

# The CAP Journal

RESOURCES FOR SCHOOL-BASED LEADERSHIP

Volume 17 No. 2, Spring 2009

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# The CAP Journal

The Canadian Resource for School-Based Leadership  
Volume 17. No. 2, Spring 2009

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# President's Message

Dear Friends and Colleagues,

What is Comprehensive School Health (CSH)? Why are schools being asked to do more? Why should we? These are all questions posed by Les Dukowski in his article, **COMPREHENSIVE SCHOOL HEALTH – WHY SHOULD WE CARE?**

Les went on to answer his own questions as to why we should care and how we continue to address the needs of our students. That is the nature of our profession. As Les states, we do it because “it’s the right thing to do”.

The topic for this edition of the CAP Journal, *Comprehensive School Health*, is very timely for all of us. The Winter Journal ‘The Role of the Principal’ talked about what we do every day and what makes a good principal. As was stated, we are being asked to do more and we do. You will find articles in this edition that address psychological wellness and explain why nutrition, physical activity and partnerships are all essential to good overall, comprehensive school health. The success stories from across the country give us great examples of ‘good news stories’ and help remind us of the many good things that we do daily.

It’s with great pleasure that I specifically mention the article by Les Dukowski because Les has represented us (CAP) well over the past few years at many workshops and has become, what many would consider, an expert in this area. As

President-Elect, Les was scheduled to become the next CAP president. However, other professional commitments will make this impossible. I would like to publicly thank Les for his great contributions.

Hopefully, we will find an equally strong candidate to replace him.

This has been somewhat of a challenging year for CAP. The board had to make some tough decisions. With the uncertainty of Ontario membership for next year, we had to make adjustments to our budget and meeting schedules. We decreased our meetings to two from our regular schedule of three, scaled back executive travel and have made plans to lay off our office staff. None of these decisions came easy.

I am comforted knowing that there continues to be many positives with CAP. We have a very strong supportive board and for the first time in many years we hope to be debt free. This should make the start of the 2009-2010 year a positive one. Our conferences are a real success story for us. We continue to put out a great journal, the policies and statements developed over the past few years have been embraced and we continue to work on new policies such as ‘The Role of the Principal’. However, it is still important that we have representation from all across the country. Hopefully we will have Ontario represented at the CAP table for the 2009-2010 year along with our other nine provinces and three territories.

The executive has been involved with many of our partners over the past few months. As President, I had the privilege to represent CAP at a number of events.

I attended the Canadian Outstanding Principals Academy (COP) in February. A number of current CAP board members as well as a number of former CAP executive and past presidents joined me there. Two of our current board members, Maria Di Perna and Penny Prysnuik, were among this year’s deserving recipients. It was an honor to welcome this year’s winners and to address the Gala Dinner. I would encourage you to nominate other outstanding principals for the COP award next year. It would not only be a great honor for them but also an honor for their schools and communities.

I had the pleasure of representing CAP at the National Association of Secondary School Principals conference in San Diego, CA. The city and conference were wonderful. However, I have to say that even with their extra resources and larger membership, they do not put on a better conference than the CAP affiliates.

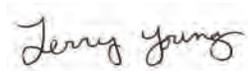
I had the pleasure of meeting with the Executive Council of the Catholic Principals’ Council of Ontario and also with the President and one of the Past Presidents of the Ontario Principals’ Council. Both groups were very gracious and I feel we had very productive discussions.

I would like to take this opportunity to thank our many partners and sponsors from across the country. Working with them helps us to achieve our goals.

I would also like to thank the members of the Joint Consortium for School Health for contributing the content for this edition of the Journal. The articles were well chosen and very informative. Thanks again to our very dedicated and talented Marie Schutt, our Executive Assistant, for her expertise that always ensures that the CAP Journal is a quality production.

As I finish my term as President, I would like to thank the CAP board and the executive. I especially want to thank my good friend, Maria Di Perna, for her six dedicated years with the CAP board. CAP is a much stronger organization because of her work on the board and her work as President.

I really hope that you enjoy this edition of the Journal. Happy Reading!



Terry Young  
CAP President 2008-2009

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# COMPREHENSIVE SCHOOL HEALTH – WHY SHOULD WE CARE?

## What is Comprehensive School Health (CSH)?

### Why are schools being asked to do more?

### Why should we?

The short answer is Comprehensive School Health addresses societal, economic, educational and moral imperatives and it's the right thing to do. The longer answer is the subject of the rest of this article.

Like it or not, the public continues to expect more and more from schools. They expect schools to deliver the “core mandate” of literacy, numeracy and social responsibility plus an increasing number of other programs and services and they have faith that schools will rise to the challenge of an expanded mandate.

That faith is not misplaced. Canadian public schools have a record of academic success that is evident in international assessments of student achievement. Schools have also been instrumental in social change agendas – from programs as simple as seatbelt use through recycling to awareness and acceptance of diversity.

Proponents of societal change know that to target young people and acculturate them early is an effective strategy. Schools are where the young people are and so it is natural that schools will be viewed as appropriate vehicles for such acculturation. Those lobbying for school involvement in a proposed change agenda commonly argue that because the issue is so important to society, society should use its institutions for that purpose and public school is one of the institutions. It's sometimes argued that schools already have a responsibility to deliver curriculum in this area and a “simple” set of adjustments in approach, quantity or timing would suffice. Other times it is argued that schools should simply take time from what they regard as less important programs and insert the new ones.

These arguments may make sense to some but all neglect the single most important factor. Schools are successful because the teachers care for children. Teachers have the capacity – both skill and disposition – to impart knowledge, skills and attitudes to students and to create environments and relationships that make learning possible. They have pedagogical skills but, more significantly, they care for their students. Teachers are bound to follow prescribed curriculum and the policies and procedures of their jurisdiction but the key to success is the moral imperative teachers feel to do what is right for students and the positive relationships they develop with students.

So then, why is CAP dedicating a whole issue to Comprehensive School Health? There are both practical and philosophical reasons.

On the practical side, health promotion is a priority common to the federal government, the provinces and the territories. The commitment of the three jurisdictions is evident in the creation of the Joint Consortium for School Health, which is described in detail in a article elsewhere in this issue. It is inevitable that schools will be charged with taking a greater role in health promotion. We have already seen this happen with the introduction of school nutrition

policies and, in B.C. and Alberta, the introduction of daily physical activity requirements.

On the philosophical side, educators care about more than students' academic progress. They care about their overall well-being, including their physical, emotional, and mental health.

The immediate concern for K-12 educators is to make sure that health promotion initiatives make sense in the school context and that they are properly resourced. At the national level, CAP has made CSH a priority and the Association has requested a place at national tables wherever the health of children and youth is being discussed. These include activities as diverse as substance abuse prevention, sexual health education, and mental health and delinquency. At the provincial and local level principals and vice-principals should be represented during discussions. Individual principals should be paying attention to health promotion trends. There are parallels between health promotion and safe schools. Without a strong K-12 practitioner voice in initial discussions, policies and procedures will not be as useful as they might otherwise be. Thankfully the Joint Consortium for School Health brings this voice to the table but associations and individuals still have the responsibility to keep up with developments, to offer advice and monitor activity.

There is a confluence of forces that make it necessary and desirable for schools to pay attention to the CSH agenda. Schools are seeing an increase in the volume and variety of health related conditions including increases in allergies, autism, depression and obesity. There are also four distinct arguments for schools to concern themselves with health promotion: capacity, cost, improved learning and moral imperative. First, public school is the only institution with the capacity to do so. This singular capacity lies at the heart of any attempt to require schools to promote societal change. It's not just that the children are there – the staff makes it happen. Second, the cost to society if health promotion is not addressed is too great. Governments are projecting that health care costs will spiral to the point that entire provincial budgets will be swallowed up by the health sector. Third, healthy active children learn better. Teachers know this intuitively and practically and the research evidence is overwhelming. Fourth, it's the right thing to do. These last two reasons are those that principals, vice-principals and teachers find most compelling. Schools across the country in all types of communities run breakfast programs, lunch programs, and clothing exchanges, often unfunded by either the school system or community agencies, and school staffs often extend themselves to arrange other services for their students.

That schools are the only institution with capacity is cold comfort to school staff already deluged with competing demands. The responsibility of community partners to help schools is a subject

for a much expanded article. Suffice to say that the writer is not unmindful of the demands on schools but it is inevitable that schools will be, or already are, dealing with this additional demand.

Agencies involved with substance abuse prevention, resiliency, mental health and sexual health education would all like schools to engage in their programs. Schools need the tools to step back, analyze competing demands and use what makes sense to them. Articles elsewhere in this journal explain the four pillars of CSH: Social and Physical Environment, Healthy School Policy, Teaching and Learning, and Partnerships and Services. The power of CSH is its ability to make sense of competing demands and give schools the tools to employ “high leverage” activities that have the greatest ability to address risk factors and promote protective factors.

It is unreasonable for schools to be expected to address health issues in a segregated fashion. Any health promotion program on a single issue could easily consume the entire efforts of a school. Any program will have a curriculum component and each will acknowledge that curriculum alone will not address all the needs of all students. Any program will also recommend policy and practices. Schools need a way to wade through the elements of the variety of programs and to choose classroom content, pedagogy and school-wide strategies.

A CSH approach will always contain four elements that have a direct impact on teachers:

1. Teachers need to know what the issues are, why it is important to teach these things and to care about them.
2. Teachers need information upon which to draw to feel comfortable teaching prescribed curriculum.
3. Teachers need to understand good practice – both in selecting appropriate pedagogical approaches but more important in setting a positive school culture. This includes knowing something about risk and protective factors that have applicability to a wide range of health related issues and knowing when and how to refer students to other agencies for matters beyond the expertise of the school. These risk and protective factors include school attachment, caring relationships within the school and economic disadvantage.
4. Schools need to integrate high leverage activities to get the most out of limited human, time and material resources.

The Joint Consortium for School Health is of great use to practitioners. By applying the CSH framework at the national, provincial, and local levels JCSH can rationalize competing demands

and provide schools with a structure that they can understand and embrace. There are two ways in which this should happen. First, resources need to be collated and vetted for school use. The JCSH is in the midst of producing knowledge exchange documents in substance abuse and other areas and could be tasked with the responsibility to provide “one stop shopping” for reliable and school-friendly materials. In addition, agencies that have a desire to introduce programs in school health should be referred to JCSH so their programs can be rationalized for the CSH framework. In other words, new initiatives should be introduced to school through JCSH and not by direct contact from an outside agency.

Second, best practices exist in a number of areas of health education. Schools do not have the time or resources to adopt all or even many of them. However there are certain practices that are universal, that is, they are elements of any thoughtful health promotion strategy. These high leverage activities need to be identified, developed and adapted for whole school use. For example the literature clearly shows that school connectedness is a universal protective factor. The JCSH should be identifying a number of high leverage activities so that schools can concentrate on a small subset of strategies with wide protective effect rather than taking a piecemeal approach.

An assumption made in this article is that the CSH approach acknowledges that schools should be concentrating on a few universal practices that have wide applicability to the needs of students at low and moderate risk and that schools are not equipped to deal with the relatively smaller proportion of students at severe risk. These students will still require resources beyond the competence of the neighbourhood schools.

In summary, it is inevitable that schools will become increasingly involved in promoting students’ health. As school leaders, principals have the responsibility to keep informed of this trend and take their places at the policy table. Students are displaying a greater incidence and variety of health conditions that have significant social and economic impacts. Fortunately health promotion and education have much in common. Healthy children learn better and more educated citizens are healthier. On the other hand, it is unreasonable to make additional demands on schools. Taking a Comprehensive School Health approach, with the assistance of the Joint Consortium for School Health, there is great hope that curricula can be streamlined and made easily available, high leverage strategies can be identified and new initiatives can be vetted and introduced to schools through a trusted clearinghouse that takes into account the volume and complexity of work in the school.

We should care. It’s the right thing to do for our students.



**Les Dukowski** is the past president of the B.C. Association of Principals and Vice-Principals and Vice-Principals and has served on the CAP Board since 2005. He was a public school educator for 34 years and served for 17 years as principal of two secondary schools in Langley School District in British Columbia where he held positions as teacher, department head, district administrator, vice-principal and principal.

He co-authored a secondary school mathematics textbook series, authored sections of three provincial mathematics assessments, and contributed to the 1988 Sullivan Royal Commission on Education in B.C..

Les has served as the president of the Canadian Association for the Practical Study of Law in Education and also as the president of the University of British Columbia chapter of Phi Delta Kappa.

Les currently manages the professional networking site for the B.C Principals’ and Vice-Principals’ Association and has a particular interest in leadership development and in the promotion of comprehensive school health.

# Comprehensive School Health in Canada

By Claire Avison



Promoting health in the school setting is not a new idea. In this photo from the British Columbia Archives, circa 1930, a school nurse makes her rounds on horseback.

Anyone who went to school in Canada – regardless of how long ago – probably remembers visits from the school nurse, or the public health nurse. They came by at intervals to deliver immunizations and to help students learn about such things as dental hygiene, basic health care and adolescent sexual development. This early, “drop-in” model later evolved to include health education classes as part of the curriculum.

As late as the 1950’s and 60’s, most public health interventions in schools were aimed at changing risk behaviours. They tended to target only one type of issue (e.g., smoking, teen pregnancy, drug use) often with a single message and on a one-time basis. Evaluations of this approach cast strong doubt on its effectiveness and, during the 1980’s and 90’s, proponents of school health developed approaches that were more congruent with the multi-faceted, interconnected nature of human health.

In 1986, Canada helped to move the school health agenda forward with the crafting and subsequent worldwide endorsement of the World Health Organization’s Ottawa Charter on Health Promotion. The Charter effectively shifted the focus away from individual behaviours and more towards the development of “healthy settings” for children and youth. The World Health Organization adopted many of the terms and concepts articulated in the Charter

and through it evolved the notion of Comprehensive School Health (CSH).

Comprehensive 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. It can include formal instruction, but it’s not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing four distinct but inter-related pillars:

- social and physical environment
- teaching and learning
- healthy school policy
- partnerships and services.



When actions in all four pillars are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society. This idea is supported by a growing body of research, and by the real-life experience of educators like Merrill Dean.

Dean is the principal of Weledeh Catholic School in Yellowknife, NWT. Many of the families served by the school are struggling financially and many students had, historically, come to school hungry. Seven years ago, when she was newly hired, Dean says, “I knew that health promotion in school must be a good thing, but as a school principal, I was more deeply concerned about supporting my lowest-level readers.”

When community members approached Dean about setting up a healthy food policy, her immediate reaction was negative. Even though there was clearly a need to supplement what students were getting at home, “the school had neither the support nor the funding to put a healthy food policy in place.”

That’s where collaboration came in – and it has made all the difference.

With continuing encouragement from outside the school, including a lobby effort aimed at developing a healthy foods policy for the Board, Principal Dean and her team reached out to the community and public agencies for help. They sought out every possible source of funding, advice and activities and, as they moved forward, a true CSH approach began to emerge, with actions addressing all four pillars: social and physical environment, teaching and learning, healthy school policy, and partnerships and services.

“We now have a partnership with a local sandwich restaurant. They supply us with whole-wheat buns and enough meat and fillings to make 100 subs every two weeks.” Staff and volunteers at the school stretch the ingredients to make 150 subs and, “the local women’s auxiliary of our church makes us a large pot of soup or stew monthly, which we apportion and freeze.”

School staff and parent volunteers also make food for the school at home, while students participate through a Healthy Snack credit course, which includes making muffins and other healthy baked goods, as well as dishes such as casseroles. Life skills students get hands-on experience not only making healthy foods but developing related skills in areas such as math and reading. Meantime, a local food-rescue organization



*Today comprehensive school health approaches can take many forms. “With innovation happening, it was only a matter of time before our Kindergarten and early intervention teachers began running language development groups that used healthy foods as some of the props to talk about and ultimately taste,” says Merril Dean a principal from Yellowknife.*

provides milk, cheese, yogurt and fruit from restaurants and retailers who would otherwise throw these products out.

Each new partner and each new activity has helped to build excitement about CSH. “Staff began to see a difference in our students when they received a relatively healthy lunch compared to noodles and hot water, and our food program began to grow,” Dean says. For example, the school created a Fruit and Vegetable Olympics – a week of games and activities in the gym using fruits and vegetables as props, and turning them into meals when the games were over. The school has “Nutrition Ambassadors” who visit classes and speak to students about healthy foods as well as healthy self care. The Nutrition Ambassadors carry an important message and one that is listened too intently because it comes from peers, not adults.

“With innovation happening, it was only a matter of time before our Kindergarten and early intervention teachers began running language development groups that used healthy foods as some of the props to talk about and ultimately taste,” says Dean. The school also has an activity coordinator

who works with students in small groups to encourage more active lifestyles, and physical activity is a key focus for future development. Another goal for the future is helping students learn how to make lunches from what their families have on hand – often consisting mostly of canned goods.

“We know we continue to have a ways to go,” says Dean, “but we see our students making healthier choices. We have found that we can and do make a difference for them by providing healthy options, and they understand the importance to their own health of making those choices.”

These days, when students come to school in the morning and seem “out of sorts,” educators automatically ask the kids what they’ve had to eat. Dean says, “It’s amazing how feeding a student can turn around that mood and make a day that would have likely ended in multiple office visits or suspension into a day of learning.”

This is just one example of how the CSH approach is making a difference for students, schools and educators right across the country. (For additional examples, see the

*Stories from the Field* featured elsewhere in this edition.)

As Dean points out, the challenge may seem daunting in the beginning, especially in an environment where principals, teachers and others in the school already feel overburdened. But implementing CSH is easier today, thanks to tools like the Healthy School Planner. Developed and recently piloted by the Joint Consortium for School Health, the Planner is an online tool that any school can use to assess its current state of health, map out its future, and develop a targeted action plan to bring that future state to life.

For more on comprehensive school health or to register to use the Healthy School Planner, go to [www.jcsh-cces.ca](http://www.jcsh-cces.ca).

**Claire Avison** is the Executive Director of the Joint Consortium for School Health. The JCSH is a leader in supporting the advancement of comprehensive school health in Canada. Its membership is made up of key health and education representatives responsible for school health within each province and territory along with the federal government. For more information, visit [www.jcsh-cces.ca](http://www.jcsh-cces.ca).



*A student enjoys her fruit kabob during a school fruit promotion.*

# Comprehensive School Health and Nutrition

By Dr. Paul Fieldhouse



The "Edible School Yard" provides an excellent framework for food and nutrition education.

## *nutrition, health and learning*

Over the course of a school year a student may eat up to 200 lunches at school, consume food at numerous parties, dances or cultural events, buy food and beverages from vending machines, attend a breakfast or snack program, receive food as a classroom incentive or reward, and sell food products for fundraising. That adds up to a large number of eating events in schools every day [around 100,000 in Manitoba alone]. Offering and promoting healthy food and drink choices throughout the school day can therefore make a big contribution toward improving the nutrition of children.

The importance to the health of children of eating nutritious well balanced diets has long been recognized and talked about<sup>1</sup>. The diet of children and youth is an important influence on their current and future health, as poor nutrition can put young people at risk of developing childhood obesity, malnutrition, disordered eating, type 2 diabetes, iron deficiency anaemia and dental cavities. Poor eating patterns established in childhood commonly persist into adulthood, becoming ever-more resistant to change. About 1 in 4 Canadian children and adolescents aged 2yr to 17yr are overweight and 1 in 12 are obese. For adolescents aged

12yr to 17yr, the overweight/obesity rate has more than doubled, and the obesity rate tripled over the past twenty five years<sup>2</sup>. At the same time, 1 in 10 households with children experience food insecurity - compromised physical and economic access to sufficient, safe and nutritious food to meet dietary needs and food preferences for an active and healthy life<sup>3</sup>.

Recent research underlines the relationship between nutrition and cognitive development and supports claims that poor nutrition is associated with poorer learning outcomes<sup>4 5 6</sup>. School breakfast programs have been shown to be effective in improving cognitive functioning and are associated with increases in academic test scores, reduced absences and lateness, and increased class participation<sup>7 8</sup>. This new research-based knowledge affirms the experience and observations of classroom teachers, who have long related decreased attention spans and poor student performance to hunger and to missed meals.

## *The role of the school*

The school is a key setting for primary socialization of children. What children learn and practice in school will help to establish lifelong attitudes and behaviours

that will serve them well in negotiating the myriad of influences and pressures from commerce, media, friends and family that compete to shape their eating habits.

Ideally schools will:

- Help students to establish a pattern of eating that focuses on balance, variety and moderation.
- Be an institutional role model to students, educators, parents and communities about the importance and value of healthy eating.
- Provide opportunities for learning, practicing and establishing healthy eating habits for a lifetime

This calls for a comprehensive approach that obeys the dictum that 'schools educate by what they do' and that integrates multiple aspects of food in school life through curriculum instruction, programs, environment and policy. Consistency, rather than conflict, of pedagogical messages and environmental cues is required to maximise effectiveness in promotion of healthy eating. For example, it doesn't make a lot of sense to have a nutrition lesson on healthy eating, but to stock vending machines with low-nutrient, high-calorie foods. One memorable cartoon in my collection shows two distinctly obese youngsters at a front door, selling chocolate bars to raise money for diabetes awareness and insulin injection kits.

## *A comprehensive approach*

### **Curriculum**

Nutrition can be and is often taught throughout the K-12 curriculum in a variety of subjects such as home economics, health and physical education and science. There is no shortage of resources and ideas available for teaching nutrition in a creative way. However, because not all students take home economics classes it is unwise to rely on this as the sole curriculum vehicle for learning about food. This is particularly so when it comes to practical cooking skills, which are in decline, and the lack of which drastically affects food practices in the home. One response, from the UK, is to make hands-on practical cooking compulsory for all 11-14 year olds – the first time that cooking has ever been compulsory in schools.<sup>9</sup>

### **Programs**

School nourishment programs – most commonly breakfast and snacks, originally developed on an ad hoc basis to feed 'hungry kids', have evolved into more sophisticated programs adhering to best practice standards that aim to meet nutritional needs in a social setting. A school breakfast club can

integrate nutritional, educational and social goals, while fruit and vegetable snack programs have been shown to be successful in increasing childrens' fruit and vegetable consumption<sup>10</sup>. These in-school programs reinforce curriculum learning. The 'Cooking Bus' program in the UK, designed to support the national curriculum, teachers' own work objectives, and government health messages is a good example of how a centrally coordinated program can be shared between schools<sup>11</sup>.

### Environment

Changes in how schools organize around food are vital to successful food and nutrition education. This includes both physical and social environments. What is served or offered for sale in cafeterias, canteens and vending machines, how much it costs, and where it is eaten should be consistent with pedagogical messages in the taught curriculum. Aspects of the school food environment can also link to broader and issues and activities, such as recycling, school gardens and composting. The concept of the Edible School Yard provides a wonderful example of this broader framing of food and nutrition education<sup>12 13</sup>.

### Policy

The last few years have seen the development of school nutrition policy in most Canadian jurisdictions. These initiatives differ to a lesser or greater degree in scope and nature, but all have the same basic purpose – to improve access to and consumption of nutritious food in schools. Different approaches are possible, including banning or restricting particular food products, setting nutritional standards for foods served, or providing guidelines and stipulating desired outcomes, while respecting school-based decision-making.

The power of policy is that it is an intentional statement of commitment. It

provides both impetus and a framework for change, but it also supports and enables change where there is resistance. The existence of a written policy that is developed by and shared with the broader school community is in itself an educational tool that strengthens understanding and empowers action. Many successful policies are predicated on full involvement of administrators, teachers, student, parents, food service providers and other ancillary staff. A school food and nutrition committee or action group can review school food practices and make decisions or recommendations about what should be offered in cafeterias and canteens, ensuring that the opinions of the whole school community are taken into account.

Developing and implementing school nutrition policy may seem like a daunting task, but not everything necessarily has to be done at once. There are many potential components to a school food and nutrition policy, and thus many starting points. [Figure 1] Realistic action plans should start where success is most likely to be achieved. Changes should be monitored and shared so that everyone can see how it is making a difference; and successes should be recognised and celebrated (with healthy food of course!)

### *Food is more than nutrition*

Health has physical, social, mental and spiritual dimensions...but when it comes to food we seem to focus almost exclusively on the physical side, and may be in danger of reducing food to a collection of nutrients or, worse still, to mere fuel. As adults we know that food plays a central role in daily life; it is part of social interaction such as family meals or dinner with friends: it affects, and is responsive to, our moods and feelings of well-being; it is part of being human. Why should that be different for children at school? Through food children learn about security and affection, friendship and love, peer acceptance, prestige and status, punishment and reward, hospitality and sharing. What would the food experience at school look like if we paid more attention to these other dimensions? The Japanese concept of Shoku-iku is an example of an attempt to embrace this wider approach to food and nutrition education. Not only does it aim to give children the knowledge and ability to choose food and prepare healthy, nutritionally balanced meals on a regular basis, but also incorporates teaching respect for food - from the earth to the plate, aesthetic appreciation of food presentation, and social interaction around food from personal manners to sharing and consideration for others<sup>14</sup>.

**Figure 1**

### **Elements of nutrition policies**

- Foods available at special events
- Commercial vending/catering contracts
- Cafeterias and canteens
- Nutrition education for students/staff
- Using food as reward
- Fundraising
- Food packaging and waste
- Food Security
- Eating environments
- Role modeling
- Support of local food producers
- And many more...

### *Desired outcomes – a healthy relationship to food*

There is a modern tendency to over-emphasise the importance of individual foods – either by demonizing them or investing them with miraculous powers. The age old message of healthy eating is balance, variety and moderation; though operationalising this message has always been a major challenge for nutrition education. While teaching dietary prudence, we must avoid a guilt-producing, unhealthy preoccupation with food that may exacerbate the very problems that we are trying to address. Most importantly we need to imbue children with a sense of connection to food – as the source of life and celebration. A thoughtful, comprehensive approach to food and nutrition at school, provides this opportunity.

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**A Nutrition Policy is ...**

- a statement of philosophy and belief
- established to make healthy choices the easy choices
- a way to ensure that good nutrition is promoted both in theory and in practice
- a direction for action

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# Comprehensive School Health and Physical Activity

By Doug Gleddie



Initiatives involving a combination of physical activity, nutrition, and mental wellbeing are the most effective at improving the health of students.

## *Physical Activity Levels – or the lack thereof – in Children and Youth*

It has been estimated that the direct health care costs of inactivity impact our health system to the tune of \$2.1 billion dollars or 2.5% of Canada's total direct health care costs (Katzmarzyk, Gledhill & Shephard, 2000). When indirect costs are factored in, the estimate rises to over \$5 billion (Katzmarzyk & Janssen, 2004). Unfortunately, inactivity is not an adult only affliction. Active Healthy Kids Canada releases the *Canada's Report Card on Physical Activity for Children and Youth* each year. The 2008 edition reports the following:

- 90% of children and youth are not meeting the minimum guidelines for physical activity (90 minutes / day) established by Health Canada.
- Children and Youth are spending 4-6 hours a day in front of a screen
- Sport participation declined 18% from 1992-2005
- Although parents are generally supportive of physical activity for their children, however, this applies mostly to sports and declines as their children get older.

Plotnikoff, Bercovitz and Loucaides (2004), studied physical activity, smoking and obesity among rural and urban youth and found 26% of the youth would be classified as sedentary. The Canadian Institute for Health Information (2004) found that in 1998, Canadians 15 years and older spent an average 7 hours a week engaged in leisure time physical activity as compared with 15 hours a week watching television. Children and youth spend much of their formative years in a school environment, making that location a prime setting to reach this target population (McKenzie, 2001; Mummery, Spence & Hudec, 2000; Salmon et. al., 2003; Stelzer, 2005).

## *Comprehensive School Health*

It is certainly true that children and youth are a "captive audience" when they are in school. Tobacco reduction, hand washing, obesity and even traffic safety are just a few of the topics that organizations outside of the school system feel are of absolute importance for school aged children and youth. While educators may not dispute the importance of addressing health issues, the time constraints and pressures of curriculum, standardized tests and working conditions cannot be ignored. In the words

of Alberta's Ministry of Education Business Plan, education "...inspires, motivates and provides the necessary tools and opportunities for every child to attain the knowledge, skills and attributes required for lifelong learning, self-sufficiency, work and citizenship (Alberta Education Business Plan: 2008-2011). Therefore, if issues such as obesity and overweight, poor nutrition and low physical activity levels are to be addressed in schools, the method of delivery must align with the core business of schools – preparing future citizens. When an issue does not integrate with the business of schools or align with district priorities the inevitable fate of these initiatives is to be dropped off the end of the wagon as time constraints, fatigue and curriculum needs take over. So, should we ignore the physical inactivity epidemic and leave our children and youth to their own ends?

Absolutely not! Health is integral to lifelong learning, work, self-sufficiency and citizenship – these links are quite clear. The question then becomes, how do we address health outcomes in schools so that they are aligned with education outcomes? One of the most effective approaches is Comprehensive School Health (CSH), also known as School Health Promotion or Health Promoting Schools (Stewart-Brown, 2006; Veugelers & Fitzgerald, 2005). In this model, the instruction, environment (social and physical) and services/support available in the school setting are part of a foundation that allows for interaction and cohesion between the home, school and community. In Canada, the Joint Consortium for School Health has identified four distinct and inter-related pillars as a foundation for effective CSH. These are:

- Social and physical environments
- Teaching and learning
- Healthy school policy
- Partnerships and services

When school communities are able to address key health issues in an educational context there exists potential for both health and education outcomes to improve (Sallis et. al., 1999, Stewart-Brown, 2006, Murray, et. al., 2007). Although CSH is not a "magic potion" solving all health and social issues, research has shown that it can have a marked effect. For example, 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 (Franks et. al, 2007; Veugelers & Fitzgerald, 2005). As well, Stewart-Brown's (2006) meta-analysis of health promoting schools found that those initiatives that were complex and

multi-factorial in nature (ecological) and involved a combination of nutrition, physical activity and mental wellbeing were the most effective at improving the health of students.

### *Physical Activity as a key part of a Healthy, Active School Community*

When we examine the place of schools within an ecological framework (Bronfenbrenner, 1977; Kelly, 1990; Sallis & Owen, 1997) there are a number of levels in which to influence behaviour. At the social level, a powerful tool exists in subjective norms (Mummery, Spence & Hudec, 2000; Spence et. al., 2004). Applied to physical activity this is, "...the belief that others important to the participant think that he or she should be physically active..." (Mummery, Spence & Hudec, 2000, p. 122). This study found that subjective norms for younger children (grade 3) had a particularly profound impact on intention. School staff, parents and community members have a valuable role to play in this project. A qualified physical educator can play an important role both in leadership capacity for community and school based physical activity support as well as directly affecting the lifestyle choices of their students (Stelzer, 2005). In this way, a quality physical education teacher (administrator, parent, or community member) can become the social connection between an individual's behavior and the environment they behave in (Spence et. al, 2004).

At the organizational level, the opportunity for impact is perhaps even greater. Trudeau & Shepard (2005) recognized that schools are able to not only increase levels of physical activity in students through PE, they can also increase extra-curricular participation, active transportation and provide activity space for community members. The opportunity also exists to create micro-policy at the school district level. Barnett et. al. (2006) associated higher opportunity levels for physical activity at elementary schools that provided sufficient financial and human resources, positive role modeling by teachers and administrators, community development and access to facilities and equipment. McKenzie (2001) and Sallis et. al. (1997, 2001) also acknowledged the school as a key organizational link to impact physical activity.

### *Physical Activity and the Four Pillars*

Lets examine some practical and effective ways that school communities can address physical inactivity.

### *Social and Physical Environments*

- Playgrounds, fitness centres, classroom equipment bins, and intramurals are all examples of how to address the physical environment.
- Be sure to provide opportunities for ALL children and youth to be active.
- Ask the question: Who is not in the gym, on the playground, in intramurals etc. and address your environmental needs with those kids in mind.
- Anti-bullying programs can be a way to address the social environment – it's hard to play if you are being bullied
- Allow physical activity to become part of your school culture – staff, parents, students and the community all need to be on board.

### *Teaching and Learning*

- Provide adequate time for the health and physical education curricula
- Support teachers with professional development for Health and Physical Education
- Daily Physical Activity Initiatives (DPA) are in place in a number of provinces, check out the supports available from organizations such as Ever Active Schools (Alberta), Action Schools BC! (B.C.) and OPHEA (Ontario).
- As an administrator, don't be a stranger to the places teaching and learning about physical activity occurs, your modeling can make all the difference!

### *Healthy School Policy*

- Discuss school level policies or administrative procedures regarding physical activity with your staff and the school community
- Encourage your school district to examine policy around physical activity and support physical education, DPA, school sport, clubs and intramurals
- Inform parents about the critical links between health and education – they are your most vocal and strongest lobby group!

### *Partnerships and Services*

- Develop a letter of understanding between your school district and the health region to ensure effective and productive partnerships.
- Use community resources such as rinks, pools and playgrounds and examine the potential of joint use agreements for access.

- Use your district's health and physical education consultants or lead teachers – if your district does not have any identified, take steps to make that happen.
- Identify provincial level organizations that support the implementation of CSH and get your school involved.

Obviously, the physical inactivity epidemic is not for schools to deal with alone. In order for CSH to be effective schools need to work with the home and the community to address this issue. Lawry St Leger captured this spirit of cooperation in his closing words to an editorial on the place of schools in health promotion.

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 (2004, p. 408).



Doug Gleddie and family

**Doug Gleddie** is the Director of the Ever Active Schools program in Alberta and implements the CSH approach to assist school communities with the creation and support of healthy active school communities. In his spare time, he is pursuing a PhD in Secondary Education at the University of Alberta and is focusing on district implementation of CSH.

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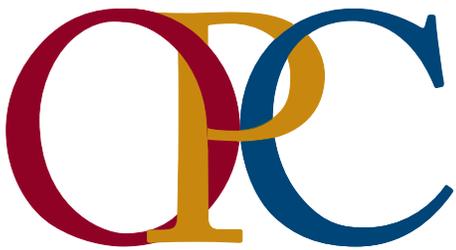
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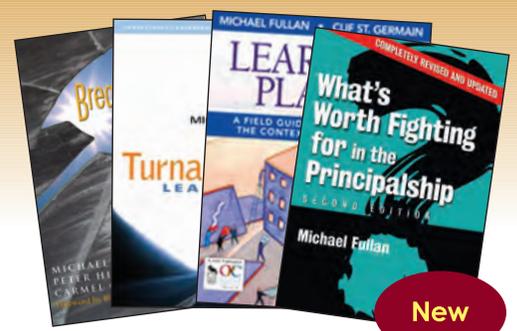
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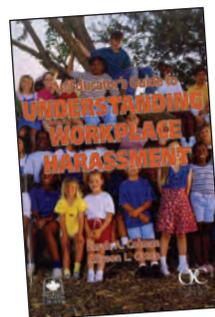


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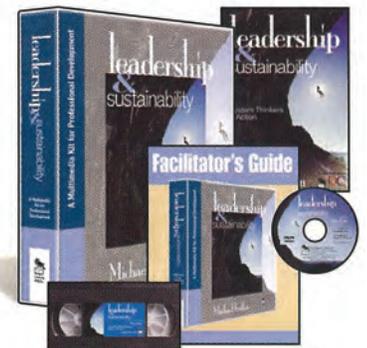
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# Conceptualizing Psychological Wellness: Addressing Mental Fitness Needs



Dr. William B. Morrison

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## *Moving beyond Problem-Focused Orientations*

Community and school-based mental health services and programs have traditionally addressed concerns related to the psychological well-being of children and youth through early identification of risk need factors, provision of timely intervention and support services, as well as through efforts aimed at fostering accurate understanding of mental health-related concerns or reducing potential stigma associated with mental health conditions. In many contexts, mental health-related programs or supports have focused primarily on problems associated with developing or existing mental health issues in children and youth, and the methods or approaches required to remediate these areas of identified concern or risk (Akin-Little, Little & Delligatti, 2004).

Suldo and Shaffer (2008) emphasize the importance of moving beyond solely a problem-focused view of addressing psychological well-being in children and youth. From their perspective, a complete state of well-being consists of more than absence of specific problems, risk or need areas, but also the presence of positive factors that exist within individuals and their social environments that contribute

to their psychological wellness. Similarly, researchers underscore that the absence of identified specific mental health problems is not sufficient to describe someone as mentally healthy (Deiner, Luca & Oishi, 2002).

## *Embracing A Positive Psychology Perspective*

In contrast to traditional deficit or problem-focused mental health orientations, positive psychology has shifted the focus of educators and health professionals “from a preoccupation with repairing weakness to enhancement of positive qualities” (Clonan, Chafouleas, McDougal & Riley-Tillman, 2004, p. 101). Such qualities or factors may include investigation or use of positive individual traits, positive personal experiences, or enabling initiatives/programs that assist in enhancing the quality of life of children and youth, and prevent or reduce the risk of developing mental health-related concerns (Seligman & Csikszentmihalyi, 2000). Positive psychology approaches in education and health often share common principles or values related to fostering the psychological well-being of children and youth. These include the assumptions that:

- Children and youth have inner strengths and gifts that support their capacity to initiate, direct, and sustain positive life directions;
- Child and youth engagement and empowerment are critical considerations for facilitating positive development or change;

- Children’s and youth’s social contexts and networks provide important resources and influences that have the capacity to contribute to and enhance their psychological well-being (Losier & Morrison, 2007; Sheridan, Warnes, Cowan, Schemm & Clarke, 2004).

In addition to fostering psychological wellness, McLoughlin and Kubick (2004) assert that positive psychology methods are central to the promotion of wellness attitudes and behaviours among children and youth. Such approaches de-emphasize problem-focused conceptualizations, in favour of methods that build upon and strengthen existing skills and competencies essential for creating and maintaining positive and healthy lifestyles.

## *Recognizing Important Psychological Needs*

In their positive psychology framework, Deci and Ryan (2007) describe three core psychological needs they assert as critical for the development of psychological well-being in children, youth and adults. These include the needs for relatedness, competency and autonomy.

**Relatedness** refers to our need for connection or closeness to family, peers, and other significant individuals. Fulfillment of this need is met through interaction with others, our membership in groups, and the support and encouragement we receive. When relatedness needs are met, children’s and youths’ self-perceptions may include

such notions as: I belong or am part of a group or community, or I feel included, encouraged and supported by others (Deci & Ryan, 2007; HERG, 2007).

**Competency** refers to our need for recognizing and using our personal gifts and strengths in achieving personal goals. Fulfillment of this need provides individuals with a sense of personal achievement and accomplishment. When competency needs are met, children's and youths' self-perceptions may include such beliefs as: I have strengths and gifts that are recognized by others. When I use them to meet goals I feel a sense of worth and accomplishment (Deci & Ryan, 2007; HERG, 2007).

**Autonomy** refers to our need for personal freedom to make choices or decisions that affect our lives. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others. When autonomy needs are met, children's and youths' self-perceptions may include such beliefs as: I am able to make decisions about things that are important to me and others. I feel hopeful because others support my participation in decision-making (Deci & Ryan, 2007; HERG, 2007).

Within the educational context, recent studies reveal positive associations between high psychological need fulfilment and increases in intrinsic motivation and self-determined behaviour among students. In these investigations, students experiencing higher levels of psychological well-being or need fulfilment were described as being academically motivated, having high self esteem, preferring challenges, and demonstrating initiative in independent learning activities. Similarly, fulfillment of relatedness, competency and autonomy needs has also been linked with health intervention outcomes associated with increased readiness for positive behaviour or lifestyle change (Ryan & Deci, 2008; Deci & Ryan, 2007).

### **Linking Psychological Need Fulfilment and Student Health Behaviours**

In 2006 and 2007 the New Brunswick Department of Wellness Culture and Sport in collaboration with the New Brunswick Department of Education, the University of New Brunswick, and the Université de Moncton undertook a province-wide school surveillance initiative to investigate the wellness behaviours of students in grades 5 to 12. The wellness behaviours investigated



in this research effort included student reported attitudes and behaviours related to healthy eating, physical activity, smoke-free living, and mental fitness. The concept of mental fitness was derived from Deci's and Ryan's (2007) description of psychological wellness highlighting the importance of addressing the psychological needs of students associated with relatedness, competency and autonomy. Mental fitness or psychological need fulfillment was measured using the Children's Intrinsic Needs Satisfaction Scale (CINSS) (Veronneau, Koestner & Abela, 2005).

Preliminary analyses of the 2006 and 2007 surveillance outcomes of approximately 40,000 New Brunswick students revealed various noteworthy relationships between mental fitness levels (psychological need fulfillment) and reported student attitudes and behaviours. Some of the outcomes are as follows:

- At moderate and high levels of mental fitness, increases in mental fitness were associated with increases in reported positive affect (unpleasant vs. pleasant affect) among students.
- Increases in mental fitness were also associated with increases in reported pro-social attitudes and decreases in oppositional behaviors.
- Reduction in the probability of smoking in the past 30 days for both male and

female students was associated with increases in mental fitness.

- Lower levels of mental fitness were associated with higher levels of susceptibility to smoking for both male and female students.
- The probability of engaging in competitive physical activity increased as mental fitness increased from low to high levels. While not as large, increases in mental fitness were also associated with increases in participation in non-competitive physical activity.

Although the preceding findings of the 2006-2007 student wellness surveillance cannot be used to infer causality, they do support the existence of potential relationships between psychological well-being (need fulfilment) and other health lifestyle behaviours and attitudes of students.

### **Fostering Psychological Wellness in Social Contexts**

The preceding sections highlight the potential relevance of psychological wellness to children and youths' academic development, behavioral functioning, and health lifestyles. According to Ryan and Deci (2008), psychological needs associated with relatedness, competency and autonomy may either be met or thwarted within social relationships and interactions. Ideally, the use of positive psychology approaches may be applied in a proactive manner to foster the psychological well-being of all children and youth within their natural social environments. In this regard, schools, homes and communities are key settings for intentionally addressing mental fitness or psychological needs. Some potential implications for contributing to psychological wellness may include:

- Empowering children and youth to collaborate with their peers in the development of their own solutions for specific problems (**autonomy, competency, relatedness**);
- Suspending judgment and encouraging the expression of children and youths' thoughts and feelings in classroom and home discussions (**autonomy**);
- Providing opportunities for children and youth to identify and use their strengths in academic work (**autonomy, competency**);
- Encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (**competency, autonomy**);

- Emphasizing fairness and social inclusion in small group, school-wide and community learning activities (**relatedness**);
- Reaching out and involving specific groups of children and youth who do not feel part of the school or community (**relatedness, autonomy**);
- Focusing on developing positive working relationships with parents and members of the community (**relatedness**); and
- Encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (**competency**).

Positive psychology concepts provide an important foundation for conceptualizing the nature of psychological wellbeing and its relevance to the academic growth and healthy development of children and youth. As educators, it is crucial that we not only focus on targeting risk/need areas or challenges, but also build upon the strengths and protective factors

that contribute to the resiliency and wellness of students. To accomplish this, students' needs for autonomy, competency and relatedness should be intentionally addressed in our daily routines and interactions within the school context and beyond.

**Dr. Morrison** is presently Associate Professor of Educational Psychology at the University of New Brunswick. As a psychologist and academic, Dr. Morrison has been actively involved in projects focusing on health research, program evaluation, and the implementation of community-based rehabilitation services for high-risk children and their families. Over the past seven years he has received funding from CIHR, Health Canada and the National Crime Prevention Center to complete a range of research initiatives related to tobacco control, crime prevention and knowledge translation of health research in educational and clinical contexts.

**Dr. Patti Kirby** holds a doctoral degree in Educational Psychology from Boston University. Prior to joining the Faculty of Education, Dr. Kirby served for several years as Director of Services for Students with Disabilities at UNB. She has presented at symposia and conferences across Canada on meeting the needs of exceptional learners.

All authors are members of the team from the Health and Education Research Group (HERG). This applied research centre is located at the University of New Brunswick and involves research associates from the Université de Moncton. The focus of HEERG is to carry out applied research efforts that will contribute to policy and practice decision-making in Education and Health. Key areas of inquiry for our research group include the surveillance of school wellness behaviours, the application of positive psychology intervention approaches, the use of inclusionary methods in education and the development of effective knowledge exchange processes.

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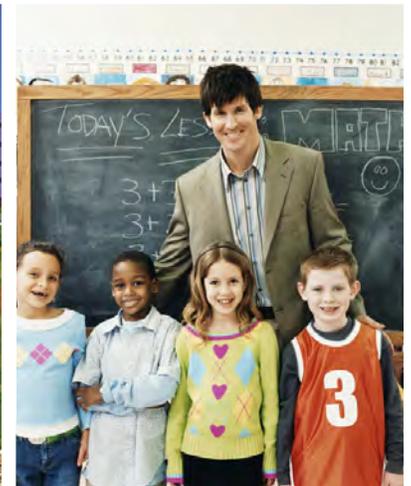
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# Comprehensive School Health: Stories from the Field

The following illustrations of comprehensive school health in action have been provided by members of the Joint Consortium for School Health.



Students take part in fun activities like the Health Hustle as part of Newfoundland and Labrador's Living Healthy Commotions.

## **Alpha Secondary: Supporting Students to Take the Lead**

*Burnaby, British Columbia*

As a member of the BC Healthy Schools Network, Burnaby's Alpha Secondary models every aspect of the CSH approach. The school makes clear that healthy living and lifelong learning are critical priorities, not just for students but also for educators, school staff and members of the broader community.

Alpha has had great success with its Fitness Leadership Program, which engages senior students from across the local district to increase awareness of proper nutrition and physical activity in their school communities. This includes work that engages fellow students in shaping healthy school policies. For example, student leaders in the program have conducted a series of surveys to assess students' health status. They have also used a taste testing strategy where students assist in the selection of healthy foods, consistent with the Guidelines for Food and Beverage Sales in BC Schools.

Students in the program also provide direct support for healthy living. Each is paired with a teacher and serves as the teacher's personal trainer to help enhance staff wellness. The students also provide open gym/training sessions for students and staff during lunch and after school. In the broader community, student leaders work to promote healthy lifestyles with presentations to schools, educators and health promotion professionals.

Meantime, staff at Alpha Secondary embed the concepts of healthy living in their classroom activities. For example, students track their

daily physical activity levels, and use these statistics in English and math classes for integrated lessons on graphing, journaling, writing and research.

The Fitness Leadership Program is just one component of Alpha's commitment to CSH.

## **Kent Road Elementary: Building Social and Emotional Health**

*Winnipeg, Manitoba*

At Kent Road Elementary in Winnipeg, the CSH approach includes monthly school-wide activities based on the Seven Teachings (bravery, honesty, humility, love, respect, truth, wisdom). Each activity lasts about 50 minutes and consists of a lesson in conjunction with a hands-on activity.

For one month's activity, grandmothers came to each class to share their wisdom with students. They spoke on subjects including: their grandchildren, what they remember about their own grandmothers, what wisdom their grandmothers passed on, what they would like to teach their own grandchildren, and how being a grandmother is different from being a mother. Students then prepared gifts for their grandmothers, or other keepers of wisdom in their lives.

The impact was felt throughout the school – and the wider community – both during and after this activity. Grandmothers were thrilled to be part of the project and said they had looked forward

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to it for weeks. Most came with detailed notes and speeches, and teachers welcomed the opportunity to have their students get another perspective from the community.

In addition to supporting students' healthy emotional and social development, the grandmothers' visits fostered a strong home-school connection that remains intact today and can serve as a basis for further engagement. Teachers and school staff were impressed by the level of respect students showed for the grandparents and, since all students participated at the same time, this activity helped to foster a strong school community.

### **Healthy Living Partnership in Middlesex-London: Creating Healthy Living Champions**

#### ***London, Ontario***

In 2007, the Middlesex-London Health Unit introduced a Healthy Living Champions Award program to 150 elementary schools. Consistent with the CSH approach, the program encourages schools to promote healthy eating and physical activity – not just in the classroom but across every aspect of the school's daily life. The program is guided by a framework addressing the four pillars of CSH, and includes a range of initiatives for each of the pillars in the areas of healthy eating and physical activity.

Schools can select initiatives to work on for the school year and create their own strategies to promote either physical activity or healthy eating. Points are awarded for achieving key objectives in each category; schools can receive gold, silver or bronze awards based on their point totals. Each award comes with a plaque and a gift certificate whose dollar value reflects the school's level of achievement. All schools' efforts are also acknowledged at an annual Healthy Living Celebration Breakfast.

In 2007/08, 46 per cent of eligible schools received the Healthy Living Champions Award. This compares with 35 per cent earning a similar award the year before. Health unit staff believe the higher achievement rate may be linked to the structure of the new award, which combines the objectives of two previously separate programs aimed at healthy eating and physical activity, respectively. Merging the two awards also allowed for a more comprehensive program and simplified documentation for schools.

The Healthy Living Champions Award will be formally evaluated in 2009. The findings will be used to continue to make improvements as the CSH approach moves forward.

#### **unavut: Building Resiliency for Youth through Yoga**

In Nunavut, yoga is at the centre of a highly successful CSH initiative. Typically associated with Eastern cultures, the practice was also a part of the Inuit culture long ago and has been welcomed back by Elders and other community members. They recognize that yoga encompasses far more than physical activity. It is in fact a traditional teaching used by generations of Inuit to help their youth learn patience, focus and concentration.

The Building Resiliency for Youth through Yoga program began in the North in Inuksuk High School in the fall of 2003. Led by yoga teacher Kerry Lawson, the program has since been embraced by schools in Kugluktuk, Arviat, Rankin Inlet, Gjoa Haven, Clyde River and Cambridge Bay as well as Yellowknife and Behchoko in the NWT. Students who participate learn how to calm themselves and let go of anger, frustration and sadness. They learn how to take time to make better choices in life, and they are better able to focus in the classroom. Many teachers, parents and caregivers have commented

on how the yoga noticeably calms children, leading to a better learning environment.

To implement the program, schools begin with a two-day workshop for teachers that includes a manual and step-by-step guidance. The focus is not just on teaching yoga classes. Rather, teachers learn to use yoga techniques and philosophies with youth, to help them deal with the challenges they face on a daily basis. Workshops are also available for Elders, young mothers, people who work with young offenders, and staff in addiction/rehab programs.

The Building Resiliency for Youth through Yoga program has now reached more than 5,000 Inuit youth and earned rave reviews from students, parents, teachers and Elders. In the words of one student, "When I feel angry, instead of doing something bad I listen to breath; it calms me." That kind of enhanced capacity for rational decision-making can have significant impacts on young people's health and well-being.

### **Living Healthy Commotions – Mobilizing Schools and Communities**

#### ***newfoundland and Labrador***

In 2005, Newfoundland and Labrador held a Healthy Schools Student Summit where kids had a chance to directly influence the CSH agenda. Students said they would like an opportunity to celebrate and share their accomplishments by holding a province-wide event every year.

Thus was born the concept of Living Healthy Commotions – school-based events that recognize creative ways to promote health in the school and community. Schools open their doors and invite school councils, parents and community partners to participate.

All schools across the province (K-12) are asked to hold their Living Healthy Commotion on the same day in September, around the start of the school year. Resources such as posters and activity books are sent to every school along with dedicated funding, based on each school's population. Teachers, principals, students or the Living Healthy Team at each school coordinates the Commotion, connects with the School Health Promotion Liaison Consultant, and is responsible for submitting a registration form, handling the funding, and completing an evaluation.

Living Healthy Commotions are part of the Healthy Students Healthy Schools (HSHS) initiative, created through a partnership between the Newfoundland and Labrador departments of Education and Health & Community Services. They are great vehicles for promoting healthy living messages in the school community.

School leaders emerge, the school community is mobilized and the tone is set for the whole school year. Partnerships between health and education are strengthened, and school communities receive support to plan, connect, and empower one another. Commotions also provide an opportunity for school catering companies to feature their latest healthy products and encourage students to give them a try.

### **Charlie Killam School: Teachers and Administrators Taking the Lead**

#### ***Camrose Alberta***

Passionate, committed teachers and administrators play a big role in the success of CSH at Charlie Killam School in Camrose, Alberta. Most students start their day with a walk around the school loop.

Many wear pedometers and challenge each other to see who can get the highest number of steps and laps before the bell rings. Teachers and staff participate too, recognizing that being active is a great way for everyone to get their day started.

A healthy breakfast program is also offered free of charge and serves between 70 and 100 students daily. Lunches served at school include nutritious options such as salads and wraps, while pop machines have been replaced with milk and juice options.

Every student receives 55 minutes of daily physical education, along with the option of participating in lunchtime intramurals and a free after-school fitness club. Instructional activities encompass exercise programs, the proper use of equipment, and guidance in areas such as monitoring heart rates to see what zones are safe, and

to help students become more in-tune with their bodies.

Teachers at Charlie Killam recently planned and organized a health fair, which offered students the chance to choose from a menu of physical education, nutrition and wellness activities. Options included broomball, yoga, Pilates, tai chi, massage, stress management, alternative nutrition and more. This event was very successful in giving the kids a chance to see the variety of possibilities for maintaining a healthy mind and body.

Principal Carol Brown says she makes a point of pursuing all available funding and resources for healthy school activities. With the active and enthusiastic support of teachers and students, Charlie Killam School continues working to build the healthiest learning environment possible.



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This is the eleventh in a series of articles prepared by or on behalf of the Canada Millennium Scholarship Foundation for the *CAP Journal*. This series is part of an ongoing partnership between CAP and the Foundation aimed at providing principals and vice-principals across the country with information about the Foundation's Millennium Research Program and, in particular, the Foundation's work around overcoming barriers to post-secondary studies beginning at the high school level.

The Canada Millennium Scholarship Foundation is a private, independent organization created by an act of Parliament in 1998. The Foundation works to improve access to post-secondary education for Canadians from all backgrounds, it encourages a high level of achievement and engagement in Canadian society, and it brings people and organizations together to understand barriers and improve access to post-secondary education.

For more information on the Canada Millennium Scholarship Foundation and the Millennium Research Program, visit the Foundation's Web site at [www.millenniumscholarships.ca](http://www.millenniumscholarships.ca)

# Fear of the unknown

## Due to a lack of information, many Canadian youth have anxieties about post-secondary education

Fear of failure and concerns about making the wrong decision about what course of study to follow fuel the anxiety that prevents many Canadian youth from continuing on to pursue a post-secondary education (PSE) after high school.

For many young people, PSE is an unknown quantity because they lack information and, consequently, do not view it as a tangible choice.

These are among the significant findings from a qualitative research study commissioned jointly by the Canada Millennium Scholarship Foundation and the Council of Ministers of Education, Canada (CMEC).

The report, *An Examination of Barriers to Pursuing PSE and Potential Solutions*, also suggests ways to modify education policy and curricula to correct the current situation.

Student anxiety also extends to the cost of PSE. Students are not necessarily concerned about paying for their education. Rather, those who do not go on to PSE immediately after high school feel unprepared to make long-term decisions about their futures because they lack information about what choices they have, leading both to uncertainty and to worries about wasting money.

The report states that its findings “suggest that there is a strong need to present information about PSE alongside information about careers. Not only would this clarify how both are linked, but it would also help students to think more constructively about PSE and potential careers for the future.”

Ekos Research Associates conducted the research based on focus groups in six Canadian cities with Grade 11 students who were uncertain about pursuing PSE, Grade 12 students who did not plan to

pursue advanced studies on a full-time basis and parents of such students. The focus groups were held during the spring of 2008 in Toronto, Saskatoon, Vancouver, Saint John, Halifax and Montreal. The Montreal discussions were in French. In each city, two focus groups were held simultaneously — one with students and one with parents. Both groups then took part in a joint session to discuss barriers to pursuing PSE, how they interact and potential solutions.

Most student participants said they felt unprepared to make long-term decisions about their futures.

They viewed decisions about PSE as being closely tied to career paths and thought that decisions about PSE, especially where colleges and trades were concerned, committed them to a course of action in career terms. Many worried about making “*the right decision*” and felt they needed time away from studies “*to figure things out.*”

They were uncertain about what they wanted in the future, were anxious about how much time was needed to make a long-term career plan and worried about making the wrong decision about PSE and careers.

Some typical comments: “*I don’t want to end up wasting any time or money.*” “*What if you don’t like what you picked?*” “*I am worried about training for a job and not liking it.*”

The full report with annexes is available at [www.cmec.ca](http://www.cmec.ca).

## POSSIBLE SOLUTIONS

The research underscores the challenge facing educators and policy-makers: there is inadequate information on PSE choices and their relationship to careers. For example, most of the information provided to students is about university and college without enough information on other options, such as apprenticeships.

There was consensus among participants that it is important to provide information about PSE and careers to students and parents starting well before the final years of high school, possibly as early as Grade 9. There was agreement among students and parents on the need to introduce “aptitude-careers-PSE” modules into the curriculum. Such modules, says the report, would “help students more systematically explore their aptitudes and interests, link these to different career options and, ultimately, to potential PSE options.” The majority of participants said this approach should be “mandatory.”

The report noted that such courses exist in most provinces, but need to be given greater prominence and be “better strategized so that students can derive more from them . . .”

It found that not continuing studies after high school was “generally a difficult decision” for students, but one that was necessary because of uncertainty about long-term commitments or because they thought that they did not have high enough marks for PSE.

Most students said that they needed to know more about admission requirements (grades and credits needed for different PSE programs); detailed descriptions of different programs; career choices related to different programs of study; tuition cost; and financing options (e.g., student loans, bursaries and scholarships).

One interesting revelation was that “school guidance counsellors and teachers were thought to have very little impact on the decisions made by students.”

In fact only a minority of participants “interacted” with their school’s guidance counsellor.

Those who did said their guidance counsellor reviewed grades and “discussed their aptitudes in certain areas.”

Guidance counsellors “often recommended certain courses and sometimes provided them with information they

did not already know about PSE. Very few participants had approached their guidance counsellor to inquire specifically about PSE.”

The need for high school students to have a solid understanding of PSE options is a major focus of the Canada Millennium Scholarship Foundation’s research. It has conducted a pilot project called *Future to Discover (FTD)* in partnership with the governments of New Brunswick and Manitoba. FTD delivered advanced career-development and post-secondary information to high school students in grades 10 through 12. An interim report on project impacts will be published by the Foundation later this year.

The Foundation and the Canadian Career Development Foundation have also worked with the YMCA-led Canadian Post-Secondary Access Partnership to adapt the *FTD* course materials for use by staff in community-based organizations. YMCA employees, known as YouCanGo access workers, are now delivering post-secondary access workshops and one-on-one post-secondary advising services to students and their parents in 12 communities across Canada.

*FTD* was the subject of a comprehensive article in *The CAP Journal*, Volume 14, No. 1, Winter 2006.



## OTHER STUDENT CONCERNS

Perceptions of school life among participants were less than positive. They identified the issues that bothered them as factors that contributed to their attitudes towards PSE. These included:

- Quality of teaching, curriculum, and treatment of students with special needs. Some participants described what they had to learn as “useless” and repetitive and suggested curriculum reform is needed. Parents and students agreed that the quality of teaching was too varied, especially for special-needs students.
- A significant minority said that they had learning disabilities and had to struggle in class. These students and their parents felt many schools were not equipped to meet their needs.
- Most students were enrolled in academic programs of study, but did not have a clear understanding of the purpose of different streams of study.

The report found that some students enrolled in academic programs become overwhelmed by the increased level of activities in Grades 11 and 12, causing them to question “whether or not they are ready for any kind of PSE.”

- Parents remarked that schools often recommend non-academic streams for students with poor grades to help them “excel” because these programs are considered “easier.” By the same token, parents felt that non-academic streams and special education classes often were recommended for students with learning disabilities because the schools do not know how to accommodate them.

The Canada Millennium Scholarship Foundation is a private, independent organization created by an act of Parliament in 1998, with a mandate to deliver bursaries and scholarships to Canadian post-secondary students

until the end of 2009. The Foundation provides students with opportunities to pursue the post-secondary education they need to prepare themselves for the future. To date, it has awarded more than one million bursaries and scholarships, worth over \$3 billion, to Canadian post-secondary students. For more information, visit [www.millenniumscholarships.ca](http://www.millenniumscholarships.ca).



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Maya's love of learning and community spirit earned her a Millennium Excellence Award from the Canada Millennium

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5. work cooperatively with other educators and associated professionals in education
6. faithfully carry out all duties as specified by governing bodies
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