



Comprehensive School Health Highlights

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Comprehensive School Health Highlights is designed to provide an accessible look at some of the more interesting Comprehensive School Health research and policy reports currently being published. Each issue contains “Headlines and Conclusions” for each article, followed by a one-page summary of each article.

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This issue of *Comprehensive School Health Highlights* addresses the following questions:

- 1. Is there evidence to show that higher-level education leads to better health and longer life expectancy?*
- 2. Do the locations of tobacco retailers affect tobacco use among students?*
- 3. How effective are positive mental health programs that target school staff behaviours in reducing student suspension rates?*
- 4. Is there any relationship between comprehensive school health interventions and nutritional improvements in children?*
- 5. Do students change their social and personal attitudes and behaviours as the result of school programs on self-empowerment?*
- 6. Should schools focus on obesity in students as an issue of family failure or one of social prejudice?*
- 7. What are the purpose and outcome of policies on health promoting schools?*

1. Education is more significant than income, wealth, and occupation in predicting health outcomes. In addition, higher education attainment moderates the probabilities of negative health and life outcomes created by disadvantaged childhoods.

Education attainment is positively linked with physical and mental health; individuals with higher education levels are more likely to achieve optimal health and longer lifespans. “The improvements in health associated with higher educational attainment are greatest for individuals from low-status backgrounds” (p. 216). Individuals would use the tools available to them to gain control of their own health if those tools were available to them. “Education’s greatest benefit is that it develops the capacity for resource substitution. It helps individuals to acquire an array of standard resources, making the individual less dependent on any one of them” (p. 218).

Reference: Mirowsky, J., & Ross, C.E. (2005). Education, learned effectiveness and health. London Review of Education, 3(3), 205-220.

2. Tobacco control advocates have been calling for a reduction in retail outlets and heavy penalties for retailers who sell tobacco to children. They argue that the easy availability of tobacco products to children and youth is a predictor of early smoking rates.

The study surveyed almost 20,000 students in a large American state. The results showed that the number of tobacco retailers in an area near a school (density) did have an effect on students’ decision to experiment with tobacco, but had no effect on the decisions of established smokers. In addition, the nearness of the tobacco retailers to the school (proximity) had no effect on students’ decisions to experiment with tobacco. The students found to be established and regular smokers rather than experimenters tended to be: male, older adolescents, Caucasian, possessing lower grade averages, possessing depressive symptoms, and residing in rural areas.

Reference: McCarthy, W.J., Ritesh, M., Yao, L., Patel, M., Zhang, H., Ditsch, B. (2009). Density of tobacco retailers near schools: Effects on tobacco use among students. American Journal of Public Health, 99(11), 2006-2013.

3. Mental health does not often get attention in schools if there are no risk or acute care needs, especially in schools coping with budgetary restraints. The *MasterMind* Program resulted in gains in understanding and decision options for adolescent students in the areas of depression, suicidal thoughts, managing feelings, and asking for help from family and school supports.

MasterMind: Empower Yourself With Mental Health was developed as a response to the lack of positive mental health and self-empowerment programs for youth in high schools. The program was inclusive for all youth, allowing students from very different social, cultural, and economic groups to participate in self-empowerment skills development. They were able to recognize cues in themselves and others to indicate difficult emotions, anxieties, and more serious risk issues, such as suicidal thoughts. In addition, they learned skills for finding resources and seeking help from family, school, and community.

Reference: Tacker, K.A. & Dobie, S. (2008). *MasterMind: Empower yourself with mental health. A program for adolescents. Journal of School Health, 78(1), 54-57.*

4. Cooking, gardening, and integrated nutrition programs given as part of the academic curriculum resulted in students showing significant preferences for fruits and leafy green vegetables. Students least exposed to healthy food programs actually decreased their consumption of fruits and vegetables.

American, Canadian, and European studies show that creating cooking and gardening programs increase students' consumption not only of fruits, but also of vegetables; programs where fruits and vegetables are handed to students free of charge resulted in measurable improvements in fruit and vegetable consumption. The American study was a comprehensive school-based and community-supported program involving classroom and school dining hall sessions.

Reference: Wang, M.C., Rauzon, S., Studer, N., Martin, A.C., Craig, L., Merlo, C. ... Crawford, P. (2010) Exposure to a comprehensive school intervention increases vegetable consumption. *Journal of Adolescent Health, 47, 74-82.*

5. Changes in attitudes of school teachers and staff towards discipline problems in students have significant impact in a school's suspension rates and in learning accomplishments of students.

Schoolwide Positive Behavioral Interventions and Supports (SWPBIS) is an implementation that has been adopted by schools throughout the US and internationally, including in Canadian and Norwegian schools. The program is based on the concept of positive mental health, of student academic achievement in respectful environments, and of the role of staff attitudes in decreasing the numbers of student suspensions. One program developed for American schools and implemented internationally, including in Canada and Norway, is based on the concept of positive mental health, and on the belief that any student has the ability to improve academic results in a respectful and consistent environment. The Schoolwide Positive Behavioral Interventions and Supports (SWPBIS) program has been adopted in hundreds of schools with thousands of students but had not been assessed to determine whether it was doing what it said it would: improve students' perceptions of safety at school and reduce office disciplinary referrals. An assessment of staff training and school suspensions conducted over four years compared schools in an American state based on rural / urban locations and on the number of students receiving free or reduced-charge meals. The percentage of students receiving suspensions did not change significantly in the comparison schools. However, the schools receiving the SWPBIS staff training and booster sessions resulted in significant and sustained reductions in student suspensions.

Reference: Bradshaw, C.P., Mitchell, M.M., & Leaf, P.J. (2010). Examining the effects of Schoolwide Positive Behavioral Interventions and Supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. Journal of Positive Behavior Interventions 12(3), 133-148.

6. Obese students are often the brunt of schoolyard bullying and whispered disapproval from school staff on parental failure and student blame. Personal attacks based on body size are a form of classism and racism.

Obesity is regarded as a health and nutrition matter, sometimes as a lifestyle problem, but rarely as a social justice issue. It has become one of the few areas that remain a socially-acceptable form of discrimination. "Even those who claim to appreciate diversity are remarkably silent about or sometimes insensitive to the number one reason for peer rejection in America—being overweight" (p. 95). "There is a much higher percentage of obesity among African Americans, Hispanics, and Native Americans than among middle- or upper-middle-class

whites” (p. 97). Educators are encouraged to consider the whole child, advocate for healthy nutrition policies for all students, insist on fair treatment of all students, and incorporate collaborative and low-cost activities into school outings.

Reference: Jalongo, M.R. (1999). Matters of size: Obesity as a diversity issue in the field of early childhood. *Early Childhood Education Journal*, 27(2), 95-104.

7. Policies that create and sustain health promoting schools – known in Canada as comprehensive school health – are often the top level indicator of support for and commitment to the whole person approach to education. Schools and school districts that adopt a health promoting school approach commit to not only academic learning, but also to students’ social skills development and their physical and mental health and safety. Health promoting schools involve school administrators, teachers, staff, students and their families, and involvement of the wider community.

Policies for school performance and student achievement are often set at ministry and legislative levels and imposed downward through government departments, school districts, and schools. However, policies to adopt health promoting schools require involvement of not only the education system but the students, their families, their neighbourhoods, and community partners as well. The goal is to create an environment for “all students to achieve as much of their creative, intellectual, and social potential as possible” (p. 2). A health

promoting school is described by the World Health Organization (WHO) as “a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health” (p.2). The most successful policies involve all school members and work from the assets already in place in each school, regardless of its size, location, or student demographics (family income, ethnicity, parental education levels).

Reference: Hoyle, T.B., Samek, B.B., Valois, R.F. (2008). Building capacity for the continuous improvement of health-promoting schools. *Journal of School Health*, 78(1), 1-8.