

Featuring: Adults as Role Models for Children and Youth

This report is formatted for printing, easy reading and copying. However, most of the items listed in this report have web links.

CSH Knowledge Network News

This new section highlights the activities of the CSH Knowledge Network. The network brings together SH Contacts in local school boards, health authorities and other local agencies with national, federal and provincial/territorial organizations, government officials and researchers.

School Health Reports (http://www.safehealthyschools.org/school_health_report.htm)

We have been extremely busy building the different activities within the Canadian School Health Knowledge Network, so the frequency of this School Health Report has suffered. Please accept our apologies. We will be back on a regular schedule in the New Year.

National School Health Conference (<http://www.safehealthyschools.org/shconferences/>)

April 20-23, Ottawa-Gatineau (Sheraton Conference Centre)

The fourth annual school health conference will combine a series of pre-conference symposia on selected health/social issues with common elements of a comprehensive approach to school health promotion on the conference program. As a result, the events will offer something for all members of Canada's growing school health community.

The pre-conference symposia will bring together local agency/school board practitioners with researchers, experts, professional associations, federal/provincial/territorial officials and national non-governmental organizations on these eight topics:

<ul style="list-style-type: none">• Nutrition• Physical Activity• Substance Abuse• Sexual Health• Disadvantaged schools/communities	<ul style="list-style-type: none">• Aboriginal School Health• Mental Health• Safe & Caring Schools
---	--

These symposia will be a key part of several communities of practice on specific topics that have been established through the Canadian School Health Knowledge Network. These symposia will also plan webinars and contribute to wiki-toolboxes of resources as well as work on other activities or joint projects.

Webinars (<http://www.safehealthyschools.org/webinars/introduction.htm>)

The CSH Knowledge Network is off to a great start in offering webinars (60-minute, highly focused professional development/information sessions with participants participating in a telephone conference while viewing the slide presentations on their computer. Each Webinar includes practitioners with practical examples as well as the research and background information. All Webinars are supported with pre- and post-reading and include a question and answer period as well as follow-up email and access to a web-based toolbox of resources. This year we are adding **toolbox-wikis** for several broad topic areas. The participants from each webinar will be invited to view those toolboxes and to their links, comments and documents to the wiki (works like wikipedia where everyone can add materials easily to the joint web site).

How to register: Go to <http://www.safehealthyschools.org/webinars/introduction.htm>. You will need to know whether or not your school district is a member of the School Health Knowledge Network. Enter the membership number. Non-members who are paying for individual Webinars will be given the option of using PayPal or being invoiced (if their district or school is covering the cost through a Pro-D account). Check the schedule often at: <http://www.safehealthyschools.org/webinars/schedule.htm>

Featuring: Adults as Role Models for Children and Youth

SECTION 1: WHAT'S NEW?

Health Literacy in Canada: Initial Results from the International Adult Literacy and Skills Survey

A new CCL report provides Canadians with a nationwide snapshot of how we are faring as a country in terms of health literacy. The report, *Health Literacy in Canada: Initial Results from the International Adult Literacy and Skills Survey*, maps out the distribution of the estimated 60% of adult Canadians who are believed to possess low health-literacy rates.

Crossing Sectors - Experiences in Intersectoral Action, Public Policy and Health

This paper represents the first phase of a Canadian initiative on intersectoral action for health and provides an overview of approaches to intersectoral action at the global, sub-regional, national, sub-national, and community levels. It is intended to contribute to the World Health Organization Commission on Social Determinants of Health Experiences documented by academics, policy-makers and practitioners in more than 15 countries are examined.

Core Competencies for Canada's Substance Abuse Field – including allied professionals: After a year of consultation and development, Core Competencies for Canada's Substance Abuse Field, version 1.0 is available to [download](#).

A [report](#) from the Sex Information and Education Council of Canada and Best Start (ON) provides summaries of statistics, information related to contextual factors, and offers recommendations for developing more comprehensive strategies for teen pregnancy prevention programs. The authors stress the importance of improving understanding of socio-economic and cultural factors related to teen pregnancy and involving youth and communities in initiatives. The report also includes a list of additional resources and examples of best practices and promising initiatives.

Report Card on Provincial Nutrition Policies

Most provincial governments are failing parents and students by allowing the sale of junk foods in schools, according to a health advocacy group. In a [report](#) released on October 3, the Centre for Science in the Public Interest (CSPI) gave middling or low marks for school nutrition policies to most jurisdictions. The report card compared provinces

RESEARCH, REPORTS & SCHOOL HEALTH KNOWLEDGE

Research Roundup

[Sharing our Success](#) is the new report released by the Society for the Advancement of Excellence in Education (SAEE). Building on their 2004 study, the current collection profiles 10 case studies from schools across Canada.

Healthy Buddies: A Novel, Peer-Led Health Promotion Program for the Prevention of Obesity and Eating Disorders in Children in Elementary School

A report from a team of B.C. researchers has showed unusual success in improving children's health. Students in Grades 4 to 7 teach younger "buddies" the importance of good nutrition, exercise and self-esteem. Within one school year, researchers from BC Children's Hospital found that students had made major strides in their health knowledge - and gained less weight than a control group from another school. Fuelled by West Sechelt's success, the Healthy Buddies program has spread to dozens of schools across British Columbia, Alberta and Ontario. Last month, the World Health Organization took notice and is taking steps to implement the program across the Arabic-speaking world.

Public Policy for Child Health

To encourage policy-makers to examine their own progress on child and youth issues and to foster discussion among Canadians, the Canadian Paediatric Society has produced a [status report](#) on public policy affecting children and youth. This report is published and looks at how effectively Canada's provinces and territories are using their legislative powers to promote the health and safety of children and youth.

Reducing Obesity via a School-Based Interdisciplinary Intervention Among Youth Planet Health Steven L. Gortmaker, PhD; Karen Peterson, RD, ScD; Jean Wiecha, PhD; Arthur M. Sobol, AM; Sujata Dixit, PhD; Mary Kay Fox, MEd, RD; Nan Laird, PhD
Arch Pediatr Adolesc Med. 1999;153:409-418.

Injury Prevention in Primary Grades Research

The ThinkFirst Foundation is testing the effectiveness of a primary grades injury prevention program in Toronto and Peel, Ontario. The first phase will be the implementation of the Grades 1, 2 and 3 program and its subsequent evaluation (which includes each class involvement in a pre and post test, logging of injury-related absences and a computerized interactive tool to assess injury related behavioral intentions). This project will include at least 50,000 students in over 20 school boards. The second phase is a longitudinal study using a variety of databases to examine the frequency of injury occurrence in the cohort of students whole received the program right away as compared to the cohort whole received the program at a later date.

Sexual Health in Canada a comprehensive, national, statistical portrait of Canadians' sexual and reproductive health. The report contains information related to government roles and responsibilities, youth SRH, sexually transmitted infections (STIs), contraception, pregnancy and sexual violence.

and territories to recently recommended U.S. standards, which have yet to be implemented, for vending machines, tuck shops and cafeterias.

Barriers to Addressing Social Determinants
Advocate and York University professor Dennis Raphael has published an insightful analysis of the politics and barriers to alleviating disadvantage in Canada through health promotion strategies.

Save CHN Campaign
Health Canada has announced that the Canadian Health Network (cataloguing system for health promotion resources) will be ended as of March 31, 2008. Friends of CHN is an ad hoc group whose objective is to focus attention on the closure and its impact, and to try to turn this decision around. There is a petition underway at: www.thepetitionsite.com/1/saveCHN

Healthy Families Project and Kwanlin Dun First Nation's Project
The Healthy Families model, which is based on the Healthy Families America program, was tested in five sites across Canada

First Nations Youth and Restorative Healing Project

The project targeted youths, living on and off the reserve, who showed signs of exposure to addiction, family violence and abuse. The objective was to replace anti-social behaviour and criminal activity with conflict management based on resiliency, pride, self-esteem and respect for elders.

Student Drug Use Surveys from Atlantic Provinces
The 2007 results from the Alcohol & Drug Use Surveys are now available at these web sites:

- [Nova Scotia](#)
- [New Brunswick](#)
- [Prince Edward Island](#)
- [Newfoundland & Labrador](#)

A Research Report on Youth Gangs: Problems, Perspective and Priorities
This paper reviews the research literature available in print and published on the Internet

Youth gangs in Canada: What do we know?
This document presents an overview of current knowledge about youth gangs in Canada, including their connections with guns and drugs.

Acting on What We Know: Preventing Youth Suicide in First Nations. This report sheds light on some of the root causes of suicide and presents recommendations to reverse the alarming trend among First Nations youth in Canada.

Suicide in Canada's immigrant population
The study found that immigrant suicide rates more

- Australian summary report on the CREATE healthy eating in schools program This report demonstrates the effectiveness of working with schools on issues such as healthy eating, and confirms the efficacy of taking a 'whole school approach'. Go to www.wch.sa.gov.au/chp.html (Select 'Enjoy healthy eating', then select 'Create healthy eating'.)

Educational, Planning, Policy and Assessment Resources

Create a Movement website. It is an exciting new site for kids and parents to link and find great material for physical activity and healthy eating. The ads, alone, are worth viewing!

www.activekidsns.ca has a great list of PE and PA programs in schools. See http://www.activekidsns.ca/Inventory/dsp_InventoryList.cfm

Healthy Foods in Schools: Making Healthy Choices the Easy Choices Tool kit. (<http://ww2.heartandstroke.ca/Page.asp?PageID=1613&ContentID=24127&ContentTypeID=1>)

Preventing injuries and violence: a guide for ministries of health.
The World Health Organization, Geneva : Ministries of health and others can use this publication both a guide and a reference book. It leads the user through the stages of setting up, developing and evaluating violence and injury prevention efforts, always stressing collaboration with other sectors. The various tasks of organization, policy development, data collection, advocacy work and capacity-building are described in detail.

Healthy Foods in Schools: Making Healthy Choices the Easy Choices Tool Kit
This toolkit has practical advice, activities and resources that can make food-related decisions at school easier. It can help you get started; get others involved; or give you ideas for action.

Mental Health Resources from Australia

- SchoolMatters: Mapping and Managing Mental Health in Secondary Schools: A comprehensive, national program.
- Educating for life: A Guide for School-based Responses to Preventing Self Harm and Suicide
- CommunityMatters: Working with Diversity for Wellbeing
- Staff Matters A guide to staff wellness
- KidsMatter - an Australian primary school mental health promotion, prevention and early intervention initiative

Self Harm among Youth (CHN Article & Summary)
Self-harm is a broad term that refers to deliberate, self-damaging behaviour. It is sometimes called self-injury, self-mutilation, or self-abuse. It is deliberate, often repetitive actions to cause damage to skin, bones or other body parts.

- Youth and Self Injury
A new web section on self-harm among youth, recently launched by the Canadian Mental Health Association.
- Centre for Suicide Prevention: A Closer Look at Self-Harm
An excellent fact sheet explaining the reasons, circumstances, and treatment for self-harm behaviour within a Canadian context.
- SAFE in Canada

closely matched those in the immigrants' countries of birth than Canada. Rates varied considerably by birthplace. People born in Oceania and Europe had relatively high suicide rates, those from Africa and Asia had the lowest rates.

SAFE (self-abuse finally ends) is a support organization that works directly with individuals who engage in self-harm and indirectly by educating the friends, families, and professionals who care for them.

- Kids Help Phone (1-800-668-6868)
A support web site that offers free, anonymous counseling services by trained counselors to Canadian children and youth. It also offers information about self-harm, other mental health issues and resources to find help in any part of Canada.

FEATURE ARTICLE

“Do as I Say, Not as I do” – Adults as Role Models in Health Promotion

You can't set standards for children that you yourself are not willing to keep.

“Who are the role models for our precious young people? We are, all of us adults. What they see us eat, do, practice, they emulate. Never doubt us. Health care providers/educators included --- we cannot preach health if we smoke, are sedentary, eat carelessly, let stress manage us and the list goes on.”

<http://simplicitytk.blogspot.com/2007/10/obesity-in-young-people-why-blame-kids.html>

“Children who see their parents, teachers, and adult role models are fit, are active and eat sensibly – are likely to do the same themselves. We follow our role models – so the role models have a responsibility to lead well.”

<http://nfb.org/Images/nfb/Publications/vod/vodfal0304.htm>

Adults (teachers, health care providers, parents, families, etc.) all have a profound impact on the health, learning and social development of children. The resources and strengths/weaknesses of adults as well as their health behaviours, parenting practices, expectations, values/beliefs, economic status, educational attainment and marital status will all have an impact.

“Nevertheless, despite the junk food ads, etc. and changes in our environment and lifestyle, medical experts all agree on one thing – children are led by example. Whatever they are told, if they see their parents/adults adopting unhealthy habits, they will too.”

<http://www.schoolnursenews.org/BackIssues/2002/Jan/Nutrition.pdf>

Attention is being drawn to the roles that people play in the health and development of children. This article on parents presents some insights and quotations as well as some earlier and current research references.

“You can't set standards for children that you yourself are not willing to keep. The fundamental reason that our children are overweight is this: Too many children are eating too much and moving too little. In some cases, solving the problem is as easy as turning off the television and keeping the lid on the cookie jar.

Our children did not create this problem. Adults did. Adults increased the portion size of children's meals, developed the games and television that children find spellbinding, and chose the sedentary lifestyles that our children emulate. So adults must take the lead in solving this problem.”

Richard H. Carmona, Surgeon General, Department of Health and Human Services

<http://www.surgeongeneral.gov/news/testimony/obesity07162003.htm>

Setting a Good Example

Famous child psychiatrist Fritz Redl used to say to groups of parents: "Get out your paper and pencils. I am going to tell you the three most important things you will ever need to know about raising children." The parents would wait breathlessly for his words of wisdom. Then he would say, "Example, example, example." Similarly, Eda LeShan, a family counselor and author about parenting, has often said: "The only way to raise a decent human being is by being one." These two observers are correct: what children become probably has most of all to do with the example set by those who raise them.

Parents as Role Models (Plain Talk to Parents)

Excerpts from an article by Ronald L. Pitzer University of Minnesota

Young children do not have prior knowledge or skills, and so they eagerly look for someone to imitate. That "someone" is usually one or both of their parents. Parents are a child's first teachers and role models. Usually children are more affected by what their parents do than by what their parents say. They learn how to behave by seeing how their mothers and fathers behave and following their example. For this reason, you need to be aware of the "lessons" you may unintentionally be teaching your children. Children often learn without a parent's realizing it. For example, it's not

unusual for a mother to overhear her four-year-old child scolding a younger sister or brother or a doll in the same sharp tones that she herself uses when scolding the children. Such unintentional influences are just as powerful as those we carefully plan.

Social skills. Social skills and attitudes are often best taught by example. A child will learn good manners more easily when "please" and "thank you" are part of daily life. The learning is gradual and occurs more naturally at home. As children take part in social activities with a parent, they begin to notice how the parent reacts to other people and new situations. A child's own self-confidence in meeting people often depends on the parent's example.

Respect for others. Children learn more than social skills and table manners from their parents. They also learn how to value other people and institutions. Parents who regularly put down other people are teaching their child that other people are unimportant. Be aware that the way you treat your child sets an example for how your child should treat others. If you want your child to respect the rights and feelings of others, then you must begin by respecting your child's rights and feelings.

Do it yourself. Consistency between teaching and example is very important. If you try to teach your child one thing but then behave in a different or opposite way yourself, your child will become confused and frustrated as to what to do and whom to believe. One man reportedly shouted at his children constantly: "Say 'please,' say 'thank you.'" Yet he was never heard to say "please" or "thank you" to his children. More likely he would shout across the yard, "Go wash your hands for lunch" or "Get me the hammer" (with no "please" and no "thank you"). Or suppose a five-year old is caught hitting another five-year-old. His parent tells him that he must not hit people—and then gives him a spanking as punishment. The parent's action is inconsistent with the message and the child doesn't know whether to believe the words or the actions.

The home atmosphere. Children not only unconsciously imitate the behavior of their parents, but they also absorb the general atmosphere of the home. A child reared in a home filled with love, affection, and cooperation can more easily show love to others. This doesn't mean that you have to avoid conflicts, but the way you handle conflicts is important. Parents who cope with problems by blaming others should not be too surprised to hear their child say, "Sally did it, not me." If, on the other hand, a parent makes a real effort to tackle a problem, the child will be less likely to give up at the first sign of trouble.

Accentuate the positive. Perhaps instead of focusing attention on punishments and rewards, what threats will work, and whether to spank or not, we might better find some quiet time and place and try to define what qualities we would like our children to have when they grow up. Then remember what one mother said: "If I try to live by my values, my kids will follow my lead."

Explain things. Preach what you practice. That is, don't just do it, say it. Modeling is more effective when we talk about what we are doing and why. If we take soup to a sick friend or if we work on a community project, our children are more likely to pay attention to what we are doing and to copy those efforts if we share our motivations. Children often have no idea why we do what we do. Explaining that we think it's important to be helpful and that's why we're bringing the soup or that we share the responsibility for making our community a better place to live and that's why we go to meetings, helps our children understand our reasoning and relate our activities to their own behavior.

Also talk about the ways you cope. Children need to see how people deal with the kind of situations and dilemmas in life that they face. A father going out to clean the garage might say, "Oh, this place is such a mess, I don't know where to begin (mirroring the child's typical feelings about her own room, if this is an issue). "I guess I'll just start in one corner and see how far I get in an hour." The adult demonstrates a way of coping with feelings and shows how to take on a task step by step.

Influence of Television Another powerful model for children resides in your home—the TV set. Many of the values and behaviors depicted on TV are not what parents want for their children: materialism (children see 20,000 commercials a year), promiscuity (children can now see up to 40 sexual encounters a week, according to one study), and the flagrant use of alcohol (on crime shows, someone takes a drink on the average of four times an hour).

Violence on TV. The National Institute for Mental Health has concluded that there is now overwhelming evidence of a causal link between children watching TV violence and engaging in violent acts. Research consistently shows that children are affected by aggressive TV models who relate to others either through verbal put-downs or physical violence. Preschool children who watch violent Saturday morning TV programs are more apt to be violent than those who don't.

In a 10-year study, Dr. Leonard Eron found that the single best predictor of how aggressive a young man would be at age 19 was the amount of violent television he had watched at age eight. Research also shows that children who watch programs like Mr. Rogers are less aggressive, more cooperative, and more imaginative than kids who frequently watch action, cartoon, and game shows.

What to do about TV. The research suggests two courses of action for parents on the subject of kids' TV viewing: 1) limit children's exposure to negative models (people you wouldn't want children to imitate) by closely monitoring their viewing; and 2) help children evaluate the examples they see on TV by discussing the actions of the various characters. Children are more apt to be aware of our values and less likely to be influenced by TV models if we talk about the behavior we see and its positive and negative consequences.

Parents Aren't Perfect

None of the above comments assume that any of us are capable of perfection or anything close to it. We all lose our tempers, say things we're sorry for, are not always as kind as we would like to be, maybe even cheat a little here or there. It is reassuring that it is the general trend in our behavior that influences our children, not the isolated instances of bad (or good) behavior. We are human; so are our children. Perfection can be expected of neither. What is important is to admit our mistakes, say we're sorry, and demonstrate how we try to make amends for our failures.

Parent Checklist From the Dairy Council of California http://www.dairycouncilofca.org/PDFs/Role_model.pdf

Being a Healthy Eating Role Model: Parents are the most important influence in children's lives. Children watch and imitate adults, and look to them to learn proper behavior. Just as children pick up positive habits – saying please and thank you – they can also pick up attitudes about food. As role models, parents need to monitor their own behavior so that their children acquire healthy attitudes toward eating. Children learn by example

To get a sense of how your attitude might influence your children, examine your own behavior.

- Do you snack all day long?
- Do you eat in front of the TV?
- Do you eat whenever you are bored or under stress?
- Do you eat dessert at every meal?
- Do you skip breakfast?
- Do you have sodas rather than milk with your meals?
- Do you diet all the time and have a fear of food?

References

- Janet Roden (2003) CAPTURING PARENTS' UNDERSTANDING ABOUT THE HEALTH BEHAVIORS THEY PRACTICE WITH THEIR PRESCHOOL-AGED CHILDREN Issues in Comprehensive Pediatric Nursing, Volume 26, Issue 1 January 2003 , pages 23 – 44
- Moria Golan, Abraham Weizman (2001) Familial Approach To The Treatment Of Childhood Obesity: Conceptual Model Journal of Nutrition Education and Behavior Volume 33, Issue 2, March-April 2001, Pages 102-107
- Moria Golan* and Scott Crow(2004) Targeting Parents Exclusively in the Treatment of Childhood Obesity: Long-Term Results Obesity Research 12:357-361 (2004)
- Viktor Gecas, Michael L. Schwalbe (1986) Parental Behavior and Adolescent Self-Esteem Journal of Marriage and the Family, Vol. 48, No. 1 (Feb., 1986), pp. 37-46
- Bruce Simons-Morton, (2001) Peer and Parent Influences on Smoking and Drinking among Early Adolescents Health Education & Behavior, Vol. 28, No. 1, 95-107
- Daniel J. Whitaker Kim S. Miller (2000) Parent-Adolescent Discussions about Sex and Condoms Journal of Adolescent Research, Vol. 15, No. 2, 251-273 (2000)

Herbert, Diane F.; Schiaffino, Kathleen M. (2007) *Adolescents' Smoking Behavior and Attitudes: The Influence of Mothers' Smoking Communication, Behavior and Attitudes* Orlando, FL, Elsevier.

Feinberg, Mark E.; Kan, Marni L.; Hetherington, E. Mavis (2007) *The Longitudinal Influence of Coparenting Conflict on Parental Negativity and Adolescent Maladjustment* Malden, MA, Blackwell Publishing

FREEDSON P. S. ; EVENSON S. (1991) *Familial aggregation in physical activity* Research quarterly for exercise and sport 1991, vol. 62, n°4, pp. 384-389

J. F. Sallis, J. E. Alcaraz, T. L. McKenzie, M. F. Hovell, B. Kolody and P. R. Nader (1992) Parental behavior in relation to physical activity and fitness in 9-year-old children Archives of Pediatrics and Adolescent Medicine Vol. 146 No. 11