

SECTION 1: WHAT'S NEW?**Action Urged on Air Pollution**

The Chronic Disease Prevention Alliance of Canada (CDPAC) and the Canadian Lung Association, a CDPAC member, today called on all federal parties to work together on strong legislation to reduce air pollution and greenhouse gas emissions.

www.lung.ca

Ontario Healthy Schools Awards

The Ontario government has developed the Healthy Schools Recognition Program.

www.edu.gov.on.ca/eng/healthyschools/challenge.html

Canadian Home & School Federation Drugwise Parents Project.

This project will gather and publicize high quality resources for parents, present these resources to parent leaders at existing national and provincial/territorial workshops and organize and support presentations to parent organizations at the school board level and local school parent committees.

www.canadianhomeandschool.com/aboutproject.htm

Newfoundland Launches Safe & Caring Schools

The purpose of the policy is to guide school communities in their efforts to ensure safe, respectful learning communities. It provides the framework for district and school level policies to establish and enhance peaceful schools. The policy guides the schools in the creation of safe school teams, and clearly defines the roles of school districts, school communities, teachers and administrators.

www.releases.gov.nl.ca/releases/2006/edu/0914n04.htm

Public Health Agency of Canada will initially invest \$3.2 million this fiscal year to support the development of Canada's new Heart Health Strategy and initial work on addressing hypertension and cardiovascular disease surveillance. This will increase to \$5.2 million annually for future years. www.phac-aspc.gc.ca/media/nr-rp/2006/2006_09_e.html

The Human Face of Mental Health and Illness in Canada, a report that will provide the public, policy-makers, health professionals, researchers, educators, and stakeholders with vital information about mental health and mental illness.

www.phac-aspc.gc.ca/publicat/human-humain06/index.html

RESEARCH, REPORTS & SCHOOL HEALTH KNOWLEDGE**Importance of Child Play**

Let the children play: Play is so important that its significance in children's lives is recognized by the United Nations as a specific right in addition to, and distinct from, a child's right to recreation and leisure. However, children's opportunities for play and their access to play environments is changing.

Early Childhood Programs

A state-of-the-field review includes research on transition to school programs, parent resource centres and school readiness. A review of early childhood learning and development in child care, kindergarten and family support programs (www.ccl-cca.ca) Select Early Childhood Learning Knowledge Centre)

Impact of School Facilities on Learning

Comprehensive report and research review that has examined the impact of school air quality, lighting, noise, school age, school size and other physical environment factors. Schneider M (2002), *Do School Facilities Affect Academic Outcomes?* Washington, DC, National Clearinghouse for Educational Facilities

<http://www.edfacilities.org/pubs/outcomes.pdf>

Review and Assessment of the Health and Productivity Benefits of Green Schools: An Interim Report.

<http://fermat.nap.edu/catalog/11574.html>

(National Academy Press, Washington, 2006) Details findings and recommendations of a National Research Council study

The Impact of School Environments: A Literature Review.

(The Design Council, London, United Kingdom, Feb 2005) Explores the impact of learning environments on student achievement, engagement, affective state, attendance, and well-being through an extensive review of the literature dating back approximately 25 years. This review finds clear evidence that extremely poor environments have a negative effect on students and teachers, and that improving these has significant benefits. However, once school environments are raised to minimum standards, the evidence of effect is less clear. Citations to the 167 sources reviewed are provided. 47p. <http://www.design-council.org.uk/>

Selected Sources for Research Reviews

- [Health-evidence.ca](http://www.health-evidence.ca) provides quality research evidence to public health decision makers.
- [Evidence for Policy and Practice Information and Co-ordinating Centre \(EPPI-Centre\) - Research Evidence in Education Library \(REEL\)](http://www.eppi-centre.org) publishes systematic reviews in education which have been written by members of review groups.
- [Cochrane Database of Systematic Reviews](http://www.cochrane.org) is the definitive resource for evidence-based health care.
- [CDC Community Guide](http://www.cdc.gov) The Community Guide summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease.
- [Campbell Collaboration - Sociological, Psychological, Educational, and Criminological Trials Register \(C2-SPECTR\) Database](http://www.campbellcollaboration.org) contains over 11,600 citations to trials or possible trials.

WHAT'S NEW (CONTINUED)

- **Call for Proposals:** The Physical Activity and Healthy Eating Contribution Program of the Public Health Agency of Canada invites eligible organizations to submit proposals due January 15, 2007. Details at http://www.phac-aspc.gc.ca/pau-uap/fitness/pacp/rfp-2007_e.html
- **The PEI School Nutrition Policy Project** began its work with four intermediate schools in the Eastern School District in the winter of 2005. Each school formed a Student Nutrition Team consisting of 10 students from grades 7-9. These teams assessed their school in terms of 1) Accessibility to Healthy Food Choices, 2) Quality of Food Available, and 3) Nutrition Education. Each School Nutrition Team selected areas they wanted to improve and piloted these changes. For more information about the Policy Project's work with elementary and consolidated schools contact Mary Acorn at macorn@upe.ca or 902-894-2819. For information about the Policy Project's work with intermediate and senior high schools contact Charmaine Campbell at cecampbell@edu.pe.ca or 902-368-6844.
- The **Newfoundland School Food Guidelines** outline a selection of food and beverages that should be served in school cafeterias, canteens and vending machines. www.releases.gov.nl.ca/releases/2006/edu/0615n03.htm
- **National Centre on Health Determinants**
St. Francis Xavier University (StFX) will receive more than \$4 million over the next three years from the Public Health Agency of Canada to host the National Collaborating Centre for Determinants of Health.

RESOURCES

On December 18, 2006, the **Canadian Public Health Association (CPHA)** with funding from Canada's Drug Strategy, Health Canada, will launch [drinkingfacts.ca](http://www.drinkingfacts.ca), a new youth website to raise awareness about the harms associated with high-risk drinking. [Drinkingfacts.ca](http://www.drinkingfacts.ca) is targeted to youth 14 to 18 years of age. The website launch coincides with the holiday season when many young people across the country will consume alcohol as part of their social activities.

The **Canadian Lung Association** is proud to offer the following resources for teachers:

- [Asthma information for teachers](#), [Teacher's Guide to Lung Resources](#): Use this guide to teach your students about lung health. We offer information geared to different grade levels.
- [Lungs Are For Life](#) is a free school program for smoking prevention. It has been developed especially for Ontario teachers and students - from Kindergarten through Grade 12.
- [The Healthy School Program](#), Designed to help you improve indoor and outdoor school environments. Includes tools and strategies for school bus and parental vehicle idling, identifying and removing hazardous materials in and around schools, recycling programs etc,
- [Do Bugs Need Drugs?](#), Provides a program for elementary school teachers for teaching students about germs, proper hand washing, and how to prevent infections. Curriculum includes overheads, handouts, and colouring sheets

Education Resources from the Canadian Mental Health Association

- [My Life - It's cool to talk about it!](#) The *My Life - It's cool to talk about it!* Campaign focuses on youth mental health and is designed to encourage teenagers to talk about their mental health concerns and issues before serious problems arise.
- [Your Education – Your Future](#) A site for college and university for students with psychiatric disabilities.
- [Your Education -- Your Future](#) (PDF) A guide to college and university for students with psychiatric disabilities.
- [Mental Health and High School](#) A site for students, teachers & school staff, and parents.
- [Mental Health and High School](#) (PDF) This guide explores some of the issues related to being a teen and experiencing mental health problems and mental illness.
- [Handle with Care](#)(PDF) Strategies for promoting the mental health of young children in community-based childcare.

Disaster Preparedness/Prevention Programs from the Canadian Red Cross

- [Expect the Unexpected Program](#) features lesson plans on natural disasters such as hurricanes, floods, earthquakes, tornados and storms.
- [Facing Fear Program](#) was developed to help young people aged from 5 to 16 be prepared for disasters and deal with the aftermath of terrorism and tragic events.
- [Even War Has Limits](#) humanitarian response to war and armed conflict.
- [Paxium: A Role-Playing Activity Exploring Conflict and International Humanitarian Law](#) and [Children and War](#)
- [Landmines - Survive the Peace](#) speaks to the irony that peace can be more dangerous for people.
- [CARE](#) (Challenge Abuse Through Respect Education) The c.a.r.e. Kit is a personal safety program for children ages 5-9 that deals with sexual abuse prevention.

- **The BC Healthy Schools Network** is a voluntary organization of public and independent schools whose common goal is to improve comprehensive school health. For more information contact Bruce Mills, Manager Healthy Schools Network @ Office: 250-356-6055 Email: bruce.mills@gov.bc.ca
- **Is the Class Half Empty?** A Population-Based Perspective on Socioeconomic Status and Educational Outcomes" by Marni Brownell, Noralou Roos, Randy Fransoo et al. from the Institute for Research and Public Policy www.irpp.org/choices/archive/vol12no5.pdf

STAYING IN TOUCH

We welcome your suggestions on topics that should be addressed in the School Health Report as well as news about coming events and other information, innovations and initiatives you have to share. Contact us at: info@cash-aces.ca

FEATURE ARTICLE

Basic Health Literacy, Optimal Health Knowledge & Skills, Exploring Health Careers: An Essential Academic Role for Schools

Introduction

This report explores the concept of health literacy as an essential feature of school-based health and personal/social development and other education/curricula in schools. It is suggested here that schools have an educational/academic responsibility to:

- Ensure that all students graduate from secondary schools with basic health literacy skills sufficient for them to function in society.
- Encourage as many students as possible to acquire health knowledge, skills, attitudes and personal health plans such that their health truly becomes a resource for their daily lives.
- Offer interested students opportunities to explore careers in health and other caring professions.

Definitions of Health Literacy

Most definitions of health literacy are primarily concerned with the first responsibility whereby all children reach a basic health literacy level, similar to other basic requirements related to reading, writing and mathematics.

http://www.shapeurope.net/index.php?page=go&doc_id=100&rsr_id=140

According to a [Canadian Health Literacy Research Team at the University of Victoria](#), health literacy among young people is the extent to which "school-age children have the ability to obtain, understand and communicate basic health information". It is a critical empowerment skill to increase young people's control over their health behaviours, their ability to seek out health information, and their ability to make sound decision and take responsibility for their own health and their community health.

The [Joint Committee on National Health Education Standards](#) in the US defines health literacy as "the capacity of individuals to obtain, interpret and understand basic health information and services and the competence to use such information and services in way that enhance health". This approach is more focused on knowledge and skills.

Many European Countries uses the [Investigation-Vision-Action-Change \(IVAC\) model of Health Education](#) that provides a framework for the development of health promotion strategies that ensure that the insights and knowledge that pupils build

up during the project are action-orientated and interdisciplinary and, therefore, conducive to the development of action competence. This approach is more focused on values and beliefs.

Nutbeam argues that health literacy involves a complex constellation of skills to function effectively in the health care setting and in the real world. He distinguishes the "narrow" definition of health literacy, which is basic reading and writing skills to function effectively in everyday situations and two other types of health literacy: "Interactive literacy" and "Critical Literacy". Nutbeam also proposed a three-level hierarchy in HL: (basic/functional literacy, through communication /interactive literacy to critical literacy). He argues that achieving the level of critical literacy allows for greater autonomy and personal empowerment. This is an important goal of school education according to St. Leger. Critical health literacy combines self-efficacy skills to use the information to engage in healthier behaviours for their own interests as well as to change unfavorable environmental conditions to further promote health. (Wang).

Health Literacy/Health Education Should Be Within a Health Promotion Program Delivered Through Schools

Most of the definitions of school-related health literacy cited in the literature place health education programs within the context of a comprehensive approach to school health. This means that health education classes need to be supported by policies, programs and services that create a health promoting social environment within the school, that make health and social services more accessible to students and that include changes to the physical environment and resources of the school. Many, many studies and reviews support this placement of health education within that broader context.

A Practice-based Definition of the School's Role in Promoting Health Literacy

This summary suggests a similar three level approach to health literacy. However, these three levels are defined as outputs for the school to achieve, rather than for the individual student.

1. All students achieve a basic level of health literacy

The first level is that all students should achieve a basic level of health literacy. This should be accomplished through a compulsory health education curriculum from kindergarten to graduation. As well, health literacy applications should be included in language arts and media literacy programs to ensure that students can apply these basic skills in doing basic tasks such as reading prescriptions or in resisting junk food advertising.

However, since not all students start from the same point in life, the school and other agencies need to be concerned about equitable access and ability "to obtain the health information and to interpret that information. Disadvantages derived from socio-economic status, social isolation, cultural discrimination and so on need to be addressed in other school health programs. Consequently, school-based health education/literacy programs need to include and be supported by other school programs and services such as:

- Continuation of head start/compensatory education programs
- After school programs targeting at risk youth
- School feeding programs
- Parent Resource Centres
- Community Schools (offering services such as parenting education, internet access, etc)

These non-instructional programs are part of a comprehensive approach to school health promotion as described above.

2. As many students as possible acquire the knowledge, attitudes, normative beliefs, skills, and personal health action plans to maximize their health and personal/social development as a resource for daily living. This should be accomplished by a variety of curricula including health education, family studies/home economics, physical education, environmental studies, biology and chemistry in science education, legal education, ethics/moral/religious educa-

tion, student leadership education, native studies education, media literacy education, career awareness/personal planning education and global education.

Many of these curricula are delivered within whole school and school-community strategies and programs that have been labeled with these terms:

- comprehensive school health/health promoting schools
- active schools, drug free schools, safe schools, etc
- full service schools/cities in schools
- social and emotional learning
- mental health promotion in schools
- life skills education
- media literacy
- character education
- human rights education/democratic education
- community service education
- global education
- environmental citizenship
- social responsibility education

Also, many of these health/social development curricula are based on pedagogies/approaches to learning such as:

- whole child approaches to learning (more attention to brain development, learning styles,)
 - integrated or thematic curricula (common essential learning outcomes)
 - experiential or active or problem/project based learning
3. Offering interested students the opportunity to explore their interests in health and other caring careers such as nurse practitioners, nutritionists, home economists, social workers, recreation, sports, health technology, psychologists, physicians. This should be accomplished by offering senior high school elective courses in wellness, home economics, nursing, sports/leadership, dance, recreation and other similar courses. As well, the secondary school should offer biology and chemistry courses that can lead to further training in nursing and medicine.

A Continuum of Health Literacy, Knowledge/Skills and Health Careers Education

The following chart presents the levels of individual basic health literacy, optimal knowledge/skills and health career awareness. The left hand column shows the different stages of learning associated with health education and draws upon that research literature. This includes traditional health education concepts such as personalization of risk, social skills/resistance skills, social influences, health beliefs models, stages of change models and personal health planning. The rows depict the continuum of skills and knowledge required for different personal and professional applications.

[knowledge matters]

Type of Learning Outcome	Basic Literacy (able to avoid risk and disease) or seek credible support or treatment)	Functional Knowledge (able to use health as a resource for daily living to cope with life, family and work demands)	Health Enhancing (able to use their health as a source of personal or professional achievement)	Professional Level (Decides to use their health knowledge in a related occupation such as teaching, coaching etc)	Expert Level (Decides to use their health knowledge in an expert career related to health (nursing, medicine, radiology etc)
Awareness of issue/importance					
Can find where to access information about the issue					
Knowledge (able to understand meaning of the information relative to their lives (personalization of risk)					
Skills (Has the general and specific skills necessary to act on knowledge (media literacy, social skills, assertiveness, resistance tactics etc)					
Attitudes/Beliefs Has the normative beliefs (about the behaviours of others) and personal health beliefs /perceptions about their ability to address the health issue and self-knowledge of their own abilities/attitudes. This would include “ stages of change ” theories (e.g. trans-theoretical change model)					
Able to access health services and other relevant support services (would include overcoming practical and economic barriers)					
Able to understand social influences and to access various forms of social support including parental, friends, peers, trusted adult, school climate, community norms and customs					
Can and has developed a personal health plan and/or has life long goals for their own health and the health of their family and school or community (would include notions of community service, empathy, etc					

Allensworth and others have described the teaching methods that can be used to achieve these different types of learning outcomes. These include techniques direct instruction, role-playing, use of information technologies, small group and large group discussions, project-based learning and more.

Breadth of Health Literacy/Health Knowledge

Here is a list of potential topics for health literacy/health and social development curricula. Often health education is discussed in terms of the topics that need to be covered within the core health curriculum:

General health, infectious disease, hygiene, self care, first aid, addictions, alcohol/drugs, sexual health, HIV/STI, tobacco, physical activity, sports, recreation, healthy eating, injury prevention, bullying/violence, asthma/allergies/environmental health, mental health, family studies/home economics, how to access health services, self-esteem, goal setting, personal development, decisions, critical thinking, service learning, social development/relationships/civics, participation, child abuse, neglect, health careers, diversity, and gender equity.

3RD ANNUAL SCHOOL HEALTH CONFERENCE

THE SCHOOL'S ROLE IN PROMOTING POSITIVE SOCIAL DEVELOPMENT & MENTAL HEALTH IN COOPERATION WITH HEALTH AUTHORITIES, YOUTH AGENCIES & POLICE SERVICES

Research on anti-social and risky behaviours is increasingly showing that delinquency, bullying, harmful substance abuse, and sexual risk-taking all stem from the disconnection between young people, schools and the community. Research shows that social problems are directly linked to dropping out of school, alienation within families, and the difficulties young people experience in identifying adults that are trustworthy guides and advocates.

School-based and school-linked programs and services are evolving to respond to these clusters of negative behaviours and include:

- Anti-bullying programs that take a social development approach
- Sexual health education programs that include youth development strategies
- Mental health programs that improve the social climate of the school
- Substance abuse prevention that builds life skills
- Crime prevention programs that include police service development of preventive and restorative justice approaches

EFFECTIVE PROGRAMS REQUIRE INTER-AGENCY COOPERATION TO BE EFFECTIVE & SUSTAINABLE

The third annual Canadian School Health conference will focus on how local agencies and professionals from a variety of sectors can work together on proven strategies.

Conference keynotes will share information about the latest developments. Conference workshops will provide hands-on, practice-based information and experience, including:

- **Together We Light the Way**, a social development program developed in Durham Ontario and evaluated in sites across Canada
- **The Gatehouse Program** that was developed and evaluated in Australia and Canada
- The research behind the **Canadian Sexual Health Education Guidelines**
- Canadian adaptations of international better practices guidelines in substance abuse prevention
- The new **RCMP Youth Officer Program**

SCHOOL HEALTH CONFERENCE

JUNE 8-10, 2007 | VANCOUVER, BC
FAIRMONT WATERFRONT HOTEL

FOR MORE INFO CONTACT:

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WWW.SAFEHEALTHYSCHOOLS.ORG/SHCONFERENCES

