



# SCHOOL HEALTH:

Research into the use of a public health model to promote the health of children and youth in CSF schools (SD 93).



**Réso**  **Santé**  
COLOMBIE-BRITANNIQUE

## FINAL REPORT

Hélène Cameron  
April 23, 2012





## SCHOOL HEALTH:

Research into the use of a public health model to promote the health of children and youth in CSF schools (SD 93).



# TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>2</b>
Comprehensive School Health	3
The Project	4
Methodology	5
<b>FINDINGS</b>	<b>8</b>
Comprehensive School Health in British Columbia	8
Health Programming for BC Schools	10
The Public Health System and BC Schools	12
Healthy Families BC Schools Initiative	14
DASH BC	15
The Conseil scolaire francophone	16
School Health Programming at the CSF	18
Comprehensive School Health	19
School Health Services	26
Vancouver Coastal Health Authority (VCHA)	27
Fraser Health Authority (FHA)	31
Vancouver Island Health Authority (VIHA)	33
Northern Health Authority (NHA)	35
Interior Health Authority (IHA)	36
<b>CONCLUSION</b>	<b>39</b>
APPENDIX A - French-Language Resources	44
APPENDIX B - Contacts	53
APPENDIX C - French Interview Guide (School Setting)	56
APPENDIX D - English Interview Guide (Health Authorities)	67

# INTRODUCTION

In May 2011, the BC government launched the Healthy Families BC program to support British Columbians in managing their own health. In September 2011, the program announced a Healthy Communities component that would focus on such areas as physical activity, healthy eating, smoking addiction reduction, healthy-built environments and priority populations. The component would help “British Columbians to get inspired about healthy living by partnering with employers, schools and communities.”<sup>1</sup> Coincidentally, in the winter of 2011, BC’s Conseil scolaire francophone (CSF), the Francophone school board known as School District 93, launched a new 5-year strategic plan that identified as a priority helping students to develop in a healthy way, including the adoption of healthy and active lifestyles.

Thus, the CSF, one of the key assets of the Francophone community in BC, focused on the promotion of student health at a time when a major provincial health promotion initiative was taking shape. It was in this context that RésoSanté Colombie-Britannique (a.k.a. RésoSanté or the Francophone Health Network) initiated a research project on the use of comprehensive school health to promote the health of children and youth in BC’s francophone schools.



• *Since its creation in 2003, RésoSanté has supported the development, integration, and sustainability of French-language health services in BC.*  
• *With this mandate in mind, RésoSanté proposes and facilitates research on access to French-language health services.*

---

1 <http://www.healthyfamiliesbc.ca/healthy-communities.php>



# COMPREHENSIVE SCHOOL HEALTH

Comprehensive School Health (CSH)<sup>2</sup> is considered the ‘gold standard’ in approaches to school health promotion. It is founded on the premise that health is holistic, that specific health practices do not exist in isolation from each other and that they are affected by the broader context of our lives. Schools not only afford students opportunities to learn and practice healthy habits that they will carry into adulthood, but schools also directly influence children’s health. Thus, a healthy school is one that strengthens its capacity as a healthy environment for living, learning, and working. CSH, an internationally recognized education framework endorsed by the Joint Consortium for School Health (JCSH), is designed to protect, promote and improve the health and well-being of students and staff, and to improve students’ ability to learn. The underlying concepts are based on the World Health Organization’s Ottawa Charter for Health Promotion (1986).

CSH is not just about what happens in the classroom. It encompasses the whole school environment with harmonized actions addressing four distinct but inter-related pillars:

- Teaching and learning;
- Social and physical environment;
- Healthy school policy;
- Partnerships and services.



Public health professionals see CSH as a “population health” approach that focuses on personal health and coping skills, as well as on living conditions and situations that affect people’s health – called “social determinants” of health. These determinants include factors such as education and the social and physical environments where people live, learn, work, and play. By targeting these determinants, public health professionals are aiming to prevent illness and

<sup>2</sup> <http://www.jcsh-cces.ca/index.php/school-health>

injury and to improve health and wellness in the population. In the school setting, this translates to an approach that requires not only teaching about healthy behaviors but also adapting the environment within which children learn and teachers teach, so that it has positive effects on their health. This can include: providing healthy food choices, promoting physical activity, encouraging healthy relationships with and between staff and children, and adopting healthy school policies.

CSH encourages communities to think broadly across all facets that make up their school and to develop a coordinated, whole-school approach to planning, decision making, and program delivery. Among the obstacles<sup>3</sup> to putting CSH into practice and achieving the desired results is the ability to articulate and orchestrate a coherent set of strategies that simultaneously target multiple objectives. Careful planning – with due attention to needs assessment, monitoring, and evaluation – preserves the consistency and comprehensive nature of the approach and goes a long way towards ensuring that the building blocks of implementation are sustained through changes in administration, personnel and the student population.

*••• A key factor underlying successful implementation is the availability of support structures that favor the continuous development of competencies among those involved, i.e. skills and knowledge that increase confidence in the ability to undertake and maintain this kind of initiative.*

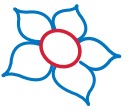
## THE PROJECT

The purpose of this project is to support the CSF and improve the capacity of the Francophone school community to access and use the public health services and resources at its disposal for the purpose of promoting the health of the children and youth in its system, using a comprehensive school health approach.

In BC, public health nursing services are the first point of contact between the regional health au-

---

<sup>3</sup> Deschênes, Marthe et al. Comprehensive approaches to school health promotion: how to achieve broader implementation? Health Promotion International, December 2003, 18: 4, pp. 387-396.



thorities and school districts. Nurses are assigned to schools in each district with a mandate to build health awareness and provide or facilitate access to a range of available services. In principle, each school district might come to an agreement (formal or informal) to collaborate with the regional health authority and make use of these services. In practice, this is nearly impossible for School District 93, as it covers the entire province with its 38 schools and would have to deal with five separate health authorities. There is also the question of language: health authority services are not generally available in French.

### **To assist the CSF achieve the aims of the project, it was proposed to:**

- collect data to describe the school health practices within the CSF and five regional health authorities, with respect to healthy eating, active living, healthy relationships, and other healthy practices;
- identify best practices and key contacts in implementing a CSH approach;
- assess the capacity and willingness of CSF schools and the regional health authorities to collaborate to implement a CSH approach in CSF schools;
- support the CSF and its schools by disseminating information on French-language resources for prevention and health promotion, and identify potential sources of funding;
- outline the parameters and identify one or more potential sites for a pilot study in CSF schools.

## METHODOLOGY

The project was approved by the Board of Directors of RésoSanté in October 2011. A three-member advisory committee, with representation from the CSF and two regional health authorities, was struck to guide the project. The committee approved the methodology for collecting data on school health practices and resources:

- review of Internet and hard copy documentation (in French and in English);
- interviews of key contacts in the CSF and five regional health authorities.

In the first instance, the websites of the Ministry of Education, Ministry of Health, each health authority, and the CSF were mined for information relating to school health practices and resources. Documents posted or available through links were downloaded and examined. Portals and similar sources collecting and screening relevant school health resources were an additional source of information. The results are found in Appendix A, French-Language Resources.

In the second instance, key contacts at the CSF and health authorities were identified and invited to participate in an interview. They are listed in Appendix B. Interview guides, attached as Appendices D and C, were drafted for each sector - in French for the CSF, and in English for the health authorities – based on an assessment tool<sup>4</sup> that is currently under re-development. The tool is designed to be used to systematically assess how a school is doing with respect to the four pillars of comprehensive school health and key aspects of a healthy school (healthy eating, active living, healthy relationships, and other healthy practices). It is aligned with the healthy living performance standards developed by the Ministry of Education and prescribed learning is identified in the health-related curriculum packages. As a result, the interview guide focuses on the key areas to be assessed with respect to school health programming in BC.

With respect to the CSF, a sample of 15 schools was identified, covering a range of urban, suburban and less populated settings, small/large school sizes, and elementary/secondary situations (see Table below). Permission was sought to interview the principal in each school. It was reasoned that each school's planning committee (*Comité des partenaires*) would be responsible for acting on the newly-identified health priority and the principal or a designate would be a member of that committee. Although teachers also sit on these committees, they were less likely to be available because of an ongoing labor dispute. A meeting with the CSF administration confirmed that interviewing principals might also be problematic, owing to the onus of extra duties they were currently picking up as a result of the dispute.

⋮ *Nevertheless, we presented the project at a meeting of all CSF principals in January, 2012 and this led to significant buy-in by targeted schools: 12 of the 15 schools agreed to participate by early April, 2012.*

---

4 Ministry of Education and BC Ministry of Health. Creating Healthy Futures: BC Healthy Schools Toolkit. Draft, September 2011.





## Sample of CSF Schools

Health Authority	Location	School	Setting	Population	Grades			
					K-3	4-6	7-9	10-12
Vancouver Coastal	North Vancouver	André-Piolat	Suburban	324	✓	✓	✓	✓
	Powell River	Côte du soleil	Small city	101 + 17 A	✓	✓	✓	
	Vancouver	Jules Verne	Urban	216	✓	✓	✓	✓
	Vancouver	Anne-Hébert	Urban	296	✓	✓		
Interior	Kelowna	Anse-aux-Sables	Urban	200	✓	✓	✓	✓
	Penticton	Entre-Lacs	Small city	110 +35 B	✓	✓	7-8 only	
	Rossland	Sept-Sommets	Semi-rural	40 + 44 C	✓	✓		
Fraser	Langley	des Voyageurs	Suburban	102	✓	✓	7 only	
	Port Coquitlam	des Pionniers	Suburban	380	✓	✓	✓	✓
	Surrey	Gabrielle-Roy	Urban	530	✓	✓	✓	✓
Northern	Prince George	Franco-nord	Urban	95 + 46 D	✓	✓	7 only	
	Terrace	Jack-Cook	Small city	32	✓	✓	7 only	
Vancouver Island	Comox	Cœur-de l'île	Large town	150	✓	✓	✓	✓
	Nanaimo	Océane	Urban	112 +71 E	✓	✓	7 only	
	Victoria	Victor-Brodeur	Urban	611	✓	✓	✓	✓

<sup>A</sup> 17 students at Brooks SS.

<sup>B</sup> 35 students in grades 9-12 at Penticton HS.

<sup>C</sup> 44 students at École des Sentiers-alpins in Nelson, grades K-5.

<sup>D</sup> 46 students at Duchess Park SS.

<sup>E</sup> 55 students at Nanaimo District HS and 16 students at École des Grands-cèdres in Port Alberni.

Shaded grey = did not participate.

With respect to health authorities, the consultant identified persons responsible for school health programming in each health authority (see Appendix B). Depending on the size of the health authority and how it was organized, the number of leaders to interview varied from one to five. In late December, 2011, an overlap with the provincial Healthy Families BC (HFBC) Schools project became apparent and steps to resolve the overlap were taken. After only two interviews had been completed, the consultant was invited to participate in the HFBC Schools process, beginning with attendance at a provincial meeting that brought together school health leaders from each health authority. As part of this process, RésoSanté attended regional health/education consultations. The consultations are expected to shape the nature of the collaboration required for successful implementation of CSH in BC schools.

With respect to all communications, interviews and meetings, referenced resources were accessed and reviewed. Useful information on practices and resources has been incorporated in the listing of French-language resources in Appendix A.

## FINDINGS

Following is an overview of information gathered in the process of document review, interviews, meetings, and other communications with the health and education sectors.

### Comprehensive School Health in British Columbia

The *BC School Act*<sup>5</sup> states that the goal of the education system in BC is not only to provide learners with the opportunity to become literate but also to “develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy ... society.” The Minister of Education, in the *Statement of Education Policy Order D-92*<sup>6</sup> further identifies human and social development as a goal of education. Reaching this goal involves not only schools, but also families and communities. These declarations underpin BC’s commitment to put into practice the CSH approach to support the physical, social, emotional and mental health as well as academic success of

---

5 Preamble, C-11.

6 October 15, 2009, [http://www.bced.gov.bc.ca/legislation/schoollaw/d/oic\\_1280-89.pdf](http://www.bced.gov.bc.ca/legislation/schoollaw/d/oic_1280-89.pdf)



school-aged children and youth. They also explain why, during the 1990s, the Ministries of Health and Education, among others, collaborated on promoting the health of school-aged children and youth within the framework of a Healthy Schools initiative<sup>7</sup> that applies the CSH approach.

The Healthy Schools initiative began in 1990 as a pilot project of the Ministry of Health<sup>8</sup>. In 2004, the Ministries of Education and Health announced an action plan for student health; one of the outcomes was the re-launch of a Healthy Schools initiative to encourage actively policy and practice that helps promote health in the school setting. In a lead-up to the 2010 Olympic and Paralympic Games, BC launched [ActNow BC](#) to help meet the government's goal to be the healthiest, most physically fit jurisdiction ever to host the Games. The initiative combined cross-government and community-based approaches to address common chronic disease risk factors by promoting healthy eating, increased physical activity, reduced tobacco use, and healthy choices during pregnancy. One target area of its activity was the school setting<sup>9</sup>. It is under the ActNow BC banner that many healthy schools programs and policies have been introduced and promoted, including the following:

- [Action Schools! BC \(AS! BC\)](#): Assist schools in creating individualized action plans to promote healthy living for children in grades K-7 through physical activity and consumption of fruits and vegetables.
- [The BC School Fruit and Vegetable Nutritional Program](#): Distribute BC produce and learning materials to schools through the BC Agriculture in the Classroom Foundation.
- [BC Healthy Living Performance Standards](#): Distribute a Ministry of Education assessment resource designed to support and align with several required areas of study within the BC health-related curriculum.
- [Guidelines for Food and Beverage Sales in BC Schools](#): A policy designed by the Ministry of Education eliminates the sale of unhealthy foods and beverages to students and maximizes students' access to healthier options in schools.
- [Daily Physical Activity](#): A policy requiring that B.C.'s K-12 students participate daily in healthy levels of activity.
- [The Walking School Bus and Bicycle Train](#): This program is available through HASTE (Hub for Action on School Transportation Emissions).

7 <http://www.bced.gov.bc.ca/health/>

8 Ministry of Children and Families (2003). Healthy Schools Resource Guide. Revised October 2003. Accessed at [http://www.cf.gov.bc.ca/early\\_childhood/pdf/healthy\\_schools\\_website.pdf](http://www.cf.gov.bc.ca/early_childhood/pdf/healthy_schools_website.pdf)

9 Given the economic climate and the completion of the Winter Games, a shift in focus and placement of ActNow BC might reasonably be expected.

In September 2008, BC announced a [Neighbourhood Learning Centres'](#) initiative that encourages school districts to work cooperatively with community partners in expanding the use of schools to provide better access to educational and community services and to promote the well-being of children, families and the entire community. The School Community Connections (SCC) program, launched in 2005 through a one-time \$10 million grant from the Ministry of Education, has supported the Neighbourhood Learning Centre initiative and, in 2010, directed funding specifically to it. The SCC is administered by the Union of British Columbia Municipalities and the BC School Trustees Association on behalf of the Ministry of Education.

## Health Programming for BC Schools

With respect to the “teaching and learning” pillar of CSH, the Ministry of Education sets the education standards for students in grades K to 12 through provincial curricula. These standards are called Prescribed Learning Outcomes (PLOs). Available in French as well as English, PLOs outline the expectations for what students should know and be able to do at each grade and within each subject area. In some subject areas, performance standards have been developed for voluntary use. They describe the professional judgment of a significant number of B.C. educators about standards and expectations in the area of learning. Although performance standards exist for the area of [healthy living](#), these have not been translated into French.

A ministerial order<sup>10</sup> lists the required areas of study in an educational program for BC students in each of the grades from Kindergarten to Grade 12. Like all schools in BC, the CSF is obligated to deliver:

- Health and Career Education (K-9)
- Planning 10
- Career and Personal Planning 11 and 12 (mandatory only for the adult graduation program)
- Daily Physical Activity (K-12)
- Physical Education (K-10)

---

<sup>10</sup> Ministerial Order 295-95, last updated in January 2011.

Accessed at <http://www.bced.gov.bc.ca/legislation/schoollaw/e/m295-95.pdf>



In addition, all schools must, through the [Graduation Transitions](#) program, offer students an opportunity to demonstrate their learning and achievements in the areas of personal health, career goals and life plans, and community connections (i.e. work experience or community service). They can achieve this through course work (e.g. Career and Personal Planning 11 and 12), independent study, a portfolio assessment or a combination of these.

Policies have been introduced by the provincial government to promote healthy choices and lifestyles for school-aged children and youth and to protect their health. These include the aforementioned Guidelines for Food and Beverage Sales in BC Schools as well as:

- the [Tobacco Control Act \(2007\)](#) for smoke-free school grounds;
- [The Anaphylaxis Protection Order \(2007\)](#) and child safety framework requiring the development and implementation of anaphylaxis policies and procedures in school districts;
- [Safe, Caring, and Orderly Schools \(2004\)](#) along with provincial standards for codes of conduct to foster positive and welcoming school cultures and optimal environments for learning, accountability mechanisms and resources on school safety.

Other measures supportive of school health taken at the provincial level include:

- [Crystal Meth Strategy \(2007\)](#) to develop school-based awareness;
- playground construction and replacement;
- assorted ancillary programs and resources designed to complement the above and other initiatives, and to assist in their implementation (for example, [Healthy Living Booklets for Families](#)—four family guides for grades K- 3; 4 to 7; 8 and 9; 10 – 12). These resources are designed to enhance healthy eating and physical activity among students and families.

## The Public Health System and BC Schools

Public Health is concerned with promoting the health and well-being of the whole community and preventing disease, rather than the treatment of illness and disability. The [BC Public Health Act](#) establishes the role of the Minister of Health and Provincial Health Officer. The latter is required to report annually to British Columbians on their health status and on the need for policies and programs to improve their health. An Order in Council<sup>11</sup> sets out the responsibilities of other ministries to ensure that their policies and resources support families and communities in providing a healthy and supportive environment necessary for children's learning.

The Ministry of Health works together with BC's health authorities to provide health services to British Columbians. The ministry sets province-wide goals and standards for, and monitors and evaluates health service delivery through one Provincial Health Services Authority and five regional health authorities<sup>12</sup>:

- Vancouver Coastal Health Authority (VCHA)
- Fraser Health Authority (FHA)
- Vancouver Island Health Authority (VIHA)
- Northern Health Authority (NHA)
- Interior Health Authority (IHA)

Under the public health [Core Functions Framework](#), these health goals are most pertinent to schools. They target: positive and supportive working conditions, opportunities for developing capacities and skills and making health-enhancing choices, and preventing disease and injuries that lead to disability and premature death.

The regional health authorities are responsible for identifying population health needs, planning, funding and managing appropriate programs and services, and meeting performance objectives.

### BC's Health Goals

#### GOAL 1:

##### **LIVING AND WORKING CONDITIONS:**

Positive and supportive working conditions in all our communities.

#### GOAL 2:

##### **INDIVIDUAL CAPACITIES, SKILLS AND CHOICES:**

Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.

#### GOAL 6:

##### **DISEASE AND INJURY PREVENTION:**

Reduction of preventable illness, injuries, disabilities and premature deaths.

<sup>11</sup> Order In Council (OIC) 1280/89

<sup>12</sup> For consistency, all health authorities are referred to in the same manner, whether or not the word 'authority' is officially used by the entity.



They govern, plan, and coordinate services regionally within 16 health service delivery areas. Every year, all health authorities are required, under the Health Authorities Act and the Budget Transparency and Accountability Act, to develop a service plan that outlines and identifies the challenges, priorities and strategies to be undertaken to meet commitments and obligations to residents in their service area. Performance Agreements between the Ministry of Health and health authorities define expectations, performance deliverables, and service requirements in the areas of population and public health, emergency care, surgical services, home and community care, and mental health and addictions services.

The population health approach used in public health is focused on the interrelated conditions and factors that influence the health of populations. This approach recognizes the importance of broad determinants such as shelter, education, food, and income on improving people’s health. Understanding the health determinants of a population – and identifying populations in need or at high risk – is the lens through which services are designed to prevent illness, disability and injury. Core public health programs are thus focused on groups of people for whom the service is particularly applicable or where intervention is known to be most effective (e.g. prevention of smoking in young people), and in the settings that make the most sense (e.g. schools). This explains why school health services fall under the banner of population and public health.

The BC Public Health Act provides for regional Medical Health Officers (MHOs) to monitor and report on the health of the population in their designated areas and the extent to which population health targets established by the government or the health authority are being achieved. They also advise authorities and local governments on public health issues, including health promotion and health protection, and on policies and practices with respect to those issues.

The [BC School Act](#) (88) requires school boards to “provide health services, social services and other support services for schools in accordance with any orders made by the Minister.” The School Act (89) also requires health authorities to designate a school medical officer for each school district, hence MHOs in regional health authorities also take on that role. This includes the CSF, according to article 89(3):

⋮ *A school medical officer designated under subsection (1) has the same rights, powers and duties in respect of francophone schools located in the school district as that medical officer.*<sup>13</sup>

---

13 As far as could be ascertained, no school medical officer has been designated specifically for the CSF.

In the capacity of school medical officer, the MHOs monitor the safety of school buildings and surroundings and the general health of students in schools. Thus, they may cause students to be removed in the case of dangerous health conditions or close schools if the health and safety of students is at risk.

Public health nurses (PHNs) are designated for each school in BC but there is no legislation that specifies how their services will be delivered in schools or for school-aged children. While PHNs may be the contact point for school health services, they are not working alone: many other public health professionals may be working in schools, including nutritionists, mental health/addictions specialists, dental health specialists, health protection/environmental health workers, and school health coordinators. PHNs may work in teams, for example, screening for school readiness alongside audiologists, speech pathologists, dental hygienists, and nutritionists, or co-delivering multi-faceted peer education programs in schools. PHNs are also involved in the care of special needs students.

## Healthy Families BC Schools

Since the May 2011 launch<sup>14</sup> of the Healthy Families BC strategy, the Ministry of Health has been working with health authorities to re-prioritize spending to focus on prevention initiatives that align with this new strategy. One component of the strategy – Healthy Communities – is the umbrella for the five-component [Healthy Families BC Schools](#) (HFBC Schools) initiative which re-energizes the preceding Healthy Schools initiative. It is in this context that the Ministry of Health and health authorities are currently engaged in mapping assets, reorganizing internal leadership, and consulting widely to explore how they can work together most effectively to support healthy schools.

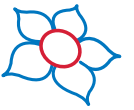
Potentially, health authorities may re-orient their practices by taking a broad view consistent with CSH and helping schools better understand the approach and related decision-making and practice. This comprises assisting with the development of healthy school teams, assessments, action plans, policy and program initiatives, monitoring and evaluation; communicating best practices; helping schools access resources; and facilitating school-community partnerships and events.

Featuring prominently as a partner to support implementation is [DASH BC](#), a network of local, regional, and provincial organizations and individuals including teachers, parents and community members. Its mandate is to positively influence the health and learning capacity of students in British

---

14 BC Government, Online News Service. Premier Clark launches strategy for healthy families. May 24, 2011. <http://www.newsroom.gov.bc.ca/2011/05/premier-clark-launches-strategy-for-healthy-families.html>





Columbia. DASH BC advocates a comprehensive school health approach, referred to as “healthy schools”, works with cross-sector partners, and facilitates shared learning and the development of promising practices and delivery of leading school health initiatives.

## DASH BC:

- Coordinates the [\*Healthy Schools Network\*](#) (HSN), a voluntary organization of public and independent schools that promotes the comprehensive school health approach and engages in inquiry as a means of working towards school-wide health goals and improving student learning related to healthy living topics. The HSN is a component of the [\*Network of Performance Based Schools\*](#) (NPBS), a voluntary action research learning community designed to improve student learning.
- Works with [\*Action Schools! BC\*](#) to promote healthy living and learning.
- Creates meeting opportunities for those who care about building healthy school communities. The goal is to connect and learn with and from each other through symposiums, conferences and online learning communities.
- Coordinates and hosts the annual week-long event *I Walk* ([\*International Walk to School Week\*](#)).
- Publishes the [\*Healthy Fundraising for Schools\*](#) Guide for raising funds while promoting health and having fun.
- Publishes a monthly electronic newsletter.
- Provides access to school health research and documentation on comprehensive school health and sub-topics such as positive mental health and DASH’s own Cooking and Skill Building Project Evaluation.
- Promotes the use of a number of practical programs and resources, including the [\*BC Healthy Schools Network Assessment Tool\*](#) and the Healthy Living Performance Standards, which DASH was involved in developing for the Ministry of Education.
- Manages [\*Healthy Schools BC\*](#) in partnership with the Ministries of Health and Education. HSBC is a web portal that is a “one-stop” access point for the array of school health resources available in BC. Resources are screened according to a pre-determined set of criteria and information is provided to demonstrate how the resources can be used in a planned and coordinated way under the CSH framework.

DASH BC's suite of programs and services is designed for maximum support of widespread implementation of the CSH approach. It addresses key issues surrounding implementation. Unfortunately, none of the above-mentioned DASH resources are available in French.

## The Conseil scolaire francophone

In B.C., school-aged children have access to three types of French programs: Francophone, French Immersion, and Core French. The Francophone Education Authority was established in 1995 for the purposes of providing a Francophone program to those who qualify under the *Canadian Charter of Rights and Freedoms*<sup>15</sup>. The program is delivered by School District 93, the Francophone School Board known as the *Conseil scolaire francophone* (CSF). Entirely in French (with the exception of English Language Arts introduced in Grade 4), the Francophone program allows students to learn and develop French language and culture and to live as active participants in the Francophone community. In so doing, the CSF not only addresses students' academic needs but also helps them explore and develop their Francophone heritage. The CSF has over 4,600 students in 38 schools that serve some 100 communities across the province. It should be noted that 16 out of 38 CSF schools house daycare and/or preschool programs as well.

As a natural extension of the highly successful previous strategic plan, *Pédagogie 2010*<sup>16</sup>, the CSF's strategic plan for the period 2011-2014 identifies student personal development as a focus area, whereby "the student learns how to learn and to develop in a healthy way." Three strategic directions are identified in this focus area, including two that may be described as health-related:

- **STRATEGIC DIRECTION 1: Provide the student with the kind of guidance that will optimize his or her emotional and cultural development and identity (emphasis on interpersonal skills, emotional intelligence, cultural integration)**

---

15 Section 23 of the Charter guarantees minority language educational rights to French-speaking communities outside Quebec. Residents of BC have the right to educate their children in a Francophone program if a parent meets one of the following conditions: (a) the language first learned and still understood is French; (b) the parent received primary school instruction in Canada in French (not French Immersion); (c) the parent has a child who has received or is receiving primary or secondary school instruction in Canada in French (not French Immersion).

16 The objective of *Pédagogie 2010* was to optimize student learning in the context of a minority language situation through improved access to technology, the use of proven pedagogical approaches, and emphasis on the development of cultural identity and connectedness. The latter emphasis has led to an increased use of schools as sites for daycares, preschools, and other community services as well as the development of schools as communities.



- **STRATEGIC DIRECTION 3: Facilitate the adoption of habits for a healthy and active lifestyle (emphasis on physical activity, physical education, environmental protection).**

Generally, the responsibility for acting on identified strategic directions that intersect with school growth plans falls to the *Comité des partenaires* - a school planning body with the role of developing projects, including school policy and plans, and ensuring their implementation, evaluation and updates. This committee, which operates at the district level and in each school, promotes a participatory process and shared leadership in schools. At the district level, the main partners are:

- the *Fédération des parents francophones de Colombie-Britannique* (FPFCB) represents parent associations in K-12 and preschool settings and strongly supports the development of preschool and daycare programs;
- the *Regroupement des directions d'écoles francophones* (RDF) represents Francophone school administrators;
- the *Canadian Union of Public Employees* (CUPE 4227) represents support staff in schools;
- the *Syndicat des enseignantes et enseignants du programme francophone* (SEPF) represents Francophone teachers.

At the local level, the Committee is composed of the school administrator, parents, teachers, support staff, students (from grades 10-12), and preschool service staff (if applicable). Community representatives may also be invited to participate. In addition to its planning and policy mandate, the *Comité des partenaires* promotes home/school/community partnerships, distributes school resources, and delivers educational programs and services at the school.

Although none of the committees in the schools where administrators were interviewed are involved in implementing health-related strategic directions of the 2011-2014 plan at this time, they are acting on school-level plans that include health-related objectives, often related to physical activity and/or healthy eating. In some schools, committees have been struck to address specific health or safety issues or projects, for example, earthquake preparedness, personal security, and nutrition month.

It should be mentioned that most schools have an occupational health and safety committee (Policy C300-11) with a mandate to create a safe working environment, make recommendations for improvement, and promote existing regulations. This committee promotes staff wellness through professional development workshops/courses on health topics such as stress reduction, yoga, first aid. In some

schools, this committee may do double duty by carrying out work which, in other schools, may be addressed by working groups struck specifically to address particular school health issues.

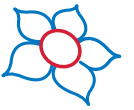
## School Health Programming at the CSF

All schools are required to deliver mandated health-related curricula. Assistance in school health programming is available through the services of a consultant who is responsible for a range of subject areas. District-level policies support health. For example:

- Policy D-400-21 (2009), supporting implementation of the Guidelines for Food and Beverage Sales in BC Schools
- Policy F-600-4 (2002) and F-600-5 (2002), supporting safety and security and the development of codes of conduct in the school setting
- Anaphylaxis Protocol (2005), outlining the context and elements of a plan and protocol for dealing with anaphylactic shock.

The district-level student health and safety programs provide some assistance to schools in managing allergies, critical incidents and death, school discipline, and prevention in the areas of personal safety (street proofing), bullying, suicide, and child abuse. As in other school districts, students with special needs – including students with intellectual, physical, sensory, emotional, or behavioral disabilities, or a learning disability or, exceptional gifts or talents – are provided with specific support services that may range from screening, identification and diagnosis, and development and research of adapted teaching materials. These services also involve training, for teaching and non-teaching personnel, parents as well as a range of health professionals such as psychologists, occupational therapists, psychiatrists, speech language pathologists, and counseling and social service professionals. In addition, the CSF runs an adventure camp program for gifted children and for those with learning or behavioral problems.

••• *The adventure camp is designed to foster collaboration and the development of self-esteem in a physically demanding setting.*



Counselors at the CSF are supported by a psychologist. Administration, teaching and counseling staff work closely together at the district and school levels. For example, a school district counselor championed the implementation of [Roots of Empathy](#)<sup>17</sup> and [Friends for Life](#)<sup>18</sup> programs in CSF schools as curriculum resources.

Of the 16 CSF schools housing preschool or daycare programs, six are sites for [Franc départ](#), a program promoted by the Fédération des parents francophones de C.-B. (FPFCB) as part of [Strong Start BC](#), a Ministry of Education early learning initiative. The FPFCB also promotes the use of [Grandir CB](#), the French-language version of Leap BC, which focuses on learning through play and supports healthy child development through physical movement, healthy eating, language development and early literacy.

## Comprehensive School Health

The comprehensive school health approach, as such, is not on the radar of the school district administration or schools in the CSF. No school district committee or plan overtly supports the implementation of such an approach at the district level, and none were found at the school level. However, the approach appears to be applied instinctively in response to perceived health needs. This may be the result of the experience and success gained in developing cultural identity and connectedness in the context of *Pédagogie 2010*. In a presentation to school principals in January 2012, the CSH approach was received as one entirely consistent with current approaches within the school district; interviews conducted with administrators support this impression.

## Healthy Eating

All schools contacted indicated that they:

- follow the health curriculum and teach required areas dealing with healthy eating;
- respect the [Guidelines For Food and Beverage Sales in BC Schools](#) not only with respect to food prepared on site but also for food brought in by students or others; in most cases, staff and parents support and model this approach.

---

<sup>17</sup> An elementary-level, classroom-based program designed to reduce levels of aggression among school children while raising social/emotional competence and increasing empathy. Available in French. Supported by the Ministries of Education and Children and Family Development.

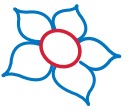
<sup>18</sup> An anxiety prevention and resiliency skill building program sponsored by the Ministry for Children and Family Development, available in French only for grades 4/5.

Three-quarters of the schools contacted participate in the BC School Fruit and Vegetable Nutritional Program, providing BC fruits and vegetables to students during class time over 13 weeks, at no charge. Two participate in the [Breakfast for Learning](#), a grant program for meals or snacks for students.

The [CommunityLINK](#) program, which funds school districts to provide services such as breakfast and lunch programs to vulnerable children, was frequently mentioned as a source of support to ensure children's nutritional needs are met. In support of this cause, and to broaden options for healthy eating and for work experience toward graduation requirements, one school sought to achieve all three objectives by launching its own in-school restaurant. Funded in part by diners and LINK, the program serves upwards of 2,500 traditional, vegetarian and vegan lunches five days a week, using fresh, local (and often organic) foods. It follows the guidelines for the sale of food and beverages in BC schools, food safety, and recycling. Some of the food is supplied from a local community garden in partnership with the school. Aside from meeting the stated objectives, the project provides a 'family' atmosphere for meals and promotes teamwork among younger and older students. It also provides the opportunity for students to make presentations and share knowledge and experience with their peers (e.g. food as it relates to different cultures, origins, seasonality, etiquette).

In some cases, food is used as a means to create a sense of community. In one school, for example, secondary-level students are learning how to cook for large groups, about hygiene and safety, and are responsible for catering traditional meals on special occasions such as Christmas. In another, parents rotate responsibilities for providing hot lunches for the entire school, once a week. In yet another school, the local Francophone association conducts after-school community-building food events. In short, there appears to be an increasing interest in healthy eating and schools are responding with appropriate courses and extra-curricular offerings.

*By virtue of their size or other limits on space, not all schools provide a separate area for eating, but all exhibit concern for safety and cleanliness. A few small schools solved the space/safety problem by installing eating facilities in a gym or hallway to create a flexible, supervised eating area.*



Few vending machines are found in these schools. Where they are available, they are managed to ensure that the foods offered follow school guidelines (e.g. by the parent advisory council). In a couple of cases, parents provide/sell hot, healthy lunches in the school. Otherwise, there is little evidence of parent or community participation in decision-making around healthy food choices and eating environments in the school setting. However, respondents commented on how supportive parents are with regard to healthy eating, how this is evidenced in the foods brought to school, and how this impacts efforts in the school setting. Some commented on how vigilant staff members are to ensure that children are encouraged to eat well.

## Active Living

Respondents seem to understand the relationship between healthy eating, active living and student success and find ways to ensure that all students have equitable access to healthy food and exercise. To make the most of the benefits of food and physical activity for example, one school reorganized its schedule so that gym classes and guided physical activity take place in the morning and children have a snack in class. The first recess is delayed until 11:30 AM and is followed immediately by lunch. Two shorter afternoon sessions are punctuated by a second recess.

All schools contacted indicated that they follow the physical education curriculum and the guidelines for daily physical activity. Some interviewees encountered challenges in the delivery of physical education curricula when a school cannot employ a physical education specialist. Otherwise, school communities<sup>19</sup> evidently go to some lengths to provide opportunities for play and physical activity<sup>20</sup>, and these include:

- well appointed school yard play structures
- varied equipment for outdoor play, including, in one case, flying saucers for sledding
- revival of popular school yard games
- easy access to gym space and a wide range of equipment
- use of a play break for the entire school as a reward for achievements
- various programs to encourage recreational walking, running and physical activity (e.g. Sun Run readiness, Terry Fox run, Run for Fun, Défi Pierre Lavoie)
- outings or field trips (skiing, swimming, skating, wall climbing)
- student/parent activity nights
- coordinated physical activity and action on the environment (e.g. clean-up of trails or community recreation areas)
- course offerings, workshops and special events featuring a range of physical activities (e.g. dance, karate, fitness, yoga, track and field)
- involvement of community members or grade 12 students to play specific games during recess or to organize sports
- arrangements with other school districts or municipalities for access to sports and recreation facilities during class time and for team sports and competitions when facilities are lacking or student populations are insufficient for intramurals.

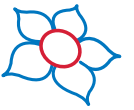
One school's *Comité des partenaires* is involved in a feasibility study for a long-term sailing program for grades 6, 7, and 8. The innovative project is designed to act on the CSF strategic plan by providing

---

19 Including not only school personnel but also parents, students, and others.

20 However, it was acknowledged that the labour dispute/job action has had an impact on the availability of some of these opportunities in this school year.





an additional opportunity for physical activity and developing student personal skills, teamwork, and appreciation for the environment, as well as school connectedness. In another case, the school community has raised funds to install a climbing wall in the gym that, it is hoped, will become a magnet for indoor activity and a community-building asset.

Comments made by respondents suggest that their enthusiasm and success in this area are the result of an innovative and supportive school district administration, appropriate resources, and a culture of fresh air, good food, and small classes.

## Healthy Relationships

All respondents are aware of the guidelines for safe, caring and orderly schools and respect them. Bullying is a recurrent theme among the schools contacted. Some have invested a great deal of effort to promote and model respectful behavior, responsibility for one's actions, and conflict resolution. Approaches mentioned include:

- easy access to school counselors to develop student confidence in identifying and sorting out problems before they get out of hand
- community-building activities such as festivities, meals, school assemblies, games, cultural activities - at school or jointly with local organizations
- development and use of conflict resolution and problem-solving skills in class and reinforcement in everyday life at school
- use of specific programs such as Roots of Empathy, Friends for Life, Vers le pacifique, Dare to Care, peer leadership, mentoring (by adults and students)
- development of, and reference to the code of conduct and the "code de vie", a broader code that reflects school values and determines how life at school is organized
- cooperation circles in classes;
- administration greeting students at the door every morning
- special efforts of administrators and other adults to connect regularly with vulnerable students;
- contests for students to accumulate, as a class, acts of kindness, learning cooperative games, showing school spirit; catch someone doing something good
- support for individual teachers to develop more positive relationships with students
- participation in district-wide anti-bullying campaign "Achale-moi pas!".

## Other Healthy Practices

Diversity is also a recurring theme and it is addressed through the codes of conduct/living and modeling respectful behavior as well as community-building exercises. With a few exceptions, the populations of schools sampled are not very diverse. Typically, schools will provide opportunities for the student body to become familiar with other cultures and share activities, including meals. In communities with more diverse populations, schools will also create opportunities for welcoming newly arrived immigrants and helping them to learn about life / mores in Canada.

Hygiene and the control of disease are considered important issues. In response to an outbreak of a communicable disease, one school undertook to develop and implement its own personal hygiene program after a request for assistance from the assigned public health nurse (PHN) was not successful. The program coordinated instruction in class with demonstrations, posters, and letters to parents. Another school praised their assigned, French-speaking PHN for delivering a hygiene program in grades K-1.

Student safety is uppermost in the minds of school administrators and policies and practices (e.g. supervision of meals, play) are developed to protect it. Anaphylaxis protocols are in place and are an opportunity to build awareness for the needs of others. In one instance, the school worked with a specialist organization to devise a workable plan for a particularly severe case. In some cases, schools receive assistance from the local PHN to manage more severe health problems.

Schools bring in community representatives to make presentations in support of the curriculum or engage the students in activities in areas such as injury prevention and substance use. One school received a grant from the health authority for an anti-tobacco campaign with heart health elements. Other schools encourage students to demonstrate their learning via videos and other projects.

## School Health Needs

In general, school administrators acknowledge the presence of PHNs and other health professionals in their schools but their impression is that they now offer little beyond immunization and hearing/vision/dental screening. Most schools indicate a desire for assistance from an outside 'expert' to deliver content, or to motivate interest in or provide help with plans and resources. Some see the PHN as being the appropriate expert, whereas others tend not to, depending on their previous experience. For example, one school sought help from the local PHN to provide sexual health education



sessions, only to be told ‘they don’t do that anymore’.<sup>21</sup> Another was not very impressed by the quality of the PHN’s sexual health presentation in the school. These schools and others have sought outside professionals to provide workshops for students and parents. The point was made that assistance is sought not to add to the curriculum but to provide more depth and effectiveness to the program.

A few respondents were open to inviting PHNs or school health coordinators to assist their *Comité des partenaires* to plan and implement school-level health plans or to coach their staff. Otherwise, they are more focused on needs in specific areas:

- reproductive and sexual health (most often mentioned)
- personal hygiene and control of communicable diseases/lice
- healthy eating/nutrition
- mental/emotional health
- bullying
- substance use
- team work
- first aid
- dental health
- back health.

Few respondents were aware of the Healthy Schools portal but those who were found it useful. When it was presented by the consultant, respondents usually questioned the availability of materials in French. Availability of French-language materials was a frequent request made in the course of interviews, the reasoning being that it is easier to use and distribute material that does not have to be adapted or translated. In response to this identified need, a list of French-language resources has been developed. It is found in Appendix A.

---

<sup>21</sup> Yet, a PHN assigned to a different school in the same health authority, and who has a long-standing relationship with the school, provides these sessions without waiting for a request.

## School Health Services

The main link between the education and public health systems is through public health nurses (PHNs) assigned by regional health authorities to each school, public or private. The manual *Orientation for [Public Health Nurses in British Columbia](#)* (published in 2000) describes the role as follows:

*“The role of the public health nurse in working with the school age group is to plan school-based health promotion activities to encourage students to take responsibility for their health and adopt a healthy lifestyle. The school-based strategies will enhance the health of individual students and ultimately promote a healthy community for students to live and learn.*

*As a PHN working with the school-age group, you may be involved with vision/ hearing and speech screening; dental screening; teacher, parent, student consultation and education; classroom support and services for children with special health needs; and health promotion, emotional wellness, immunization and multicultural health. Specific programs you might be involved with include: Communicable Disease Prevention, Tobacco Use Prevention, Injury Prevention, and Healthy Sexuality.”*

The orientation manual warns that the role will play out differently depending on the location, and that is still the case today. As mentioned previously, PHNs work closely with a range of other health professionals, and the focus remains health promotion. This is how health promotion works. It:

- helps people increase control over their health and improve it
- uses multidisciplinary strategies to synergize action on factors that influence health
- focuses on building capacity in specific settings such as school communities.

The CSH approach is a framework for health promotion in the school setting and although it is being referenced in school health programs, to what extent it is being used remains to be seen. Where the school setting is concerned, the practice of PHNs and other health professionals appears to have



changed and, as a result, the nature of the services offered has also changed. A goal of this project was to describe current school health practices within the five regional health authorities.

## Vancouver Coastal Health Authority (VCHA)

According to its regional profile<sup>22</sup>, VCHA is responsible for the delivery of care to over one million people in Vancouver, Richmond, the North Shore, the Sunshine Coast and Sea to Sky corridor, Powell River, Bella Bella and Bella Coola, including Aboriginal Communities.

The child and youth program of VCHA promotes the “physical, emotional and social well-being of children, youth and their families”<sup>23</sup> by considering the physical environment, living and working conditions, and personal health and coping skills, including those affecting school-aged children. The school health section of the [VCHA website](#), easily accessed via the ‘your health’ drop-down menu, outlines services for school-aged children. The school health program provides immunizations and health information to school-aged children, staff and parents. PHNs also provide individual health consultations and referrals for a variety of assessments such as dental, auditory, speech, nutrition, mental health, alcohol and drug use. Services vary by location, e.g. Vancouver versus Richmond or the North Shore.

A [school health manual](#) describes the services in detail, includes contacts, and recommends resources. Much of the information applies only to Vancouver. For example, the first section of the manual lists PHNs assigned to Vancouver schools. There is no such listing for other areas in the VCHA system: presumably, that information must be requested by following the links on the website to the area outside of Vancouver. One learns that the Vancouver area is divided into six community health areas (CHAs), each having a community health centre from which staff service schools. Priority health services are identified as immunization, youth clinics, surveillance of outbreaks of illness or disease, and general health consultation (and this includes helping students, families, and school staff access health services). *Health education* focuses on communicable disease control, reproductive health, and tobacco use reduction. *Healthy environment* initiatives focus on communicable disease control (e.g. implementing policies on outbreak management and school surveillance), safety and injury prevention, and community partnerships to build school and community skills and capacity to act to improve environments to promote health.

---

22 Vancouver Coastal Health and Ministry of Health Services. Regional Profile: Vancouver Coastal Health Authority. September 2010. Accessed at [http://www.health.gov.bc.ca/socsec/pdf/VCH\\_RegionalProfile\\_Sep2010.pdf](http://www.health.gov.bc.ca/socsec/pdf/VCH_RegionalProfile_Sep2010.pdf)

23 Vancouver Coastal Health. School Health Manual. September 2010. Section 1.

There are six public health nursing managers responsible for child and youth health across the Vancouver Coastal health system. Two of these leaders were interviewed - one each in Vancouver and Richmond - to get a sense of VCHA's school health program in practice. Respondents stated that most of PHN time is spent on immunization of children in grades kindergarten, 6 and 9, communicable disease surveillance, and screening for dental/vision/hearing for the kindergarten population. The remaining time (perhaps 20%) is given to supporting schools in a variety of ways, depending on their needs. This may include:

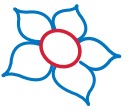
- helping schools develop emergency care plans for anaphylaxis
- teaching, co-teaching or coaching teachers in the area of reproductive health (grades 5-6 on puberty, grade 9 on sexually-transmitted infections)
- consulting with teachers, counselors, parents and students on issues such as nutrition, obesity, mental health and providing referrals to appropriate services.

PHNs are encouraged to have a presence in schools and become active members of school communities, for example by sitting on committees, and attending student council/PAC/ Occupational Health and Safety meetings.

In Richmond, the MOH and director of prevention services visit every school over a two-year period to get a sense of the school community and emerging issues and use the opportunity to profile the services of PHNs. Feedback is used to inform practice.

Neither of the public health nursing managers interviewed has a designated language position or French-speaking staff, nor do they have plans or the ability to acquire them. If requested to provide French-language material, they would search them out, e.g. from national sources such as the Public Health Agency of Canada, or they might be prepared to advocate translation of key resources in BC. In practice, most requests are for English materials, and the next most frequent request is for Chinese. If approached to deliver a service in Francophone schools, nurses would deliver it in English, or for one-on-one consultations, in French through an interpretation service (Provincial Language Services). Although there is willingness to improve programming for Francophone schools, how to do so is unclear.

PHNs in Richmond know about the CSH approach and services are outlined under the CSH model. However, it was acknowledged that not all PHNs know what that really means in terms of resources and implementation. It is felt that embracing the Healthy Families BC Schools initiative will move the implementation of a CSH approach forward and that CSH is a sustainable approach to school health.



## Healthy Eating

All schools in Vancouver have access to PHNs who can teach or enlist the services of community nutritionists, depending on the needs and the workload. A school nutritionist works with schools to promote a healthy school environment. For example, the nutritionist works with the Vancouver School Board and interested schools, on projects related to vending machine policies. S/he connects with community and research alliances that foster 'food citizenship'. The aim is to engage students to improve access to fresh, local food - by growing, preparing, sharing - and managing food waste. The nutritionist may provide professional development workshops for teachers, or deliver nutrition education sessions to large groups of secondary school students.

In Richmond, the provincial food and beverage guidelines have been the impetus for work at a systems level, with the school district or within the community, and involving parent advisory councils (PACs). At the school level, a nutritionist builds resources to assist PHNs in supporting teachers, principals and others to teach, for example. The Rides and Slides Health Promotion Game, developed in-house with the help of students, is useful in identifying gaps in nutrition knowledge in grades 4 and 5. A partnership with the local food bank provides healthy snacks in a brown bag for school children whose families frequent the food bank. There is a strong food security network that involves schools in growing vegetables through a '[farm to school](#)' program funded in part by VCHA and the PACs. Projects are undertaken in school yards or on donated pieces of land, coordinated by the city.

## Active Living

Acknowledged as the weakest area of service as a result of a lack of expertise and resources among PHNs, this area requires support from other organizations.

In Vancouver, this program area is deferred to community partners, e.g. Parks and Recreation, or UBC, where the [Learning Exchange](#) brings physical education students together with school communities to help them develop after-school programming or work on social situations that need to change.

In Richmond, PHNs support 'Walk to School' week and day and make use of the Rides and Slides game, as it features active play. Otherwise, PHNs might refer to the community center and support the programs and services of other community organizations.

## Healthy Relationships

In both Vancouver and Richmond, PHNs in touch with their school communities are likely to seek opportunities to participate on school committees that may deal, for example, with relationship issues such as bullying.

In Vancouver, PHNs will work with school administrators and counselors in schools to address identified needs and may provide educational sessions on relationship safety and intimacy, for example.

In Richmond, the Rides and Slides Health Promotion Game is used to identify gaps in knowledge about healthy relationships. PHNs have delivered the Roots of Empathy program but funding cuts have eliminated their participation. Otherwise, PHNs are available to assist school counselors to address issues that the latter identify.

## Other Healthy Practices

In Vancouver, as is the case with healthy relationships, PHNs will deliver educational sessions on body image and mental health, bicycle safety, injury prevention. Alternatively, PHNs will co-teach or work with teachers to help them find resources to deliver the sessions themselves. The SACY program, which provides addictions prevention and counseling support for school-aged children and youth, is used in some secondary schools as an alternative to suspension. General counseling, linked to youth clinics in some areas, is provided free to youth.

In Richmond, under the banner of Richmond Children First, a bookmark contest provides an opportunity for PHNs to go into classes and do some teaching on an annual theme, for example, 'play safe, stay safe'. They also make use of the Rides and Slides game, as it includes questions on injury prevention and substance use.





## Fraser Health Authority (FHA)

According to its regional profile<sup>24</sup>, FHA has experienced the fastest population growth in the province over the last ten years and the trend continues. With more than 1.6 million people to serve from Burnaby to Hope to Boston Bar, FHA has only two-thirds of VCHA's budget for population health and wellness (\$71.4 million for FHA versus \$115 million for VCHA in 2009-10).

FHA does not currently have much presence in schools, except for assigning them PHNs who mostly work on immunization and make referrals. Not surprisingly, there is no immediately visible 'school health' section on the FHA website. A general site search using the words 'school health' leads to a single page with information for parents of school-aged children. Among the resources is a poster outlining the range of services provided by FHA and others under three headings: teaching and learning, school environment, and partnerships. A 'welcome to school' message from the school nurse provides contact numbers for local health units and informs parents of the priority services that PHNs provide within the school setting:

- immunization and communicable disease control
- consultation with staff, students, and families for students with medical alert conditions or requiring medication in school
- educational resources to promote health and safety

There is no list of PHNs assigned to schools. Rather, parents, students and school staff are invited to complete a referral form and fax it to their school nurse (assuming they have been identified by some other means).

A services search of the site using the keyword 'school' brings up a list of programs relevant to school-aged children. From this list, the user may link to a brief description and access information. The programs include:

- **Communicable Disease Prevention and Control** – These services address ways to minimize the spread of childhood disease, including education about hand-washing and ways to minimize the spread of respiratory infections, as well as education and provision of childhood immunizations. Age-appropriate school-based programs are offered where available.

---

24 Fraser Health and Ministry of Health Services. Regional Profile: Fraser Health Authority. September 2010. Accessed at [http://www.health.gov.bc.ca/socsec/pdf/FH\\_RegionalProfile\\_Sep2010.pdf](http://www.health.gov.bc.ca/socsec/pdf/FH_RegionalProfile_Sep2010.pdf)

- **School and Community-Based Prevention Program** – This program involves youth, parents, the schools and surrounding communities to reduce the likelihood that youth will start using substances. Some programs are developed in conjunction with the local school districts while others are offered as outreach programs.
- **Children Services Resource Team and Nursing Support Services** – They provide assessment, treatment, and consultation services, as well as help and support for school age children with their own specific rehabilitation/medical needs.

In its current service plan<sup>25</sup> FHA signals strategic support for efforts from the community, including schools, in the area of healthy living strategic planning, policy, constructed environments and other mechanisms focused on healthy eating, physical activity, tobacco reduction and responsible use of alcohol.

In a move to change the focus of health from treatment to promotion and prevention, FHA works with local governments (municipalities) under the banner of Healthier Communities to identify priorities for action, with the assistance of community health specialists who work to educate and inform citizens, share best practices, and build on existing strategies that help individuals remain healthy. The scope of this approach encompasses schools and acts on the larger environment that influences health choices in the student population. Examples might include:

- **restricting new fast food outlets near schools and coordinating with convenience stores to stock healthy food choices**
- **developing partnerships to promote active living and healthy eating messaging and support initiatives to prevent childhood obesity in municipalities**
- **increasing children’s access to parks, green spaces and recreation facilities**
- **implementing healthy living programs for youth at risk**
- **mapping relationships between school boards and local governments.**

Since municipalities have school districts as partners, the intent is to link with schools through the Healthier Communities initiative. As a start, FHA has just completed an inventory of resources and services for school health.

---

<sup>25</sup> Fraser Health Authority. 2011/12 - 2013/14 Service Plan. August 2011. Accessed at [http://www.fraserhealth.ca/media/Service-Plan%20\\_2011.pdf](http://www.fraserhealth.ca/media/Service-Plan%20_2011.pdf)



## Vancouver Island Health Authority (VIHA)

According to its regional profile<sup>26</sup>, VIHA provides services to three-quarters of a million residents of Vancouver Island, the Gulf and Discovery Islands and to mainland residents located adjacent to the Mount Waddington and Campbell River areas. The two main organizational structures through which VIHA operates and delivers its services are Integrated Health Services and Capital Services.

The current home page of the VIHA site makes it a challenge to find out what is happening in school health or to whom to turn for information. While there is some information for parents of school-aged children, no description could be found of school-based services. A previous iteration of the site listed the following services provided by VIHA with respect to school settings:

- collaborate with school health team in identifying, planning, implementing and evaluating school health promotion and education programs and services (e.g. tobacco reduction, sexual health, injury prevention, physical activity, healthy eating)
- provide linkages between schools and community resources
- school-based immunization clinics for grade 6 and grade 9 students
- hearing and vision screening for all children in kindergarten
- vision and hearing screening for children by referral
- collaboration with parents, school personnel, and children on children's medical conditions, which may require emergency treatment while at school
- counseling, support, coordination of services, case finding for students with either short-term health care needs or long-term, chronic health needs
- provision of teaching materials, pamphlets, videos, and posters.

It appears that some attempts were made to develop practice in the area of healthy schools. Buried deep in the Prevention Services section of the website, [Healthy Choices](#) is billed as a “comprehensive program for children and youth” designed to encourage schools to adopt the CSH approach and work with VIHA to improve student health. It consists of four components:

---

<sup>26</sup> Vancouver Island Health Authority and Ministry of Health Services. Regional Profile: Vancouver Island Health Authority. September 2010. Accessed at [http://www.health.gov.bc.ca/socsec/pdf/VIHA\\_RegionalProfile\\_Sep2010.pdf](http://www.health.gov.bc.ca/socsec/pdf/VIHA_RegionalProfile_Sep2010.pdf)

- Classroom resources - age-appropriate, field-tested lessons for students from Kindergarten to Grade 12 that meet BC Ministry of Education learning outcomes for health. Topics deal with the key aspects of a healthy school (healthy eating, active living, healthy relationships, and other healthy practices) and are in line with the healthy living performance standards. The services section provides information, including contact numbers, on resources and services that are available from VIHA and other sources for school-aged children, their families, and teachers.
- Community action - information on regional and provincial events that raise the profile of child and youth health and suggestions for involving parents as partners in student health.
- Services - information on health and social services and a list of community organizations providing health education resources and/or services for teachers.
- School environment - strategies and resources for creating and implementing health policies, building positive social climates, promoting safe physical environments, and encouraging meaningful student involvement.

Field-tested in schools, Healthy Choices was last updated in 2007 and no major program development appears to have taken place since that time. It is unclear how or to what extent the program is used by PHNs and other health professionals in their work with schools.

## Healthy Eating

VIHA has five public health nutritionists<sup>27</sup> who, in the course of their duties, work with schools. This work includes continued support for implementing the Guidelines for Food and Beverage Sales in BC Schools and helping teachers (e.g. through professional development) to access engaging, motivating nutrition resources that promote healthy eating, positive body image, and healthy family relationships.

Nutritionists participate in health fairs and campaigns, at school or in the community, as part of teams that promote school readiness and healthy eating patterns such as the consumption of non-sweetened beverages, or local foods, for example. And schools are encouraged to provide safe/clean/inviting areas to eat and to promote “play first” to ensure children develop an appetite prior to the lunch period. Nutritionists are also called upon to train PHNs or peer educators in the area of healthy eating. Occasionally, there is a request for assistance with student eating disorders or obesity.

---

<sup>27</sup> One of VIHA's five nutritionists happens to be a Francophone. Occasionally, a request from an Immersion or Francophone school may be referred, or assistance with French-language resources is sought by colleagues.



Food security is an ongoing issue and nutritionists are consulted, and provide assistance, in sourcing funds for meal programs in schools and advising on healthy menus, and they assist in “farm to school” programs.

## Northern Health Authority (NHA)

According to its regional profile<sup>28</sup>, NHA provides services to 285,000 residents in Northern BC, with three health service delivery areas: the Northwest, Northeast and Northern Interior. Population and public health services are coordinated regionally. It has the youngest population of all health authorities, the largest percentage of aboriginal people, and the largest geographic area to serve, covering about two-thirds of BC.

NHA’s school and youth health programming is described within the public health section of the main website. It is not easy to find, as there is no mention of school health on the home page, nor a key-word search function to help the user. While NHA purports to support the CSH approach and expresses a desire to help create healthy school communities, how this may be done is not specified. The website lists a range of topics relevant to school-aged children including:

- communicable disease
- dental health
- eye health
- head lice
- hearing services
- immunizations
- medical alert conditions
- mental health and addictions
- nutrition
- influenza
- injury prevention
- sexual health
- speech and language services
- tobacco reduction

Each of these topic areas links to additional information and, in some cases, contacts for more information. There is a link to contact lists for local health units and school nurses who are available to answer questions about school health. There is no overview of the services provided to schools.

---

<sup>28</sup> Northern Health and Ministry of Health Services. Regional Profile: Northern Health Authority. September 2010. Accessed at [http://www.health.gov.bc.ca/socsec/pdf/NH\\_RegionalProfile\\_Sep2010.pdf](http://www.health.gov.bc.ca/socsec/pdf/NH_RegionalProfile_Sep2010.pdf)

Apparently, the priority for the school-aged population has not been high in the past, but the impetus of the Healthy Families BC Schools initiative is creating momentum for improving PHN knowledge and skills in the area of healthy schools and mapping resources and capacity for moving CSH forward.

## Interior Health Authority (IHA)

According to its regional profile<sup>29</sup>, IHA serves almost three-quarters of a million residents in a geographic area of some 237,000 square kilometers, in four Health Service Delivery Areas (HSDAs): East Kootenay, Kootenay Boundary, Okanagan, and Thompson Cariboo Shuswap. The population is dispersed, living primarily in rural and remote communities.

The school health section of IHA's website is easily accessed via the 'your health' drop-down menu on the home page. The website lists PHNs and the schools they serve, including Francophone schools. The school health program is well documented and is geared to the creation of healthy schools. The services available to schools are:

- immunization
- infectious diseases follow-up
- resources and support for healthy school initiatives
- health education support
- consultation for students with special health needs
- health counseling for students.

A broader list and details, including contacts and recommended resources, are provided in an overview. For example, community nutritionists are available to provide consultation to school food security projects such as school gardens and Farm to School initiatives. They may also support district-level implementation of the guidelines for food and beverage sales and development of health-promoting school policies. PHNs will train and support school staff to care for children with chronic and/or severe, complex health conditions. They will work with school staff, students, parents and the community on health-promoting initiatives. They will consult with staff on the health education curriculum and activities. In the area of mental health, IHA supports the provincial Friends cur-

---

<sup>29</sup> Interior Health and Ministry of Health Services. Regional Profile: Interior Health Authority. September 2010. Accessed at [http://www.health.gov.bc.ca/socsec/pdf/IH\\_RegionalProfile\\_Sep2010.pdf](http://www.health.gov.bc.ca/socsec/pdf/IH_RegionalProfile_Sep2010.pdf)



riculum and action on social/emotional learning and mental health literacy. In the area of substance use, IHA offers mini-grants for tobacco-related projects and events.

What distinguishes IHA from the others is their attempt to effectively engage school communities by supporting partnerships with school districts to advance CSH. In 2007, IHA initiated the [Healthier Schools Healthier Students](#) project and consulted extensively with the school community. This led to the creation of positions in school districts for coordinators whose responsibilities are aligned with the pillars of CSH. To date, 12 school districts in the region are participating. Referred to as the [Health Promoting School \(HPS\) Coordinator Initiative](#), IHA contributes funding to hire part-time or full-time coordinators who<sup>30</sup>:

- build partnerships among stakeholders in support of HPS, largely through school district health committees or working groups
- disseminate evidence/best practices to inform HPS planning and action and enhancing access to resources that support HPS
- provide in-service training to school community members such as school administrators and teachers on the HPS approach
- consult, e.g. by recommending approaches to HPS and facilitating problem-solving
- identify priorities and develop plans in support of HPS at the district level and support schools in their planning
- advance HPS district policy development and implementation, as it relates to health promotion or specific areas such as nutrition, physical activity, tobacco
- participate in HPS evaluation activities.

A recent evaluation<sup>31</sup> concluded that the initiative is helping school districts move towards the implementation of the CSH approach. Coordinators' understanding of the school system and culture was seen as critical by school administrators. One of the key recommendations, however, was to clarify the roles of IHA health promotion and prevention staff at the school level, including PHNs and other public health professionals, and improve their level of comfort with regard to assisting schools in implementing the CSH approach.

---

30 Bell-Lowther, Erica. Year 1 Evaluation Health Promoting Schools Coordinator Initiative. Positive Outcomes Consulting Services, July 2011.

31 Ibid.



# CONCLUSION





# CONCLUSION

In three of five health authorities, there is no overt use of the comprehensive school health approach in school health programming, although health promotion strategies described are consistent with the approach. Priority services delivered are immunization and infectious disease control, vision and hearing screening, referrals to health services, and to some extent, consulting on or assisting with health education and healthy environment initiatives. Support appears to be strongest in the area of healthy eating and weakest in the area of physical activity. Information about available services is not necessarily easy to access on health authority websites, with the exception of IHA and VCHA. With the exception of IHA and VIHA, the general impression is that the school setting has not been a high priority, but the impetus of the Healthy Families BC Schools initiative will change that.

There is some awareness among school health leaders in the health authorities of the existence of Francophone schools but little is planned to serve them specifically. That is apparent in the websites and other communications related to school health programs. The CSF School administrators interviewed indicate varying degrees of contact with their assigned PHN and other public health professionals who, with a couple of exceptions, do not speak French. That in itself is not perceived as an insurmountable barrier, as it is acknowledged that we live in an Anglophone milieu. But as one respondent explained, the language issue isolates schools and prevents them from reaping the benefits of the range of assistance and quality resources available 'out there'<sup>32</sup>. Schools use the services of English-speakers in certain circumstances where no other options are available. However, one-on-one consultations are constrained in cases where the participants are not fluent in English, and such cases certainly preclude the use of pedagogical material that is not in French. Some PHNs make an effort to identify French-language materials for the Francophone schools they serve and that is much appreciated<sup>33</sup>.

In general, school administrators acknowledge the presence of PHNs and other public health professionals in their schools, but their impression is that they currently offer little beyond immunization and hearing/vision/dental screening. Some express regret for the loss of PHN services, most notably presentations on sexual and reproductive health in their schools, which are now available only by request, if at all. Indeed, some who have called on the PHN for intervention on sexual health education have been informed that they 'don't do that anymore'.

---

<sup>32</sup> And lacking access to high quality, comprehensive resources in French, some educators resort to using whatever is available in French, such as material offered by sanitary napkin vendors, for example.

<sup>33</sup> Appendix A lists French-language resources recommended by respected sources, including health authorities.

In such cases, the benefits of an outside expert appear to trump language preferences. Most respondents have difficulty imagining how the public health system could help them in planning and implementing the comprehensive school health approach. They are not interested in meetings and ‘collaboration’ that does not produce results for them. They feel they understand their communities’ needs and, when they seek outside expertise and assistance in developing responses to health issues, the PHN is not necessarily the first person that comes to mind.

Nevertheless, this research has pointed to opportunities for linking health authorities with or for assisting Francophone schools:

- At a minimum, health authorities could identify which of their recommended school health resources and programs are available in French. This would be useful not only to Francophone schools but also to French Immersion schools which have ten times the student population. All together, French-language resources have the potential of reaching some 50,000 students.
- Where in use, health authorities could make an effort to translate their ‘school health manual’ so that it is accessible to the French-speaking education sector.
- Where possible, health authorities already match French-speaking PHNs and other public health professionals with Francophone schools, but an inventory of French-speaking health professionals would make it easier to identify assets available for this matching. Further, CSF schools would benefit from access to a list of French-speaking health specialists in health authorities and in the community who might be available to speak in Francophone schools on specific topics such as sexual health, fitness, first aid, personal hygiene, back health, substance use. Identification and vetting of such specialists could be a joint project with Réso-Santé.
- It is worth exploring the possibility for Francophone schools in the Interior to tap into IHA’s Health Promoting Schools Initiative through participating school district agreements. The CSF has schools in Kamloops (School District 73), Kelowna (School District 23), Penticton (School District 67), Rossland (School District 20) and Nelson (School District 8). All of these schools districts have an HPS Coordinator under contract with the IHA. Alternatively, this may be the model for a pilot project within the CSF.



- VCH's use of UBC physical education students could be adapted by soliciting the participation of French-speaking students to work with Francophone schools.
- The Rides and Slides Health Promotion Game, developed by Richmond Health Department, is an interactive floor game using oversized die and game pieces to move around a board as students work together in teams answering questions. There are two sets of questions (elementary and secondary) and they are grouped into six different topics: nutrition, smoke-free environment, active play, injury prevention, healthy relationships, and general health. The game is led by a PHN in a classroom setting and takes about 50-60 minutes to play. It could be translated into French.

Most of the excellent, made-in-BC school health program materials referenced by PHNs and other public health professionals are not available in French. Some advocacy will be required to ensure that the full benefits of these programs are available through the provision of French-language materials. They include:

- The Ministry of Education Healthy Living Performance Standards
- The BC Fruit and Vegetable Nutrition Program, which is administered by the [\*BC Agriculture in the Classroom Foundation\*](#). This resource is very well used by Francophone schools (23 of 38 schools participate), but very few of the accompanying program materials are available in French.
- Action Schools BC (one of the few that lists which of their resources are actually available in French)<sup>34</sup>
- Extensive resources supporting the implementation of the Guidelines for Food and Beverage Sales.

---

<sup>34</sup> Both the BC Fruit and Vegetable Nutrition Program and Action Schools BC are slated to receive increased funding in the context of the roll-out of the Healthy Families BC Schools initiative.

The 'goldmine' that is DASH BC cannot be ignored. Its suite of programs and services is designed for maximum support of widespread implementation of the CSH approach. It addresses the key issues surrounding implementation. It works closely with the Ministries of Health and Education, provincial organizations, and a range of community and school-based healthy schools leaders. Unfortunately, none of DASH BC's resources - including its healthy schools portal and healthy schools network - are accessible in French. While it may not be realistic to advocate for translation of all documentation, it is probably worth pursuing translation of key resources such as the Healthy Schools Toolkit and exploring ways of involving Francophone schools in the Healthy Schools Network.

Finally, there is support within the CSF for comprehensive school health. It is acknowledged that, although there are many health-related initiatives, they are not well linked within a broader, systemic approach nor with potential supports outside the school district (including the public health system), and that affects sustainability and impact. The starting point for building bridges with the public health system and supports for implementation of CSH may be in the hands of the CSF. There are many local and regional community/health alliances, sharing circles, and networks of professionals working on school health programs.

• *The CSF is not generally represented within these circles. Perhaps such representation would be a wise investment for the future of school health in the CSF.*



# APPENDIX

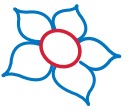
# APPENDIX A - FRENCH-LANGUAGE RESOURCES

The following resources, available in French, deal with health in the school setting in general and by the four pillars for action set out in the introduction. They are recommended by reliable sources that only refer them if they meet certain criteria. These sources include:

- [The Ministries of Education and of Health of British Columbia and other provinces](#)
- [The regional health authorities of British Columbia](#)
- [The Public Health Agency of Canada](#)
- [The Joint Consortium for School Health](#)
- [DASH-BC](#)
- [The International Union for Health Promotion and Education](#)

The programs and resources listed on the website [Healthy Schools BC](#) Portal, a project of [DASH-BC](#) and the Ministry of Education and Health of British Columbia, have been selected according to a pre-determined list of [vetting criteria](#) to ensure that they are founded on evidence and that they represent best practices / promising practices. The program and resources that do not meet these criteria may be submitted for examination by the portals' advisory committee.

The programs and resources cited on the website of [Consortium conjoint pour les écoles en santé](#), a partnership between the federal, provincial and territorial governments of Canada, have been developed by or for the consortium to keep it up to date with the latest approaches in health in the schools. The Consortium provides general resources on the overall approach, a practical on-line planning tool, le [Planificateur des écoles en santé](#), as well as in best practices in the areas of mental health, consumption of psychoactive substances and physical activity. The website of the consortium is linked to all the sites of the provincial and territorial governments.



The database of [\*Portail canadien des pratiques exemplaires\*](#), a source of effective interventions that have been carefully evaluated with regard to prevention of chronic illnesses and health promotion, is an example of a resource from the Public Health Agency of Canada . Under the heading [\*Santé scolaire\*](#), The agency provides detailed information on the school health initiatives that it supports. The agency also provides [\*Vie saine - bulletin électronique\*](#), Octobre 2009 on the theme of healthy food and in school settings.

Finally, the International Union for Health Promotion and Education is the source for [\*Promouvoir la santé à l'école - Des preuves à l'action\*](#) (2010).

The following tables list, by sector of intervention of the overall approach, the resources available in French that support the four health areas identified in [\*BC Performance Standards for Healthy Living\*](#) developed by the Ministry of Education of B.C. (the performance standards are only available in English.)

## Pillar for Action: Teaching and learning

Resource (Level)	Area			
	Healthy eating	Active lifestyle	Healthy relationships	Healthy practices
<a href="#">Action Schools! BC</a> (kindergarten – 5th)	√	√		
<a href="#">Activité physique quotidienne</a> (kindergarten -12th), Ministry of Education, 2011		√		
<a href="#">Activité physique quotidienne pour les familles</a> (kindergarten -12th), Ministry of Education/ ActNow BC.		√		
<a href="#">Alimentation saine et activité physique, Ressources d'apprentissage</a> (kindergarten – 7th)	√	√		
<a href="#">Bien manger</a> (4th - 6th), BC Dairy Foundation	√	√		
<a href="#">Des aliments pour nous</a> (2 <sup>nd</sup> – 3rd), BC Dairy Foundation	√			
<a href="#">Do Bugs Need Drugs?</a> (kindergarten – 3rd )				√
<a href="#">Écoliers actifs et en sécurité</a> (kindergarten -8th)		√		
<a href="#">Éducation à la santé et à la carrière, Ensemble de Ressources intégrées</a> (kindergarten -9th), 2005-2006				
<a href="#">Éducation Physique, Ensemble de Ressources intégrées</a> (kindergarten -12th), Ministry of Education		√		
<a href="#">ÉduRespect: Violence and Abuse Prevention</a> (primary + secondary ), The Red Cross			√	√
<a href="#">Friends for Life /Le programme Friends dans les écoles</a> (4th - 7th), Ministry of Children and Family Development, 2004.			√	√
<a href="#">Guide alimentaire canadien à l'intention des éducateurs et des communicateurs</a> , Health Canada	√			





<a href="#">Trousse éducative Mangez bien et soyez actif</a>		✓		
<a href="#">L'étiquetage nutritionnel</a>		✓		
<a href="#">Heart Smart Kids</a> (4 <sup>th</sup> - 6 <sup>th</sup> ), Heart and Stroke Foundation or <a href="#">Jeunes cœur atout</a> of The Heart and Stroke Foundation of Quebec	✓	✓		✓
<a href="#">Les explorateurs d'aliments</a> (kindergarten – 1st), BC Dairy Foundation	✓			
<a href="#">Lignes directrices canadienne pour l'éducation en matière des santé sexuelle</a> , Health Canada, 2008				✓
<a href="#">Mes Choix Ma Santé</a> (10th), CSF and RésoSanté, 2008	✓	✓	✓	✓
<a href="#">Passeport pour une vie saine</a> (4th-7th), BC Dairy Foundation	✓			
<a href="#">Planification 10, Ensemble de Ressources intégrées</a> (10th), Ministry of Education, 2007	✓	✓	✓	✓
<a href="#">Planification professionnelle et personnelle, Ensemble de Ressources intégrées</a> (8th-12th), Ministry of Education, 1997			✓	✓
<a href="#">Pratiques scolaires en matière de santé mentale positive, La santé mentale positive</a> Joint Consortium for School Health, 2011.			✓	✓
<a href="#">Racines de l'empathie</a> (kindergarten – 8th)			✓	✓
<a href="#">Viraj et Passaj</a>			✓	✓

## Pillar for Action: Social and physical environment

Resource (Level)	Area			
	Healthy eating	Active lifestyle	Healthy relationships	Healthy practices
<a href="#">Ados contre le tabac (TATU)</a> (secondary)				√
<a href="#">Do Bugs Need Drugs?</a> (kindergarten – 3rd)				√
<a href="#">ÉduRespect</a> : Violence and Abuse Prevention (primary and secondary), The Red Cross			√	√
<a href="#">Friends for Life /Le programme Friends dans les écoles</a> (4th-7th), Ministry of Children and Family Development			√	√
<a href="#">Pratiques scolaires en matière de santé mentale positive</a> , <a href="#">La santé mentale positive</a> Joint Consortium for School Health, 2011.			√	√
<a href="#">Sautons en coeur</a> (kindergarten – 5th)	√	√	√	



## Pillar for Action: Healthy School Policy

Resource (Level)	Area			
	Healthy eating	Active lifestyle	Healthy relations	Healthy practices
<a href="#">Activité physique quotidienne</a> (kindergarten-12th), Ministry of Education, 2011		√		
<a href="#">Cadre conceptuel pour la sécurité des enfants sujets à l'anaphylaxie en Colombie-Britannique</a> , Ministry of Education, 2007				√
<a href="#">Chef Titane</a> (6th - 8th), BC Dairy Foundation	√			
<a href="#">Déjeuner pour apprendre</a> , British Columbia	√			
<a href="#">Do Bugs Need Drugs?</a> (kindergarten – 3rd)				√
<a href="#">Des écoles sûres où règnent la bienveillance et la discipline: Guide-ressources</a> , Ministry of Education, 2008.			√	
<a href="#">ÉduRespect</a> : Violence and Abuse Prevention (primary + secondary), The Red Cross			√	√
<a href="#">La diversité dans les écoles de la Colombie-Britannique. Document-cadre</a> , Ministry of Education, 2008			√	
<a href="#">Lignes directrices sur la vente d'aliments et de boissons dans les écoles de la Colombie-Britannique</a> , Ministry of Education of B.C., 2010	√			
<a href="#">Pratiques scolaires en matière de santé mentale positive, La santé mentale positive</a> Joint Consortium for School Health, 2011.			√	√
<a href="#">Sautons en coeur</a> (kindergarten – 5th), Heart and Stroke Foundation	√	√	√	

## Pillar for Action: Partnerships and services

Resource (Level)	Area			
	Healthy eating	Active lifestyle	Healthy relationships	Healthy practices
<a href="#">Cadre conceptuel pour la sécurité des enfants sujets à l'anaphylaxie en Colombie-Britannique</a> , Ministry of Education, 2007				✓
<a href="#">Do Bugs Need Drugs?</a> (kindergarten – 3rd)				✓
<a href="#">Écoliers actifs et en sécurité</a>		✓		
<a href="#">ÉduRespect: Violence and Abuse Prevention</a> (primary + secondary), The Red Cross			✓	✓
<a href="#">Friends for Life</a> (4th-7th), Ministry of Children and Family Development			✓	✓
<a href="#">Pratiques scolaires en matière de santé mentale positive</a> , <a href="#">La santé mentale positive</a> Joint Consortium for School Health, 2011.			✓	✓
<a href="#">Programme scolaire de MADD Canada</a> (7th-12th)				✓
<a href="#">Racines de l'empathie</a> (kindergarten – 8th)			✓	✓
<a href="#">Vie 100 fumée</a> (students 12 to 18 years)				✓

Don't forget to consult the government websites from other provinces, in particular:

- The [ministère de l'Éducation de l'Ontario](#): information and resources for teaching staff and guidance on direction healthy schools in general and physical activity and healthy eating in particular.
- Quebec: The approach [École en santé](#) offers to support the school and its partners with a view to increasing the effectiveness of interventions to promote health and prevention, carried out to boost the success and the health of youth. This site provides examples of healthy schools and lists/ links to programs, activities, reference documents and other websites dealing especially with adopting and maintaining two healthy lifestyle habits – healthy eating and an active lifestyle – which are at the heart of the development of a young person toward full personal and social fulfillment.



- New Brunswick: the website [Ado parlons santé](#) provides reliable information on questions that young people ask about various aspects of their lives that can affect their mental and physical health.

For more information and resources in French on certain subjects, refer to:

### **Eating, nutrition, labeling**

- The The Dietitians' [page of HealthLinkBC](#) services are available in French through the intermediary of interpreters who answer questions by phone or email, relating to policies, regulations and guidelines.
- The website [Dietitians of Canada](#) provides information sheets, games, interactive tools and helpful ideas for use in the school setting. [Mission Nutrition](#) was created by the organisation to help teachers from K-8 to promote the adoption of good eating habits, physical activity, and a positive self-image.
- The website [Réseau Éducation-médias](#) is the source of pedagogical activities, reference documents and educational resources for the media (M-12). Themes relating to body image, stereotypes, commercialisation.

### **Physical activity, active lifestyle**

- The website EverActive Schools of Alberta is a rich source of resources on physical activity, nutrition and healthy practices in the school setting. Only one document, [Passons à l'action](#), is published in French. However, the organisation hosts a second website - [Le Poids du monde](#) (LPDM) - an educational program including a video, lesson plans and the LPDM challenge as well as a database on promising practices.
- [ParticipACTION](#) is Canada's national advocacy organisation for physical activity and participation in sports. The website provides facts, statistics, advice and physical activity guides for all ages, and the Teen Challenge to work against inactivity amongst youth.
- [Éducation physique et santé \(EPS\) Canada](#) calls itself "Canada's premier professional organization for physical and health educators." The organization provides a series of programs, resources and initiatives to support efforts in the areas of daily physical education and health in the school setting.

# APPENDIX B - CONTACTS

## Health Sector - Contacts for this study

Name	Position	Telephone	Email
Scott Beddall *	Manager, School and Community Health Ministry of Health	250-952-2110	<a href="mailto:Scott.Beddall@gov.bc.ca">Scott.Beddall@gov.bc.ca</a>
Kathy Cassells *	Executive Director, DASH BC	604-681-0600 ext. 225	<a href="mailto:kcassells@dashbc.ca">kcassells@dashbc.ca</a>
Hélène Dufour	Community Nutritionist Child, Youth & Family Community Health Vancouver Island Health Authority	250-731-1315 Ext.41767	<a href="mailto:Helene.Dufour@viha.ca">Helene.Dufour@viha.ca</a>
Esther Pace1*	Former lead, School Health Vancouver Island Health Authority		<a href="mailto:Esther.pace@viha.ca">Esther.pace@viha.ca</a>
Peggy Strass*	Project Lead - Public Health Programs, Child, Youth, and Family Health Vancouver Island Health Authority	250-519-3403	<a href="mailto:peggy.strass@viha.ca">peggy.strass@viha.ca</a>
Heather Allen*	Practice Lead, Promotion and Prevention Interior Health	250-365-4311	<a href="mailto:heather.allen@interiorhealth.ca">heather.allen@interiorhealth.ca</a>
Rhonda Tomaszewski*	Project Lead, Healthier Schools, Healthier Students Interior Health	250-980-4807	<a href="mailto:Rhonda.tomaszewski@interiorhealth.ca">mailto:Rhonda.tomaszewski@interiorhealth.ca</a>
Margaret Antolovich*	Manager, Prevention Services, Powell River & Sunshine Coast Vancouver Coastal Health	604-485-3310	<a href="mailto:margaret.antolovich@vch.ca">margaret.antolovich@vch.ca</a>



John Carsley	Medical Health Officer Vancouver Coastal Health	604-675-3863	<a href="mailto:John.carsley@vch.ca">John.carsley@vch.ca</a>
Susan Conley*	Manager, Infant, Child & Youth Health, Sea-to-Sky Vancouver Coastal Health	604-892-6400	<a href="mailto:susan.conley@vch.ca">susan.conley@vch.ca</a>
Donna Halloran*	Manager, Infant, Child & Youth Health, West Vancou- ver Vancouver Coastal Health	604-983-6700	<a href="mailto:donna.halloran@vch.ca">donna.halloran@vch.ca</a>
Chris Salgado	Leader, Children & Youth Health, Richmond Health Department Vancouver Coastal Health	604-233-5614	<a href="mailto:chris.salgado@vch.ca">chris.salgado@vch.ca</a>
Jennifer Scarr*	Policy Consultant Vancouver Coastal Health	604-875-5600, Ext 62832	<a href="mailto:jennifer.scarr@vch.ca">jennifer.scarr@vch.ca</a>
Monica Stokl	Manager, Infant, Child & Youth Health, CHA 3 Vancouver Coastal Health	604-877-4665	<a href="mailto:monica.stokl@vch.ca">monica.stokl@vch.ca</a>
Jami Brown	Manager - Healthy Living/ Healthier Communities Fraser Health	604-539-2900 Ext. 743067	<a href="mailto:jami.brown@fraserhealth.ca">jami.brown@fraserhealth.ca</a>
Anup Samra*	Manager, Public Health (Lead, Healthy Schools) Fraser Health	604-539-2909	<a href="mailto:anup.samra@fraserhealth.ca">anup.samra@fraserhealth.ca</a>
Karen Wonders*	PHN Manager, School and Youth Northern Health	250-565-5827	

## Education Sector

Name	Position	Telephone	Email
Sanja Ristic*	Senior Policy Analyst Families First & Community Partnerships Ministry of Education	250 896-4310	<a href="mailto:sanja.ristic@gov.bc.ca">sanja.ristic@gov.bc.ca</a>
Nadine Saad	Directrice de l'éducation spécialisée (Principal, Special Education) Conseil scolaire francophone	778-284-0910	<a href="mailto:nadine_saad@csf.bc.ca">nadine_saad@csf.bc.ca</a>
Louise Duplessis	Coordonnatrice des services aux élèves Conseil scolaire francophone	778 284 0913	<a href="mailto:louise_duplessis@csf.bc.ca">louise_duplessis@csf.bc.ca</a>
Annie Bédard	Principal, École Océane, Nanaimo Conseil scolaire francophone	250-714-0761	<a href="mailto:Annie_bedard@csf.bc.ca">Annie_bedard@csf.bc.ca</a>
Thérèse Bélanger	Principal, École Sept-Sommets, Rossland + Sentiers-Alpins, Nelson Conseil scolaire francophone	250-362-3395	<a href="mailto:therese_belanger@csf.bc.ca">therese_belanger@csf.bc.ca</a>
Daniel Blais	Principal, École Anse-aux-Sables, Kelowna Conseil scolaire francophone	250-764-2771	<a href="mailto:daniel_blais@csf.bc.ca">daniel_blais@csf.bc.ca</a>
Anthony Bulteau	Principal, École Franco-Nord, Prince George Conseil scolaire francophone	250-552-1222	<a href="mailto:anthony_bulteau@csf.bc.ca">anthony_bulteau@csf.bc.ca</a>
Fariba Daragahi	Principal, École Entre-Lacs, Penticton Conseil scolaire francophone	250-770-7691	<a href="mailto:fabriba_daragahi@csf.bc.ca">fabriba_daragahi@csf.bc.ca</a>
Bertrand Dupain	Principal, École Victor-Brodeur, Victoria (Esquimalt) Conseil scolaire francophone	250-220-6010	<a href="mailto:bertrand_dupain@csf.bc.ca">bertrand_dupain@csf.bc.ca</a>
Jocelyne Fortin	Principal, École des Voyageurs, Langley Conseil scolaire francophone	604-881-0222	<a href="mailto:Jocelyne_fortin@csf.bc.ca">Jocelyne_fortin@csf.bc.ca</a>





Carole Massé	Principal, École Anne-Hébert Conseil scolaire francophone	778-833-2474	<a href="mailto:cmasse@csf.bc.ca">cmasse@csf.bc.ca</a>
Jeanne Musuku	Principal, École Côte-du-Soleil, Powell River Conseil scolaire francophone	604-344-0116	<a href="mailto:jeanne_musuku@csf.bc.ca">jeanne_musuku@csf.bc.ca</a>
Irène Noël + Yvan Duguay	Principal and Asst. Principal, École Gabrielle-Roy, Surrey Conseil scolaire francophone	604-599-6688	<a href="mailto:Irene_noel@csf.bc.ca">Irene_noel@csf.bc.ca</a>
Renée Syvret	Principal, École Jack-Cook Conseil scolaire francophone	250-635-9754	<a href="mailto:rsyvret@csf.bc.ca">rsyvret@csf.bc.ca</a>
Jacques Gobeil / Michel Tardif	Principal, École Coeur-de-l'Île, Comox Conseil scolaire francophone	250-702-7304	<a href="mailto:Jacques_gobeil@csf.bc.ca">Jacques_gobeil@csf.bc.ca</a> <a href="mailto:michel_tardif@csf.bc.ca">michel_tardif@csf.bc.ca</a>

# APPENDIX C - FRENCH INTERVIEW GUIDE (SCHOOL SETTING)

## But de la recherche

Le but de cette entrevue est de dresser un portrait de vos pratiques, vos besoins d'appui, votre capacité et votre volonté de collaborer avec les régies pour mettre en œuvre une approche dite globale de la santé à l'échelle du conseil scolaire/à l'école. Les données permettront RésoSanté d'aider le Conseil scolaire francophone à accéder aux ressources et services actuels et potentiels des régies de la santé et d'ailleurs.

En partant, pourriez-vous décrire votre école:

- le nombre d'étudiants, en quelle(s) année(s)? établissement indépendant ou partie d'une autre école?
- rural/urbain?

## Votre programme santé en milieu scolaire

Le plan stratégique du CSF identifie comme axe prioritaire le développement de l'élève en santé, y compris son développement émotionnel, son autonomie et l'adoption d'habitudes de vie saine et active. Tous ces éléments font l'objet d'un programme global de santé.

1. Est-ce que le comité des partenaires élabore un projet éducatif dans le domaine de la santé? Si oui, le décrire.
2. SVP décrire l'ensemble de la programmation actuelle et prévue du CSF/ de l'école à l'égard de l'élève et sa santé.
3. Si je faisais un tour de l'école, qu'est-ce que je verrais qui témoigne de vos efforts vis-à-vis la santé des jeunes et des travailleurs dans le milieu?



4. À part le comité de santé et sécurité au travail qui implique les syndicats, est-ce qu'il y a un comité santé ou un autre à l'échelle de l'école (du CSD) dont le mandat est de guider la programmation dans le domaine de la santé? Si non, qui dirige l'implantation de la programmation?
5. Que savez-vous de la régie régionale de la santé? Avez-vous communiqué ou collaboré avec cette régie? Dans quelle mesure?

## L'approche globale

L'approche axée sur la santé de la population adoptée par les professionnels de la santé publique mise sur les aspects et conditions de la vie des gens qui affectent leur santé, appelés déterminants de la santé. Ils comprennent des facteurs comme l'éducation et les environnements sociaux et physiques où les gens vivent, apprennent, travaillent et jouent. En ciblant ces déterminants, les professionnels de la santé publique peuvent influencer positivement les effets sur la santé. À l'école, il s'agit d'enseigner aux élèves les comportements d'une bonne santé et de changer ce qui les entoure pour favoriser les effets positifs sur leur santé. Cette approche globale de la santé en milieu scolaire<sup>35</sup> comprend quatre secteurs d'intervention:

- A. Enseignement et apprentissage
- B. Milieu social et physique
- C. Politiques saines dans les écoles et
- D. Partenariats et services.

Les études ont démontré que cette approche est un moyen efficace d'améliorer à la fois la santé et les résultats scolaires, ce qui favorise les comportements sains qui durent toute la vie. Comme chaque école est différente, l'approche variera en fonction des besoins et des contextes particuliers. Aux fins de cette entrevue, nous allons poser quelques questions générales et ensuite, nous allons nous en tenir aux domaines principaux qui influencent la santé des jeunes: l'alimentation saine, la vie active, les relations saines, et d'autres pratiques saines.

---

35 <sup>1</sup> Préconisée par le ministère de l'éducation et son programme 'Healthy Schools' (Écoles en santé)

6. Est-ce le CSF/l'école utilise consciemment l'approche globale de la santé en milieu scolaire? Si oui, comment?
7. (Dans le cas du CSF) - Avez-vous connaissance d'une ou des écoles qui utilisent, ou proposent d'utiliser, cette approche?
8. Est-ce que cette approche vous intéresse?
9. Si la régie régionale de santé était en mesure de vous appuyer, seriez-vous plus disposé(s) à planifier et à implanter votre programme santé utilisant l'approche globale?

## La saine alimentation

La recherche avance que les politiques qui exercent de l'influence sur un milieu, comme les politiques sur la nutrition, le choix de distributrices d'aliments, l'accès à l'eau potable et la vente d'aliments peuvent avoir des répercussions sur la saine alimentation.

En augmentant les connaissances sur la saine alimentation et en renforçant ces messages par l'aménagement de milieux favorisant la saine alimentation, les communautés scolaires ont l'occasion d'améliorer l'apprentissage des élèves et d'avoir un effet bénéfique sur le mieux-être des membres de la communauté scolaire pour la vie.

\* Le pronom « vous » désigne tous les membres de la communauté scolaire, c'est-à-dire, les élèves, les membres du personnel scolaire, administratif et enseignant, les parents et les membres de la communauté.



Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
	Jusqu'à quel point???	Conscients du besoin de cette pratique	Plan de départ pour implanter cette pratique	Efforts actifs d'implan-tation	Pratiques constantes /systématiques par l'entremise d'évaluation, d'ajustements au plan, etc.
Enseignement/apprentissage	Transmettez-vous délibérément des connaissances qui encouragent, soutiennent et démontrent par l'exemple des pratiques d'alimentation saine?				
Enseignement/apprentissage	Reconnaissez-vous et promouvez-vous le lien entre la saine alimentation et l'apprentissage des élèves fondé sur des pratiques exemplaires?				
Politiques	Respectez-vous les <a href="#">Lignes directrices sur la vente d'aliments et de boissons dans les écoles de la Colombie-Britannique?</a>				
Milieu social et physique	Avez-vous des aires de repas et de collation désignées, propres et sécuritaires?				

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
Milieu social et physique	Donnez-vous aux membres de la communauté la possibilité de participer à la prise de décision sur les choix d'aliments santé et les milieux d'alimentation sains?				
Partenariats/ services	Établissez-vous des partenariats avec des organismes qui travaillent à la promotion de la santé et utilisez-vous les ressources disponibles (ex: <a href="#">portail Écoles en santé (en anglais)</a> )?				
Partenariats/ services	Fournissez-vous un accès équitable à des aliments sains?				
Qu'est-ce qui vous aiderait à améliorer votre approche par rapport à la saine alimentation en milieu scolaire ?					

## La vie active

Des études indiquent que les élèves plus actifs obtiennent des niveaux de rendement scolaire plus élevés et éprouvent plus de satisfaction par rapport à leur apprentissage. Des données probantes révèlent aussi que l'activité physique quotidienne à l'école peut améliorer la motivation des élèves et que, même si le fait de donner aux élèves l'occasion d'être actifs durant la journée à l'école diminue le temps consacré à d'autres apprentissages, aucun effet négatif n'a été constaté quant à leur développement cognitif. Donc, la vie active est une approche positive pour améliorer la santé et l'apprentissage des élèves.

Enseigner les principes fondamentaux du mouvement aux élèves et les aider à acquérir des compétences en activité physique ne constituent qu'une des composantes de la promotion de la vie active. Pour avoir une approche globale, les écoles devraient s'assurer d'aménager et d'entretenir des milieux sécuritaires qui conviennent à l'activité physique, d'offrir aux élèves des ressources pour qu'ils soient actifs, ainsi que de veiller à élaborer et à mettre en œuvre des politiques scolaires faisant en sorte que tous les élèves puissent participer pleinement aux possibilités d'activité physique. Il est important que les écoles travaillent avec les parents, les autres membres de famille et la communauté globale pour offrir une gamme d'activités et une approche uniforme de promotion d'un mode de vie actif auprès des élèves.

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
	Jusqu'à quel point???	Conscients du besoin de cette pratique	Plan de départ pour implanter cette pratique	Efforts actifs d'implan-tation	Pratiques constantes / systématiques par l'entremise d'évaluation, d'ajustements au plan, etc.
Enseignement/ apprentissage	Transmettez-vous délibérément des connaissances qui encouragent, soutiennent et démontrent la vie active par l'exemple?				

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
Enseignement/ apprentissage	Reconnaissez-vous et promouvez-vous le lien entre l'activité physique quotidienne (APQ), la vie active et l'apprentissage réussi?				
Politiques	Respectez-vous les exigences de la province de la Colombie-Britannique en matière d'activité physique quotidienne (APQ)?				
Milieu social et physique	Avez-vous accès à des espaces et à de l'équipement d'activité physique qui sont sécuritaires?				
Milieu social et physique	Fournissez-vous des possibilités d'accès à une gamme de choix de vie active?				
Partenariats/ services	Connaissez-vous une gamme de ressources sur la vie active et les utilisez-vous? (ex <a href="#">portail Écoles en santé (en anglais)</a> ).				
Qu'est-ce qui vous aiderait à améliorer votre approche par rapport à la vie active en milieu scolaire ?					





## Les relations saines

Les objectifs associés aux thèmes de l'appartenance, de la diversité et de l'équité à l'école, de la bonne santé mentale, de la responsabilité sociale, du leadership entre les pairs et de la lutte contre l'intimidation sont considérés comme diverses composantes des relations saines. En promouvant et en encourageant l'établissement de relations saines entre les élèves et leurs pairs, de même qu'entre les élèves et le personnel enseignant et les autres adultes présents dans la communauté scolaire, on contribue à bâtir un milieu scolaire positif et un sentiment d'appartenance. La recherche avance que plus les jeunes ressentent un sentiment d'appartenance avec leur école, plus ils sont susceptibles de faire état d'une bonne santé et d'une estime de soi élevée. Une atmosphère scolaire positive a le potentiel d'avoir un impact important sur le succès des élèves, notamment l'amélioration du rendement scolaire. Les jeunes qui ont un sentiment d'appartenance à leur école sont plus susceptibles de faire montre d'assiduité à l'école et de mieux apprendre.

Collectivement, l'enseignement des connaissances et des compétences nécessaires à une bonne santé mentale, les milieux sécuritaires et encourageants dotés de modèles sains et les mesures de soutien permettant aux élèves d'accéder aux services et aux programmes de la communauté constituent tous des aspects importants d'une approche globale.

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
	Jusqu'à quel point???	Conscients du besoin de cette pratique	Plan de départ pour implanter cette pratique	Efforts actifs d'implan-tation	Pratiques constantes / systématiques par l'entremise d'évaluation, d'ajustements au plan, etc.
Enseignement/ apprentissage	Enseignez-vous des compétences sociales sur les communications et les comportements empreints de respect et les démontrez-vous par l'exemple.				
Enseignement/ apprentissage	Reconnaissez-vous et promouvez-vous l'importance du lien entre l'appartenance et la réussite individuelle.				

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
Politiques	Respectez-vous les lignes directrices de la C.-B. intitulées <a href="#">Des écoles sûres où règnent la bienveillance et la discipline.</a>				
Milieu social et physique	Donnez-vous aux membres de la communauté scolaire des occasions qui leur permettent d'amorcer et de bâtir des relations saines entre les pairs et avec les adultes.				
Milieu social et physique	Veillez-vous à ce que les élèves aient un rapport avec au moins deux adultes de la communauté scolaire.				
Partenariats/ services	Connaissez-vous une gamme de ressources sur les relations saines et les utilisons ( <a href="#">portail Écoles en santé (en anglais)</a> ).				
Qu'est-ce qui vous aiderait à améliorer votre approche par rapport aux relations saines en milieu scolaire ?					

## Les pratiques saines

Les jeunes qui éprouvent des sentiments positifs par rapport à leur école et qui ont des rapports avec des adultes importants dans leur vie sont moins susceptibles de se livrer à des comportements dangereux. Ils sont aussi plus susceptibles d'obtenir de meilleurs résultats d'apprentissage. Les moyens utilisés pour encourager les élèves à adopter des pratiques saines varieront beaucoup d'une école à l'autre et peuvent comprendre des mesures sur le tabagisme et la consommation de substances, la sécurité et la prévention des blessures, la santé personnelle, l'hygiène du milieu, l'anaphylaxie et l'éducation aux médias.



Comme la culture de chaque école est différente, il s'ensuit que les activités appuyant l'acquisition de pratiques saines seront différentes selon les écoles. Comme exemples d'activités, on peut mentionner l'enseignement de la diversité aux élèves, l'aménagement d'un milieu scolaire qui respecte la diversité, l'élaboration de politiques scolaires qui appuient la sécurité physique et la sécurité émotionnelle, des possibilités de travailler avec des membres de la communauté et l'aménagement continue de milieux qui favorisent le sentiment d'appartenance à l'école.

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
	Jusqu'à quel point???	Conscients du besoin de cette pratique	Plan de départ pour implanter cette pratique	Efforts actifs d'implan-tation	Pratiques constantes /systématiques par l'entremise d'évaluation, d'ajustements au plan, etc.
Enseignement/ apprentissage	Offrez-vous des possibilités de comprendre et de respecter la diversité et nous promouvons la diversité?				

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
Politiques	Collaborez-vous avec des organismes communautaires et gouvernementaux en ce qui concerne l'adoption de politiques?				
Milieu social et physique	Veillez-vous à établir une atmosphère empreinte de confiance, de coopération et d'empathie?				

Secteur de l'AGSMS	Élément évalué	En émergence	En cours	Acquis	Maîtrisé
Milieu social et physique	Fournissez-vous un code de conduite qui suscite un sentiment d'appartenance continue.?				
Partenariats/ services	Offrez-vous des possibilités à la communauté de participer, au moyen de groupes d'action ou de comités?				

Qu'est-ce qui vous aiderait à améliorer votre approche par rapport à l'adoption de pratiques saines en milieu scolaire ?

---



---



---

Avez-vous d'autres besoins vis-à-vis la programmation pour la santé en milieu scolaire ?

---



---



---

Comment pensez-vous que les régies de santé puissent vous aider à améliorer votre approche à la santé en milieu scolaire ?

---



---



---



# APPENDIX D - ENGLISH INTERVIEW GUIDE (HEALTH AUTHORITIES)

Confirm job title and email address

## Purpose of This Research

The purpose of this interview is to describe your health authority's school health program and services and how it may assist schools in taking a comprehensive approach to school health. This research is expected to help the Francophone School District identify and access current and potential future resources and services.

### School Health Program

1. Please describe the main features of your current school health program.
2. To what extent do you provide resources in French (personnel, tools, etc.)?
3. What do you know about the Conseil scolaire francophone (CSF) or Francophone School Board, SD 93? What has been the nature of your contact to date with the CSF or its schools? (i.e., Have available a list of CSF schools in the region).

(In principle, each school district has access to public health services through a public health nurse designated by the regional health authority. In practice, this presents some difficulty to the schools of the Francophone School District as they have 4,500 students in 38 schools across the province, and they operate in French.)

4. What has been the nature of your contact to date with French Immersion schools? (i.e., Have available statistics on FI school enrolment in the region).
5. Have you any plans to provide more resources/service in French than you do at this time? If so, describe.

## Comprehensive School Health

The Population Health approach focuses on the determinants of health - those aspects and conditions of life that affect the health of a population. They include factors such as education and the social and physical environments where people live, learn, work, and play. By targeting these determinants, public health professionals can have a positive influence on health. In the school setting, it's a question of teaching students about healthy practices and modifying the immediate and broader school environment to facilitate positive health effects. This is the Comprehensive School Health approach and it consists of 4 pillars or areas of intervention:

- A. Teaching and learning
- B. Social and physical environment
- C. Healthy school policy
- D. Partnerships and services.

Research has shown that this approach is effective in improving health as well as learning, and this leads to healthy practices that last a lifetime. As each school is different, the approach will vary depending on a school's specific needs and context. In this part of the interview, we are trying to describe how your school health program and services may assist schools in taking a comprehensive approach. After a couple of general questions, we will limit our exploration to healthy eating, active living, healthy relationships, and other healthy practices.

- 6. Do you deliberately use or support the use of the CSH approach in schools? If so, give example.
- 7. Are you aware of any school that has requested help to plan or implement their school health program using the CSH approach? Example?
- 8. Are you willing and able to help the CSF or its schools implement a comprehensive approach to health within the school district and individual schools? If so, how?

The interview questions that follow are based on a tool found in *Creating Healthy Futures - BC Healthy Schools Toolkit*. They align the healthy living performance standards developed by the Ministry of Education, prescribed learnings identified in the health-related curriculum packages, and the comprehensive school health approach.

## Healthy Eating

Research suggests that policies that address environmental influences such as nutrition, vending machine choices, drinking water access, and food sales can impact healthy eating. By increasing knowledge about healthy eating and reinforcing these messages by creating healthy food environments, school communities have an opportunity to improve student learning and impact life-long well-being of school community members.

*\* Members of the school community include students, educators, parents, and community members.*

CSH Pillar	Assessment Element	Emerging	Developing	Acquired	Accomplished
	To what extent do you work with school communities and help them..... ?	Be aware of this practice?	Develop an initial plan for this type of practice?	Actively engage in this practice?	Advocate for and model this sustained (systematic) practice ?
Teaching and learning	Purposefully provide knowledge to promote, support and model best healthy eating practices				
Teaching and learning	Acknowledge and promote the link between healthy eating and student learning based on best practices				
Healthy policies	Follow the <a href="#">Guidelines for Food and Beverage Sales in BC Schools</a>				
Social and physical environment	Have designated, safe, and clean areas for eating				

CSH Pillar	Assessment Element	Emerging	Developing	Acquired	Accomplished
Social and physical environment	Provide opportunities for community members to participate in decision making around healthy food choices and eating environments				
Partnerships/ services	Partner with health promoting organizations and utilize available resources ( <a href="#">Healthy Schools Portal</a> )				
Partnerships/ services	Provide equitable access to healthy food				
Have you any plans to collaborate with school communities to improve their approach to healthy eating ? If so, in what ways? How does this apply to CSF schools?					



## Active Living

Studies suggest there is a link between physical activity and learning, with more active students reporting higher levels of academic achievement and greater satisfaction with their learning. Evidence also suggests that daily physical activity at school can improve students’ motivation and although providing opportunities for students to be active during the school day makes less time available for other learning, no negative effects on cognitive development have been reported indicating this is a positive approach to improve student health and learning. Thus, active living is a positive approach to improving health and learning in students.

Teaching students movement fundamentals and helping them develop physical skills is just one component of promoting active living. To be comprehensive, schools should ensure they establish and maintain suitable and safe physical environments and resources for students to be active, and develop and implement supportive school policies that ensure all students are able to participate fully in physical activity opportunities. It is important that schools work with parents, other family members and the broader community to provide a range of activities and a consistent approach to promoting an active healthy lifestyle for students.

CSH Pillar	Assessment Element	Emerging	Developing	Acquired	Accomplished
	To what extent do you work with school communities and help them..... ?	Be aware of this practice?	Develop an initial plan for this type of practice?	Actively engage in this practice?	Advocate for and model this sustained (systematic) practice ?
Teaching and learning	Purposefully provide knowledge to promote, support and model active living				
Teaching and learning	Acknowledge and promote the link between daily physical activity (DPA), active living and successful learning				

Healthy policies	Follow the BC mandate for Daily Physical Activity (DPA)				
Social and physical environment	Have access to safe spaces and equipment for physical activity				
Social and physical environment	Provide opportunities to access a variety of active living choices				
Partnerships/ services	Have knowledge of and access a variety of resources for active living ( <a href="#">Healthy Schools Portal</a> )				
<p>Have you any plans to collaborate with school communities to improve their approach to active living ?          If so, in what ways? How does this apply to CSF schools?</p>					

## Healthy Relationships

Goals related to topics such as school connectedness, diversity and equity, positive mental health, social responsibility, peer leadership, and anti-bullying would be considered a part of healthy relationships. Promoting and supporting the development of healthy relationships between students and their peers as well as between students and teachers, and/or other adults in the school community, helps to build a positive school environment and school connectedness. Research suggests the more connected youth feel to school, the more likely they are to report good health and high self-esteem. A positive school climate has the potential to have a major impact on student success, including improved academic achievement. Youth who feel connected to their school are more likely to attend school and learn better.

Collectively, teaching the knowledge and skills necessary for good mental health, providing safe, supportive environments with healthy role models, and helping connect students to services and programs in the community are all important aspects of a comprehensive approach.

CSH Pillar	Assessment Element	Emerging	Developing	Acquired	Accomplished
	To what extent do you work with school communities and help them..... ?	Be aware of this practice?	Develop an initial plan for this type of practice?	Actively engage in this practice?	Advocate for and model this sustained (systematic) practice ?
Teaching and learning	Teach and model the social skills for respectful communication and actions				
Teaching and learning	Acknowledge and promote the importance of and link between connectedness and individual success				
Healthy policies	Follow the BC Guidelines for <a href="#">Safe, Caring and Orderly Schools</a>				
Social and physical environment	Provide opportunities for school community members to engage in and build healthy relationships with peers and adults				
Social and physical environment	Ensure that students feel connected to at least two adults in the school community				
Social and physical environment	Provide opportunities for all community members to participate in decision making around policies and practices influencing healthy relationships				
Partnerships/ services	Have knowledge of and access a variety of resources which support healthy relationships ( <a href="#">Healthy Schools Portal</a> )				
<p>Have you any plans to collaborate with school communities to improve their approach to healthy relationships? If so, in what ways? How does this apply to CSF schools?</p>					

## Healthy Practices

Young people who feel good about their school and who feel connected to significant adults in their life are less likely to engage in high risk behaviours and are more likely to have better learning outcomes. Encouraging students to adopt healthy practices will vary greatly across schools and may include actions related to tobacco and substance use, safety and injury prevention, personal health, environmental health, anaphylaxis, and media awareness.

Every school culture is different, and so activities to support the development of healthy practices will not be the same in each school. Activities may include teaching students about diversity, creating a school environment that respects diversity, creating healthy school policies that support physical and emotional safety, providing opportunities to work with community members, and continuing to create environments that promote school connectedness.

CSH Pillar	Assessment Element	Emerging	Developing	Acquired	Accomplished
	To what extent do you work with school communities and help them..... ?	Be aware of this practice?	Develop an initial plan for this type of practice?	Actively engage in this practice?	Advocate for and model this sustained (systematic) practice ?
Teaching and learning	Provide and promote opportunities which develop an understanding of and respect for diversity.				
Healthy policies	Have policies to support physical and emotional safety.				



Healthy policies	Collaborate with community and government organizations. <a href="#">(Healthy Schools Portal)</a>				
Social and physical environment	Ensure an atmosphere of trust, cooperation and empathy.				
Social and physical environment	Provide a code of conduct that allows for continued connectedness.				
Partnerships/ services	Offer opportunities for participation from the community through action groups or committees.				
<p>Have you any plans to collaborate with school communities to improve their approach to healthy practices? If so, in what ways? How does this apply to CSF schools?</p>					
<p>Do you have any additional comments regarding the contribution your health authority can make to building healthy schools in general, and within SD 93?</p>					

**Réso**  **Santé**  
COLOMBIE - BRITANNIQUE

201-2929 Commercial Drive  
Vancouver (BC) V5N 4C8  
Téléphone : (604) 629-1000  
Télécopieur : (604) 732-3236

[www.resosante.ca](http://www.resosante.ca)

Nous remercions  
Santé Canada de  
leur appui financier



Santé  
Canada

Health  
Canada