physical, mental, emotional and social dimensions of student health and wellness include

- K–12 Physical Education (K–10 being mandatory, including three mandatory high school credits);
- K–9 Health and Life Skills; and
- Career and Life Management (three mandatory high school credits).

In September 2005, Alberta Education implemented the Daily Physical Activity initiative requiring schools to provide 30 minutes of daily physical activity for all students in Grades 1 to 9.

Currently, to graduate with a high school diploma in Alberta, students require three credits in physical education and three credits in career and life management. Physical education programs in Grades 11 and 12 (Physical Education 20 and 30) are offered to students on an elective basis. At present, high school students are not participating in these elective courses in significant numbers. According to statistics from 2007 (released by the Alberta government in March 2008), 49,118 students were registered in Grade 11 across the province, and 59,421 students were registered in Grade 12. In the same year, 19,733 students, or 40 per cent of Grade 11 students, were enrolled in Physical Education 20, and 11,408 students, or 19 per cent of Grade 12 students, were enrolled in Physical Education 30. (However, a Grade 10 student could take Physical Education 20 in the second semester, a Grade 11 student could take Physical Education 20 in the first semester and Physical Education 30 in the second semester and a Grade 12 student could take Physical Education 20.)

To help to achieve improved learning and wellness outcomes for Alberta students, Alberta Education is in the process of examining and changing its programs and policies related to wellness and wellness-associated supports.

The following policy and belief statements reflect the profession's views of the central role of health and physical education programs in Alberta schools:

> **Alberta Teachers' Association Policy 1.A.23**
> A compulsory health and daily physical education program should exist from K through 12.
> [1975/80/85/88/98/2008]
>
> **Health and Physical Education Council Statements of Belief**
> - HPEC is committed to providing leadership in creating healthy active school communities.
> - HPEC believes that a well-delivered health and physical education curricula, supported by quality instruction, can change health behaviours of children and youth K–12.
> - HPEC believes that health and physical education play a valued and vital role in providing a quality, balanced education for all children and youth in Alberta schools.

- HPEC believes that all students in all grades in Alberta schools should have the right and opportunity to experience sustained, vigorous physical activity through participation in quality daily physical education programs.

Health and Physical Education Council Beliefs—Wellness and Comprehensive School Health

- HPEC believes that wellness is an outcome of quality health and physical education programs that develop the knowledge, skills and attitudes to assist students to make appropriate choices to live active, healthy lives.
- HPEC believes that Comprehensive School Health is the framework for the delivery of quality health and physical education programs to promote and develop wellness in Alberta's children and youth.

Comprehensive School Health: Reversing the Trend

Schools are increasingly seen as a location where health concerns can be addressed and remedied through early intervention. Health promotion within the school setting is gaining momentum around the world as teachers, administrators, parents, health professionals, social workers, mental health professionals, justice officials and others seek ways to address health and social issues of school-aged children and youth. It is recognized from population health studies that children's health status affects their ability to learn, and educational attainment affects health status throughout the lifespan. Despite the fact that health and education are separate government ministries in Alberta, they are too closely linked at the school level to ignore one at the expense of the other. Although school health promotion may not be the "magic potion" solving all health and social issues, research has shown that it can have a marked effect. There is evidence that risk factors and risk conditions for chronic disease can be successfully addressed and result in healthier children and healthier school environments. Furthermore, there is evidence that school health promotion initiatives focusing on enhanced school connectedness can result in better student outcomes:

> What is important . . . in both the education and health literatures, is that these factors, measured in different ways, were associated highly with student outcomes. Whether examining academic performance or involvement with a range of health behaviors, young

> people who feel connected to school, that they belong, and that teachers are supportive and treat them fairly, do better. (Libbey 2004)

A holistic, positive approach is required; that is, an approach that takes into account the individual child and the social and physical environments in which the child learns, lives and plays. This summarizes the CSH approach. Stewart-Brown (2006) articulates key features of CSH initiatives that appear to lead to effective interventions:

> The school health promotion programmes that were effective in changing young people's health or health-related behaviour were more likely to be complex, multifactorial and involve activity in more than one domain (curriculum, school environment and community). These are features of the health promoting schools approach, and to this extent these findings endorse such approaches. These findings of the synthesis also support intensive interventions of long duration. These were shown to be more likely to be effective than interventions of short duration and low intensity. This again reflects the health promoting schools approach (comprehensive school health approach), which is intensive and needs to be implemented over a long period of time.

Conclusion

Characteristics of the school environment make it well suited to promote and improve the health and well-being of children and youth. Within the school environment, quality health and physical education programs can logically provide children and youth with the knowledge, skills, attitudes and confidence to live an active, healthy life that can help to combat the threats to the physical and mental wellness of children and youth. Within the school and community, a comprehensive approach to addressing student wellness is required.

Research has shown that CSH is an effective way to improve both health (Stewart-Brown 2006) and educational (Murray et al 2007) outcomes for children and youth and to encourage healthy behaviours that last a lifetime. A CSH approach, by design and purpose (instruction, support services, social support and a healthy environment), can provide the necessary support to strengthen the school's capacity to influence the health-related behaviours of students, staff and other members of the school community.

A CSH approach includes a broad spectrum of activities and services that take place in schools and their surrounding communities in order to enable children and youth to enhance their health, to develop to their fullest potential and to establish productive and satisfying relationships in their present and future lives. CSH is an integrated approach to health promotion that gives students numerous opportunities to observe and learn positive health attitudes and behaviours. Healthy behaviours and not merely health knowledge are the ultimate goal of a CSH model.

A CSH model should include the integration of health into all subject areas; formal and informal learning; and the development of awareness, knowledge, behavioural change, attitudinal change, decision making, skill building and social action. In addition, appropriate teacher training, teaching support materials and teaching methodologies are required. CSH is a planned and sequential approach providing experiences to promote the development of health and knowledge, health-related skills and positive attitudes to health and well-being.

To achieve overall health goals for students, curriculum connections between services and resources within the school and wider community are needed. A CSH approach is desirable and incorporates

- health and physical education instruction that promotes improved commitment to healthy choices and behaviours;
- health and community services that focus on health promotion and provision of appropriate services to students who need assistance and intervention; and
- environments that promote and support behaviours that enhance the health of students, families and school staff.

The health of students is viewed as an integral component of a larger system of health within the home, school and community environment. It involves the establishment of collaborative partnerships among students, parents, educators, health care professionals and other community supports to address social and environmental factors that influence and determine optimal health.

Recommendations

The Health and Physical Education Council of the Alberta Teachers' Association makes the following recommendations to support the wellness of Alberta's children and youth:

1) Comprehensive School Health

- That Comprehensive School Health be the framework for the delivery of quality health and physical education programs to promote and develop wellness in Alberta's children and youth.

- That the Government of Alberta ensure adequate resources are provided to support the implementation of Comprehensive School Health in all schools.

- That the Government of Alberta continue to recognize and financially support the Ever Active Schools program as the provincial resource for the implementation of Comprehensive School Health.

- That Alberta faculties of education ensure that Comprehensive School Health education is included in their teacher preparation programs.

2) Health and Physical Education Curricula

- That Alberta Education ensure that adequate resources are provided to support the full implementation of its health and physical education programs of study within the Comprehensive School Health framework.

- That Alberta Education continue to provide distinct and interrelated programs of study for health and physical education to promote and develop wellness for Alberta children and youth.

- That health and physical education programs be of long duration and high intensity and involve the whole school.

- That daily physical education be mandated K–12.

- That health and Physical Education 10, 20 and 30 be required for high school graduation.

- That the Daily Physical Activity initiative be implemented through quality daily physical education.

- That the amount of time currently allocated to health and physical education instruction be increased.

- That students in Alberta receive health and physical education instruction from professionally prepared teachers in the areas of health and physical education.

- That Alberta Education health and physical education programs of study be aligned with Health and Physical Education Council policies (2009, Appendix A).

If health issues such as obesity and overweight, poor nutrition, stress, mental disorders and low physical activity levels are to be addressed in schools, the method of delivery must be comprehensive and align with the core business of schools—preparing future citizens who are as healthy as they can be physically, mentally, emotionally and spiritually.

> Let us rethink school health away from kits and projects to solve problems and use the school as an ongoing setting where health is created, supportive environments are built, partnerships made and many skills are learned. Then we might be able to say this is what school communities can realistically do to build the health and well being of their students now and into the future. (St Leger 2004)

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