

# Ready, Set, Go!

Building Healthy Schools in Ontario



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**Document Citation**

This report should be cited in the following manner:  
“Ready, Set, Go: Building Healthy Schools in Ontario”  
2013  
People for Education

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## Acknowledgements

This report was made possible through funding from the Heart and Stroke Foundation. We would like to thank the following people for their contributions to the development of this report:

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# Introduction

It is now well known that many of Canada's children and young people are in poor health. They don't eat enough fruit and vegetables, a growing proportion is overweight or obese, and one in five has issues with his or her mental health. It is possible to change the trajectory of children's prospects for good health, but to do so will require significant changes, and experts from around the world agree that schools are the ideal place to start.

The findings from international research are unequivocal:

When schools support comprehensive health programs and resources—integrating all aspects of health and well-being, including mental, physical, social, sexual and relational health—the impacts on students are positive and lasting.

Curriculum is important, but it is not enough. Schools must also focus on relationships between staff and students, the emotional well-being of students, strong links between the school and students' families, effective connections to community-based services, and the physical environment of the school.<sup>1</sup>

## There is an urgent need for change:

- Nearly one quarter of all deaths in 15- to 24-year-olds in Canada are due to suicide.<sup>5</sup>
- North American children are at risk of being the first generation to have a shorter life expectancy than their parents.<sup>6</sup>
- Only 45% of Ontario elementary schools have a specialist Health and Physical Education teacher, and the majority of them are part time.<sup>7</sup>
- Ontario has instituted mandatory Daily Physical Activity (DPA) in its elementary schools, but many

principals report it is a “low priority” in an “already packed school day.” They say there is insufficient time, equipment, space, and teacher training to implement the program properly.<sup>8</sup>

- 24% of Ontario elementary and 19% of secondary principals report that access to mental health services is poor.<sup>9</sup>

Ontario's schools hold the potential to improve children's chances for success—academically, physically, socially and emotionally. Findings in this report show that if they are to live up to that potential, schools must be supported by policy and programs that are integrated, comprehensive and adequately funded.

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier.

Research has shown that comprehensive school health is an effective way to tap into that linkage, improving both health<sup>2</sup> and educational outcomes,<sup>3</sup> and encouraging healthy behaviours that last a lifetime. In the classroom, comprehensive school health facilitates improved academic achievement and can lead to fewer behavioural problems<sup>4</sup>. In the broader school environment, it helps students develop the skills they need to be physically and emotionally healthy for life.

**Pan-Canadian Joint Consortium  
for School Health**

# Transforming schools to support healthy students

While Health and Physical Education (HPE) is an integral component of school health, the evidence is clear that HPE programs alone are not enough to build the strong foundation children require to lead lives that are physically, emotionally, socially, mentally and sexually healthy.

## Curriculum is not enough

Two factors point to the importance of strong health programs in schools:

There is growing evidence that both positive and negative health behavior patterns—e.g. healthy eating, staying active, substance abuse, unprotected sex, resilience and mental health issues—are established in childhood and the teenage years.<sup>10</sup>

There is equally compelling evidence that health and education are inextricably linked, and that

comprehensive whole-school approaches are the most effective way to address health issues. Higher academic achievement and a positive school climate are both strongly related to emotional health.<sup>11</sup>

Schools are the ideal place to reach young people, but to be truly effective, school health programs must be comprehensive, sustained and involve the whole school and wider community.<sup>12</sup> It is not enough simply to provide knowledge and skills in the classroom; the whole school must be focused on improving the social and physical environment for everyone in the school and creating links with the wider community.

## Experts agree on comprehensive school health

Organizations focused on health, including the World Health Organization (WHO), say it is vital to create healthy “settings” in working and living environments.

## Is poor health among Canadian children an intractable problem?

Recent studies of Canadian school-age children have found that:

- Less than one in five participate in enough physical activity to meet Canadian guidelines (60 minutes of moderate to vigorous intensity physical activity every day).
- 53% or fewer say that they consume fruits or vegetables at least once a day (Canada’s Food Guide recommends young people eat between 6 and 8 servings per day).
- Nearly 60% of boys and girls in grades 6 to 10 say they watch TV for 2 or more hours a day, and one half of boys say they play video games for two or more hours a day.
- Close to one third of Canadian 5- to 17-year-olds are overweight (19.8%) or obese (11.7%), with a particularly high prevalence of obesity among young boys (20% of boys age 5 to 11). This number has remained fairly steady for the last decade.
- 41% of grade 6 to 10 students report being involved in bullying as both victim and bully.<sup>13</sup>
- Between 15% and 21% of children and youth have a significant mental health disorder that affects their daily lives.<sup>14</sup> Fewer than a quarter receive treatment.<sup>15</sup>
- Girls consistently report more negative emotional health than boys.



According to the WHO and the OECD (Organization for Economic Cooperation and Development), schools are ideal settings for health promotion because they are places where it is relatively easy to reach individuals, to provide access to services, and to support interactions throughout the wider community. All of these factors are essential for promoting student health.<sup>16</sup>

To be effective school health programs go beyond a narrow idea of “health.” They also focus on students’ sense of resilience and connectedness. Students are less likely to engage in a range of risky health behaviours when they are connected to schools that have an emphasis on extracurricular activities, and that have caring adults, supportive partners, positive peer

“Effective school health programs go beyond a narrow idea of “health.” They also focus on students’ sense of resilience and connectedness.

groups, non-punitive policies, and effective classroom management techniques. When Toronto Public Health used this approach in three priority neighbourhoods, it had a positive impact on students’ behavior and their well-being.<sup>17</sup>

The involvement of community partners (public health, recreation, social services, and community agencies) is critical to healthy schools. Access to nature also plays a role.<sup>18</sup> There is mounting evidence that time spent in nature, whether playing outside or participating in outdoor education programs, contributes to health and well-being.<sup>19</sup> Health promotion programs for students that are led by students have also been shown to be highly effective. They are valued by young people, and they can be as effective as teacher-led programs.<sup>20</sup>

The evidence is clear: Adding a focus on students’ health to the current focus on targets for scores in reading, writing and mathematics, improves both academic achievement and school climate.



When actions in all four pillars are harmonized, students are supported to realize their full potential as learners—and as healthy, productive members of society.

**Pan-Canadian Joint Consortium  
for School Health**

## Canadian policy recognizes importance of cooperation between health and education

In 2004, federal and provincial governments created the pan-Canadian Joint Consortium for School Health (JCSH) to strengthen cooperation and action among the health and education sectors, with a focus on collaborative activities and promoting health through school-based programs.

The JCSH recognized that comprehensive school health is the most effective strategy for “supporting improvements in students’ educational outcomes while addressing school health in a planned, integrated and holistic way.”

According to the JCSH, comprehensive school health is not just about what happens in the classroom, but rather it encompasses the whole school environment including:

- the social and physical environment;
- teaching and learning;
- healthy school policy; and
- partnerships and services.

In addition, the JCSH states that “comprehensive school health:

- recognizes that healthy young people learn better and achieve more;
- understands that schools can directly influence students’ health and behaviours;
- encourages healthy lifestyle choices, and promotes students’ health and well-being;
- incorporates health into all aspects of school and learning;
- links health and education issues and systems; and
- needs the participation and support of families and the community at large.”<sup>21</sup>



“We try to broaden activities to include recreational sports (yoga, dance), not just competitive sports.”

– Healthy Schools webinar participant



# Ontario schools: are they meeting health goals?

In Ontario, the stated goals of education are to support students' achievement *and* their well-being. While responsibility for student health is shared between families, communities, and health services, schools have a critical role to play.

The province has taken significant steps to improve student achievement in reading, writing and math. But progress on students' health and well-being has been much more difficult to achieve. This lack of progress may be due, at least in part, to a lack of comprehensive school health policy.

## ONTARIO'S HEALTH POLICY FOR SCHOOLS

Ontario currently has a number of policies to support students' health including a *Foundations for a Healthy School* framework<sup>22</sup>, mandatory *Daily Physical Activity*<sup>23</sup> in elementary schools, a *Food and Beverage Policy*<sup>24</sup>, and *Open Minds, Healthy Minds*<sup>25</sup>, the provincial policy focusing on supporting mental health for children and young people.

Despite all of these health policies introduced over the last decade, findings from People for Education's Annual School Surveys show Ontario's schools have a long way to go to achieve the province's goals for student health. This may be because all of the separate policies and frameworks don't add up to one comprehensive school health framework—supported by funding, consistent goals and an integrated approach.

People for Education data show there are challenges in each of the policy areas.

## Foundations for a Healthy School

In 2006, the Ontario Ministries of Education and Health Promotion introduced the *Foundations for a Healthy School* framework. This framework identifies four components to address health-related topics using a comprehensive approach, including high-quality instruction and programs, a healthy physical

environment, a supportive social environment, and community partnerships.

The *Healthy School* framework provides schools with goals, but with virtually no funding or provision for staff to support the goals.

In addition, Ontario's *Public Health Standards*<sup>26</sup> require public health units to work with school boards and schools, using a comprehensive school health approach, but there is no reciprocal requirement for schools to work with public health. It is clear from the findings in People for Education's *Annual Report on Ontario's Publicly Funded Schools 2012* that in many cases, schools find it difficult to access the community services that could support school health initiatives.

Data from People for Education School Surveys:

- Only 17% of Ontario's elementary schools and 31% of secondary schools have a staff member, other than the principal or vice-principal, who acts as a liaison with the community.
- Even in those schools, only 24% of elementary and 22% of secondary schools report that there is any time allotted for the work.<sup>28</sup>
- 68% of elementary schools have a Healthy Schools initiative in place, but most initiatives focus on providing healthier food options and raising awareness of the importance of healthy eating; very few schools report the more comprehensive school health initiatives related to things like bullying prevention or mental health, as recommended by the WHO and the pan-Canadian Consortium for School Health.

## School-community connections for health<sup>27</sup>

	Elementary schools			Secondary Schools		
	Never	Some	Often	Never	Some	Often
<b>Public Health</b>	1%	45%	54%	1%	41%	58%
<b>Municipal Recreation</b>	16%	61%	23%	14%	59%	26%
<b>Medical services</b>	31%	61%	8%	16%	63%	21%
<b>Mental health services</b>	25%	63%	12%	7%	65%	28%

### Teaching healthy living

In 2010, the government released an updated elementary Health and Physical Education (HPE) curriculum that includes mental health, healthy eating, personal safety, substance use and addictions, growth and human development. Objections from a vocal minority resulted in the withdrawal of the human development and sexual health component of the curriculum. As a result, new HPE curriculum for secondary schools has been stalled.<sup>29</sup>

In 2013:

- 45% of elementary schools have a specialist health and physical education teacher on staff, and the majority of those are part time.
- Principals in elementary schools with specialist HPE teachers are more likely to rate delivery of the HPE curriculum as good or excellent; many add that delivery varies with the expertise and comfort level of the teacher.<sup>30</sup>



### Tips and Resources

Participants in People for Education’s Healthy School Webinar have initiated the following programs in their schools:

“Our high school has a fitness and lifestyle coach this year, the first one in Toronto DSB.”

“This year, we as a council are offering family activity nights—rollerskating, soccer games...”

“We host a spring family dance and it’s really popular.”

“We have an external group come in once a week to run a “Sporty Kids” program after school.”

“A ‘Health Corner’ in the school newsletter is a great idea!”

“Our school in Ottawa has a “walking school bus” run by volunteers who go from house to house picking students up and walking them to school.”

### Daily Physical Activity

In 2005, the province introduced a policy mandating that all students from Grades 1 to 8 receive at least 20 minutes of sustained, moderate to vigorous physical activity every school day during instructional time. In some schools, the Daily Physical Activity (DPA) is part of the regular classroom time, and in others it may be part of a health and physical education class.

Public health research from one Ontario school board found that fewer than half of participating children were provided with DPA every day and not a single child engaged in sustained moderate to vigorous activity for twenty minutes or more. Where children were receiving more DPA, they were more likely to meet national physical activity guidelines and less likely to be obese.<sup>31</sup>

Many elementary schools commented on the 2012 Annual School Survey that DPA is a “low priority” in an “already packed school day.” Among the barriers to implementing DPA, principals list insufficient equipment, space, teacher training and commitment.

### The Food and Beverage Policy

The School Food and Beverage Policy, introduced in 2011-12, is a comprehensive approach to the sale of food and beverages in Ontario’s publicly funded schools. Food sold in the school must comply with the nutrition requirements set out in the policy. The nutrition standards apply to all food and beverages sold in all venues, through all programs, and at all events. Eighty percent of food choices offered must be within the “sell most” category—foods with high nutritional value and low levels of sugar, fat and sodium. Schools are permitted ten “special event” days, which are exempt from the standards.

In 2012:

- 68% of schools had initiatives in place to support healthy eating.
- In survey responses, many school councils have raised concerns about the impact this policy will have on pizza lunches and other food-based fundraisers.



“We are an inner-city school and many of our students come from low-income families. We supply our students with healthy snack bins (fresh fruit, cut up carrots, 100% fruit drinks, etc.) in the classroom every morning, and by the end of the day the bins are empty. We have found feeding the students helps with behaviour and learning.

— Elementary school principal,  
Simcoe Muskoka DSB

## Mental health policy

When asked about the major issues in their schools, the most common response from principals was that they are ill-prepared to deal with the increasing number of mental health issues they see. Principals say that wait lists are long and collaboration with mental health agencies is limited.

Epidemiological research demonstrates that the first signs of struggles with mental health, addictions and at-risk behaviors often appear at school, and that young people between the ages of 15 and 24 are three times more likely to have a substance use problem than people over the age of 24.

In 2011, the government of Ontario introduced a new mental health policy, *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. The first three years of the strategy focus on supporting a more integrated and responsive child and youth mental health system. The goals of the policy are:

- to provide fast access to high-quality services for children and youth, as well as their families, with mental health and addictions needs;
- to identify and intervene in child and youth mental health and addictions needs early; and
- to close critical service gaps for vulnerable children and youth such as Aboriginal students, those at key transition points, and those in remote communities.<sup>32</sup>

A key component of the strategy includes funding for Mental Health Leaders in Ontario school boards. Currently 30 of Ontario's 72 boards have Mental Health Leaders, with a plan to implement these staff in the remaining boards in 2013/14. Mental Health Leaders will work with key school board and community stakeholders to promote a proactive, integrated system of care, where there is easy access to services for students in need.

Data from People for Education's 2012 Annual School Surveys shows that this new policy is urgently needed. In 2012:

- 24% of elementary and 19% of secondary school principals report that access to mental health services is poor.
- 14% of elementary and 17% of secondary schools report that they do not have access to a psychologist. These numbers vary widely across the province. In Northern Ontario, 37% of elementary schools report they have no access to a psychologist, compared to 4% in the GTA.
- Schools with regular service from a psychologist are more likely to report better connections with mental health services in the community.



### Taking the initiative

The Toronto District School Board and the Hospital for Sick Children have partnered to provide mental health support for children and youth at four inner-city schools. The program is designed to give students and staff access to more than 40 child psychiatrists and other mental health experts, including those specializing in mood disorders and attention deficit hyperactivity disorder.

# Recommendations: Greater coordination and integration

Overall, we can see that disconnected health policies and inadequately funded frameworks have not yet led to the kind of comprehensive, integrated approach that has been shown to be a prerequisite for long-lasting impact on student health.

It is also clear from the findings in People for Education's *Annual Report on Ontario's Publicly Funded Schools 2012*, that schools and principals do not have all the resources they need to provide the broadly based health programs that students need to be successful, both academically and personally.

For these reasons, People for Education recommends that:

1. Ontario's Ministries of Health and Long Term Care, Education, and Children and Youth Services continue to work together to develop a comprehensive framework to support the health of children and young people. The framework should include academic and health outcome goals and strategies to achieve them, with ongoing monitoring and evaluation.
2. Schools and boards strengthen alliances with community agencies and other public services to support healthy schools.
3. The province increase funding to support existing healthy school policy.
4. The province provide funding for school-based community liaison staff.
5. The Ministry of Education release the complete revised Health and Physical Education curriculum for elementary and secondary schools, so that it is in schools for the fall of 2013.

“Who do you think is able to do all this? Everything outside of the classroom is the responsibility of the administration. In schools where there are committed staff who like to volunteer, more of this may happen. It is not always about the availability of the outside service, but the ability of the school to organize.

— Secondary school principal,  
York Region DSB



# Healthy school programs that work

There have been many examples of effective healthy school programs in Ontario over the years. Some have operated at the local level and some are provincial in scope.

## LOCAL SCHOOL AND SCHOOL BOARD INITIATIVES

### Living School

In 2002, Ophea (the Ontario Physical and Health Education Association) oversaw a five-year program to develop a community-driven approach to health promotion for school-aged children. Working with an advisory committee of experts, they developed the concept of a Living School. These schools act as hubs of active, healthy school communities.

The one thing that all Living School communities had in common was that they involved a range of community partners—students, parents, teachers, administrators, boards of education, public health, mental health experts, sport and recreation organizations, community coalitions, local businesses, and municipal governments—who collectively took responsibility to carry out a coordinated plan to improve the overall health of children.<sup>33</sup>

Results from research and evaluation studies conducted between 2004 and 2007 demonstrated that Living Schools produced:

- increased sense of belonging, attachment and safety in the school community;
- increased physical activity levels and trends toward healthier eating behaviours among both students and teachers;
- growing appreciation of the value of community partners and how to work effectively with them;

“With Healthy Schools, it’s not about one-off health lessons. It’s about changing the culture so that the choices they make within the schools are *always* healthy. It’s about sustained behaviours—a comprehensive approach that builds capacity.”

— Zahra Kassam, Acting Manager of the Elementary Schools Program, Healthy Lifestyles Division for York Region Health Services

- growing belief in the ability of the school community to influence student health behaviours and attitudes; and
- positive changes in students’ academic performance.<sup>34</sup>

Ophea continues to use this approach in its programming across Ontario, including an initiative focused on tobacco prevention in 24 pilot schools, in partnership with the Minister of Health and Long Term Care.

### York Region—a healthy schools leader

In York Region, just north of Toronto, both English school boards (York Region and York Catholic) work with the York Region Community and Health Services to coordinate a Healthy Schools Policy. According to the York Region Healthy Schools website, which



provides a toolkit<sup>35</sup> to help schools get started on their Healthy Schools transformation, students in a Healthy School can:

- improve their concentration and learning;
- increase confidence, motivation and self-esteem;
- be better able to make important health and life choices;
- have improved access to services in the community;
- build leadership skills;
- attend school more regularly;
- build their resumé and earn community service hours; and
- help to make their school healthier.<sup>36</sup>

All of the region's secondary schools are eligible to apply for a health promotion grant (\$500) to support student-led initiatives that utilize a comprehensive school health approach. The Region even provides a public health nurse to support schools applying for the funding.

Under York Region District School Board's Healthy Schools and Workplaces Policy, January 2009, all of the board's 195 schools have been encouraged to make changes in their schools that will ensure a "comprehensive approach to health that supports academic achievement and personal well-being."<sup>37</sup> These changes involve the whole school community—students, parents, school staff and community partners—and recognize that in order to be sustainable, school health must be about more than instruction; it has to take into account social and environmental factors as well.

According to Julie Anderson, Curriculum Consultant for York Region District School Board, a Healthy School model can have an impact not just on the students and staff in the school, but on the overall health of the school community.<sup>38</sup>

### Connecting exercise and brain power

The "Sparking Life Niagara" research initiative explored the connection between exercise and the brain's performance. It involved both public and catholic boards in Niagara, the Niagara Sport Commission, Niagara Region Public Health, and Public Health Ontario. A pilot program was conducted at two schools – in one, the students started the day with at least 20 minutes of aerobic exercise. Students also got short physical activity 'boosts' throughout the day. The program had an impact on both the academic and emotional well-being of students.<sup>39</sup>

### Promoting healthy living beyond the school

Benetto Elementary School (Hamilton) partnered with the municipal recreation department on a program, "Promoting Healthy Living Beyond the School." The objectives are to develop community partnerships to address healthy living and promote healthy choices, increase access to community resources, and create and promote life-long healthy living opportunities. Community partners include the Hamilton Bulldogs (local hockey team), City of Hamilton, Hamilton Police Services and Ophea.

### Supporting mental health for inner city kids

The Toronto District School Board and the Hospital for Sick Children have partnered to provide mental health support for children and youth at four inner-city schools. The program is designed to give students and staff access to more than 40 child psychiatrists and other mental health experts, including those specializing in mood disorders and attention deficit hyperactivity disorder.

### Using prevention to help kids avoid drugs

Wiiding Out Drugs is an evaluated community partner program based on the RCMP's Racing Against Drugs. The Nintendo Wii MarioKart® game is used to deliver the "Stay on Track" and "Keep Control" messages. The program targets Grade 5 and 6 students with health promotion and prevention education and skills, and risk-reduction strategies. Partners include school boards; police, fire, and emergency services; addictions and mental health counselors; and provincial agencies such as the Ministry of Transportation, Ontario Power Generation and Ontario Hydro.<sup>40</sup>

## PROVINCIAL INITIATIVES

**The Ontario Healthy Schools Coalition** is an Ontario-wide coalition with members from public health units, school boards, hospitals, mental health agencies, universities, health-related organizations, education-related organizations, and parent and student organizations, working to promote healthy schools so students can achieve academic success. The coalition maintains a database of school health initiatives, and its members share ideas and resources through an email group, bi-monthly meetings and an annual symposium.<sup>41</sup>

**Partnership for Healthy Kids (P4HK)** is a unique initiative that consists of four provincial non-profit organizations (Health Nexus, Ophea, Parks and Recreation Ontario, and People for Education) involved in health and education for children and youth.<sup>42</sup>

Together, these provincial groups are supporting a range of community-based initiatives to build healthy schools and communities. The local initiatives include groups such as firefighters, city councillors, public health, YMCAs, schools, Parent Involvement Committees and more. P4HK is currently supporting initiatives in Halton, Hamilton, Hastings Prince Edward, North Bay, Ottawa, Thunder Bay and Windsor Essex. The programs are different in every community and support a wide range of activities such as:

- dietitians helping kids develop PR campaigns around healthy eating strategies;
- creating videos that teachers can use to lead Daily Physical Activity in schools;
- building new partnerships with public health, parents and school boards to help parents in schools access support for kids' health—everything from free hockey equipment to nurses' visits;
- holding PD days where the whole board is focused on wellness; and

- launching a firefighters' fitness challenge: fire trucks come to school, kids have to work on firefighter fitness skills—carry a dummy, hold the hose and hit the target, and carry fire equipment through an obstacle course.

**The Ontario Physical and Health Education Association (Ophea)** exists to support schools and communities through quality program supports, partnerships and advocacy to enable children and youth to lead healthy active lives.<sup>43</sup>

**The Student Support Leadership Initiative** is a provincially funded initiative to support cooperation between boards and community agencies to provide non-academic supports that promote positive behaviour. The province provided \$3 million in funding per year, over a three-year period, to 33 groups of schools.<sup>44</sup>

Our Partnership for Healthy Kids has proven to be a perfect vehicle to support the physical, social, mental, and spiritual development of each child. It has increased the health of our students while establishing an incredible network of community supports.

— Joan Powell, Director  
Thunder Bay Catholic District School Board

# Promising practices – great ideas from across Ontario

## Healthy food and eating

- The Nutrition Tools for Schools toolkit (<http://nutritiontoolsforschools.ca>) helps school communities work through a step-by-step process of creating a healthy school nutrition environment.
- The Freggie Friday program (<http://www.cpm.ca/en/industry-resources/education-resources/InschoolProgram.aspx>) encourages students to pack fruits and veggies for their lunches and snacks each Friday.

## Physical activity— ideas from our webinar participants

- “We do a Family Fitness Night each month at school. We as teachers bring our kids and invite the families to “play” in the gym. Parents have to participate.”
- “Part of my Health and Physical Education homework is to share what they learned in PE class with their parents [Editor’s Note: this serves a double-duty—initiating conversations about school and sharing healthy activities.]”
- “For the month of December we did a school-wide DPA choreography to each day.”
- “We have a personal trainer (parent) who has donated his time to help supplement the program.”
- “This year, we as a council are offering family activity nights—rollerskating, soccer games...”
- “We host a spring family dance and it’s really popular.”
- “Our high school has a fitness and lifestyle coach this year, the first one in Toronto DSB.”



J.R. Henderson Public School in Kingston initiated an extensive yard revitalization program, including a Peace Park and the installation of a fitness trail with exercise stations placed at intervals along the trail. It is heavily used by students and the broader community.

- “We try to broaden activities to include recreational sports (yoga, dance), not just competitive sports.”
- “Our school in Ottawa has a “walking school bus” run by volunteers who go from house to house picking students up and walking them to school.”

### School grounds

- Active Playgrounds (<http://www.ciraontario.com/ehr/page/resources>) trains older students to lead active games for younger students with an emphasis on participation and fun, not competition.
- J.R. Henderson Public School in Kingston initiated an extensive yard revitalization program, including a Peace Park and the installation of a fitness trail with exercise stations placed at intervals along the trail. It is heavily used by students and the broader community.

### Substance abuse programs

- The NicoTeen Workshop educates students in Grades 6-8 about the dangers of using tobacco.
- The SAP (Substance Abuse Prevention) Bucket—a program designed to increase physical activity while giving students an opportunity to learn about drugs and alcohol. The classroom games help develop critical thinking and problem-solving skills, and strategies to reduce or avoid substance misuse. For more information, contact janet.humble@nbpsdhu.ca.

### Mental health programs

- Toronto Public Health has a resource for schools to promote positive mental health. It includes a one-page poster with tips for “A Whole School Approach to Mental Health Promotion” ([www.toronto.ca/health/healthyschools/socialemotion-alhealth.htm](http://www.toronto.ca/health/healthyschools/socialemotion-alhealth.htm)).

### Inclusive programs for students with special needs

- Ophea has information on how to adapt physical education for children with disabilities. These free resources, designed to support inclusive physical activity for children and youth living with physical and intellectual disabilities, are available at <http://www.ophea.net/category/topic/inclusion>.
- In Peel, 550 students from 17 schools participate in a Fitness Friends Celebration Day, which aims to increase awareness of inclusive sports and recreational activities by pairing students with disabilities with a fitness partner. This program is run in partnership with Variety Village, an organization that offers inclusive fitness programs and activities.



# Resources for parents, school councils, and staff

- *The Busy Parents' Guide to Healthy Happy Kids*, Thunder Bay District Health Unit [http://www.tbdhu.com/NR/rdonlyres/628E4CA5-6648-43C4-A551-50F6FAB60F4F/0/FINAL2011\\_HHK\\_booklet.pdf](http://www.tbdhu.com/NR/rdonlyres/628E4CA5-6648-43C4-A551-50F6FAB60F4F/0/FINAL2011_HHK_booklet.pdf)

This resource provides information and practical ideas on how parents can help their kids eat well, be more active and feel good about themselves.

- *Ready...Set...Go!*, People for Education [http://www.peopleforeducation.ca/wp-content/uploads/2011/10/P4E\\_ReadySetGo\\_2011.pdf](http://www.peopleforeducation.ca/wp-content/uploads/2011/10/P4E_ReadySetGo_2011.pdf)

This is a tool for school councils to assess their school's health initiatives, and work with the school to enhance school health.

- *5 Strategies for Raising Healthy Happy Kids*, Ophea [http://www.ophea.net/sites/default/files/pdfs/HSS\\_ParentGuidewlogo\\_02AP12.pdf](http://www.ophea.net/sites/default/files/pdfs/HSS_ParentGuidewlogo_02AP12.pdf)

This helpful guide provides tips for parents on what they can do at home to help their children be active and healthy.

- *The Student Body, Promoting Health at Any Size*, The Hospital for Sick Children <http://thestudentbody.aboutkidshealth.ca/>

The Student Body is a teacher training module designed to help alert teachers (and parents) to the factors that can trigger unhealthy dieting among children, and ways to prevent it.

- *Spark Advocacy Grants*, Heart & Stroke Foundation <http://hsfspark.com/spark-advocacy-grants>

Spark Advocacy Grants provide financial support to groups to advocate for and implement increased opportunities for physical activity, and ensure better access to nutritious foods for our children.

- *Healthy Schools Ontario: Success Stories*, Carol MacDougall <http://www.opha.on.ca/resources/docs/csh-success.pdf>

This is a great resource and collection of case studies on implementing healthy school initiatives.

- *Toolkit to Healthier Communities*, Ontario Chronic Disease Prevention Alliance [http://www.ocdpa.on.ca/rpt\\_HCtoolkit.htm](http://www.ocdpa.on.ca/rpt_HCtoolkit.htm)

This toolkit, and its accompanying resource, *Handbook to Healthier Communities*, is for anyone who wants to advance health policy in their community or encourage change at the local level.



## Notes

- <sup>1</sup> See e.g. the Pan-Canadian Joint Consortium on School Health. (2012) <http://www.jcsh-cces.ca/upload/csh-eng-2012.pdf>; Healthy Schools Framework, or World Health Organization. (1986) Ottawa Charter on Health Promotion <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>.
- <sup>2</sup> Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report: <http://www.euro.who.int/document/e88185.pdf>, accessed 16 Sep. 2008).
- <sup>3</sup> Murray, N.D., Low, B.J., Hollis, C., Cross, A. Davis, S. (2007). Coordinated school health programs and academic achievement: a systematic review of the literature. *Journal of School Health*, 77 (9), 589-599.
- <sup>4</sup> Ibid.
- <sup>5</sup> Health Canada. 2002. A report on mental illnesses in Canada. Ottawa: Author.
- <sup>6</sup> S. J. Olshansky, D. J. Passaro, R.C. Hershov, et al. (2005) A potential decline in life expectancy in the 21st century. *New England Journal of Medicine*. 352: 1138-1145.
- <sup>7</sup> People for Education Annual School Survey 2013
- <sup>8</sup> People for Education. (2012) *Annual report on Ontario's publicly funded schools*. Toronto: author.
- <sup>9</sup> Ibid.
- <sup>10</sup> World Health Organization. (2012). Social determinants of health and well-being among young people: Health Behaviour in School-Aged Children International Report from the 2009/10 survey (pp. 272).
- <sup>11</sup> Public Health Agency of Canada (2008). *Healthy Settings for Young People in Canada*. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/yjc/summ-eng.php>.
- <sup>12</sup> Stewart-Brown S. see note 2; see also OECD Centre for Educational Research and Innovation. (2010). Improving health and social cohesion through education. Paris: Organization for Economic Cooperation and Development.
- <sup>13</sup> The health of Canada's young people: A mental health focus. Ottawa: Public Health Agency of Canada.
- <sup>14</sup> Waddell, C., Offord, D. R., Shepherd, C. A., Hua, J. M., & McEwan, K. (2002). Child psychiatric epidemiology and Canadian public policymaking: The state of science and the art of the possible. *Canadian Journal of Psychiatry*, 47, 825-832. See also Ministry of Children and Youth Services. (2006). *A shared responsibility: Framework for child and youth mental health*. Toronto: Government of Ontario, p. 2.
- <sup>15</sup> Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., & Hua, J.M. (2005). A Public Health Strategy to Improve the Mental Health of Canadian Children. *Canadian Journal of Psychiatry*, 50(4), 226-233.
- <sup>16</sup> World Health Organization School. *Health and youth health promotion*. Retrieved from: [http://www.who.int/school\\_youth\\_health/en](http://www.who.int/school_youth_health/en); OECD, see noted 12 above.
- <sup>17</sup> See R. Coughlin, B. Juby. (2009) Comprehensive youth pilot project: Applying best practices, focusing on changing school resiliency, and using the Comprehensive School Health Model as a framework for delivery. Evaluation of the impact on grade 6, 7, and 8 students in three pilot communities. Report for Toronto Public Health, on file with author.
- <sup>18</sup> See e.g., P.H. Khan and S.R. Kellert. (2002) Children in nature: psychological, socio-cultural and evolutionary investigations. Boston: MIT Press, and more recently, Active Healthy Kids Report Card 2012, retrieved from <http://www.activehealthykids.ca/ReportCard/2012ReportCardOverview.aspx>.
- <sup>19</sup> Ibid
- <sup>20</sup> Freeman, J. G., King, M. & Pickett, W. (2012). *The Health of Canada's Young People: a mental health focus*. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-mental-mentale/school-ecole-eng.php>; see also Public Health Agency of Canada (2008). *Healthy Settings for Young People in Canada*. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/yjc/summ-eng.php>.
- <sup>21</sup> Pan-Canadian Joint Consortium for School Health. Available from: <http://www.jcsh-cces.ca/index.php/school-health>
- <sup>22</sup> Government of Ontario. (2006) Foundations for a Healthy School. Toronto: author, retrieved from <http://www.edu.gov.on.ca/eng/healthyschools/foundations.pdf>.
- <sup>23</sup> <http://www.edu.gov.on.ca/eng/teachers/dpa.html>
- <sup>24</sup> <http://www.edu.gov.on.ca/eng/healthyschools/policy.html>
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- <sup>27</sup> Adapted from People for Education's Annual Report on Schools 2011-2012. Toronto: author.
- <sup>28</sup> People for Education Annual School Survey 2013
- <sup>29</sup> Ontario Physical and Health Education Association (OPHEA). (2012). Time to take action for Ontario's kids. Toronto: OPHEA, retrieved March 10 from [https://www.ophea.net/sites/default/files/file\\_attach/HPEA\\_AdvocacyPieceFINAL\\_020C12.pdf](https://www.ophea.net/sites/default/files/file_attach/HPEA_AdvocacyPieceFINAL_020C12.pdf).
- <sup>30</sup> People for Education Annual School Survey 2013.
- <sup>31</sup> Stone, M. R., Faulkner, G. E. J., Zeglen-Hunt, L., & Cowie-Bonne, J. (2012). The Daily Physical Activity (DPA) policy in Ontario: Is it working? An examination using accelerometry-measured physical activity data. *Canadian Journal of Public Health*, 103(3).
- <sup>32</sup> Government of Ontario. (2011) *Open minds, healthy minds: A comprehensive mental health and addictions strategy*.
- <sup>33</sup> Ophea, Living School Success Stories 2004-2008 [http://www.ophea.net/sites/default/files/LS\\_Success%20Stories\\_FINAL\\_02AP08.pdf](http://www.ophea.net/sites/default/files/LS_Success%20Stories_FINAL_02AP08.pdf)
- <sup>34</sup> Ophea, Living School Highlights Report. Ophea 2005. You Should See What Kids Pick Up at a Living School [http://www.ophea.net/sites/default/files/LS\\_HighlightReport\\_Final\\_130C05.pdf](http://www.ophea.net/sites/default/files/LS_HighlightReport_Final_130C05.pdf)
- <sup>35</sup> <http://www.york.ca/Services/Public+Health+and+Safety/Healthy+Schools/HS+Toolkit+Get+Started.htm>
- <sup>36</sup> <http://www.york.ca/Services/Public+Health+and+Safety/Healthy+Schools/HS+Toolkit+Get+Started.htm>
- <sup>37</sup> <http://www.yrdsb.edu.on.ca/pdfs/p&p/a/policy/218.pdf>
- <sup>38</sup> Ibid.
- <sup>39</sup> ([http://www.niagararegion.ca/living/health\\_wellness/healthylife-styles/spark-life/default.aspx](http://www.niagararegion.ca/living/health_wellness/healthylife-styles/spark-life/default.aspx)).
- <sup>40</sup> For more information, janet.humble@nbpsdhu.ca.
- <sup>41</sup> <http://ontariohealthyschools.com/>
- <sup>42</sup> See <http://www.ophea.net/node/439> for more information.
- <sup>43</sup> [www.ophea.net](http://www.ophea.net)
- <sup>44</sup> <http://cal2.edu.gov.on.ca/feb2008/studentssupport.pdf>.





This project was made possible through funding from the Heart and Stroke Foundation



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