

# School Health Promotion in British Columbia (BC)

## BC in Profile<sup>1</sup>

At approximately 950,000 square kilometers, BC is Canada's 3rd largest province. It is bordered by Alaska to the Northwest, the Yukon and Northwest Territories to the North, Alberta to the East, and the state of Washington to the South.

The population of BC numbers 4.4 million. The population is very diverse, especially in urban centers. English is the language most often spoken in the home of BC students (78%) but over 15% speak an Asian language (e.g. Punjabi, Chinese, Cantonese, Korean).

The provincial public school system is a non-sectarian system currently made up of 60 school districts, including once Francophone and one Aboriginal, governing over 1900 schools. Each district has an elected board of trustees that governs under the *School Act*. Boards of Education are responsible for managing and delivering education programs in public schools. An additional 68,934 students attend independent schools, some of which are partially publicly funded.

The Ministry of Health Services is the steward of BC's 6 health authorities (one provincial and five regional) mandated to provide quality, appropriate and timely health services to British Columbians. The ministry sets province-wide goals, standards and performance agreements for health service delivery by the health authorities. Health Authorities provide a full range of health care services ranging from hospital treatment to community-based residential, home health, mental health and public health services, including prevention and health promotion programs.

## Context

An action plan for student health was announced by the BC Ministries of Education and Health in November 2004. Key components of the plan to promote student health included:

- An action plan to promote healthy eating and discontinue sales of junk food in B.C. schools. The Guidelines for Food and Beverage Sales in BC Schools (2005) were designed to maximize students' access to healthier options. Revised in 2007, the [Guidelines](#) came into effect in September 2008, requiring all BC schools to fully eliminate the sale of unhealthy foods and beverages to students.
- [Action Schools! BC \(AS! BC\)](#). AS! BC is a school-based strategy providing opportunities for children to be physically active more often. The program has been funded by both the ministries of Healthy Living and Sport and Education. Pilot study results found increased physical activity levels, and healthier hearts and bones. Accepted

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<sup>1</sup> Sources: Statistics Canada, *Land and Freshwater Area, by Province and Territory*; BC Stats website, <http://www.bcstats.gov.bc.ca/data/bcfacts.asp> (June 2009); Ministry of Education, *2007/08 Summary of Key Information*;

internationally as a best practice in health promotion, AS!BC started as a pilot project in 2003/04 and to date, 100 percent of BC school districts participate in AS! BC.

- Support the Joint Consortium on School Health and work with other provinces and territories to enhance the capacity of the health and education sectors to work together.

In March 2005, BC launched the [ActNow BC](#) initiative to help meet the government's goal to be the healthiest, most physically fit jurisdiction ever to host an Olympic and Paralympic Games. ActNow BC combines cross-government and community-based approaches to address common chronic disease risk factors through programs and initiatives that support healthy eating, increased physical activity, reduced tobacco use and healthy choices during pregnancy. ActNow BC supports schools, employers, local governments and communities to develop and promote programs that make healthy choices the easy choices for all British Columbians.

### **Healthy Schools BC**

BC is actively encouraging policy development and practice that will help promote health through the school setting. BC's Healthy Schools initiative brings together two provincial ministries (Healthy Living and Sport and Education). The relationship between health and learning is the basis of this sector partnership; health status affects the ability to learn and education is a key factor in determining health outcomes. The ministries have agreed on the mandate and cost sharing associated with the healthy schools initiative.

Aside from Action Schools! BC, a number of programs support BC's Healthy Schools initiative. These include:

- The BC [Healthy Schools Network](#), a voluntary organization of public and independent schools launched in 2006, supports academic, social and emotional growth of students through a comprehensive school health approach focusing on three inter-related areas: Teaching and Learning, School Environment and Partnerships. A partnership between the Ministries of Education and Health, the initiative is a component of the [Network of Performance Based Schools](#), whose members are actively working with the B.C. Reading, Writing, Numeracy and Social Responsibility Performance Standards. Schools participating in the Healthy Schools Network receive membership into the Network of Performance Based Schools and supports from the [Directorate of Agencies for School Health](#), a cooperative interagency network representing a broad range of local, regional, and provincial organizations and individuals acting as advocates for the prevention activities that "enable students to develop to their fullest potential". A [Healthy Schools Network newsletter](#) is published monthly.
- BC's [School Fruit and Vegetable Nutritional Program](#), a tri-ministry collaboration led by the Ministry of Agriculture and Lands, provides healthy snacks to participating schools along with a learning resource for teachers to use in the classroom. All public schools will have an opportunity to participate in the program by 2010.
- [Healthy Eating and Physical Activity Learning Resources](#), a Kindergarten to Grade 10 grade-by-grade set of classroom-based lesson plans for the BC public school system

developed by the ministries of Healthy Living and Sport and Education. These resources support teachers to build student skills and knowledge in making lifelong healthy choices in physical activity and healthy eating, and are aligned with the Ministry of Education Health and Career Education (HCE) curricula for grades K-9 and Planning 10.

- [Healthy Living Guides for Families](#) – Four family guides to enhance healthy eating and physical activity among students and families. Released April 2007, target populations include grades K- 3; 4 to 7; 8 and 9; 10 – 12.
- Tobacco Free School Grounds. In September 2007, the Ministry of Health Services passed legislation requiring all public and private BC schools to implement smoke-free grounds, for all tobacco products. The Ministries of Education and Healthy Living and Sport have worked collaboratively to develop [additional tools](#) to support school districts in meeting their obligations under this legislation. These supports include strategies for implementing tobacco-free school grounds policy, data on tobacco use among youth, and tobacco cessation resources.
- [BC Crystal Methamphetamine Strategy](#). With support from the Ministry of Health (now Healthy Living and Sport), the Ministry of Education developed the school-based awareness component of the Provincial Crystal Methamphetamine Strategy. In consultation with students, teachers, parents, and experts in the field of substance use and addictions, the Ministry of Education has developed learning resources that include:
  - classroom lessons and resources to help students make healthy and informed decisions
  - teacher resources to support classroom lessons
  - a guide for parents providing information to help parents talk to their children about the harms associated with crystal methamphetamine and other substance use, and
  - an interactive website, featuring games, activities, and information on the effects and dangers associated with the use of crystal methamphetamine use.

## **Implementation**

The Director, Healthy Schools is responsible for facilitating the coordination and integration of programs related to promoting health in the school setting. The position is unique in that it is jointly funded and reports to both the Ministries of Health and Education. The office of the Director was located in the Ministry of Education to embed the business of health promotion within the education sector.

## **Evaluation and Assessment**

Stakeholder groups including government, parents, school administrators, health authorities and school trustees, worked together to develop [Creating Healthy Futures: BC's School Health Assessment Tool](#). The assessment tool was piloted in the 2006/07 school year and released in fall 2007. The assessment tool assists the education community to assess schools through the lens of Comprehensive School Health, thereby providing schools with an opportunity to understand their areas of strength and define areas for improvement.

## Challenges and Successes

The systemic requirements that have supported successful implementation of healthy schools in BC include:

**Cross Ministry Accountability** - BC has seen success in its healthy schools initiative because it has cross ministry ownership – health and education share the cost of the Director, Healthy Schools, position and cost share most initiatives under the Healthy Schools umbrella. Success has resulted from joint accountability. The joint position keeps the focus outcomes centered, not ministry specific.

**Memorandum of Understanding** – There is a formal agreement on the Director position, outlining salary, travel expenses, office equipment and base location.

**Positional placement** – Success is dependent on the senior level of position within the structure of the two organizations. In BC, positional authority gives credibility to the work at the local level in both the education and health sectors. In addition, positional authority within the ministries provides access to senior decision-makers which afford the opportunity to influence and keep school health on the agenda with those who set government priorities.

**Education Sector Stewardship** – The education system must own school health before success can be attained. We have to incorporate health promotion into the education system's operational structure, not expect schools to alter their way of doing business in order to meet needs of the health sector.

**Leadership** is required at various levels including:

- Political leadership
- Ministry (Healthy Living and Sport/Education) leadership
- School board and school level leadership
- Health authority level leadership
- Local health promotion agencies and non-profit leadership

**Capacity to Support** is important. To sustain change, both sectors need to consistently assess the needs with regard to human and financial resources.

Two noteworthy successes include:

- The development of BC's Healthy Schools Network. This is the mechanism BC has chosen to create a sustainable comprehensive school health system.
- School health is a core element within the business plans of both ministries of Healthy Living and Sport and Education and health-related performance measures are now embedded in the Ministry of Education Annual Service Plan.

A major factor for BC's success to date is the support provided by BC's Healthy Living and Sport and Education Deputy Ministers and the involvement of Assistant Deputy Ministers in

both sectors, as this underscores government's commitment to a coordinated and integrated approach to policy development.

## **Benefits of JCSH Membership**

Being the Consortium's lead province positively influences the support given to school health within both the education and health sectors. Having the Deputy Minister of the BC Ministry of Healthy Living and Sport as the chair of the JCSH Deputy's Committee and an Assistant Deputy Minister of the Ministry of Education chair the Management Committee, requires both sectors be engaged in the school health agenda. This facilitates stronger working relationships between the two sectors and helps enhance system integration beyond the office of the Director of Healthy Schools.

Participation in the Consortium helps facilitate sector integration at the provincial level by increasing the visibility of Comprehensive School Health across the country and providing a venue for ongoing knowledge sharing between and within member jurisdictions. The School Health Coordinator Committee has proven to be an excellent mechanism for jurisdictions to share information quickly, enhancing our ability to provide up to date and accurate information to provincial staff and political representatives.

Examples include:

1. Gaining access to provincial/territorial policy and program materials related to managing anaphylaxis in the school setting
2. Gaining access to provincial/territorial policy and program materials related to daily physical activity programs in the school setting.