

Nova Scotia  
Health Promoting Schools (HPS)  
**Provincial Guiding Document**

**January 2015**

**Education and Health:**

*Working together to enhance  
healthy school communities*

## Table of Contents

<b>Background</b>	<b>3</b>
<b>How to Use this Guiding Document</b>	<b>5</b>
<b>Vision</b>	<b>6</b>
<b>Mission</b>	<b>6</b>
<b>Guiding Principles</b>	<b>7</b>
<b>Pillars of Health Promoting Schools In Nova Scotia</b>	<b>8</b>
<b>Substantive Areas of Focus</b>	<b>11</b>
<b>Levels of Action for Health Promoting Schools</b>	<b>12</b>
<b>Monitoring and Evaluation</b>	<b>13</b>
<b>Resources</b>	<b>14</b>
<b>Glossary</b>	<b>15</b>
<b>References</b>	<b>20</b>
<b>Appendix A - Contributions</b>	<b>21</b>

## Background

### *INTERNATIONAL*

Schools can make a substantial contribution to a student's health and well-being. There is growing evidence that effective schools, to which young people feel connected, can have an impact on health and inequalities in health. This has been increasingly recognized by many international organizations including the World Health Organization (WHO), UNICEF, the International Union for Health Promotion and Education (IUHPE) and others. A range of initiatives have evolved in the last twenty years with various names such as Health Promoting Schools (HPS), Comprehensive School Health, and Healthy School Communities. However, these initiatives share something in common; a "whole school" approach and recognition that all aspects of the life of the school community are potentially important in the promotion of health. It has become clear in these approaches that it is necessary to do more than just offer health education classes in the curriculum if schools are to fulfill their potential in the promotion of health for all young people.

A considerable body of evidence has emerged in the last twenty years to inform governments, schools, non-government organizations (NGOs), teachers, parents and students about effective school health programs. School programs that are integrated, holistic, strategic, and engaged with the school community are more likely to produce better health and education outcomes than those which are mainly information-based and implemented only in the classroom. (International Union for Health Promotion and Education, 2008).

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier. In the classroom, evidence informed health promotion and student engagement strategies facilitate improved student achievement, school attendance, and classroom behavior which can lead to positive social and emotional well-being. Evidence informed approaches to policy and physical and social environments help enhance the school climate so students develop the skills needed to thrive, be lifelong learners, and be physically and emotionally healthy for life.

"A health promoting schools approach integrates the curriculum, a healthy school environment, health services, and parent and community involvement in a coordinated fashion for the benefit of both students and staff. Because poor academic performance shares risk factors with health risk behaviours, the health promoting schools approach aims to contribute to improved learning. Furthermore, in a dynamic and vibrant health promoting school, participation, empowerment, equity, and democratic processes are emphasized. Students and staff take active responsibility for their own health and that of the school environment. In so doing, they are practicing citizenship in their school community and contributing directly to the core mission of schools." (Roberts, G., 2009)

## *NOVA SCOTIA*

The HPS approach endorses a “whole school” approach to health promotion that creates conditions for children to be healthier and thus learn better. This whole school approach is the same philosophy that underpins the Nova Scotia Department of Education and Early Childhood Development’s (DEECD) Continuous School Improvement (CSI) Framework and SchoolsPlus.

HPS was initiated in Nova Scotia in 2005 and is a partnership between DEECD, the Nova Scotia Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA, formerly known as District Health Authorities) and public school boards. DHW provides funding to the eight public school boards and the Mi’kmaw Kina’matnewey who work with the NSHA and other partners to enhance student learning and health outcomes by strengthening school communities. In turn, this provides a setting for students to realize their potential. Partnership between the education and health systems is essential to ensure the areas for alignment between the two departments are identified and addressed collaboratively.

## How to Use this Guiding Document

This document is intended to frame the work of HPS at the school board and provincial levels and is based on international evidence and provincial context. This document provides a common direction and proven elements of the HPS approach. It is intended for use by school board based teams/committees and provincial department staff (Education and Early Childhood Development and Health and Wellness), though others doing HPS work may find the guidance helpful.

The guiding document elements include: a vision, a mission, guiding principles, pillars and substantive areas of focus. These elements are meant to guide the work so that, no matter what “level” of work is taking place, there is a common way of working, a common direction to strive for and an intentional approach to what and how work is done. As contributors to HPS and systems change, these elements will remain to help ensure the approach continues in a strategic, coordinated, evidence informed manner while providing flexibility and decision-making at the local level.

## **Vision**

Children and youth thrive in healthy school communities.

## **Mission**

Create and support healthy school communities where student learning, health, well-being and overall achievement are improved.

## Guiding Principles

Principles that guide HPS decision-making and planning are listed below. These principles are based on international best practices and on what works well in Nova Scotia.

### Support Schools to be Healthier Places

- ✓ We promote health: we choose strategies that focus on promotion and prevention that impact the entire school population and the broad determinants of health.
- ✓ We work sustainably by choosing actions and strategies which have long and far-reaching effects (i.e. policies and practices that have an ongoing impact on school climate)
- ✓ We create synergies by integrating HPS work and processes with existing work i.e. CSI
- ✓ We create connections and recognize a continuum between HPS work and work focused on individual approaches such as youth counseling and services, youth health centres and SchoolsPlus

### Social Justice

- ✓ We strive for social justice and equity. Social justice embodies a vision that all people in our communities are considered in a fair and equitable manner. Social justice encompasses the concepts of human rights, equity, access and participation.

### Involvement and Engagement

- ✓ We actively engage students and those who are most affected by the health-related issues in the planning, decision-making and implementation regarding action on those issues.  
We practice open and transparent communication.

### Partnership and Collaboration

- ✓ We work in partnership and collaborate with organizations and individuals who have similar interests and/or mandates to HPS, to maximize effectiveness.

### Evidence

- ✓ We use evidence to guide planning and inform decision-making. Using evidence is key to ensuring we balance experience and knowledge for an informed, relevant approach.

### Evaluation

- ✓ We seek continuous improvement through ongoing monitoring and evaluation.

## Pillars of Health Promoting Schools in Nova Scotia

Health Promoting Schools in Nova Scotia has adopted the four interrelated pillars of the Joint Consortium for School Health (see diagram and table below) which are based on current global evidence. Approaching school health using these four pillars is a comprehensive way to create a school environment that supports learning and healthy child development. These pillars can help in HPS planning at the provincial, school board and school levels. Like the substantive areas of focus (see page 11), not all pillars are required in a typical HPS plan; rather, the pillars can be used to guide the work. However, to ensure HPS work is comprehensive in scope, schools are encouraged to consider — and use — more than one pillar to address concerns. The table on the following pages has been adapted from the Joint Consortium for Health; Nova Scotian context or examples have been added.



Schools use a CSI planning approach and develop school based plans that touch on many aspects of the HPS pillars to: influence school culture, improve student learning, and enhance health and achievement.



Pillar	What it Means
<p><b>Social and Physical Environment</b></p>	<p><b><i>The social environment includes:</i></b></p> <ul style="list-style-type: none"> <li>• The quality of the relationships among and between staff and students, and families: <ul style="list-style-type: none"> <li>○ The respect demonstrated in communication and engagement between students, teachers, parents, administrators, school staff and other partners.</li> <li>○ The rules of the school and equal enforcement of the rules by all staff.</li> </ul> </li> <li>• The emotional well-being of students.</li> <li>• The influence of relationships with families and the wider community.</li> <li>• Race Relations, Cross Cultural Understanding and Human Rights (RCH). RCH enables students to: <ul style="list-style-type: none"> <li>○ feel that their race, culture and identity are affirmed by the educational system</li> <li>○ accept inclusionary practices related to Aboriginal Peoples, racial origin, gender, challenges (i.e. physical challenges, mental challenges), sexual orientation and age</li> <li>○ reject discrimination, racism, sexism, homophobia</li> <li>○ develop a positive self-image</li> </ul> </li> </ul> <p><b><i>The physical environment includes:</i></b></p> <ul style="list-style-type: none"> <li>• The buildings, grounds, play space and equipment in and surrounding the school</li> <li>• Basic amenities such as sanitation and air cleanliness</li> <li>• The foods provided in the cafeteria, breakfast program, classrooms and school celebrations (such as birthday parties, awards ceremonies)</li> <li>• Marketing, advertising and sponsorship messaging</li> </ul>
<p><b>Teaching and Learning</b></p>	<p><b><i>Broader than formal health education, teaching and learning includes:</i></b></p> <ul style="list-style-type: none"> <li>• Resources, activities and provincial curriculum where students gain age-appropriate knowledge and experiences, helping to build their understanding, confidence and skills</li> <li>• Professional learning communities, instructional practices, collaboration</li> <li>• Critical thinking, communication, citizenship</li> <li>• Professional development for teachers and foodservice staff</li> <li>• Incorporation of health topics into other subjects</li> <li>• Linkage of teaching with the rest of the school community (i.e. incorporating school food and nutrition policy into classroom discussions)</li> </ul>

Pillar	What it Means
<p><b>Healthy School Policy</b></p>	<p><b>Management practices, decision-making processes, rules, procedures and policies at all levels that promote health, well-being, and resilience as well as shape a healthy, respectful, welcoming and caring school environment.</b></p> <p>Examples of range of policies:</p> <ul style="list-style-type: none"> <li>• The provincial Food and Nutrition Policy for Nova Scotia Public Schools</li> <li>• A school board policy such as an RCH policy, substance use policy, community use of school facilities policy</li> <li>• A school level policy such as attendance support, technology in the classroom and student fees</li> </ul>
<p><b>Partnerships and Services</b></p>	<p><b>Partnerships are:</b></p> <ul style="list-style-type: none"> <li>• Connections between schools and other community organizations and representative groups such as towns, municipalities and business</li> <li>• Health, education and other sectors working together to advance student learning, and student, school and community health</li> <li>• Woven throughout the guiding principles and pillars of HPS. Partners may include not only the school board and NSHA but also municipalities, justice system and other groups</li> </ul> <p><b>Services are:</b></p> <p>Community and school based services that support and promote student and staff health and well-being. Examples of services which fit under the HPS umbrella include:</p> <ul style="list-style-type: none"> <li>• enhanced vision screening</li> <li>• immunizations</li> <li>• youth counseling</li> <li>• health services and support</li> <li>• youth health centres</li> <li>• wrap-around services such as SchoolsPlus</li> </ul>

## Substantive Areas of Focus

There are certain health issues that are particularly significant for children and youth and it may be helpful for schools to keep these in mind as they plan for healthy school environments that support learning. Examples of health issues include mental health, school connectedness, healthy eating, healthy relationships, physical activity and substance use.

In Nova Scotia, the healthy living curriculum focuses on the substantive areas listed in the table below. The curriculum is one part of the pillar earlier referred to as teaching and learning. Content areas are woven together in many cases and also taught in subjects other than healthy living.

<b>Nova Scotia</b>	
Based on the background document for the creation of the Learning Outcome Framework (Roberts, G., 2009)	
1.	Mental and emotional health
2.	Physical activity
3.	Healthy eating
4.	Substance use and gambling
5.	Injury and communicable disease prevention
6.	Sexual health

## Levels of Action for Health Promoting Schools

There are three main levels of action with the HPS approach:

1. **School Community** – school staff, students, parents, home and school, school advisory councils and community members focused on planning and implementing a comprehensive school health plan and HPS actions. It may be that an HPS team is the same as or overlaps with the CSI team - there could be many links and synergies made by strategically working together in both areas as they have mutually reinforcing intentions. HPS actions could include assessment of school needs, school community level planning, supporting the development and implementation of school policies, monitoring and ensuring compliance of policies, ensuring healthy living curriculum is supported by school policies, school climate and the environment.
2. **School Board** – school board based teams consisting of staff (school boards and/or schools, NSHA, DHW, SchoolsPlus), students, parents and other relevant agencies and community representatives focused on providing regional leadership, planning, coordination and support to CSI and HPS work taking place at the school level.

Actions could include school board planning and process evaluation, administration of funds, supporting the development and implementation of school board policies, monitoring and ensuring compliance of policies, communication of tools/learning opportunities/evidence, forming strategic regional partnerships, identifying opportunities for HPS work and providing input and support to provincial level work.

3. **Provincial** – staff working in provincial departments (DHW, DEECD and others as appropriate) providing provincial level leadership and coordination through such things as establishing an integrated provincial level plan between DEECD and DHW, administering funding, monitoring and evaluation, providing development opportunities for regional/school board HPS committees/teams, building/maintaining strategic partnerships, identifying and disseminating evidence, best practice and knowledge sharing.

On occasion, members of school board level teams and provincial government staff will come together as a large group or smaller working groups to plan, develop and/or implement various pieces of work.

## Monitoring and Evaluation

This document will be evaluated by HPS Co-Chairs (or a sub-set of that group). This will happen no later than September of each year.

## Resources

The following is a list of potential resources for HPS.

**Health Promoting Schools** – official web site of Health Promoting Schools in Nova Scotia

<https://nshps.ca/>

**Healthy School Planner** - a free tool that schools can use to assess the current health environment and build a plan to make improvements.

<http://www.healthyschoolplanner.uwaterloo.ca/>

**Joint Consortium for School Health** - a partnership of 25 Ministries of Health and Education across Canada working to promote a Comprehensive School Health approach to student wellness/well-being and achievement/success for all children and youth.

<http://www.jcsh-cces.ca/>

**Mental Health Toolkit** - this toolkit was designed to promote positive mental health perspectives and practices in the school context.

<http://www.jcshpositivementalhealthtoolkit.com/>

**Youth Engagement Toolkit** –this toolkit is intended to: help communicate the importance of youth engagement as a key approach to implementing comprehensive school health; provide research and rationale for practicing youth engagement in schools, school boards and districts, government ministries, health regions and community organizations; provide a "how-to" resource of effective practices to support youth engagement in these contexts.

<http://www.jcsh-cces.ca/ye-book/>

# Glossary

## **Comprehensive School Health (CSH)**

This multi-faceted approach to student health and achievement in an integrated and holistic way dates to the Ottawa Charter (1986) when action in health promotion was set out in five pillars:

- Reorienting health service
- Building healthy public policy
- Developing personal skills
- Strengthening community action
- Creating supportive environments

From these pillars, the JCSH developed the Comprehensive School Health Framework. Its four pillars reflects the role of education in health promotion within the school community setting:

- Teaching and Learning
- Healthy School Policy
- Physical and Social Environments
- Partnerships and Services

The Joint Consortium champions a comprehensive school health approach, recognizing that programs and initiatives may be examples of applying the approach in practice. When a CSH approach is applied to an issue, positive mental health, physical activity, healthy eating, for example, then actions in all four pillars are integrated to provide skills, supports, and improvements in student achievement and in the school community.

## **Continuous School Improvement (CSI) Planning**

The school, under the leadership of the principal, is responsible for developing the school's improvement plan. The school improvement plan serves as a road map for the changes and results the school strives to achieve. School improvement planning involves the collaboration of teachers and school administrators. School support staff and the school advisory council also have an important role in this process. At times schools have also directly involved students, parents, and community representatives in the planning and decision-making processes.

## **Determinants of Health**

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status.

1. *Income and Social Status*: Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy

sufficient healthy food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

*2. Social Support Networks:* Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances.

The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

*3. Education and Literacy:* Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. As well it improves people's ability to access and understand information to help keep them healthy.

*4. Employment and Working Conditions:* Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

*5. Social Environments:* The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others.

*6. Physical Environments:* The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments.

In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.

*7. Personal Health Practices and Coping Skills:* Those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health.

Definitions of lifestyle include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. There is



a growing recognition that personal life "choices" are greatly influenced by the socioeconomic environments in which people live, learn, work and play.

*8. Healthy Child Development:* Evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.

*9. Biology and Genetic Endowment:* The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

*10. Health Services:* Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention. This determinant also refers to the extent to which populations have access to services and are able to make full use of services and resources.

*11. Gender:* Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

*12. Culture:* Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

## **Health Promotion**

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

### **Healthy School Communities**

“A Healthy School Community is one that supports the wellness of children and youth and the entire school community by promoting wellness through the implementation of a comprehensive school health framework. It is a school community that constantly strengthens its capacity as a healthy setting for living, learning and working.” (Developing Healthy School Communities Handbook, Alberta Healthy School Community Wellness Fund, 2011). Some would say a healthy school community goes beyond the walls of a school to include community organizations and services with which a school can partner in recognition that academics and student health occur outside traditional school settings as well.

### **Individual Approach**

An individual approach refers to an intervention/program/services which is focused on working with an individual (i.e. individual counselling).

### **Joint Consortium for School Health (JCSH)**

The JCSH is a partnership of Canada's federal, provincial and territorial governments. It brings together key representatives from each jurisdiction's health and education ministries/departments, and supports them to work more closely together to support comprehensive school health. Its mission is to provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together. <http://www.jcsh-cces.ca/>

### **Race Relations, Cross Cultural Understanding and Human Rights (RCH)**

RCH support for teachers and students includes the identification, development and implementation of programs, learning supports and strategies to enhance academic achievement and address systemic inequities and barriers affecting racial and ethnocultural groups. Through these activities, RCH strives to create a positive learning environment for all. Supportive relationships will be developed with parents and the wider community to promote mutual respect among students, parents, administration, staff and community members.

### **School Advisory Councils**

A legally recognized body composed of the principal and representatives of teachers and support staff, students, parents, and community members who work together in an advisory capacity to increase the quality of education being provided by the school.

### **School Climate**

A school climate includes major spheres of school life such as safety, relationships, teaching and learning, and the environment as well as larger organizational patterns (e.g. from fragmented to shared; healthy or unhealthy). Research has demonstrated that a positive school climate is associated with academic achievement, effective risk prevention efforts and positive youth development.

### **School Culture**

School culture generally refers to the beliefs, perceptions, relationships, attitudes, and written and unwritten rules that shape and influence every aspect of how a school functions. Like the larger social culture, a school culture results from both conscious and unconscious perspectives, values, interactions, and practices, and it is heavily shaped by a school's particular institutional history. Students, parents, teachers, administrators, and other staff members all contribute to their school's culture, as do other influences such as the community in which the school is located, the policies that govern how it operates, and/or the principles upon which the school was founded.

### **SchoolsPlus**

SchoolsPlus is a collaborative interagency approach to supporting the whole child and family with the school as the centre of service delivery. This enables enhanced collaboration by bringing professionals and programs together to help children, youth and families in a welcoming, accessible place. Each SchoolsPlus site has a regional advisory committee with representation from various government departments and community agencies. The advisory committees help identify gaps in services or resources and help come up with solutions and ways to partner. SchoolsPlus promotes the co-location of services within a school such as: Community Services, Justice, Mental Health, Addiction Services, Health and other community organizations.

### **Student Engagement**

Student engagement refers to a student's willingness, need, desire and compulsion to participate in, and be successful in, the learning process.

### **Whole-school or Population Approach**

A whole-school or population approach occurs when an intervention/program/service is focused on working with/for an entire population (i.e. all students in a school) or sub-population (i.e. all girls aged 12-16 in a school).

**Youth Engagement**

The sustained and meaningful involvement of a young person in an activity focused outside of themselves.

## References

International Union for Health Promotion and Education (IUHPE) (2008). Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools.

[http://www.iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/HPSGuidelines\\_ENG.pdf](http://www.iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/HPSGuidelines_ENG.pdf)

Roberts, G (2009). Faster alone, farther together: A recommended direction for Nova Scotia's Health Education Curriculum.

## Appendix A - Contributions

Many people contributed to the development of this guiding document. This list below reflects the main organizations/groups involved. With many of them, several people made contributions and/or suggestions.

**School Board** – several staff from all public school boards across Nova Scotia

**Nova Scotia Health Authority** – several staff from all zones across Nova Scotia

**Nova Scotia Department of Education and Early Childhood Development** – Managers and staff from in the department including curriculum and student and program services

**Nova Scotia Department of Health and Wellness** – Managers and staff in the department including public health, active living, addictions, mental health and children’s services