

Comprehensive School Health in six priority areas: The work of an Education and Health partnership

Pan-Canadian Joint Consortium for School Health

There are high demands placed on educators: to teach the curriculum of the province/territory while providing students with a learning environment that will inspire them, assist them in becoming globally aware adults, and protect them from dangers. In addition, schools are asked to be the settings where children and youth also cultivate healthy behaviours.ⁱ Without some integration of the forces that impact the business of schools, these can be an overwhelming set of tasks.

For the past 30 years, schools in Canada and in many other countries have integrated the work of education and health in the school setting into a framework known as Comprehensive School Health (CSH).

1. WHAT IS COMPREHENSIVE SCHOOL HEALTH?

Comprehensive School Health is a process used by a school community to optimize student achievement through integrated school health initiatives. This approach advances a school health climate also known as Health Promoting Schools or Healthy School Communities.

Recognized internationally by the World Health Organization (WHO) and schools across the globe, CSH involves educators, administrators, students, and school community partners: parents, public health professionals, community organizations, coaches, sport and recreation facility managers, and many others.

The purpose of CSH is to bring about a school climate to support optimal health and learning outcomes. This is done when the school community addresses priority actions and initiatives through four distinct but inter-related pillars:

- ▶ Teaching and Learning
- ▶ Physical and Social Environment
- ▶ Healthy School Policies
- ▶ Partnerships and Services

2. WHAT IS THE JCSH?

The Pan-Canadian Joint Consortium for School Health (JCSH) is the collective voice on Comprehensive School Health of the Ministries of Education and Health across the country. Quebec, though not a member, communicates and shares practices and evidence; and the Public Health Agency of Canada provides support and advice. The JCSH was created in 2005 by the 24 Ministries in 12 of the 13 provinces/territories and the federal agency in order to facilitate an integrated and coordinated approach to health promotion in the school setting.

The JCSH supports CSH initiatives nationwide, serving as a catalyst to strengthen co-operation, share information, and promote best practices.ⁱⁱ

3. WHAT DOES COMPREHENSIVE SCHOOL HEALTH HAVE TO DO WITH STUDENT ACHIEVEMENT?

The connections between educational achievement and life-long health are well established. The association that has been more difficult to make, but is now being recognized, is the influence of health on education achievement.^{iii, iv}

Comprehensive School Health initiatives are a worthwhile investment. They complement and enrich education priorities. Research shows that this approach can lead to improvements in student achievement and promote life-long health and wellness.^v

“Schools are complex, evolving organizations that have to deal with many conflicting demands for time, resources and attention”, (p. xv, Samdal & Rowling, 2013).

4. DOES COMPREHENSIVE SCHOOL HEALTH MEAN MORE WORK FOR MY SCHOOL STAFF?

Taking a Comprehensive School Health approach does not mean more work; it means looking at school health in a different way. For example, the JCSH addresses its efforts to advance CSH through six topic areas – areas that are important in any school: Positive Mental Health, Physical Activity, Healthy Eating, Substance Use, Injury Prevention, and Healthy Relationships.

As an example, your high school recognizes that student engagement is not as strong in the higher grades as in the earlier years. You realize that engagement has an impact on student achievement, that more involved students tend to perform better academically. A CSH approach may involve taking steps with a Positive Mental Health focus as the substantive area you want to address. Steps in the four pillars might include:

- ▶ **Healthy School Policy:** Develop a policy that your school will accommodate the social and learning needs of every student in the school, including those with exceptionalities.
- ▶ **Teaching and Learning:** Support autonomy by minimizing control in student projects, and by listening to and validating student perspectives. Support learning environments that recognize and advance both university and non-university learning tracks.

- ▶ **Social and Physical Environment:** Provide a welcoming and student-centered environment and encourage student involvement in decisions affecting the school community.
- ▶ **Partnerships and Services:** Collaborate with families in school learning and improvement and offer students opportunities in school-community action groups. In addition, use the Positive Mental Health Toolkit’s action plans for students and school staff.

5. SIX SUBSTANTIVE AREAS AND COMPREHENSIVE SCHOOL HEALTH

The JCSH has selected the above-noted six substantive areas for focus. What do these areas mean in the life of a school community and in the ability of each student to achieve optimally in school?

- ▶ **Positive Mental Health:** The Public Health Agency of Canada describes Positive Mental Health as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.”^{vi}
- ▶ **Physical Activity:** The World Health Organization defines Physical Activity as any energetic bodily movement produced by skeletal muscles. The WHO advocates that

ADDRESSING COMPREHENSIVE SCHOOL HEALTH IN 6 SUBSTANTIVE AREAS:

- Positive Mental Health
- Physical Activity
- Healthy Eating
- Substance Use
- Injury Prevention
- Healthy Relationships





Health and education go hand in hand: healthy children learn better, and better educated individuals tend to be healthier for life.



children between the ages of five and 17 need at least one hour of physical activity each day in the forms of “play, games, sports, transportation, recreation, physical education or planned exercise, in the context of family, school, and community activities.”^{vii}

- ▶ **Healthy Eating:** A complex term that takes into account a number of factors, Healthy Eating involves: elements of foods, such as fat, sugar, and sodium content; values about foods and cultural, geographic, and socioeconomic considerations; and ways of eating and attitudes towards food.^{viii}
- ▶ **Substance Use:** For the purposes of the work of the JCSH, any use of tobacco, alcohol, illicit drugs, or medications outside of prescribed medical directions falls under the topic area of substance use.
- ▶ **Injury Prevention:** The Health Behaviour in School-aged Children (HBSC) study defines injury as any bodily harm externally caused, and includes: sprains, broken bones, cuts, burns, and ingestion of poisons. These can be sustained from sports activities, fights, failure to wear a helmet, and motor vehicle collisions, among other examples.
- ▶ **Healthy Relationships:** The HBSC study (2010-2011) and PREVNet each draws attention to the relationships children and youth have within family, peers, and school

networks. This area also reflects and includes sexual health and relationship challenges from difficult social contexts, bullying, other victimization, and sexual orientation.^{ix}

6. HOW WILL MY SCHOOL BENEFIT FROM A COMPREHENSIVE SCHOOL HEALTH APPROACH?

Comprehensive School Health recognizes that schools and communities have a common interest in supporting student health, and capitalizes on supports and services in the community.^x

In addition, improvements in health behaviours, such as physical activity, during and after school, recess play, and physical education all show positive associations with improved test results, academic behaviours, and cognitive skills and attitudes.^{xi}

Research shows we get the best results when education and health professionals work together as partners – understanding and valuing each other’s roles.^{xii} Please check out The Positive Mental Health Toolkit at www.jcsh-cces.ca. 

CORRESPONDING AUTHORS

Susan Hornby: sjhornby@edu.pe.ca;
Katherine Eberl Kelly: kakelly@gov.pe.ca

Endnotes

ⁱ Mohammadi, N.K., Rowling, L., & Nutbeam, D. (2010). Acknowledging educational perspectives on health promoting schools. *Health Education, 110* (4), 240-251.

ⁱⁱ Pan-Canadian Joint Consortium for School Health (JCSH). (2010). Facilitating health and education sector collaboration in support of comprehensive school health. *Canadian Journal of Public Health, 101*(S2), S18-S19.

ⁱⁱⁱ Young, I., St. Leger, L., & Blanchard, C. (2012). *Monitoring and assessing progress in health promoting schools: Issues for policy makers to consider*. International Union for Health Promotion and Education. Available at: <http://www.iuhpe.org/?page=516#OnlineTools>

^{iv} Basch CE. (2011). Healthier students are better learners: a missing link in school reforms to close the achievement gap. *Journal of School Health, 81*(10), 593-598.

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

^{vi} Morrison, W. & Peterson, P. (2011). *Positive Mental Health Toolkit*. Pan-Canadian Joint Consortium for School Health. Summerside, PE.. Available at: www.jcsh-cces.ca

^{vii} World Health Organization (2010). *Global recommendations on physical activity for health*. Available at: http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf

^{viii} Paquette, J. (2005). Perceptions of healthy eating: State of knowledge and research gaps. *Canadian Journal of Public Health, 96* (S3), S15-S19.

^{ix} Pepler, D., Craig, W., & Haner, D. (2012). *Healthy Development Depends on Healthy Relationships*. Paper prepared for the Division of Childhood and Adolescence, Centre for Health Promotion, Public Health Agency of Canada

^x *Ibid*

^{xi} Samdal, O., & Rowling, L. (Eds.) (2013). *The implementation of health Promoting schools: Exploring the theories of what, why and how*. Oxon, UK: Routledge.

^{xii} CDC. (2010) *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. Department of Health and Human Services.

^{xiii} Cairns, B. & Harris, M. (2011). Local cross-sector partnerships: Tackling the challenges collaboratively. *Nonprofit Management and Leadership, 21* (3), 311-324.