Towards Healthy, Active Living
Through
Quality School Health

A Position Paper of
CAHPERD

Prepared by the
Health Task Force
of the
Canadian Association for Health,
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(CAHPERD)

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Introduction

The Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD) in its effort to develop and advocate for healthy active schools across Canada has developed a framework for school-based health education and promotion. The emphasis is on a comprehensive approach to school health that includes curriculum considerations, as well as considerations for school environment, community support and school services. This position paper will describe CAHPERD's definition of Quality School Health (QSH). It will position Quality School Health in the framework of healthy, active living and will provide strategic directions for the initiative to achieve its vision and goals.

Background

Since the "H" in CAHPERD was added in 1948, the Association has been involved in the promotion of school health education. Position papers were developed in the 1970's that outlined how health should be taught in the school. The emphasis at that time was primarily on the curriculum or instructional components. At times, the focus or priority on health waned, but there was always a core group of committed professionals determined to play a key role nationally in the development of quality, school-based health education.

In 1990, the CAHPERD Physical Education Task Force produced Physical Education 2000, Foundations Toward Achieving Balance in Education. This Task Force was then commissioned to produce a series of Guidelines on critical issues in schools. The Quality School Health Program, in collaboration with the Health Special Interest Group (SIG), was one of the Guidelines developed. This Guideline identified to the broad field of health and physical education professionals the importance of quality, school health education programs. It also pointed out that quality physical education, offered on a daily basis, coupled with quality school health education are essential to ensure the total health and well being of all students in the Canadian education system.

In 1994, CAHPERD, in its concern for putting more emphasis on the "H" in its mandate, formed a separate Health Task Force to provide direction to the Association on school health and to develop strategies on how to implement this focus.
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Healthy and Active Living Framework

Students in Canadian schools are faced with many cultural, economic, educational and social challenges. The healthy attitudes, behaviours and skills students learn in a quality school health program, complemented and supported by a quality, daily physical education program throughout their school years, will help them face these challenges.

The Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD) believes that every student in Canadian schools must receive quality physical education opportunities on a daily basis and that quality health education must be taught and integrated throughout the curriculum at all levels of the education system. Schools with both health and physical education programs provide supportive, healthy environments and learning experiences that enable every child to lead healthy, active lives.

Comprehensive School Health (CSH)

CAHPERD's Quality School Health initiative endorses the comprehensive school health model which includes a broad spectrum of activities and services that take place in the school and surrounding communities. The CSH model enables children and youth to enhance their health, to develop to their fullest potential and to establish productive and satisfying relationships in their present and future lives. The attainment of comprehensive goals demands that an integrated approach be used which incorporates specific strategies and elements within three categories: instruction/curriculum, support and social services, and healthy physical environments. CAHPERD believes a common understanding of the comprehensive school health framework among educators, teacher educators, health professionals, social workers and community support groups is necessary to achieve health for all.

Quality Daily Physical Education (QDPE)

CAHPERD believes that children are not healthy children unless they are active, and that children are not fully educated unless they are physically educated. An active child is a happy child, a smart child and a healthy child. These fundamental tenets of CAHPERD explain the important role that physical education plays in the health of our youth. Quality physical education can be defined as a planned program of instruction and physical activity for all learners, on a daily basis, throughout the entire school year. QDPE includes intramural recreation and appropriate school sport. QDPE is the means by which learners embrace lifelong active living and should be a school's ultimate activity goal.

The benefits of the Healthy, Active Living Framework is that it can be defended, interpreted and applied not only nationally, but provincially, at the school board/district level, by schools and by university faculties. It is a framework that rationalizes the importance of active and healthy living and that the two concepts are inextricably interwoven. Teachers should no longer be concerned
only about the instructional aspects of the health and physical education curricula. This framework places equal importance on the learning outcomes as on the environment and supports required to teach the whole child.

The successful implementation of this comprehensive approach in the schools necessitates leadership from elected officials, quality and caring instruction, adequate funding, effective administrative support, appropriate policy, legislation or regulations.

Vision

CAHPERD's vision of Quality School Health is:

All children and youth living healthy, active lives

Quality School Health:
- provides instruction to develop the knowledge, skills, attitudes and behaviours related to healthy living;
- supports the provision of support services for students and their families;
- creates a healthy social and physical environment within the school;
- integrates the concepts of personal health management, health promotion and education;
- designs strategies which are comprehensive, interdisciplinary and outcomes based;
- is taught by teachers who are competent and qualified in health education and promotion;
- provides sufficient instruction time to elicit behaviour change; e.g. 50 hours per grade at the elementary school level and a minimum of 150 hours total at the high school level.

The Quality School Health (QSH) initiative supports, complements and is integrated with the Quality Daily Physical Education (QDPE) program.

Mission

Education and health professionals promote, support and deliver QSH in collaboration with the total community (school, home, larger community).

Mandate

CAHPERD represents and serves educators who design and implement health education programs and leadership opportunities in the schools. Although educators should work very closely with the various agencies such as community health units, national organizations and government departments, they are also responsible for the pedagogical interpretation and implementation.
Components

The components of Quality School Health are:

- **Curriculum**
The curriculum would be designed to help teachers enhance, maintain and reinforce the knowledge, skills, attitudes and behaviours that would enable students to increase control over and improve their well-being. The curriculum would emphasize the many strands identified below.

- **Support Services for Students**
The services offered to students reinforce the preventive aspects of the curriculum and provide support and intervention to those at risk or in crisis. Services may include: assessment, screening programs, early problem identification, child protection, referrals, guidance counseling, support for special needs students, rehabilitation, programs for post-treatment, peer support and staff wellness programs.

- **Healthy School Environments**
A healthy school environment is achieved by adapting the social or physical surroundings in ways that will preserve and enhance the health and well-being of staff and students. It is an environment free from discrimination, harassment and intimidation in which individual differences are respected and accommodated. Other considerations could be: safety procedures and regulations, sanitation and hygiene standards, healthy food services, school nutrition policies, environmental health standards, smoke-free school policies, safe school playgrounds and programs, conflict resolution, etc.

Strands of Quality School Health

There are many strands or areas of concentration in the Quality School Health model. Each strand will be dealt with in a comprehensive manner always modeling the CSH approach. Quality instruction coupled with appropriate student support services and an emphasis on building healthy school environments will support each strand.

The following list of suggested strands should not be addressed or dealt with in isolation of each other, but rather in a manner that inter-weaves the themes, experiences and learnings of each strand.

- Growth and Development e.g. dental health, body structure and function
- Nutrition, Eating Disorders, Weight Control, e.g. anorexia, bulimia
- Mental and Social Health, e.g. stress, suicide, violence
- Personal Safety and Injury Prevention, e.g. safe practices (fire, sport, traffic)
- Substance Use and Abuse, e.g. tobacco, alcohol and other drugs
- Environmental and Community Health, e.g. consumer health, health services
• Relationships, e.g. family life and sexuality (HIV/AIDS, STDs)
• Physical Well-Being, e.g. fitness, leisure education

A key element of the strand approach is to focus on teaching generic living skills that promote the adoption of health-enhancing behaviours and attitudes, for example refusal skills, problem solving, decision making, media analysis, coping strategies, conflict resolution, and behavioural contracting. These skills are essential in dealing with all strand areas, for example, addictions, weight control, sexuality, etc.

In addition, the development and nurturing of positive attitudes, values and beliefs that focus on self-esteem, self knowledge and relationships, etc. are also critical elements of the Quality School Health model.
Target Groups

The target groups that CAHPERD’s Quality School Health initiative will concentrate on are:
first level - the teachers, consultants at the school boards and ministerial levels; and second level
- students and parents. In keeping with the mission of the organization to achieve QSH, CAHPERD will work with key intermediaries that influence the student in the school system through curriculum instruction (e.g. classroom teachers) support services (e.g. guidance counselors) and physical environments (e.g. principals and parent councils).

Strategies

The Quality School Health initiative has identified six strategic areas of emphasis:
1. Awareness and advocacy
2. Partnerships
3. Resource development and promotion
4. Teacher education (pre-service and in-service)
5. Research
6. Management and support
All six areas match the goal areas of CAHPERD’s strategic plan. It is the intent that specific activities and priorities will be developed from these focus areas in order to raise the importance of comprehensive school health within the education system.

Partnerships are Imperative

CAHPERD must work closely with all agencies concerned about the holistic health of children and youth, for example, police agencies, guidance and psychology agencies, food service companies, worksite wellness agencies, community health agencies, religious organizations, parks and recreation departments, etc.

Additionally, CAHPERD should work closely with other education contacts, such as guidance counselors, home economic teachers, family studies educators and health education specialists. The expanded model requires an inter disciplinary and collaborative mentality. A team approach of community and school authorities, all working together, will achieve two long term outcomes - improved health status and educational achievement.

The Push to Action

We live in an era of unprecedented upheaval, uncertainty and fear affecting individuals organizations and governments. As such, the push to action for a broader approach to school health may be seen as risky business for an organization at this time. However, the push to
action is needed. It may, in the final analysis, come from the high cost of health care and the realization that it is cheaper to prevent an illness than to treat it.

The push to action for quality school health is not just the responsibility of CAHPERD, but of many people, agencies and governments. CAHPERD can play a strong leadership role by providing quality, curriculum support resources for the teachers and students, as well as undertaking quality research, advocating for a comprehensive approach, recognizing exemplary and successful initiatives and facilitating the community to work with the schools and to provide the support services so critically needed.

Most importantly, CAHPERD will provide a framework that encourages a collaborative, holistic, integrated, child-centered approach. "It takes a whole village to raise a [healthy] child". This is the essence of the Quality School Health initiative.