As a national bilingual organization representing close to 200,000 teachers in this country, the Canadian Teachers’ Federation (CTF) is the umbrella organization of 15 Member organizations and one Affiliate Member. CTF has a strong voice within various coalitions and networks working to enhance the well-being of Canadian children and youth. Among CTF’s priorities is to support teachers and teachers’ organizations as strong advocates for social justice, with a particular focus on issues related to child poverty. CTF also advocates for investment in the education of children as the most effective way to develop active and engaged citizens who will contribute to the social and economic health of our country.

**Highlights of CTF’s activities**

- Advocate at the federal level on issues relevant to the cause of public education;
- Function as a national clearinghouse for education research and knowledge sharing;
- Collect, analyze and report data on trends in education;
- Support and strengthen our Member organizations’ collective bargaining capacity;
- Provide international cooperation and professional development opportunities through Project Overseas.

**VISION**

*Vision* is a free e-newsletter of the Canadian Teachers’ Federation. It is open to teacher members and non-members alike. This newsletter comes out regularly during the school year, providing quick reading on issues related to teaching and education across Canada.

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SAFE & CARING SCHOOLS

MENTAL HEALTH IN SCHOOLS

PROMOTING HEALTHY DATING RELATIONSHIPS

GUIDELINES FOR SEXUAL HEALTH EDUCATION

MENTAL HEALTH AND DISCRIMINATION
Engaging in Our Communities... as Global Citizens

A citizenship education initiative centered on the values of the environment, democracy, peace and solidarity.

The first teaching activities in the teacher’s guide *Engaging in Our Communities as Global Citizens* invite students to discover how the values of the environment, democracy, peace and solidarity have been profoundly shaken. In order to survive and carve themselves a place in this new world, individuals are forced to pursue a personal agenda, to adopt individual survival strategies and to seek personal gain, at the great expense of our planet Earth. As a result, societies are forgetting the meaning of “being and doing together” and the glue that holds all people together – “the common good”. It is time to revisit the respective values of the environment, democracy, peace and solidarity, as well as to explore their valuable interconnectedness.

The Canadian Teachers’ Federation has adapted pedagogical workshop materials, developed in 2005 by the Centrale des syndicats du Québec, for use in a bilingual national version of the workshop – *Engaging in Our Communities as Global Citizens: A citizenship education initiative centered on the values of the environment, democracy, peace and solidarity.*

For additional information on these documents, contact the:

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Healthy minds. Bright futures.

Working together for children’s mental health
PRESIDENT’S MESSAGE: Mental Health, Safe & Caring Schools and Teachers
Editorial from Emily Noble, President of the Canadian Teachers’ Federation

Mental Health in Schools
How teachers have the power to make a difference

Canada’s Battle Against Mental Health-Related Stigma and Discrimination
Ideas for making a difference in the classroom

Mixed Messages
Choosing among conflicting information to support healthy development in young children

How Health Promoters Can Compete With Commercial Advertising
Increasing people’s attention to public health promotion ads

Healthy Minds, Bright Futures
A mental health campaign for children and youth

Immunization and Infections
The school’s role in vaccinations

Promoting Healthy Dating Relationships
Adolescent dating relationships and their challenges

Child Maltreatment
What schools should know

Empowering Students to Choose Their Voice
Speaking out against racism and prejudice

Creating a Healthy School Nutrition Environment
One school’s experience

Helping Students Get a Great Physical Activity Report Card
Canada’s Physical Activity Guides for Children and Youth

Canadian Guidelines for Sexual Health Education
Five principles for effective sexual health education

www.sexualityandu.ca
Web site helps teachers implement guidelines

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HEALTH AND LEARNING
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Erratum:
In the November 2008 issue of the Health & Learning Magazine, the article entitled “Kids Get Safety on the Right Track” should have included the following acknowledgement: As told by the students of the Happy Being Healthy School Committee with the assistance of Jo Ann Salci, Public Health Nurse.
T
his issue of Health & Learning includes articles that focus on mental health and schools. I am glad to see them because we need to be more aware of how our students are dealing with life’s challenges and stresses. However, we must be sure to draw a few lines in the proverbial sand so that teachers are not yet again asked to be miracle workers.

First, the increased attention being paid to mental health problems and the development of better school-linked services for mental illnesses is very positive. Teachers have long recognized the importance of early identification of mental health problems and referrals as well as the need to teach young people how to deal with stress and to help others through rough times.

We are also pleased to see that the Mental Health Commission of Canada will be including schools as part of its mental health reform agenda. The Canadian Teachers’ Federation is part of a wide-ranging consortium responding to the Commission’s call for proposals.

We have also been pleased to publicize a variety of activities that address mental health in schools through our partnership with the Canadian Association for School Health in this publication and other activities. These have included webinars, an annual symposium, a Community of Practice and even a wiki-based Web site.

I was also pleased to read the first article in this issue by Meldrum, Venn and Kutchner. They present a good comprehensive approach that includes better teaching, but also includes health services from outside the school. I also appreciate that they have tied mental health to the core function of schools: teaching and learning.

However, as we move forward to improve mental health through school-linked and school-based actions, let us not attempt to reinvent any wheels. The knowledge about social intelligence has already been incorporated into effective social and emotional learning programs. The asset-based approach developed by the Search Institute in the United States has already been adapted here in Canada. Resilience theory offers new insight about some students who make it through life’s challenges, but we already know (attachment theory, social reasoning, social influences) that connectedness to school, parents and trusted adults is critical.

The Canadian responses to violence, crime and bullying have already included attention to caring and positive school climates, so we need not develop new paradigms for promoting respect, tolerance and cohesion among students and staff just because we now have one more reason (mental health) to support those effective school policies and practices.

Most importantly, we know that teachers care deeply about their students. Our hearts rise, ache and sink with their successes, stresses and mishaps. As we incorporate mental health concerns and programs into the fabric of our schools, let us not ask teachers to substitute for the absences of parents, family or community members in the lives of our students by caring more or caring differently. Instead, let us focus on good programs, integrate agency and professional services closely with educators’ efforts, and ensure that peers, parents and other mentors are available to help.
MENTAL HEALTH IN SCHOOLS: HOW TEACHERS HAVE THE POWER TO MAKE A DIFFERENCE

Leigh Meldrum, David Venn & Stan Kutcher | Sun Life Financial, Dalhousie University and IWK Health Centre

Working in education is exciting yet highly demanding, especially when teenagers are in the picture. The impact that a teacher may have on a teen's development and well-being is profound, and as a result the role of the teacher often extends beyond the traditional classroom. This can be challenging for some teachers, particularly when faced with mental health problems that youth may be experiencing.

The mental health of students in schools is an often overlooked, yet extremely relevant issue for today’s educator. In Canada, between 15 and 20 percent of youth suffer from a mental disorder that would benefit from professional care, and six to eight percent of young people suffer from depression. By learning how to recognize and address adolescent mental health problems, as well as how to appropriately refer those young people suffering from mental health problems to health professionals for treatment, educators have a unique opportunity to play an important role in the health and well-being of Canadian youth. It is therefore imperative that teachers are equipped with the practical tools and knowledge required to recognize and intervene appropriately in situations where mental illness may be a concern.

According to the World Health Organization, mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Although it is often overlooked, mental health is as important to a person’s well-being as their physical health, particularly during the turbulent years of adolescence.

During adolescence the brain undergoes a significant period of growth and development, which continues into the twenties. This means that during secondary school students are passing through a vulnerable time of neurodevelopment that can have a serious impact in all aspects of their life. Indeed, adolescence is a time when many new behaviours begin to emerge, including changes in attention, motivation and risk-taking behaviour.

When the brain (or part of the brain) is not working well or is working in the wrong way, a person may experience many different kinds of problems, such as difficulty thinking or focusing, extreme emotional highs and lows, or sleep problems. When these symptoms significantly disrupt a person’s life, we say that the person has a mental disorder or a mental illness, the causes of which are extremely complicated and may be the result of a complex interaction of genetics, environment and neurodevelopment.

How Does Mental Health Affect Students?

The statistics regarding youth mental health problems are staggering. At any given time in Canada, approximately twenty percent of young people may be suffering from some form of mental disorder, which translates to one in five students in the average classroom. These include: depression; schizophrenia; anorexia nervosa; bipolar disorder; panic disorder; etc. As an educator these numbers illustrate the potential that these problems have to seriously impact the day-to-day functioning of youth in the classroom. Mental disorders represent the most common and disabling condition affecting young people and therefore have major implications for students and for schools:

1. Mental disorders affect a student’s emotional well-being.

If ignored, mental health problems can impede social development, leaving young people feeling socially isolated, stigmatized and unhappy. In an attempt to cope with or overcome the symptoms of these disorders, some young people acquire socially or personally inappropriate behaviours, such as dropping out of school or becoming heavily involved in the illicit use of drugs. Mental disorders may also impact the young person’s ability to make and retain a strong and supportive peer network or appropriate relationships with adults. Teachers represent a prominent and positive adult role model in the student’s life. It is part of their role to be supportive and aware of student difficulties and direct them to the appropriate resources for help if needed.
2. Mental disorders affect a student’s ability to learn.

Mental health problems may pose a significant and unnecessary obstacle for students to overcome in the classroom. Studies show that students with emotional disturbance and poor social-emotional functioning have difficulty meeting academic standards. Some mental disorders such as learning disabilities and Attention Deficit Hyperactivity Disorder present unique and specific challenges to optimizing learning outcomes. By being aware of these factors, teachers can better meet the specific needs of students to help them learn most effectively.

3. Mental disorders are a factor in why some students drop out of school.

Roughly 15 percent of youth attending post-secondary education drop out before finishing their program often for reasons relating to their mental health. Therefore, addressing student’s mental health concerns before they become a serious disruption and lead to negative behaviours, including dropping out of school is an important step.

Addressing Mental Health Problems at School: The Three-Pronged Approach

Schools can be an important location for mental health promotion, early identification and intervention, combating stigma associated with mental illness and possibly providing interventions and ongoing care. But as a teacher, what can you do to make a difference in the mental well being of your students? The answer is not always easy, and requires cooperation at all levels of the education system and a positive collaboration with health care providers.

1. Using the classroom for stigma reduction

One of the largest obstacles facing youth with mental illness is the associated social stigma against people living with a mental disorder. While the scientific understanding and treatment of mental disorders, as well as the awareness of the importance of mental health in all aspects of life, has advanced considerably in the past decade, the public’s perception about people with mental illness has been much slower to change.

In the classroom, stigma associated with mental illness can affect how teachers, classmates, and peers treat the student living with a mental disorder. School-based anti-stigma activities present an opportunity to enhance understanding of mental illness and improve attitudes towards people living with mental illness. Furthermore, school-based anti-stigma activities reach people on all social levels, from teachers, principals and administrators to parents and community members to most importantly, the students themselves.

2. Identify and intervene!

Early identification and effective intervention for youth with mental disorders is critical. If left untreated, the symptoms of a mental illness may increase in severity, and its effects may become more serious and potentially life threatening. Educators and school personnel are in an ideal position to recognize behavioural or emotional changes, which may be symptomatic of the onset of mental illness.

By providing training related to youth mental health and mental disorders in young people that is specific to educators we will be better equipped to protect and promote the mental health of our youth. Educator-specific programs, such as Understanding Adolescent Depression and Suicide Education Training Program (www.teenmentalhealth.org), addresses the signs and symptoms of depression, as well as risk factors for suicide, methods of identification and appropriate referral of high-risk youth. The basis of this innovative Canadian program is supported by documented evidence of effectiveness and has been demonstrated to improve mental health literacy in educators and health professionals.

3. School curriculum meets mental health promotion

A potential starting point for the integration of mental health care into existing school health systems is through the implementation of a gatekeeper model. A gatekeeper model provides training to teachers and student services personnel (such as social workers, guidance counseling, school psychologists) in the identification and support of young people at risk for or living with a mental disorder. It also links education professionals with health providers to allow for more detailed assessment and intervention when needed.

Schools can also address students’ mental health through the implementation of mental health promotion strategies through innovative curriculum initiatives. Improving mental health literacy through curriculum development and application could enhance knowledge and change attitudes in students and teachers alike, and embedding mental health as a component of health promoting activities could enhance mental health while decreasing stigma associated with mental disorders. Two examples of recently developed Canadian mental health curriculum for schools are: Healthy Minds, Healthy Bodies (Province of Nova Scotia) and the Secondary School Mental Health Curriculum (Canadian Mental Health Association).

What Role Can Teachers Have in Advancing Mental Health in Schools?

Teachers are in a unique position to really make a difference when it comes to promoting and addressing student mental health concerns in and out of the classroom. Here are four suggestions to consider.
1. **Policy reform**: Support the development of policies and plans that recognize the importance of integration of mental health into educational institutions.

2. **Curriculum**: Support the application of a mental health curriculum, which in turn provides health promotion and addresses stigma through scientific knowledge.

3. **Support system**: Implement infrastructures and support systems within your school; for example establish a mental health task force that can pioneer a program including gatekeepers, student services expertise, community links, etc.

4. **Teacher training**: Support the development and implementation of appropriate professional mental health training programs for teachers and other educators.

Being a teacher is not easy, especially in today’s rapidly changing world. Mental disorders in young people are now being increasingly recognized and educators are being asked to address those needs in the classroom and beyond. Understanding what these issues are and the many different avenues available to effectively deal with them is an important challenge in today’s educational environment.

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**About the Authors**

Dr. Stan Kutcher is the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University in Halifax. The Chair is dedicated to helping improve the mental health of youth by the effective translation and transfer of scientific knowledge. Visit [www.teenmentalhealth.org](http://www.teenmentalhealth.org) for more information.

A graduate from McGill University in Anatomy and Cell Biology, Leigh Meldrum has been a member of Dr. Stan Kutcher’s team since September 2008.

David Venn is an advisor with the Sun Life Financial Chair in Adolescent Mental Health's Knowledge Translation Team.
A world without stigma would be…

A world of peace and equality where positive energy and happiness would be in abundance

A world where acceptance and helping comes naturally

A world where everyone is included, where differences are not boundaries

A world of unity and the importance of being unique

These words, penned by a group of student artists, describe the inspiration behind an original mural they created just a few short years ago. It now holds a place of honour at the Provincial Centre of Excellence for Child and Youth Mental Health at the Children’s Hospital of Eastern Ontario (CHEO) where it serves as a constant reminder that a world without stigma is much more than a dream. It is an absolute necessity if we wish to give every child and youth the best possible opportunity to thrive.

According to the Mental Health Commission of Canada,

Stigma refers to the negative and prejudicial ways in which people living with mental illness are labeled. Often that means being labeled as nothing more than the disease itself. Stigma is an internal attitude and belief held by an individual, often about a minority group such as people with mental illness.

Discrimination refers to the way people living with mental illness are treated, intentionally or unintentionally, due to stigma. People with mental illness are often treated with disrespect, experiencing such behaviours as exclusion, bullying, aggression, ridicule and devaluation. Such discrimination can result in limits and barriers to many of life’s opportunities.

Between 15 and 20 percent of children and youth suffer from some kind of mental health problem, yet only one in six actually get the help they so desperately need. There are many factors contributing to this startling lack of support for child and youth mental health problems, but widespread stigma and discrimination are among the most stubborn and complex. They affect individuals and groups across the lifespan, prevent people from seeking life-saving help and feed feelings of shame and self-blame. Stigma and discrimination prevent people – young and old alike – from achieving their potential and living life to the fullest.

In Canadian society, there are few refuges from stigma and discrimination. Families, groups, organizations, workplaces, health care services and schools each inflict their own brand of isolation and stereotyping on people with mental health issues.
Untangling these problems to get to the root of the problem will not be an easy task. So where do we start?

There is growing evidence that schools, with their central role in the lives of young people, families and communities, are an ideal setting to start shaping a world without stigma. The classroom is a perfect place to reach large numbers of children and youth with information and programs specially designed to foster healthy attitudes and behaviours related to mental illness. Research indicates that young brains are far from set in their ways, and so childhood and adolescence present us with a window of opportunity through which we can do much more than improve the school community. School based programs may also give us power to shape neighbourhoods, cities, provinces and ultimately the entire country.

While many schools are already tuned in to the problems of stigma and discrimination as they relate to race, ethnicity and sexual orientation, mental health and illness remain relatively invisible. This is not surprising, as the same trend can be easily observed in society as a whole.

Despite the enormous potential of school-based programs targeting mental health-related stigma and discrimination, there is scant evidence to tell us what they ought to look like, when we should deliver them and how to measure their impact. The Mental Health Commission of Canada has identified children and youth as one of two key target groups for their national anti-stigma campaign (the other is health-care professionals), yet even they are struggling to identify approaches that do more than increase knowledge and shape attitudes. To effectively address stigma and discrimination, we must also find a way to change the harmful discriminatory behaviours that children and youth carry into adulthood.

So how do we do it? To answer that question, the Centre embarked on a systematic review of the evidence surrounding school-based interventions aimed at reducing or eliminating stigma and discrimination based on mental health. The review failed to identify a magic solution, but prompted a subsequent gathering of international experts in Toronto, where a full range of stakeholders discussed promising practices. They also pledged to move forward with a cooperative research agenda that would provide practical evidence that can be put to use in schools across Canada and around the world.

Experts generally agree that there is no time to waste when trying to prevent or reverse the development of discriminatory thoughts and behaviours. It is important to reach young children with age-appropriate interventions that lay the foundation upon which more complex and specific programs can be built. A six-year-old child won’t likely benefit from a lecture about the signs and symptoms of depression, but an ongoing discussion about a wide spectrum of feelings could help them understand how behaviours and emotions are inextricably linked.

Experts also agree that we can’t discount the human factor in anti-stigma and anti-discrimination efforts. Simply teaching children and youth about mental health issues isn’t enough. We must bring facts and statistics to life by encouraging age-appropriate personal contact with people who can reinforce the messages being discussed. Regular interaction with a person living with mental health problems may give older children and youth a more complete understanding of the issues and feelings they deal with every day.

School-based anti-stigma and anti-discrimination approaches also have the added benefit of helping with early identification and treatment of mental health problems in children and youth. A coordinated and strategic effort to fight stigma and discrimination in schools would make it easier for students to ask for help and encourage teachers and other school personnel to provide healthy and effective supports when they do.

Of course, stigma and discrimination present bigger problems than any individual, school or profession can solve. Teachers, support staff, administrators, parents, board staff, governments, mental health professionals and community services each have a role to play in creating a world without stigma.

At the Centre, we have developed a number of resources that schools and teachers can use to fight stigma and discrimination in their classrooms and beyond.

**The Dare to Dream Program**

At the Centre, we have learned that students themselves are often the greatest champions for mental health awareness, yet their initiative and creativity remain a largely untapped resource. In Ontario, young people and mentors are encouraged to learn more about the Dare to Dream program ([daretodreamprogram.ca](http://daretodreamprogram.ca)), which provides up to $5,000 for student-led projects aimed to raise awareness about mental health issues in schools and communities.

**YooMagazine.net**

YooMagazine.net is an interactive health and mental health literacy program designed for young people, parents and teachers. Developed by Dr. Darcy Santor at the Centre, YooMagazine.net recognizes that there is no health without mental health. By treating mental health issues in exactly the same way as it treats nutrition, exercise, and smoking, the online resource is helping to bridge the acceptance gap between physical and mental health problems.

YooMagazine.net improves health literacy and decision making among young people by providing them with accurate health and mental health information in a variety of formats. The tool also gives participating schools the ability to assess student health needs through an annual online survey. The anonymous and
school-specific results can serve as a snapshot of student health needs and emerging trends.

The New Mentality

The New Mentality is a youth engagement project the Centre supports in partnership with Children’s Mental Health Ontario. Groups of youth from around the province are connecting with adult partners and each other to create a dynamic and sustainable network that will raise awareness of child and youth mental health issues and reduce the stigma associated with them.

Speak Up!

Speak Up! About Stigma and Mental Illness is a classroom resource currently under development at the Centre. It is designed to introduce students in Grades 7 and 8 to the concept of stigma and how stigma relates to mental illness. Speak Up! consists of a four-part presentation accompanied by an extensive teaching guide that features background information, curricular fits, speaking notes, activities and links to additional resources. Speak up! is being piloted in a handful of Ontario schools and should be widely available later this year.

Mental health is everyone’s business. The majority of Canadians will be touched by mental health difficulties at some point in their lives, and so we all have a responsibility to do our part to ensure they are treated with respect and dignity. The stigma and discrimination associated with mental health problems interfere with our ability to effectively prioritize mental health issues on the public agenda and provide critical help to those in need. While school-based efforts will not solve the problem, they represent an unparalleled opportunity to shape a Canada – and a world – without stigma.

About the Author

The Provincial Centre of Excellence for Child and Youth Mental Health at the Children’s Hospital of Eastern Ontario (CHEO) brings people and knowledge together to promote the best mental health for every child and youth. We are helping to build a stronger mental health care system – from prevention to intensive intervention - by expanding the knowledge, capacity and partnerships that are needed to support it. For information, visit www.onthepoint.ca.
MIXED MESSAGES: HOW TO CHOOSE AMONG CONFLICTING INFORMATION TO SUPPORT HEALTHY DEVELOPMENT IN YOUNG CHILDREN

Judging from the quality of the available advice, today's parents are better informed than any prior generation. Parents are exposed to numerous messages about healthy, active living and safety in the early childhood years. It is challenging for parents to apply these messages because they are sometimes contradictory and often difficult to incorporate into a coherent approach to parenting. In the Survey of Canadian Attitudes Toward Learning, 61% of parents of young children reported finding contradictory information from different sources of health-related information.  

Three areas have received prominence among the many messages purporting to offer parents advice: healthy active living, hand hygiene and injury prevention. Making sensible decisions about just these three topics is likely to challenge even the most informed parent.

Healthy Active Living

Concerns about childhood obesity and fitness levels in Canada, with lifelong implications for individual and population health, have prompted calls to increase physical activity, and reduce children's screen time (i.e., television, videos, video games, etc.).

The Canadian Paediatric Society recommends limiting screen time to one to two hours per day for older children and no screen time at all for children under two. Other experts recommend several short periods of vigorous physical activity throughout the day that are spontaneous, enjoyable, match children's individual skills and interests, and are outdoors whenever possible.

These messages are clear and consistent. They can, however, conflict with other messages. In particular, safety messages can conflict with the prescription for spontaneous and vigorous outdoor activity.

Many parents also feel pressured to enrol their children in structured activities to ensure that their preschoolers do not fall behind their peers. While structured activities like karate and gymnastics may support physical fitness, there is the risk of over-scheduling young children and leaving little time for unstructured free play, which is also important for development. In short, balancing safety messages with messages focussing on intellectual development and others emphasizing fitness and physical development can present a challenge for many parents.

Hand Hygiene

Hand hygiene is another issue that illustrates the mixed messages that parents and educators may receive from local agencies such as the public health department and from advertisers marketing products to a germ-fearing public.

The routine use of alcohol-based hand rubs in hospitals and other health-care settings has led to assumptions by many that they are universally recommended. However, the Canadian Paediatric Society points out that alcohol-based rubs kill both helpful and harmful bacteria and they do not recommend them for routine use in child care. These products are useful when a sink is not available for handwashing, but washing with mild soap and running water is generally preferable. Due to high alcohol content, care must be taken with children, as alcohol rubs are flammable and can be harmful if swallowed.

Health Canada and the Canadian Paediatric Society have concluded that there is absolutely no germ-killing advantage, nor any additional health benefits from the triclosan found in antibacterial products used for regular personal hygiene or household purposes. Antimicrobial chemical agents may be used selectively in the home in specific high-risk scenarios, for example in the case of individuals receiving medical care at home. It is also unnecessary to purchase toys that are impregnated

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with antimicrobial agents. Where appropriate, alcohol, bleach or peroxidase-based agents are preferred because they dissipate readily and are less likely to exert prolonged antimicrobial pressure.\(^6\)

Recent concerns about epidemics like SARS or the threat of a pandemic flu have heightened public concern about germs. Companies have created a multitude of hygiene products and marketing ploys exploiting and promoting these fears. The public’s extensive use of these products may be inadvertently contributing to problems such as antibacterial resistance. In addition, alcohol-based hand rubs are not effective if hands are soiled, which is often the case for young children.

Notwithstanding the above statements deterring routine use of hand rubs and antibacterial products in most homes and child-care centres, many public health department personnel across the country give the use of alcohol-based hand rubs equal status to handwashing through strategies such as requiring them for use on the playground and giving posters demonstrating their use prominent wall space.\(^7\) Staff and parents in child-care programs may have conflicting opinions and practices around this issue, and recommendations or requirements from their local public health agency that contradict the Canadian Paediatric Society position.

**Injury Prevention**

A mismatch between public messages and public policy can also result in the perception of mixed messages among parents and educators.

For example, bicycle accidents are a leading cause of injury among children aged 10 to 14, and bicycle helmets are known to reduce the incidence of brain injuries by 88%.\(^8\) Based on these data, the Canadian Paediatric Society strongly recommends the use of helmets for all children on bicycles. Yet, in Canada, seven provinces and territories do not have any legislation on bicycle helmets and, therefore, fail to signal clear messages about helmets and safety.

The Canadian Paediatric Society (2007) also recommends booster seats for children between 18 and 36 kg, as statistics indicate that children in that weight range wearing only a seat belt are 3.5 times more likely to suffer a serious injury and four times more likely to suffer a head injury if involved in a motor vehicle collision. This message conflicts with the public policy message: only three provinces have legislation with a booster seat requirement. As a result, only 28% of children who should be in booster seats are properly restrained when being driven in a motor vehicle.\(^9\)

In contrast, there are clear and consistent public policy messages regarding seat belt use (all provinces and territories have seat belt laws), and Transport Canada reports a 90% seat belt compliance rate across Canada.\(^10\)

**Lessons in Learning: How to Ensure That Parents and Educators Receive Clear and Consistent Messages**

**Reliable Web sites**

In 2007, 85% of Canadian households had access to broadband internet services. Among parents who were interviewed at a large Canadian paediatric emergency department, over 90% reported home internet access and over 50% reported using the internet for health-related information.\(^11\)

The internet can be a tremendous source of information for parents and educators. However, the sheer volume of information can be overwhelming and difficult to evaluate for reliability. As well, the internet can be a significant source of mixed and inconsistent messages. To avoid these problems, parents and educators who know where to look can find reliable information on Web sites hosted by reputable organizations. For example, the Canadian Paediatric Society maintains a site devoted to guiding parents in their search for high-quality health information on the internet (www.cps.ca/english/statements/cp/practicepoint.htm).

Health Canada (www.health.gov.sk.ca/healthline-online) and British Columbia’s Health Guide (www.hc-sc.gc.ca/index.e.html) offer extensive health information for parents on its Web site. Topics range from childhood diseases and illnesses to healthy environments and healthy living. Similarly, some provinces provide extensive, user-friendly, health information. For example, Saskatchewan Health’s Healthline Online (www.health.gov.sk.ca/healthline-online) and British Columbia’s Health Guide (www.bchealthguide.org) allow users to browse a number of topics related to childhood health. Ontario's Best Start Program has a resource guide (www.beststart.org/resources/hlthy_child_dev/index.html) which provides information on health-related issues to the early childhood learning and child-care sectors.

Not-for-profit organizations also have a web presence. Canadian Association of Family Resource Programs (www.parentsmatter.ca/index.cfm), an organization that promotes the well-being of families through leadership, consultation and resources, maintains a Web site that includes an annotated list (www.parentsmatter.ca/index.cfm?Fuseaction=page.viewpage&pageid=618#Health) of reliable family health-related Web sites.

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\(^{6}\) **Ibid.**


Safe Kids Canada ([www.sickkids.ca/safekidscanada](http://www.sickkids.ca/safekidscanada)), the national injury prevention program of The Hospital for Sick Children (SickKids), also maintains a Web site with information for parents on child safety. The Web sites of both of these organizations are examples of accessible ways for families to find evidence-based parenting information including health and safety in the home and the community.

**Communities**

Community organizations have an important role to play in providing reliable health information to parents of young children and in dispelling mixed messages. These organizations are often well positioned to deal with the health concerns of a community. The Community Action Program for Children ([www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_goals_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_goals_e.html)), founded by the Public Health Agency of Canada, provides long-term funding for community coalitions to promote the health and the development of vulnerable young children. For example, Family Place in Nova Scotia, Kids R First in Prince Edward Island, and Wolseley Family Place in Manitoba are primarily parent-support initiatives but include a health-information component in their programming. Parenting programs in general are a good arena in which to provide reliable health information, especially for at-risk families with low literacy and lack of access to the internet.

The Health Council of Canada’s 2006 Report, *Their Future Is Now*[^12], lists and describes several communities of all sizes that have organized with a vision for healthy children. Responding to the United Nations launch of the Child Friendly Cities Initiative, a number of Canadian communities, led by municipal governments like the city of Greater Sudbury, or by non-profit organizations like The Society for Children and Youth of British Columbia, have embarked on changes to the physical and social environments that promote health. Accessibility to safe pedestrian networks, free or low-cost recreation, affordable healthy food, and other responsive changes meet the stated needs of children and families. There are hundreds of groups across Canada that are working together as communities, often with common language, culture or needs. Communities are not necessarily geographic, but have common goals which promote consistency for children and families.

**Governments**

The Health Canada report, *Reaching for the Top*[^13] calls for a National Injury Prevention Strategy that would take a comprehensive view and support provinces and territories in delivering public programs and clear messages. The strategy would call for Health Canada to work with the provincial and territorial governments, health-care experts, NGOs, and community organizations to develop and fund a five-year national, evidence-based strategy for injury prevention in children and youth.

Numerous current education initiatives in consumer product safety – such as the lead risk-reduction strategy – are available to parents, but few parents are aware of the tools or how to utilize them. A National Injury Prevention Strategy could incorporate these initiatives and develop improved social marketing and communication strategies so that Canadian children and families can benefit from work that has already been done.

Parents are faced with a bewildering amount of information regarding how to promote the health of their young children. Without reliable tools to access and comprehend this information, parents’ ability to influence positively the health of their young children remains compromised. The issue of mixed messaging in health information will likely remain, especially with the proliferation of health advice over the internet. Ensuring easy access to reliable sources of information is the best way of deciphering the mixed messaging.

**About the Author**

The Canadian Council on Learning’s Health and Learning Knowledge Centre serves as a national network linking expertise about the vital connections between the learning and health of Canadians.

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HOW HEALTH PROMOTERS CAN COMPETE WITH COMMERCIAL ADVERTISING

Tanya Berry, Ron McCarville and Ryan Rhodes

Commercial ads that refer to physical activity when trying to sell a product are much more common than publicly funded ads that promote physical activity. And it’s very likely that the commercial ads take attention away from the publicly funded ads.

How can health promoters counter this trend and increase people’s attraction to public health promotion ads?

Ad Execution

Execution elements are critical to the success of an ad (Pieters & Wedel, 2004). Execution refers to how ads are presented, and execution elements include things like pictures, text (ad copy) and fonts.

Using eye-tracking equipment, Pieters and Wedel (2004) examined which parts of an ad and which characteristics of a person most influenced the attention paid to an ad. They found that factors such as brand, pictures and text accounted for three times more of the attention paid to ads than did person factors such as motivation or interest.

What We Did

We conducted a content analysis of magazine advertising related to physical activity. We chose magazines because they are one of the oldest media and still one of the most popular media for advertising. Also, little is known about how health promoters use magazine ads to encourage physical activity.

We looked for physical activity-related ads in all 2005 issues of high-circulation Canadian English-language magazines. These magazines included Maclean’s, Reader’s Digest (Canadian edition), Chatelaine, Time (Canadian edition), Canadian Living, Homemakers, Flare and Report on Business.

We included any ad that contained a representation or mention of physical activity, whether the purpose of the ad was to promote physical activity or to sell a commercial product.

We then analyzed the execution elements in these ads. Some of the execution elements we looked for were:

1. Presence of pictures and text. Having both allows the reader to take in more information (Stammerjohan, Wood, Change, & Thorson, 2005).

2. Colour or black and white pictures. If you have a lot of text, colour pictures can overwhelm. If you want consumers to ignore your text (e.g. the “fine print” in drug ads), use colour pictures. If you want them to read your message, opt for black and white (Meyers-Levy & Peracchio, 1995).

3. Number of lines of text. People are more likely to read all the text if there are fewer than three lines. If there are more than 15 lines, it’s very unlikely that people will read all the text in the ad (Rayner, Rotello, Stewart, Keir, & Duffy, 2001).

What We Found

We found 57 ads with some representation of physical activity. These ads comprised six per cent of all the ads in the magazines.

We found five general types of physical activity ads:

- Publicly funded health promotion ads (2)
- Commercial advertisers using fitness or sport images to sell a product whether it was an exercise product such as sports shoes or a non-exercise product such as yogurt (33)
- Commercial advertisers promoting fitness (11)
- Corporate sponsored event (8)
- Unclassifiable (3)

In terms of execution elements:

- Every ad contained both pictures and text.
- One-third of the 33 commercial ads that used physical activity to sell a product had fewer than three lines of text. Fifty-six per cent had between three and 14 lines of text. None highlighted the benefits of physical activity.
- Both of the two public health promotion ads had more than 15 lines of text and colour pictures.

Practical Implications

Commercial efforts dominate the physical activity-related ads that many magazine readers see. Commercial ads are the most numerous, and they contain the greatest number of features that are thought to attract more attention from readers.
Many commercial ads use physical activity images only as a backdrop for selling a product or service, many of which have nothing to do with physical activity. However, commercial ads routinely imply that products such as a new food type are somehow associated with the positive results of physical activity. What is lost in all this is the active living message promoted by public health agencies. The few public sector efforts to promote physically active lifestyles are in danger of being lost among all the commercial ads.

Health promoters might try to use more effective execution elements in their advertising. For example, they could highlight the benefits of being physically active in fewer lines of larger text. They should also keep in mind that the use of colour pictures may make it less likely that people will read all the text.

This research shows that we need to examine the many types of physical activity-related ads that compete for the attention of Canadians. The dominant images and messages are intended to encourage consumption as much as physical activity. The long-term effect of this is not known.

References


About the Authors

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HEALTHY MINDS, BRIGHT FUTURES. CAMPAIGN WILL ADDRESS MENTAL HEALTH OF CHILDREN AND YOUTH

Jonathan Teghtmeyer | Alberta Teachers’ Association

“I’m not going to make it until Monday morning.”

Edmonton teacher Sherry Robbins vividly recalls the day that a student informed her that life was no longer worth living. Robbins, alone in the school with the student, did not know where to turn for help. “It was five o’clock on a Friday afternoon and there was nobody, absolutely nobody [around],” says Robbins.

This was not the only time that Robbins has been asked to help a suicidal teen – it happened at least three other times. In the case of one young man, Robbins wishes that the student had reached out to a teacher before committing suicide. “My heart still aches; if only I could have helped him.”

Being suicidal is likely the most critical mental health issue that a student will experience; many students will face depression and eating disorders; others harm themselves or abuse drugs or alcohol. In fact, the Journal of American Academy of Child Psychiatry states that as many as one in five teenagers have experienced a major mental disorder.

“Students are subject to a lot of pressures – social pressures and image pressures,” says Tom Shand, executive director of the Alberta division of the Canadian Mental Health Association (CMHA). “There are many different disorders that become evident in teens.”

According to the Canadian Psychiatric Association, teenagers and young adults aged 15–24 experience the highest incidence of mental disorders of any age group in Canada, and teachers are often the first to pick up on the early warning signs of mental illness. That is why the Alberta Teachers’ Association (ATA) and the CMHA have launched the campaign Healthy Minds, Bright Futures. The partners plan to raise awareness, encourage advocacy and reduce stigma for students affected by mental illness.

The campaign will feature a booklet entitled Compassionate classrooms: understanding students affected by mental illness, which will be distributed to every teacher in Alberta in April. The booklet will offer teachers vital information on common mental illnesses affecting children and youth. In addition to describing symptoms and causes, the booklet will dispel common myths about mental illness and provide teachers with assessment tools and resources to make referrals for students who may need assistance.

Dick Southworth is the executive vice-president of the CMHA and a former Calgary teacher. “We have a very well-developed education department, and we are in a position to provide programs on mental health issues, including suicide prevention, to any group that wants them, schools in particular,” says Southworth.

As a former local president of the ATA’s Calgary Public Teachers local, Southworth is enthusiastic about the partnership. “Teachers are trained as professional observers of child behaviour and have an opportunity to identify problems that children may have and relay those concerns to parents.”

The partnership will also be evident at some teachers’ conventions this year, where CMHA regional officers will be guests at the ATA booth, where they will be available to discuss mental health issues with teachers. Future editions of the ATA News will feature mental health related articles and resources.

ATA locals are encouraged to become involved with the regional offices of the CMHA. Grants are available for locals to engage in community activities that advocate for the mental health of children and youth.

The Association’s advocacy work will culminate with a provincewide billboard and poster campaign designed to discourage stigma, and to promote teachers and students working together for healthy minds and bright futures.

Most students who develop a mental illness can successfully return to school and live normal and productive lives, provided they receive help and support. Many students continue their education while receiving treatment.

Sherry Robbins knows the value of supportive teachers in students’ lives. It is at school that students develop learning skills as well as skills for achieving positive peer relationships and emotional well-being. “In some situations, the teacher is the only stable adult in a child’s life. Simply listening to the student can go a long way to alleviate their pain,” she says.

Fortunately for the student that came to Robbins on that Friday evening, Robbins was there to listen and support her through the weekend until more help was available.

About the Author

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IMMUNIZATION, INFECTIONS AND THE SCHOOL’S ROLE IN VACCINATIONS

Mary Shannon & Cindy Andrew | Canadian Association for School Health

The use of the schools as a site to immunize children and teens is re-emerging as a cost-effective strategy that has benefits for health and school performance. This article reviews some of the evidence, discusses experiences in Canada and other countries, and identifies some examples of good programs. One example is the use of the HPV vaccine to prevent cancer. All parents have the right to accessible, convenient and cost-effective health services for their children.

Immunization is clearly part of the traditional five functions of public health, which include:

• health promotion (to affect overall health and well-being)
• prevention (of specific diseases, injuries and problems)
• health protection (preventive and emergency services)
• health surveillance (keeping track of patterns of risk factors and disease to enable timely action)
• population health assessment (measuring, monitoring and reporting on the status of the health of communities)

Immunization is part of the custodial role of schools, one of the functions of public schooling which include academic/intellectual development, socialization, vocational preparation and the accreditation of basic skills for future studies or employment. As part of this custodial role, schools are often called upon to protect children or to support parents, disadvantaged communities and other agencies in areas such as school meals, child abuse and neglect, natural disasters and so on. The school-based polio vaccination program of the 1950s is an example of this role.

Immunizations are also a part of a comprehensive school health approach, as defined in the Consensus Statement1 adopted by over 30 national health and education organizations.

Canadians often perceive school-based and school-linked immunization and vaccination services as something that occurs more in developing countries rather than Canada. Canadians also see these services as being more for younger children, before they enter school. However, as preventive health care costs increase, we realize that many children require catch-up from missed vaccinations. Vaccines can be administered in response to outbreaks, and as new vaccines are developed, more consideration of the evidence and cost-effectiveness described herein is needed.

The Educational and Health Reasons for Immunization

There is little argument about the health benefits of immunizations and vaccines. This form of primary prevention is the cornerstone of civilized societies and of public health programs. However, there are also gains to be made in health care costs, and in school attendance, both of which save money for society in general.

There are several comparative and other studies showing that immunization through schools is more cost-effective than other alternatives. A Quebec-based study (Guay et al, 2002) compared school-based immunization programs to community-based immunization programs. With community programs, the vaccination coverage fell to 7%, compared with over 90% in the schools. Societal costs were $63 per student vaccinated in the CBP, and less than $40 in the SBPs. A similar cost-effectiveness study in Denver (Deuson et al, 1999) showed that school-based vaccinations cost $1 per dose in schools compared to $68 direct costs and $118 when the time lost from work for parents was considered. A cost-benefit study of a similar program in British Columbia (Krahn et al, 1998) showed that vaccinating students cost $44, with a net saving of $75 per person.

Catch Up and Other Vaccines for School-Aged Children

With increasingly transient families and decreased access to family physicians, many children are not being vaccinated in their preschool years. Countries like England and the United States are organizing initiatives to bring these children up-

2 www.ncbi.nlm.nih.gov/pubmed/12583682
3 www.ncbi.nlm.nih.gov/pubmed/10553395
4 www.ncbi.nlm.nih.gov/pubmed/9807529
to-date. Since 2005, three new vaccines have been added to the list of recommended immunizations in the United States. Measles, mumps, rubella, and hepatitis B vaccine coverage among adolescents are among these re-emerging health concerns.

The American Academy of Pediatrics suggests that immunization for outbreaks of influenza among school-aged children should be considered. Community studies indicate that school-aged children have had the highest rates of influenza infection, with annual attack rates as high as 42%. During various annual influenza seasons, rates of outpatient visits attributable to influenza vary from 6 to 29 per 100 children.

Ways to Improve Immunization Rates

There are a number of ways to increase the participation rates in immunization programs. These include patient reminders (calls to parents and teens), and modifying provider intentions and systems interventions (such as laws requiring proof of vaccinations for elementary or junior high school entry). A review undertaken by the Centers for Disease Control (1998) found that a vaccination requirement for entry into middle school can be an effective measure for increasing immunization rates.

In Response to Outbreaks

Vaccinations and immunization strategies are also used effectively to control outbreaks or re-emerging diseases. Scheifle (1998) describes the different but effective approaches to addressing increased incidence of Hepatitis B in Canada and the United States. The United States added hepatitis B to its universal infant immunization schedule, and Canada implemented hepatitis B immunization programs for pre-adolescents (9 through 13 years of age).

Understanding School Responses to Immunization

School practices make a difference in raising immunization rates. Goldstein et al (2001) reported that socioeconomic factors were the most important predictors of student participation in this school-based immunization program. Participation was significantly lower among students in schools with a high proportion of students receiving free or reduced-price school lunch and with low test scores. In a similar study, Tung & Middleman (2005) noted an increase in percent return of signed consent/refusal forms was more likely when teachers helped in publicity/promotion and in collecting the forms.

Educational and Other Tools/Programs

Canadian Resources

The Canadian Coalition for Immunization Awareness and Promotion has several resources available for use by school health professionals. These include downloadable posters suitable for children and adolescents, discussions of questions and misconceptions, personal stories from parents, organizations and campaigns, and public opinion research (including “Childhood Vaccinations: Canada’s largest ever survey of Canadian parents on their attitudes toward childhood vaccinations”).

The Society of Obstetricians and Gynaecologists of Canada (SOGC) has created an HPV toolkit (www.hpvinfo.ca). The HPV toolkit includes clinical guidelines and summary statements, self-tests to assess HPV knowledge, professional resources, fact sheets, presentations, lesson plans, tips for talking to youth, adults and parents, tips for dealing with HPV vaccination controversy, games, interviews, posters promoting HPV prevention, and more. For teachers, SOGC has created several resources including free PDF and PowerPoint slide presentations as a resource for teaching sexual health in the classroom.

International Resources

The American School Health Association developed a toolkit (Give It A Shot! Toolkit for Nurses and Other Immunization Champions Working with Secondary Schools) for school/public health nurses that includes a manual, current information on adolescent immunizations, tips on incorporating immunization messages into your work, a CD that contains generic forms and handouts, three colorful posters to promote awareness, a DVD featuring a parent-friendly video entitled “Vaccines: Separating Fact from Fear”, and a youth-friendly video entitled “The Case of the Missing Shots”.

5 http://pediatrics.aappublications.org/cgi/content/full/121//e1016
8 www.ncbi.nlm.nih.gov/pubmed/11393930
“I think you’re supposed to get shot by an arrow or something, but the rest isn’t supposed to be painful” – Manuel, age 8

Our young friend, Manuel, may have wisdom beyond his years in his summation of dating relationships. Youth are increasingly more engaged in “dating” relationships at younger ages, although that connotation has become an ever-broadening category. With the acquisition of another developmental task comes the challenge of assimilating the new skill and the dynamics involved in its successful utilization. This challenge can be addressed with the assistance of significant adults in a youth’s life – “Education is, and has always been, about preparing students for the life and the world that awaits them”. (President’s Message, CTF, July 08) Relationships are an important ingredient of that life and that world.

As youth move from childhood into adolescence, new kinds of relationships are formed which begin to develop new dimensions and dynamics. The newness of intimate youth relationships, particularly dating relationships, creates both vulnerability and opportunities for growth. The vulnerability lies in societal understanding of gender-based violence, primarily against girls. “We need to understand the nature of gender-based violence and the extent of sexism that allows perpetrators to target girls/women. Some of the issues that must be confronted are so deeply ingrained in our society that the tendency is to ignore or minimize them.” (Jaffe & Hughes, FORUM, Fall 2008) Thus comes forth the opportunity for growth – to address societal woes with awareness, education and mobilization of action. Identifying the numerous influences on gender socialization, for both genders, is paramount. Gender socialization of young people is multi-dimensional and profound. The most significant agents are:

- family
- peers
- educators
- media
- culture

These agents act individually and as reinforcements of one another. Each can have a significant positive, constructive influence that promotes the unique identity of young people and their full capacity, or a negative influence that is rigid and limits the potential of young people. In recent years educators have accepted the challenge of bias-free educational materials, non-traditional roles and careers planning as well as awareness of teaching styles. Through public pressure the media is responding with a higher degree of integrity in programming. Although this media response is promising, young teens aged 13 to 15 years rank the entertainment media as the top source of information about sexuality and sexual health.

Intimate youth relationships, including close friendships and “romantic” or dating relationships, are particularly complex because they frequently involve a unique degree of intimacy and intensity. Individuals also possess particular characteristics and traits, and have been socialized to believe and act in certain ways. As well, dating relationships are infused with significant cultural and social values, personal and family expectations, and the element of sexuality.
While highly prized by youth, dating relationships pose significant challenges because adolescents often do not possess adequate communication and social skills to handle their complexity. Normal development stages create challenges as adolescents strive for intimacy, but with care and support, healthy youth relationships are a possibility and an important part of a teen's life.

Several factors interact to make each relationship unique. Three factors have a particularly profound effect on the health of every relationship:

- communication
- the power balance
- self-esteem

These foundational factors are often challenging for adults to manage. Understanding these factors can be even more difficult for youth who are developing and refining their identities, learning new ways of relating to their peers, and often experiencing fluctuating self-esteem in response to the ups and downs of adolescent relationships and experiences.

Skilled communication is the foundation of a healthy relationship. Thoughts, emotions, values, intentions, dreams, and expectations are shared and understood. Strengths and weaknesses are accepted. While it may seem obvious that interpersonal communication is essential to building intimacy, maintaining trust and understanding another's world, this skill is rarely taught to young people. Instead, communication is learned in the family, usually from parents or caregivers. Whether good or bad, effective or ineffective, these learned skills become habits that can determine the nature of all future relationships. (BC Council for Families, 2001).

Attitudes about each partner's role also have an important impact on the balance of power. Equal-power relationships are fostered by attitudes that promote both personal and gender equity in tasks performed, in setting career goals, and in establishing nurturing roles. In egalitarian relationships, both males and females initiate together, plan together, contribute to expenses and nurture each other. Increasingly in western society, adults and adolescents are embracing these values and are moving away from traditional social norms.

Adolescents' self-esteem is especially vulnerable to damage by negative interactions with peers or in a dating relationship. In adolescence, and in particularly young adolescence, youth are struggling with their identity, and tend to value themselves as they perceive they are valued by others. The dating climate experienced by a youth may promote self-confidence or increase self-doubt. Fear of rejection plays a significant role in the lives of young people, even though the rejection itself can lead to self-analysis and a stronger sense of identity in the long run.

Parents and significant adults have an influential role in guiding adolescents through healthy dating relationships. Discussion and modeling of the three main factors conducive to a healthy relationship is encouraged. Empowering our children with knowledge and skills about healthy dating relationships will enable them to detect and prevent abusive situations.

Both girls and boys report using abusive behaviour towards their dating partner. In focus groups, the most commonly asked question is 'How do you know when it’s abusive?' The adolescents really don't have good barometers for a healthy dating relationship. Good discussion starters are provided in the following format.

**What are Your Rights in a Relationship?**

You have the right...

- to express your opinions and have them respected
- to have your needs be as important as your partner's needs
- to grow as an individual in your own way
- to not take responsibility for your partner’s behavior
- to not be physically, emotionally, or sexually abused
- to break up and fall out of love with someone and not be threatened.¹

**Are You Being Abused in Your Dating Relationship?**

Ask yourself these questions:

1. Are you frightened by your partner’s temper?
2. Are you afraid to disagree?
3. Are you constantly apologizing for your partner’s behaviour, especially when they treated you badly?
4. Do you have to justify everything you do, every place you go, or every person you see to avoid your partner’s anger?
5. Does your partner put you down, but then tell you that they love you?
6. Have you ever been hit, kicked, shoved, or had things thrown at you?
7. Have you ever been forced into having sex when you didn't want to?
8. Are you afraid to break up because your partner has threatened to hurt you or him/herself?

Are You Being Abusive in Your Dating Relationship?

Ask yourself these questions:

1. Do you constantly check up on your partner and accuse them of being with other people?
2. Are you extremely jealous or possessive?
3. Do you have an explosive temper?
4. Have you hit, kicked, shoved, or thrown things at your partner?
5. Do you constantly criticize or insult your partner?
6. Do you become violent when you drink or use drugs?
7. Have you threatened your partner to get them to have sex with you or intimidated them so they are afraid to say no?
8. Have you threatened to hurt them?
9. Have you threatened to hurt yourself if they break up with you or leave?

Recognizing Assaultive Behaviour

The abuser may:

- control the relationship with threats and intimidating body language
- become angry easily; transform other emotions into anger
- criticize partner’s friends and behaviour
- feel depressed but unable to talk about personal feelings
- be a “bad loser”
- ignore, ridicule partner; limited eye contact or stares
- approve observed violence, justify it
- become excessively jealous
- have experienced family violence
- comment inappropriately about sex, partner’s body
- pressure partner beyond defined limits; does not respect “no”
- blame others for problems
- believe in traditional roles
- use alcohol/drugs

Prevention education empowers adolescents by helping them:

- define the components of a healthy relationship and understand anger, power and control issues
- recognize and combat negative influence agents
- gain an understanding of healthy relationships
- understand the risk factors of alcohol and drug use and how they relate to relationship violence
- recognize clues of violent behaviour

About the Author

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2 Excerpts from Promoting Healthy Dating Relationships document. More information on Promoting Healthy Dating Relationships is available on the Canadian Red Cross: RespectED Web site at www.redcross.ca/respected
Many Canadian schools have adopted a comprehensive approach to school health and acknowledge health as a key aspect in learning. Indeed, we know that experiences in the home affect other aspects of children's lives, including school achievement. The school environment naturally engages students and teachers in daily interactions, providing teachers with insight into students' behaviour patterns, and placing teachers in a position to potentially recognize the signs of maltreatment in a particular child. This article provides an overview of child maltreatment and its general implications within the school context.

Child Maltreatment in Canada

Child maltreatment is a type of family violence. As defined in Child Maltreatment in Canada (National Clearinghouse on Family Violence (NCFV), 2006), child maltreatment takes many forms, some of which are easier to identify than others.

- **Physical abuse**: inflicting or attempting to inflict physical harm to a child (i.e., shaking, hitting, burning).

- **Sexual abuse**: involving a child in an act of sexual gratification, or exposing a child to sexual activity (e.g., penetration, fondling, voyeurism).

- **Emotional maltreatment**: behaviour that may harm a child psychologically, emotionally, or spiritually (e.g., belittling, threats, hurting a child's pet, failure to show affection to a child).

- **Exposure to family violence**: situations where a child is aware of violence between parents or caregivers (e.g., seeing or hearing family violence or its effects).

- **Neglect**: situations in which children have been harmed or put at risk of harm, because of the caregiver's failure to provide for or protect them (e.g., inadequate nutrition, failure to ensure the child attends school).

While there is some information available on the numbers of young people who experience maltreatment in Canada, it is widely accepted that these numbers represent just the tip of the iceberg. It is estimated that only a small percentage of maltreated young people ever become known to health and social service agencies, often because children are unable or afraid to report the abuse, and others are reluctant to interfere or do not recognize the signs of maltreatment (NCFV, 2006).

Despite the limits of current data on child abuse in Canada, the available research identifies some important findings. Police-reported data indicate that parents are the most common perpetrators when children and youth are victims of family violence — in 2006, 107 per 100,000 children and youth were physically or sexually abused by a parent. Girls were slightly more likely than boys to be victims of physical assault by family members, and four times more likely than boys to experience sexual assault by family members (Ogrodnik, 2008). A national survey further reported that 40 per cent of married or common-law women who experienced family violence said a child heard or saw the violence or threat (Cunningham & Baker, 2007).

Of cases investigated by child welfare agencies, a study found 114,607 cases of substantiated maltreatment in Canada in 2003 (Trocmé et al, 2005). Neglect was the most frequently reported form of substantiated maltreatment, followed by exposure to domestic violence, and physical abuse. Emotional maltreatment and sexual abuse were the least common forms of substantiated maltreatment. The effects of these forms of abuse on children and youth are different for each individual, but devastating all the same.
Effects and Signs of Child Maltreatment

Child maltreatment can have short- and long-term impacts on children's physical, emotional, and social health, which can continue well beyond the actual incidents of abuse. Experiencing maltreatment as a child may result in a range of effects, including a higher likelihood of developing emotional disorders, aggression, hyperactivity, unhealthy coping mechanisms, as well as difficulties in establishing healthy relationships and learning gender roles associated with partner abuse (Dauvergne & Johnson, 2001; Cunningham & Baker, 2007; NCFV, 2003).

Most children may exhibit a number of physical or behavioural signs indicative of maltreatment, while some abused children may appear to show no signs at all. Cheng et al. (2006) and Cunningham & Baker (2007) provide the following examples of possible signs of maltreatment, which are not exclusive to one form of abuse. These signs usually occur as a pattern of behaviour, and should be considered within the child’s broader context (i.e., age, developmental stage, history).

- **Physical abuse:** bruises, burns, fractures, aggression (bullying), questionable explanations for injuries, school difficulties, depression, low self-esteem.
- **Sexual abuse:** advanced knowledge of sexual behaviour, acts out sexually, anxiousness, depression, self-cutting behaviour, abuses drugs/alcohol.
- **Emotional maltreatment:** acts younger or older than their age, low self-esteem, depression, overly anxious to please, physical complaints (i.e., headaches).
- **Exposure to family violence:** distracted in class, poor academic performance, bullies or is bullied, insecure, withdrawn.
- **Neglect:** inadequate clothing, hunger, unhygienic appearance, irregular school attendance.

A Role for Teachers, Principals and Others Who Work with Children

Teachers, principals, and coaches are often seen by students as key people in whom they can trust. As a result, school personnel play an important role in helping to recognize the signs of child maltreatment and responding to suspicions or disclosures of abuse. Should a child disclose abuse, it is crucial that responses are appropriate and sensitive to the child’s needs. This includes acting immediately and reassuring the child that he or she has done the right thing by disclosing, learning as much as possible about the situation, and reporting to the authorities.

If a child discloses abuse or if a teacher notices a pattern of behaviour in line with the signs of abuse, teachers are generally required by the laws in their province or territory to report the suspected abuse to the proper authorities. Child welfare agencies, and at times police, are responsible for conducting an investigation and determining an appropriate response in the best interest of the child.

A local child welfare agency can be contacted to seek help or file a report; contacts can be found in the local phone book or through the Centre of Excellence for Child Welfare (www.cecw-cepb.ca/provinces_territories/assistance_e.htm). Further referrals and other resources on child maltreatment are available through the National Clearinghouse on Family Violence.
The Role of the Federal and Provincial/Territorial Governments

The Government of Canada, through Criminal Code provisions, and the provincial and territorial governments, through their child welfare laws, play important roles in protecting children and preventing their maltreatment. Canada’s Criminal Code provides a broad range of measures designed to protect persons from violence, including children. Further information is available at: www.canada.justice.gc.ca/eng/pi/fv-vf, along with a child and youth site at: www.canada.justice.gc.ca/eng/pi/fv-vf/fvy-vfj/index.html.

While provincial and territorial governments have primary responsibility for social services and education, the federal government has a role in developing and sharing knowledge on child maltreatment. This is accomplished largely through the Family Violence Initiative (FVI), which is a collaboration of 15 departments within the Government of Canada. The FVI, which is led and coordinated by the Public Health Agency of Canada (PHAC), promotes public awareness and involvement, strengthens the ability of the criminal justice, health and housing systems to respond to family violence, and supports research to identify effective interventions.

PHAC also manages the National Clearinghouse on Family Violence (NCFV) on behalf of the FVI, as Canada’s resource centre for information about abuse in relationships of kinship, intimacy, dependency or trust. The NCFV houses over 130 free publications, including:

- Sexual Abuse Information Series (2008), Family Services of Greater Vancouver – Vancouver Incest and Sexual Abuse Centre
- Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow (2007), Cunningham & Baker
- Violence Against Children – Poster Series (2006), UNICEF
- What’s Wrong With Spanking? – Pamphlet (2004), Justice Canada & Health Canada
- NCFV Video Collection offers a collection of videos on family violence

How to Order

To order these resources or to learn more on family violence, please contact:

National Clearinghouse on Family Violence
Public Health Agency of Canada
Telephone: 1-800-267-1291
Fax: 613-941-8930
TTY: 1-800-561-5643
E-mail: ncfv-cnivf@phac-aspc.gc.ca
Web site: www.phac-aspc.gc.ca/nc-cn

References


About the Author

Sarah Nicolaiff works for the Public Health Agency of Canada in the Family Violence Prevention Unit.
EMPOWERING STUDENTS TO CHOOSE THEIR VOICE

Melanie Simons | Canadian Jewish Congress Charities Committee

In 2004, former President and CEO of BMO Financial Group, Tony Comper and his wife Elizabeth founded Fighting Anti-Semitism Together (FAST). Led by a coalition of non-Jewish Canadian business and community leaders, FAST is dedicated to funding educational programs that empower and challenge students to speak out against anti-Semitism and racism in Canada.

In September 2005, FAST launched an innovative education program called Choose Your Voice. Developed in partnership with the Canadian Jewish Congress Charities Committee, Choose Your Voice educates students in grades 6, 7 and 8 about the dangers of intolerance in all its manifestations, with an emphasis on anti-Semitism. Choose Your Voice empowers teachers and students to fight against bigotry and intolerance. It’s a natural complement to bullying prevention programs, character, citizenship or values-based education, and other programs that promote safe and caring schools.

Choose Your Voice is specially designed to help teachers meet the curriculum outcomes in the areas of Social Studies, History, Geography, Language (Reading, Oral and Visual Communication and Media Literacy), and the Arts (Music, Visual Arts, Drama and Dance). The bilingual program includes four lesson plans, an assessment strategy, and an award-winning educational DVD that features an introduction by television host Ben Mulroney. Choose Your Voice is free of charge to educators across Canada.

The program has received wide acclaim from educators who say it has helped promote harmony, respect and equality in their schools. Choose Your Voice “enlightens, empowers and teaches the children, not only about themselves, but of the importance of a world that is free of racism and free of judgment,” says one Vancouver principal. “It encourages them to love one another and respect other people, no matter where they are from.”

Teaching students about anti-Semitism and racism and helping them develop a positive sense of identity is critical to their development. A 2002 study by Associate Professor Grace-Edward Galabuzi at Ryerson University, found that “…the actual experience of inequality and the stress associated with dealing with exclusion tend to have pronounced psychological effects and to impact negatively on health status.” Among youth, the stress of discrimination can result in “hypertension, mental health concerns and substance abuse.”

Choose Your Voice tackles the issue of exclusion head on, and encourages students to uncover some of the historical and contemporary narratives of groups who have been discriminated against in Canada. Such narratives are often left out of the mainstream curriculum.

Students hear first hand accounts of anti-Semitism and racism in the Jewish, African-Canadian, First Nations, Chinese and Asian communities. In the Choose Your Voice DVD, Kenneth Deer, a member of the Mohawk community of Kahnawake in Quebec says that “We still experience racism today. People assume we’re all alcoholics or that we’re all violent. Those things aren’t true. We’re people like everyone else and people resist getting to know us because of fear; because they’re afraid of us.”

Incidents of racism, such as the anti-Asian riots that took place in Vancouver in 1907, an arson attack at a Pickering Mosque in Ontario, the firebombing of Montreal’s United Talmud Torah School, and Canada’s policy of forcing First Nations Children to attend residential schools are also examined in detail.

Choose Your Voice also shares the stories of Holocaust and Rwandan genocide survivors. As well, it highlights the work of Canadian human rights “heroes” or champions like British Columbia-born Order of Canada recipient Jean Lumb, former lieutenant governor of Ontario Lincoln Alexander, Acadian writer Antonine Maillet, and legendary hockey hero Maurice “The Rocket” Richard.
As students learn about the history and struggles of different individuals and groups in Canada, they learn about different points of view. They are asked to listen to the often silent voice of the victim and to carefully examine the role of the bystander and perpetrator.

*Choose Your Voice* encourages students to explore their own voice as a “hero” and think about how they would speak out against racism and discrimination. As Elizabeth Moore, a former white supremacist turned anti-racism advocate explains in the *Choose Your Voice* DVD, “Every day you get to make choices. You don’t think you do, because people tell you to go to school, people tell you to do your homework, but you do get to make a lot of choices. Choosing your voice can be really hard. It can be more claiming your voice. You’ve got to sometimes fight the peer pressure.”

Resources like *Choose Your Voice* and classroom discussions about diversity can have a positive impact on student learning and student interaction. A 2002 Harvard University study showed that close to forty percent of students across all racial and ethnic groups reported that “exposure in the curriculum to different cultures and experiences of different racial and ethnic groups has helped them understand points of view different from their own.” Only six percent of students reported that their understanding of different points of view remained unchanged.

*Choose Your Voice* also plays an important role in nurturing an atmosphere of harmony in the classroom. As one teacher explains, “I teach in a very multicultural community. Many of my students experience racism – not just from the majority population but also from various minority populations. Adults don’t generally want to talk about it. I don’t think they know how to go about it. That’s another reason why your resource is so important.”

*Choose Your Voice* is also proving to be a valuable resource outside of the classroom. Another teacher recognized that, “students who have reputations as being ‘bullies’ have written responses about how they didn’t realize what they were doing was so harmful. Students in some situations began to befriend others from different ethnic/cultural backgrounds that had previously been excluded. Students began to have conversations at home with their parents and this would spill over into classroom discussions.”

Canada is a richly diverse and multicultural country, and our schools play a vital role in bringing people together. Yet very serious challenges exist for educators trying to nurture a social environment that’s characterized by a culture of respect, empathy, caring and achievement.

According to a Leger survey conducted in 2007, 47 percent of Canadians outside Quebec consider themselves slightly, moderately or extremely racist. In Quebec, that number was significantly higher, at 59 percent. The Leger survey also found that more than nine-in-ten Canadians have witnessed racism. However, only one-third said they ever took action to intervene or inform the authorities.

Choose Your Voice has proven to be a successful tool in dealing with many of these challenges. Kevin Linden, a teacher at Brookland Elementary School in Cape Breton says that the program created a safe classroom environment to discuss difficult and painful experiences. “It wasn’t until I used the FAST program this year that discussions about racism openly occurred in my room. I still recall one boy’s emotional reaction while watching the video and another tell his story about being racially discriminated on the school grounds of his former school.”

*Choose Your Voice* helped empower Linden’s grade six class to write their own collection of Holocaust poetry called The Future is in Our Hands. In the book, twelve year-old Matthew Farrell summarizes his classmate’s feelings when he writes, “I have learned that hatred breeds hatred, and if we don’t learn about the past, history will repeat itself. If it did, I would hope I had the courage to stand up and speak out against it.”

To date, nearly half a million Canadian students just like Matthew Farrell have been empowered by *Choose Your Voice*. To order your copy of *Choose Your Voice* at no cost, please contact 416-635-2883 (extension 5176) or e-mail chooseyourvoice@cjccc.ca.

About the Author
Melanie Simons is Director of Social Policy at the Canadian Jewish Congress in Toronto.
Creating a Healthy School Nutrition Environment at H.G. Bernard Public School

Sabrina Niebank & Lucy Valleau | York Region Community and Health Services

Research has shown that healthy children are better learners (Health Canada, 2004). Most children spend the majority of their time in school, so the school setting can provide a valuable opportunity to meet some of the needs of children, including health. At school, children have an opportunity to observe and explore ideas about healthy living alongside their peers and with the support of educators.

The Public Health Branch of York Region Community and Health Services launched the York Region Healthy Schools program in 2005. This program, which aims to consistently reinforce health in a variety of ways, is based on the best practice Comprehensive School Health model. Many school health programs have been developed in response to a perceived health crisis, or utilise external speakers, often with little involvement of the school community. Studies indicate these approaches do not produce long-lasting benefits. Instead, an effective method of addressing the health and learning needs of children and their families is to use a comprehensive approach.

Comprehensive School Health is defined as a broad spectrum of programs, policies, activities, and services that take place in schools and their surrounding communities (Canadian Association for School Health, 2007). This model incorporates the Four Foundations for a Healthy School that have since been named by the Ontario Ministry of Education as:

1. High Quality Instruction and Programs
2. Healthy Physical Environment
3. Supportive Social Environment
4. Community Partnerships

York Region’s Healthy Schools program encourages school communities to identify and address a health issue that meets the health needs of their students. The Healthy Schools program ensures that all Four Foundations are addressed for the chosen health issue or topic. This integrated approach creates a living practice, where a particular health topic becomes embedded in the school culture and engages the entire school community in promoting consistent messages and actions.

With the growing concern of childhood obesity and the media attention on healthy eating, many elementary schools are working diligently to improve their nutrition environment. Public Health professionals define a Healthy School Nutrition Environment as one that promotes healthy eating through words and actions (Creating a Healthy School Nutrition Environment [CHSNE] Health Unit Collaboration, 2007). This means that the school delivers and models consistent messages about food, nutrition and healthy eating. Students are taught consistent, reliable healthy eating lessons and are given plenty of opportunities to put them into practice. This ‘whole school’ approach aligns with the Comprehensive School Health model.

According to the Call to Action: Creating a Healthy School Nutrition Environment (Ontario Society of Nutrition Professionals in Public Health [OSNPPH], 2004), there are nine Essential Elements of a Healthy School Nutrition Environment. The nine Essential Elements comprise a comprehensive approach (see Table 1 for how the Essential Elements align with the Four Foundations of Comprehensive School Health).

Nine Essential Elements of a Healthy School Nutrition Environment

1. Nutrition education for all students
2. Nutrition education for teaching staff provided by registered dietitians
3. Healthy, reasonably priced and culturally-appropriate food choices in schools (e.g., in tuck shops, vending machines, and for “special food” days)
4. Safe food handling practices and an allergy-safe environment
5. A daily, universal Student Nutrition Program (e.g., breakfast or snack program)
6. Positive role modeling of healthy eating by school staff
7. Appropriate scheduling of nutrition breaks

25
Food and nutrition policies that support healthy eating

Student, parent and community education about healthy eating

To build on these Essential Elements and recommended actions presented in Call to Action: Creating a Healthy School Nutrition Environment (OSNPPH, 2004), schools can use a resource called Nutrition Tools for Schools: A Toolkit for Ontario Public Health Units to Support Elementary Schools in Creating a Healthy Nutrition Environment (CHSNE, 2007). This resource outlines a step-by-step process and provides practical tools to help make healthy eating environments a reality in elementary schools.

If a school selects a different health-related topic, such as physical activity, bullying prevention or injury prevention, a generic elementary school resource called Healthy Schools Toolkit (2007) developed by York Region Community and Health Services is available. Both toolkits guide elementary schools through the four steps to a Healthy School.

### Four Steps to a Healthy School

1. **Form a committee**
2. **Identify school strengths and needs (e.g., by completing a survey or checklist)**
3. **Develop and carry out an action plan**
4. **Evaluate actions and celebrate successes**

### H.G. Bernard’s Healthy Schools Nutrition Experience

In the fall of 2005, a group of teachers, parents and students from H.G. Bernard Public School in Richmond Hill, Ontario, formed the H.G. Bernard Healthy Schools committee with the support of a Public Health Nurse. The committee conducted a focus group and surveyed parents who identified nutrition as a key concern related to their children’s health. With the help of the school community they followed the Four Foundations of a Healthy School to work towards a Healthy School Nutrition Environment. The activities generated align with the nine Essential Elements outlined in Nutrition Tools for Schools.

### Foundation #1: High Quality Instruction and Programs

To address nutrition education for students, H.G. Bernard hosted a Healthy Habits Health Fair for families. A teacher member of the Healthy Schools committee prepared curriculum-matched assignments related to healthy eating for all grades and these student projects were showcased at the fair. Community partners, including Public Health and Parks and Recreation, provided families with information and resources related to physical activity programs and healthy eating. Keynote speaker, former Canadian national trampoline champion Meghan Cox, kicked off the event with an inspirational talk on healthy living. The fair also included a fitness break led by a student team called the Cardio Crew. This event successfully combined nutrition education for students with parent education about healthy eating.

### Table 1: Alignment of the Nine Essential Elements of a Healthy School Nutrition Environment with the Four Foundations of Comprehensive School Health

<table>
<thead>
<tr>
<th>Quality Instruction &amp; Programs</th>
<th>Healthy Physical Environment</th>
<th>Supportive Social Environment</th>
<th>Community Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nutrition education for students</td>
<td>3. Healthy, culturally-appropriate food choices are offered or sold</td>
<td>5. Student Nutrition Programs (e.g., breakfast, snack and lunch programs)</td>
<td>• Public Health Unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Appropriate scheduling of nutrition breaks</td>
<td>• School Boards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Food and nutrition policies</td>
<td>• Community and parent partnerships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Parent, staff &amp; student education about healthy eating</td>
<td>• Food for Learning</td>
</tr>
</tbody>
</table>

8. Food and nutrition policies that support healthy eating

9. Student, parent and community education about healthy eating
Additionally, grade 3 classes participate annually in *4 for Lunch: A Healthy Lunch Challenge*. This is a curriculum-matched program lead by York Region Community and Health Services. Students and their families are challenged to make healthy lunches that include foods from each of the four food groups from *Eating Well to Canada’s Food Guide* for one week (as well as additional challenges throughout the year). Teachers participate by using curriculum-matched lessons to reinforce *Canada’s Food Guide* and sending flyers, fact sheets and resources home to parents. Students apply their knowledge by reviewing the contents of their lunches and completing a daily student record throughout the week long challenge.

**Foundation #2: A Healthy Physical Environment**

To ensure healthy culturally appropriate food choices, H.G. Bernard reviewed the foods and beverages they were offering or selling in school. After years of selling chocolate bars to raise funds for the school, the Healthy Schools committee switched to selling magazine subscriptions for their main school fundraising event. Selling magazines instead of chocolate bars reinforced classroom healthy eating lessons and supported the efforts of families to eat well. This event also helped to promote literacy in the community.

The Family Reading Magazine Fundraising campaign was kicked off with an assembly and ran throughout November. Students helped to promote the campaign by making announcements and offering prizes to add a fun element to the program. The committee also provided parents with a list of age/grade appropriate magazine options to purchase for their children. Despite the common misconception that non-food fundraisers will not sell, the committee took the risk and advocated for this healthy fundraising option at their school. And it paid off. The campaign was very successful and made a healthy profit for the school. In fact, magazine profits surpassed previous years’ chocolate bar profits. Even though the official campaign ended in November, the school benefited from ongoing sales via the internet for the rest of the school year.

The Healthy Schools committee also opened a tuck shop and consulted with the Public Health Nutritionist to ensure that the items sold emphasized foods with Maximum Nutritional Value. These items included yogurt, applesauce, fruit cups, cereal bars and juice (CHSNE, 2007).

Additionally, to promote an allergy safe environment, the Healthy Schools committee set up an anaphylaxis information display at meet the teacher night. Families who purchased a membership with Medic Alert received a Students FIRST rate for bracelets and associated services.

**Foundation #3: A Supportive Social Environment**

Parent, staff and student education about healthy eating is continually promoted throughout the school year. Parents receive nutrition information and are informed of Healthy School activities through regular school newsletter inserts. Increased community awareness for Healthy School activities helps minimize resistance and is key to successful change.

The school also participated in the *You’re the Chef* program. This program used basic cooking lessons, with a focus on vegetables and fruit, to help students establish better eating habits. After receiving training from a York Region Public Health Nutritionist, Nutrition Educator and a Public Health Inspector, a teacher and parent volunteer worked together to provide after-school cooking sessions for 16 grade 6, 7 and 8 students. For three consecutive Wednesdays, students were provided with the opportunity to prepare and taste nutritious foods such as fajitas, smoothies and black bean dip. These students showcased their skills with smoothie demonstrations for families and the sale of pumpkin muffins at the Healthy Habits Health Fair.

Since 2000 the school has offered all students a daily breakfast. The breakfast program is funded in part by York Region Food for Learning, a community partnership of parents, educators, health professionals, and community and business members dedicated to enhancing classroom learning by initiating and supporting student nutrition programs.

The Healthy Schools Student Club has led a number of Crunchy Munchy Juicy Fruity campaigns, challenging students to eat 5-10 vegetables and fruits every day for one week. The Healthy Schools Student Club initiated a variety of activities that included:

- providing a prize ballot for each student who brought a fruit or vegetable to school
- displaying posters and making announcements for school-wide promotion of healthy eating
- running a logo contest and creating a slogan developed for the Healthy Schools initiative (“Eat right, be bright, play hard, be healthy!”)
- holding a primary division colouring contest

Research indicates that students are more likely to adopt healthy eating behaviours when they receive healthy eating messages through multiple channels and from multiple sources (CDC, 1996).

**Foundation #4: Community Partnerships**

All of the above initiatives could not have been done without support from community partnerships. Public Health unit, York Region District School Board, Parks and Recreation, parents and York Region Food for Learning are just a few of H.G. Bernard’s
partners who have helped create a healthy school nutrition environment. In fact, Public Health support has been identified as the number one enabler to successful implementation of a comprehensive nutrition program (CHSNE, 2006).

Additional Strategies for Ensuring Success

Along with access to community partnerships and using a comprehensive approach, there are several other keys to success.

- **Having a strong committee led by a committed champion:** H.G. Bernard has a Healthy Schools committee whose members share the workload and meet monthly to review and update their plan for creating a healthy school nutrition environment. The committee is lead by a committed champion who teaches at the school. The champion is not the person who does all the work, but rather someone who is passionate about health issues, committed to children’s health, and who inspires others to support the school in making changes.

- **Communicating with the school community about Healthy Schools:** The Healthy Schools committee communicates their activities regularly to all school community members and posts information on the Healthy Schools bulletin board. To sustain the work of the committee, a yearly Healthy Schools display is put up on meet the teacher night. Information sharing and recruitment of new committee members is done through school newsletter inserts.

- **Celebrating achievements:** H.G Bernard’s Healthy Schools committee efforts do not go unrecognized. Positive reinforcement and recognition of the work done are very important for sustaining the involvement of Healthy Schools committee members and strengthening school-wide commitment. At the end of each year, committee members and volunteers celebrate with a trip to a nearby water park where healthy snacks are enjoyed. All participants are given a certificate from York Region Community and Health Services and the school itself receives a plaque from York Region District School Board for helping to make the healthy choice the easy choice for all staff, students and families at H.G. Bernard.

**References**


About the Authors

Sabrina Niebank RN, MN, BScN, is a Public Health Nurse and Team Lead with the Elementary School Program in York Region Community and Health Services. The objective of the Elementary School Program is to build the capacity of elementary schools to provide opportunities for all students and families to make choices that support healthy living and learning. For more information about the York Region Healthy Schools program, please visit: www.york.ca/healthyschools.

Lucy Valleau is a Registered Dietitian and Public Health Nutritionist working for York Region Community and Health Services – Nutrition Services in the area of School Health. She has a Bachelor of Applied Science degree in nutrition from the University of Guelph and a Masters of Health Science degree from the University of Toronto in Community Nutrition. Lucy is involved in various projects ranging from providing nutrition curriculum support for school teachers to advocating for an improved school nutrition environment. Lucy is also a member of the Ontario Society of Nutrition Professionals in Public Health School Nutrition Workgroup. This group released the report entitled Call to Action: Creating a Healthy School Nutrition Environment.
HELPING STUDENTS GET A GREAT PHYSICAL ACTIVITY REPORT CARD

Public Health Agency of Canada

From the school gym to the playground to their own backyard, kids have plenty of opportunities to be active each day. Yet statistics show that Canadian children and youth are not active enough to stay healthy.

Canada’s Physical Activity Guides for children and youth recommend that children accumulate 90 minutes per day of moderate to vigorous physical activity in addition to incidental activities required for daily living - the equivalent of 16,500 steps. According to the CANPLAY study by the Canadian Fitness and Lifestyle Research Institute, 90 per cent of Canadian children and youth are not meeting these guidelines.

The Guides also recommend no more than 2 hours per day of TV or leisure-related screen time. But Canadian children and youth spend an average of 5 to 6 hours in front of a screen each weekday and even longer – 6 to 7.5 hours per day – on the weekend.

To help address the growing issue of inactivity in kids, the Public Health Agency of Canada developed Canada’s Physical Activity Guides for children and youth to help Canada’s young people move towards healthier lifestyles. The Agency also publishes companion guides specifically for teachers, to help you encourage your students to be more active.

Get Students Moving With the Teacher’s Guides to Physical Activity for Children and Youth

Children and youth need regular physical activity to promote the healthy growth and development of bones, muscles and cardiovascular systems (heart and blood vessels). Regular physical activity also helps prevent obesity, cardiovascular disease and type 2 diabetes.

On top of the health benefits, physical activity makes kids feel good about themselves. It helps them to develop better self-esteem, encourages them to use their creativity to overcome boredom and avoid turning on the TV, and allows them to make new friends.

As a teacher you can do a lot to help kids become more active. You can build physical activity thinking and behaviour into your classroom, help students understand the importance and benefits of being active and of course, make it fun! This will help create patterns that could stay with them for the rest of their lives.

“Good habits established in childhood continue later in life, so children who are physically active today will be healthier tomorrow,” says Dr. David Butler-Jones, Canada’s Chief Public Health Officer. “Teachers have always played a key role in helping kids learn about the importance of being healthy. This is why we developed the teacher’s guides -- as an aide to help teachers discuss the importance of physical activity with their students.”

The Teacher’s Guides to Physical Activity for children and youth will help you teach your students about the importance of physical activity and how it affects their bodies. There are separate guides focused on children (6-9 years) and youth (10-14 years). They each feature a resource guide that teachers can use to lead discussions with their students about the physical and mental health benefits of physical activity. The guides recommend five key steps to help children and youth try new behaviours and build new life patterns.

1. Develop awareness: Involve your students – they will be far more motivated if they play a part in the decision-making process. Help them become aware of how much activity they do now and how inactive they may be. This is essential to the next step.

2. Set goals: Goal-setting helps students check their own progress. In a classroom situation it might be helpful to set a goal to which all children can contribute. Encourage small steps.

3. Give feedback and praise: Talk about what the student did to be active everyday. Praise and reward small steps.

4. **Get children to agree to the plan:** Talk often about physical activity goals with the whole class to encourage the students to do what they said they would do.

5. **Reward and recognize change:** Reinforce new behaviour and celebrate successes through rewards and recognition.

The Teacher’s Guides will give you some ideas to stimulate a conversation about physical activity and to encourage students to try new things that will get them moving. We have presented the information in a way that will stimulate the child’s natural curiosity. The goal is to increase their awareness of the need for physical activity in an effort to get them to be more active every day.

In addition to class discussions, there are many other ways to engage students in active school projects:

- Estimate how much physical activity is done by the class on a daily basis and set a class goal to reach by the end of the week and month;
- Challenge another class in the school to see which group can make the biggest improvement;
- Take the class for an active field trip such as a nature walk or a treasure hunt;
- Encourage the more active kids to help the less active kids learn new skills and have fun;
- Create bulletin boards and display pictures and stories with an activity theme;
- Celebrate physical activity with theme events such as ‘walk to school day’; and
- Setup safe classroom physical activity circuits by organizing stations around the room for students to work on components like chair sit-ups, line jumps and wall push-ups.

In addition to the physical activity guides for children, youth and teachers, the Public Health Agency of Canada also publishes short interactive magazines for children and youth as well as a *Family Guide* and a *Physical Activity Chart* with stickers for kids.

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**Canada’s Physical Activity Guides for Children and Youth recommend that:**

- Inactive children and youth increase the amount of time they currently spend being physically active by at least 30 minutes per day and decrease the time they spend on TV, playing computer games and surfing the Internet – by at least 30 minutes per day;
- The increase in physical activity includes a combination of moderate activity (such as brisk walking, skating and bike riding) and vigorous activity (such as running and playing soccer);
- Children and youth accumulate this increase in daily physical activity in periods of at least 5 to 10 minutes; and
- Over several months, children and youth should try to accumulate at least 90 minutes more physical activity per day and decrease by at least 90 minutes per day the amount of time spent on sedentary activities such as watching videos and sitting at a computer.

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**You Can Start Teaching Students about Physical Activity Today**

Today, most children know about *Canada’s Food Guide to Healthy Eating* and understand that smoking is bad for them. Teachers have facilitated that learning for many years.

Now it’s time to build on these successes and draw attention to the importance of being physically active – that everyone needs physical activity to be healthy and strong.

Encouraging kids to build physical activity into their daily routine helps to create a pattern that may stay with them for the rest of their lives.

To get free copies of the Physical Activity Guides for children and youth; Teacher’s Guides; and interactive magazines, please call toll-free 1 888 334-9769 or visit [www.paguide.com](http://www.paguide.com).
The revised version of the Canadian Guidelines for Sexual Health Education has been released by the Public Health Agency of Canada. The document is intended to guide professionals working in the area of sexual health education and promotion. The Guidelines place particular emphasis on assisting curriculum and program planners, policy-makers, health care professionals and educators in and out of school settings. The Guidelines offer direction for local, regional and national groups and government bodies concerned with education and health in developing and improving sexual health education policies and programs in Canada.

The Guidelines is considered an “evergreen” document. In order to ensure their relevancy, the Public Health Agency of Canada conducted a national evaluation survey, in August 2007, of various health and education professionals requesting input on the content and format of the 2003 edition. The Public Health Agency of Canada worked in collaboration with individuals from across the country, including sexual health researchers, school health educators and others.

Changes made to this most recent edition were based on the feedback received from the national evaluation. One of the most significant changes in this 2008 document is the use of language that is more inclusive of Canada’s diverse populations. All Canadians have a right to sexual health education that is relevant to their needs. Other changes to the Guidelines include:

- the incorporation of the more recent evidence-based literature;
- an updated look and feel;
- the inclusion of additional definitions, including sexual rights.

A companion document for the Guidelines is also being developed in response to feedback from the national evaluation survey. Results from the evaluation indicated that although the Guidelines are considered a comprehensive and useful resource for individuals working in the area of sexual health, examples or tools are needed to demonstrate how the Guidelines can be put into practice. The release of the Companion Document is targeted for Fall 2009.

PDF versions of the Guidelines will be available for download on the Public Health Agency of Canada Web site at: www.publichealth.gc.ca/sti.

The Canadian Guidelines for Sexual Health Education outline five principles that characterize effective sexual health education. Educators can use these principles to guide them through their sexual health education programs and policies.

- **Principle 1: Accessible sexual health education for all Canadians.** Effective sexual health education should be accessible to all Canadians, and should recognize the needs of Canada’s diverse population. Supportive and non-judgemental learning environments are needed for different groups.

- **Principle 2: Comprehensiveness of sexual health education.** Effective sexual health education is broadly based, incorporating all subject areas relevant to sexual health, including sexual health promotion and illness prevention. It should provide the information, motivational inputs and opportunities to acquire the necessary skills to enhance sexual health.

- **Principle 3: Effectiveness of educational approaches and methods.** Effective sexual health education incorporates four key elements: knowledge acquisition and understanding of human sexuality, teaching strategies that effectively address sensitive issues and the ability to identify and understand the diverse beliefs and values of individuals.

- **Principle 4: Training and administrative support.** Through their training and continuing education opportunities, sexual health educators should acquire the capacity to address issues such as knowledge and understanding of human sexuality, teaching strategies that effectively address sensitive issues and the ability to identify and understand the diverse beliefs and values of individuals.

- **Principle 5: Program planning, evaluation, updating and social development.** Effective sexual health education requires careful planning, realistic evaluation and regular updating. Sexual health education programs should be based on a broad assessment and understanding of individual, community and social needs, should be evaluated on a regular basis, and should incorporate evaluation into the early planning stages.

**How to Order**

To order your English or French copy of the Canadian Guidelines for Sexual Health Education please visit the CATIE Ordering Centre Web site at http://orders.catie.ca or call 1-800-263-1638.
WWW.SEXUALITYANDU.CA:
WEB SITE HELPS TEACHERS IMPLEMENT GUIDELINES

Douglas McCall | Canadian Association for School Health

A comprehensive, award-winning and popular Web site (www.sexualityandu.ca) can be a great place for teachers to help them implement the Canadian Guidelines for Sexual Health Education. This web site, recognized in 2006 by UNESCO as one of the top five educational Web sites, is aimed at helping teachers and educators to inform students about contraception, prevent sexually transmitted infections (STI) and promote sexual well-being within a comprehensive, positive approach to sexuality. Several health, education and sexuality organizations are cooperating to make this page the best source for:

- new sexuality education teachers
- teaching strategies and lesson plans
- online student assignments and activities (WebQuests)
- recorded commercials to initiate class discussions
- resources for planning and presenting at parent meetings
- self-assessment quizzes
- digitized videos, PowerPoint files and other resources

The teacher section includes a section on Making the Case for Sexual Health Education that includes:

- debunking myths and misconceptions
- characteristics of effective sexual health education
- reports and studies showing overwhelming support for school sex ed programs
- a review of studies and research showing the impact of education programs on teen pregnancies and sexually transmitted infections
- links to a 1999 study of education programs undertaken by the Council of Ministers of Education, Canada

The Web site also includes a great set of tools for teaching sexual health education. These include:

1. A primer for new teachers or teachers newly assigned to teach sexual health education classes. This primer offers evidence-based better practices in sexual health education in a summarized format, and offers some practical advice for implementing each of those better practices. You will also find several teacher tools such as Student Personal Health Journals, Student Question Box, student project evaluation rubrics and a sample letter to parents, quizzes, simulations, fact sheets, lesson plans and student WebQuests.

2. Links to other resources on how to answer student questions. Answering questions from students can be challenging. Fortunately, there is an excellent web-based resource that can help you deal with tough issues and prepare for students’ questions in advance. The Calgary Regional Health Services has published several hints for teachers on dealing with basic and more challenging student questions. They offer some general tips, and suggest being prepared in advance and being sure that you understand the type of question asked. The web site also provides examples of questions one can expect from elementary, junior high and secondary students. Setting ground rules for class discussions about sexual health is very important as well. Above all, teachers should prepare for teaching sexual health by assessing their own values, understanding some of the prevailing myths about sexual health education and consider using a variety of instructional methods.

3. Classroom tools. In this section, you will find information, tools and resources to help plan, implement, improve and evaluate a broadly based sexual health education program. Just some of the resources you will find in this section include:

- Downloadable PowerPoint, slide and PDF presentations
- Expertly designed lesson plans and WebQuests for teaching sexual health
- Planning resources for designing a broadly based sexual health education program

4. Other resources on the Web site include a section on teaching sexual health education to students with physical and intellectual disabilities as well as a complete school communications kit that includes tips, guides and templates to keep parents and stakeholders informed and open-minded to your sexual health programs. It stresses openness and an understanding of various perspectives on sexual health education. It also offers strategies to help you make the most of your school and community resources, allowing you to offer your students the best sexual health program within your means.

About the Author

Douglas McCall is the Executive Director for the Canadian Association for School Health. CASH is a national association composed of 12 provincial/territorial coalitions whose members promote the health of children and youth through school-related health promotion.
Healthy minds. Bright futures.

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Citizenship is not a new concept, but in this globalized economy which views human beings as resources, the ideals of democracy, peace and solidarity have been profoundly shaken. In order to survive and carve themselves a place in this new world, individuals are forced to pursue a personal agenda, to adopt individual survival strategies and to seek personal gain, at the great expense of our planet Earth. As a result, societies are forgetting the meaning of “being and doing together” and the glue that holds all people together – “the common good”. It is time to revisit the respective values of the environment, democracy, peace and solidarity, as well as to explore their valuable interconnectedness.

The Canadian Teachers’ Federation has adapted pedagogical workshop materials, developed in 2005 by the Centrale des syndicats du Québec, for use in a bilingual national version of the workshop – Engaging in Our Communities as Global Citizens: A citizenship education initiative centred on the values of the environment, democracy, peace and solidarity.

For additional information on these documents, contact the:

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As a national bilingual organization representing close to 200,000 teachers in this country, the Canadian Teachers’ Federation (CTF) is the umbrella organization of 15 Member organizations and one Affiliate Member. CTF has a strong voice within various coalitions and networks working to enhance the well-being of Canadian children and youth. Among CTF’s priorities is to support teachers and teachers’ organizations as strong advocates for social justice, with a particular focus on issues related to child poverty. CTF also advocates for investment in the education of children as the most effective way to develop active and engaged citizens who will contribute to the social and economic health of our country.

**Highlights of CTF’s activities**

- Advocate at the federal level on issues relevant to the cause of public education;
- Function as a national clearinghouse for education research and knowledge sharing;
- Collect, analyze and report data on trends in education;
- Support and strengthen our Member organizations’ collective bargaining capacity;
- Provide international cooperation and professional development opportunities through Project Overseas.

**VISION**

**Vision** is a free e-newsletter of the Canadian Teachers’ Federation. It is open to teacher members and non-members alike. This newsletter comes out regularly during the school year, providing quick reading on issues related to teaching and education across Canada.

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