

# **“Healthy Schools Ontario”**

## **Healthy Schools Success Stories**

**Prepared by the Ontario Healthy Schools Coalition  
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The following vignettes illustrate exciting grassroots successes in promoting healthy schools in various Ontario regions. The Ontario Healthy Schools Coalition is seeking Inter-Ministerial policy support and phased-in coordination and seed funding to enable the expansion of these types of successes throughout Ontario.

**Every child and young person in Ontario has the right,  
and should have the opportunity,  
to be educated in a “Healthy School.”**

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# HEALTHY ACTIVE SCHOOL COMMUNITIES IN HASTINGS AND PRINCE EDWARD COUNTIES

"Healthy Active School Communities" is a concept that goes beyond the classrooms and schools. The goal of the Healthy Active School Communities committee (HASC committee) is to promote, advocate and support the concept of a holistic approach to health education and involves much more than just the health and physical education curriculum. It encourages a school to look at its whole school community and develop an environment / culture that role models a healthy active lifestyle.

The HASC committee in Hastings and Prince Edward Counties has worked hard since the spring of 2001 in developing this concept. The Hastings and Prince Edward District School Board, Algonquin Lakeshore Catholic District School Board and the Hastings and Prince Edward Counties Health Unit have taken the lead in forming the HASC committee. The committee represents a partnership with these agencies as well as other agencies, organizations and individuals in the community who all have a particular interest in the health of children in our community.

What sets the Healthy Active School Communities approach apart from just a school board initiative is the co-operation across the community. This approach also represents a long-term solution that provides a basis for school improvement and improving student achievement. It also puts in place a process to streamline the many health issues and resources that schools deal with on a regular basis.

The HASC committee is finalizing the creation of a Healthy Active School Community blueprint (***The What***). The blueprint will provide schools with a greater understanding of all the components to a Healthy Active School Community and an ideal to strive towards. The committee has also been accessing and reading the vast amount of research on this subject and the link to school improvement.

The next step, already under development, will be to formalize a process for schools to follow in their quest for a Healthy Active School Community (***The How***). The process will be flexible enough to allow schools to build on their strengths and work towards their needs. This step will be the most challenging but also the most rewarding.

It is the HASC committee's goal to have a group of pilot schools working towards the concept of a Healthy Active School Community for Fall 2002 (**The Doing**). At this point, there will also be a focus on collecting data to support the value of a Healthy Active School Community (**The Proof**). This data will then be used to promote, advocate and support all the schools within Hastings and Prince Edward Counties towards the goal of "Healthy Active School Communities".

**A Healthy Active School Community**  
=  
**School Improvement**  
=  
**Greater Student Achievement!**

For more information on the Healthy Active School Communities initiative please contact Ian Press at the Hastings and Prince Edward District School Board (613 - 966 - 9491 ext. 2308 or [ipress@hpedsb.on.ca](mailto:ipress@hpedsb.on.ca)) or Cathy McCallum at the Hastings and Prince Edward Counties Health Unit (613 - 966 - 5513 ext. 219 or [cmccallum@hpechu.on.ca](mailto:cmccallum@hpechu.on.ca)) or Karen Shannon at the Algonquin Lakeshore Catholic District School Board (613 - 354 - 6257 ext. 402 or [shannon@alcdsb.on.ca](mailto:shannon@alcdsb.on.ca)).

# Students Empowering Students: The Lambton County Student Wellness Committee (LCSWC) and Wellness Councils

Positively Powerful!

By: Christine Preece, Wellness Advisor (Health Promotion Officer, Community Health Services Department at the County of Lambton)

Youth engagement can be a valuable tool for health promoting schools and when students are given the opportunity, they can be positively powerful!

For many school-aged children and youth, being involved with school health and being allowed to make decisions that affect them, is very important. Students not only want to be heard, they want to be able to take action.

Lambton County students have been able to do just that thanks to individual student wellness councils that are directly linked to a community group called the Lambton County Student Wellness Committee.

In 1994, the Lambton County Student Wellness Committee (LCSWC) was formed because the students involved in the local wellness councils wanted an opportunity to network and share ideas with other schools. They also cited the reason “to meet at a non-competitive level.” Thus the LCSWC was initiated and has been in existence ever since. LCSWC consists of representatives from most of the area secondary schools and has been instrumental in bringing new ideas about for health promotion strategies in the schools. It serves as a mechanism to brainstorm and share ideas for action plans within the school and community. LCSWC has taken on other projects such as advocating for a community youth action centre, hosting Christmas parties for needy children that attend the local food bank, and providing focus tests for a provincial campaign targeting heavy youth drinking.

At the school level it is the student wellness council that makes the healthy school become a reality. It is a student led council consisting of one teacher advisor, a health unit representative, and sometimes a parent that works together to promote healthy behaviours and develop a healthy school environment. Each council assesses the health needs of its school community, identifies priorities and then plans health promotion strategies and activities that build skills and knowledge. One of the main components to a successful student wellness council is a supportive teacher advisor. The role of the teacher advisor is to act as a liaison between the student wellness council, and the school administration but more importantly she/he helps to guide the students in setting goals, objectives, and effective strategies.

For many that have been involved with wellness councils they have had a positive experience. Regardless if it is advocating for a community smoke free by-law, assisting with the development of a healthy eating policy for their school, evaluating an annual conference, working towards a safer school environment or incorporating a common physical activity time in their school for every child every day, all these initiatives have allowed the students to use important skills such as decision-making, conflict resolution, organization, and evaluation.

A few quotes from the youth themselves shows the meaningfulness that their work has provided them. For example, Sena Agadouwa, the Chair of the 2002-2003 Lambton County Student Wellness Committee and Chair of the Northern Collegiate Student Wellness Council, states that "we have been given the opportunity to deal with health issues that are important to us, not to what adults think they should be and we can make meaningful decisions that are put into action". In addition, Anita Lathia, a past wellness council member, states "after being on my student wellness council and the Lambton County Student Wellness Council, I realized just how important health is and the part it plays in our lives and that is why I am working towards the goal of becoming a pediatrician."

The LCSWC and the individual school wellness councils have implemented many creative projects over the past ten years. For example, in the fall of 2003, the students developed a creative activity that would highlight the importance of wellness during the first part of the school year. As a result, the first Lambton County Student Wellness Week was developed. Seventeen schools registered for the event and were supplied with a resource kit, supplies and incentives to run the week long event which consisted of various activities that focused on different school health themes. A press conference was held with local dignitaries (including many politicians) and media to highlight the importance that school health plays in our community. The press conference involved a healthy breakfast launch which was held on Monday, September 29<sup>th</sup> at 7:30 a.m. at one of the local secondary schools. The students led the participants through various activities that reflected the themes of each day. The themes were healthy eating, physical activity, anti-bullying (be kind to one another), taking care of your environment and the importance of sleep. The participants found it is an interactive way to learn a little bit more about school health.

Student wellness councils have become part of the area schools infrastructure in Lambton County and it is because of the student leaders and the passionate staff advisors. Without champions, this program would not be self-sustaining. Not only do the schools councils work well with their school administration but they also work with outside community agencies. Although it has taken time, their presence is now known in Sarnia-Lambton. They now have groups approaching them for assistance. Recently, they were just awarded the Community Building Asset Award for their quality work in this area.

It has been said many times that young people need to be empowered in order to make a difference in our lives, especially when it pertains to their health. They learn best from their peers and are influenced by their peer's actions. Young people- when organized and equipped with a vision for change are a powerful force. When they correspond together and organize, they can change their conditions, and can understand their own power as effective leaders. Organization by youth can both change young people's understanding of their own role in the health of society and change their health conditions. Of course young people continue to need adults, but the nature of that need is evolving in a way that makes possible a more equitable youth/adult partnership. This partnership has happened in Lambton County and these positively powerful youth will continue to do wonderful things for healthy promoting schools.

[Article originally published in the CAHPERD *Physical & Health Education Journal* Spring 2004]

### The Lambton County Student Wellness Committee

In 1994, a group of students walked through the door  
They participated in a workshop  
That they thought would never stop  
However at the end of they day  
Some students wanted to create a new way  
So they decided to form a committee  
That would make a difference for them and our city  
They went back to their schools  
Created wellness councils that were oh so cool  
They met and they worked and they planned  
Their peers and their schools they scanned  
For health issues that were important to them  
They created programs and policies that had no end  
Now it is ten years later  
This youth group is still the main creator  
Of wellness programs and policies in our school district  
And have made a great difference that is very mystic  
This committee is self-sustaining and you never hear these youth complaining  
Because they have fun while gaining great skills  
And implement activities that our mandate fulfills  
So here is to all the youth that have done and still do  
We couldn't have done it without you.

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2004

## **Lord Dorchester Secondary School Dorchester (Middlesex county, outside of London)**

I have a healthy school committee at Lord Dorchester Secondary School in Dorchester (in Middlesex county, outside of London). The committee calls themselves the 'Cool School Crew' and consists of 10 students, 2 parents, the principal and myself. We have been together since Sept. 2001, and after completing our profile, we began working on issues. The cafeteria food selection was their first priority. We surveyed students as to what changes they wanted, problems that existed and suggestions for improvement. We then met with the manager of the company (Chartwells) and the cafeteria manager, to discuss what changes were feasible and realistic from a business point of view. Since then, the food selection improved, more 'fresh' items were offered and sales in the cafeteria improved. The student provided feedback that they like the variety of healthier choices. Also, there was no microwave available to students who wished to bring their own food. The community was solicited in the parent newsletter, and one was donated.

Also students stated that they wanted more things to do over the lunch hour. Therefore a pool table and a foosball table were fundraised for, and now even more students are up being active over their lunch hour. Plans for fundraising for outdoor basketball standards and hoops are underway, (we already have a donation from a community group to get things started).

Engaging secondary school students is difficult at first, but once they see the positive changes that they initiate actually happen, they are eager to keep going on new challenges. Since, the school's School Health Committee has continued to address other environmental issues such as fundraising to have picnic tables and benches outdoors and approaching the Town Council for a bus that could take youth to a large mall in London for shopping.

Thank you for the opportunity to share our success.

Note: We have over 40 active Healthy Schools with dozens of success stories! We are happy to share these so feel free to contact us!

Shelley Steel and Yvette Laforêt-Fliesser

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# Youth Net Halton

Youth Net Halton is based on the model co-founded by Dr. Ian G. Manion, Director of Psychiatry Research and Dr. Simon Davidson, Chief of Staff at the Children's Hospital of Eastern Ontario (CHEO) and operated out of the hospital.

**The main goal of Youth Net is to provide a forum for young people to express, explore and discuss their views and concerns about mental health. Youth Net trains “older youth” facilitators between the ages of 18 and 30 to run the discussion groups. The essence of this community-based program is to respond to the needs of youth as they identify them. Youth Net reaches out to the experts – the youth – via discussion groups and asks them what issues affect their lives. Youth Net enables its participants, from a wide range of backgrounds and experiences, to explore and discuss their views and concerns, while seeking solutions on how best to provide services for youth.**

**Youth Net Halton has been in operation since 1999. There are now 23 facilitators available to facilitate discussion groups.**

Between January 2001 and December 2001, 109 discussion groups were facilitated with 1220 young people participating. The majority of discussion groups were facilitated in high schools (20 Halton High Schools have had YN to date). Of the 1220 participants, 150 youth (12.3%) were provided one on one follow up with a Youth Net facilitator after the discussion group and 36 (2.3%) were referred to professional clinical support for further assessment and follow up. These were 36 youth/students that may not have been identified through the regular school system.

**The core of the Youth Net Program is the discussion groups, however lots of different initiatives can stem from the discussion group themselves. For example, Youth Net Halton has been directly involved in the following initiatives within the Halton community:**

- **Response to the students' concerns related to the double cohort situation**
- **Facilitation of groups focusing on the issue of youth and recreation needs**

- **“Youth Friendly” kit developed in response to the “youth friendly” survey conducted by youth to service providers working with adolescents**
- **YOUTHFAX development (youth newsletter/information sheets written by youth for youth on issues)**

Youth Net provides a valuable service to the school community. Recent research shows that Canadian youth are at disturbingly high risk for mental health problems. Goering and Lin (1996) found that in Ontario 28.7% of females and 34.9% of males between 15–19 years of age report mental disorders, compared to the provincial rate of 19% for individuals 15–64 years of age. The Ontario Health Survey (1990) states that the highest rate of anxiety disorders occurs in young women 15–24 years of age, where almost one in five are affected. Death by suicide is the number two killer of Canadian youth and adolescence is the only age group in Canada where suicide is on the rise.

There is an urgent need to listen to youth and examine better ways of addressing these problems together. A report recently released by the Centre for Addiction and Mental Health found that 5% students are at high risk for depression with females being more likely than males.

**Youth Net Halton addresses some of the youth issues and concerns. It offers a solid approach to bridging the gap between adults and youth in our community. An operating committee with representation from agency partners (Halton Region Health Department, YMCA of Oakville, Centre for Addiction and Mental Health, Canadian Mental Health Association and Halton District School Board) and youth oversees the operations of Youth Net.**

**For more information, please contact:**

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## ***Imagine a Healthy School...***

Your child could attend a school with programs that meet their Social, Emotional, Physical, and Intellectual needs...

Your community school could have programs that provide timely, age appropriate, prevention programs for all students, intervention programs for students “at risk”, and on-site support counselling for students in crisis...

Your community school could be a place where parents attend evening seminars and workshops on relevant health and wellness issues about parent and child relationships...

Your community could have a team of education and health care professionals, students and community partners focused on developing a comprehensive, integrated, coordinated, proactive service program, which addressed every social context issue teenagers may face, connected to education curriculum, while they are still in school...

Imagine if we no longer waited until young people lost hope for success in school and eventually dropped out to gradually become struggling and/or dysfunctional adults before we provided the mental health care they need...

Such a school/program exists.

It is a school where prevention programs were developed to meet the age appropriate, social issues of students as they progress through school. Intervention programs were developed to meet needs of “at risk” students, who were identified through mental health surveys, on-site professional support counselling was available to students in crisis or need of on-going counselling. Our program was coordinated through the guidance department allowing students to access the support they need from public health care workers, social agencies, and trained professional counsellors on-site, during the school day. Student leaders were involved in planning and implementing prevention programs facilitated by our “Wild for Wellness” coordinator from Public Health. Programs were connected to curriculum through the Guidance & Career Education Programs under *Choices Into Action*.

### ***Next Steps...***

Let's stop letting our young people slip through the cracks only to surface again as adults with mental health needs...

Let's recognize that academic achievement and school improvement can only be achieved if we work together towards supporting healthy youth development.

Let's develop a comprehensive, coordinated approach at the “decision-maker” level with the help of government.

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# Healthy Body Image and the Prevention of Eating Disorders

November 27, 2001

The Honourable Janet Ecker  
Minister of Education  
22<sup>nd</sup> Floor Mowat Block  
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Toronto, Ontario, M7A 1L2

Dear Minister Ecker:

As a research scientist at The Hospital for Sick Children (HSC) and The Toronto General Hospital (TGH) (funded through the Ontario Ministry of Health and Long Term Care), I am evaluating school-based interventions designed to empower young adolescent girls. The intent of this research project is to sway girls from predictable increases in body image concerns, disordered eating, and low self-esteem.

As you might know, a recently published study in the Canadian Medical Association Journal, which surveyed an Ontario sample, revealed that one in four adolescent girls experience disordered eating. As a psychologist who specializes in the treatment of eating disorders, I have witnessed, first hand, how devastating eating disorders are to sufferers and their families. These chronic disorders affect the physical, emotional, and social lives of sufferers and kill up to 20% of those afflicted.

Over the years, I have worked in partnership with both educators and public health staff to develop and evaluate up-to-date resource material for schools. Educators have become increasingly aware of the growing number of youth who experience disordered eating. I have personally carried out 3 longitudinal prevention programs in senior middle schools, over the past 6 years, to allow myself to witness, first-hand, the pressures that teachers face. I want to assess the feasibility of carrying out this important work in the context of the school setting.

Girls report that the most pressing issues they face in school is the degree of weight and shape teasing and sexual and physical harassment. This is substantiated by sentiments expressed by parents, teachers, and members of my research team.

I fear the situation will only worsen over time without the support of effective school-based interventions. It has become clear to me, over the course of my applied programs of research, that helping girls navigate through the stressful transition of early adolescence involves school-wide efforts that reach beyond the classroom.

My most recent study is being carried out in the Peel Region and involves the entire school, including male and female students, their parents and teachers, and the school staff. In keeping with the Health Promoting Schools Framework, my prevention program is aimed at changing the school climate. In addition to in-service training for parents and teachers, we offer up-to-date resource material that complements the Ministry of Education's curriculum expectations.

Peel Health is a sponsoring agency of the research project. As part of the program, five public health nurses have been trained to deliver weekly support groups to girls, over the lunch hour, to allow the girls to discuss the daily pressures that they face in their school and at home, and to practice ways to promote positive self-esteem and body image. My research complements other researchers' work, which demonstrates that interventions to improve girls' self-esteem during early adolescence can lead to decreased symptoms of depression and disordered eating during adulthood.

The students find the support groups easily accessible, informative, and effective in helping them to problem-solve issues that would otherwise impact negatively on their self-esteem, body image, and overall learning at school. Moreover, my research, to date, has demonstrated that this school-based intervention has led to specific decreases in disordered eating among the girls who participate as compared to age-matched peers who do not. We know that children can learn better if they are not emotionally burdened. Teachers report that the task of teaching alone is difficult, and that they would welcome additional support to manage the social/emotional problems of their students.

I am hoping, with the assistance of my research findings, to convince the Ministry of Health and Long-Term Care to consider having public health resume their former role of providing direct services to students in the schools. Your support could make a big difference.

Together with my colleagues at TGH and HSC, and with the tremendous support of the Ministry of Health and Long-Term Care, we have trained numerous health care providers and educators on the treatment and prevention of disordered eating. We now have 18 community-based operational centres across the 7 regions of Ontario, that work in a coordinated manner to offer some fundamental outpatient services.

We have been successful in breaking down the stigma associated with eating disorders. At the same time, more people are coming forward to seek help. While more resources are required to develop the full continuum of care to adequately meet the needs of individuals who suffer from eating disorders, we are in a perfect position to link those newly funded outpatient services with school-based prevention initiatives.

The collaboration of the Ministry of Education is essential for this initiative to have a significant impact. I would be most willing to meet with you and your staff to discuss, in further detail, my research findings and to brainstorm ways to increase effective mental health support strategies in the schools.

Sincerely,

Gail McVey, Ph.D., C.Psych  
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c. The Honourable Tony Clement, Ministry of Health and Long Term Care  
Ms. Gail Forsyth, Ministry of Health and Long Term Care

## Middlesex-London

A secondary school located in a culturally diverse, lower income neighbourhood adopted a comprehensive school health model for dealing with health issues at the school. Mobilized and facilitated by the school's public health nurse, a representative committee of 12 students, 2 parents, 2 teachers and the school principal was formed to consider the results of a key informant survey that had been conducted by the public health nurse earlier in the school year. This Healthy School Committee determined that the availability of nutritious and fresh foods in the school cafeteria was a priority concern of the students. As the school was about to undergo major renovations to the school cafeteria, the timing also seemed perfect for student input into the design of the cafeteria.

The catering company under contract with the local board of education was invited to collaborate in their planning process and a company nutritionist agreed to work with the committee to address the identified concerns. A public health nutritionist was also asked to participate. The teacher of the school's OAC family studies class was approached to see if the students in that class could undertake a school-wide survey project to validate and assess specific needs related to nutrition and cafeteria food. The teacher and students were enthusiastic about the project and with the help of the catering company nutritionist, the public health nutritionist, the students and their teacher designed and conducted a "Food in our School" survey that asked over 1300 students for their opinions related to cafeteria usage, range of food choices, satisfaction, nutritional value, prices and recycling. A response rate of 61% was obtained. The Health Unit tabulated the results and returned them to the school for further consideration, planning and action.

At the request of the Healthy School Committee, 2 student representatives, accompanied by the public health nurse, presented the survey results and recommendations to the school council and later to the board of education trustees. As a result, recommendations were adopted to improve the hours of operation and the diversity of food choices of the cafeteria. To further support healthy eating, the students set up "Healthy Teen Cuisine" sessions and designed cafeteria posters to remind students about healthy food choices.

The renovations to the school cafeteria provided an opportunity for input into the physical and social environment of the cafeteria. The committee forwarded recommendations based on the student survey to the board of education architect. These included: a larger entrance to accommodate physically challenged students and teachers, more service lines, recycling and waste containers to maintain a healthy environment, and locating washrooms close to the cafeteria to promote good hygiene. Most of the recommendations were incorporated into the design and the students were very pleased with the fact that their school became the first to have a cafeteria where fresh foods could be prepared to the specifications of customers.

The students in this school feel that they have a voice and can make valued contributions toward creating and maintaining a healthy learning environment.

**Submitted by Yvette Laforêt-Fliesser, Middlesex-London Health Unit, May 22, 2002**  
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## Students in the driver's seat with smoke-free messages

**If peers can get kids to start smoking, maybe they can also keep them from starting. At least that's the idea behind the work of students in high schools across Simcoe County.**

To be like their friends or to fit in with the crowd are the reasons young people often give when asked why they took up smoking. Maybe they just didn't notice that most youth don't smoke. Or maybe they didn't know how hard it would be to quit once they started.



**Creative ideas flowed on student posters about smoking.**

Students in Simcoe County high schools have taken charge in an effort to help their peers be smoke-free. Student leaders in 19 of 22 high schools have formed Student Tobacco Action Committees, also called STACs. They are planning events and activities that will speak to their friends about the dangers of tobacco use. They would like to help those who want to quit. These high school students also think that it will help if they talk to younger students to let them know that it is OK to not smoke.

Getting students involved in taking smoke-free messages to their peers leads to some novel ideas to get the word out. Students can turn these ideas into reality thanks to grants funded by the Ontario Tobacco Strategy through the Simcoe County District Health Unit. Here's just a small sample of their efforts.

### Smoke-free for health

Each day brought a new focus during a weeklong health fair at St. Theresa's High School. It all kicked off with a visit by Grade 7 and 8 students from local elementary schools. They saw a drama written by the Grade 10 drama students. Posters made by students lined the halls. The gym was filled with music and action as the story of the dangers of tobacco use unfolded. The "real" facts about tobacco and health were told in a slide show produced by the Grade 11 computer class. To counter the pull of the media, a video on the smoke screen of advertising caught the eye of lunch hour visitors to the cafeteria.

Grade 9 – 11 students saw these shows, and more. They also saw a video made by the communications technology students, boosting the benefits of being smoke-free. A *Quit and Win* contest was set up to help those who want to quit. The Ontario Lung Association was given money raised from the sale of silver ribbons, a symbol of the effect of tobacco use on lung health.

### Butting out

Banting Memorial High School students took the idea of helping peers to quit smoking to new heights. One thousand Grade 9 students heard Bill Horner, a local 16- year old tri-athlete, tell about the value of setting goals and making healthy life choices. Fuelled with this message, the STAC volunteers visited every classroom, telling all 2000 students about the benefits of quitting smoking. Their goal – to get students to sign up for "*Quitting Works*" workshops put together with help from their teacher advisor.

Students' posters in the halls showed the key facts about the dangers of smoking. Many student smokers want to quit, and those at Banting are no different. Thirty girls and 20 boys are giving it a try. Now at lunch hour you will find them playing cards or listening to music in the cafeteria, instead of going out to have a smoke. A chance to win gift certificates for staying smoke-free helps to keep them on track.

## Decisions, decisions

Grade 5 - 8 students heard the message loud and clear when the St. Peter's STAC group came to their schools. Eight elementary schools were on the tour for their drama.



Elementary students signed banner pledging to be smoke-free in Grade 9.

Using the slogan, *"the decision is mine – smoke-free in Grade 9"*, the play shared facts about smoking through music and TV style ads. A lively question and answer session led by the STAC students helped the young people make a decision about signing a banner. Many agreed to be smoke-free in Grade 9.

## Taking it to the streets

When it comes to helping youth be smoke-free, the whole community has a role. World No Tobacco Day set the stage for students from Barrie Central to point out to others the deadly effects of smoking in Simcoe County. Dressed in black t-shirts, 450 students marched to city hall to show how many people die each year in our county because of smoking.

Other students are speaking out as local town councils talk about putting no-smoking bylaws in place. Talking with the public at the mall and getting petitions signed are all in a day's work as the students add their support to the push for bylaws. Speaking at council meetings, young people make it clear that they care about their community. They are eager to have a healthy place to live, work, play and go to school.

## Getting something back

The students leading the STACs say they are learning a number of things along the way. Besides knowing more about tobacco, they have also fine-tuned their leadership skills. They see that this will help them take on other issues. How to work together and how to plan their time and events are other things the STAC leaders have learned. And their new "people skills" will come in handy in the future.

STAC leaders hope to see the group carry on next year. Making a difference in their school and community – that's what it's all about. With the interest and commitment shown by these students, this is likely a dream that will come true.



Pictured here are STAC leaders who came to a celebration event held to applaud their efforts.

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# Sudbury's Healthy Schools Healthy Kids

Here are a few stories about Sudbury's Healthy Schools Healthy Kids (HSHK) Schools:

C.R. Judd Public School in Capreol, Ontario decided to introduce healthier choices in their school store. The HSHK School Coordinator invited the public health dietitian to come and speak to the student council about healthy alternatives for their school store. The students (who are in charge of running the school store) wear their HSHK T-shirts when working in the store to impress upon the school community their commitment to being a healthier school. Healthy eating promotion for the school store are made by students on the daily school announcements.

Chelmsford Public School formed a 'Healthy School' subgroup of their school council to develop a plan of action to tackle tobacco. The group put together a parent package which included a letter to parents explaining the initiative that the school would be taking on, a 'Contract for Kids' - which is an agreement that children and their parents make around smoking/second hand smoke at home, and pamphlets on the effects of second hand smoke. The students, teachers and parents also decided to do "Hands up for Smoke-Free Homes and Public Places". This included a display and a banner that was comprised of signed hands in support of the cause. Students were asked to trace, cut out and sign their hands, which were glued to the banner. During student/parent conferencing, parents were also invited to sign a hand in support. This display was then brought to the local mall for community support. The banner was then brought to a city council meeting by Chelmsford students to raise awareness about second hand smoke. This initiative was timely because the Sudbury & District Health Unit and its partners are working towards a bylaw that would restrict smoking in all public places and workplaces.

I hope these stories are helpful. I can give you many more if you need them.

Thanks,

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# **The Celebration of World Health Day at Gateway Public School**

World Health day is celebrated every year on April 7<sup>th</sup> by many member countries of the World Health Organization. This year the theme was "Move for Health" and the aim was to promote physical activity. In order to celebrate the day, Canadian schools were asked to participate in a nation-wide World Record 'Hokey Pokey Challenge'. The challenge took place on Tuesday, April 9, 2002. Children in all the participating schools across Canada were asked to dance the Hokey Pokey at the same time. The goal was to beat the existing world record of 6,748 participants doing the Hokey Pokey at one time.

May Tao, Public Health Nurse from Toronto Public Health collaborated with Gateway Public School and the Ontario Physical and Health Education Association to organize this event. Over 1000 students and school staff took the challenge by performing the 'Hokey Pokey' dance, and the event was covered by local media (City TV and Global TV). The students expressed that this was a 'fun' way to do physical activity.

**Toronto Public Health hopes that this challenge will stimulate further interest in physical activity among children, and provide a foundation for lifelong habits, which promote their personal health.**

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# Student Nutrition Programs in the City of Toronto

- Student Nutrition Programs are a way all students can obtain a nutritious breakfast, snack or lunch during, or outside school hours.
- There are over 300 student nutrition programs across the City of Toronto serving ~60,000 students.
- Many students come to school not eating a breakfast for a variety of reasons – extra-curricular activities, examples set by parents also skipping breakfast, “woke up late”, and income are just some of the reasons. Some do eat breakfast, but go to a “before school” program early in the morning and are hungry again by the time class starts.
- Programs not only provide a nutritious meal or snack but also provide an environment for students to learn about different foods and eat with their friends.
- Students will often eat foods that they would not have been familiar with before, or eat a food they would not at home because their friends are eating it.
- Programs also provide a good link to the curriculum.
- Programs are supported by a number of partners including parents, school staff, community agencies, boards of education and public health.
- The City and Province provide partial funding to these programs with the remaining coming from parents and local fundraising.

## Spotlight on one Partnership: Braeburn Neighbourhood Place

- Every morning, three parents get to Braeburn JS at 6 am to start their work.
- They make breakfasts, snacks and lunch for Braeburn JS and some surrounding schools.
- On a given day, the ladies are slicing up cantaloupe for mid-morning snack for 3 schools.
- Other meals and snacks are being prepared at other school sites.
- Later, the snack is delivered to the receiving school.
- Braeburn Neighbourhood Place provides over 4000 meals and snacks to 9 schools each day.
- It is a partnership of a community agency and several schools and community.
- As students who participate in programs leave to go into high school, they often come back to volunteer in programs.

## Spotlight on a new Initiative: Salad Bar

(we also have pictures)

- In the US, breakfast and lunch programs are federally funded.
- In California, a “Salad Bar” concept was introduced to promote consumption of local vegetables and fruits.
- Last year, the Toronto Partners for Student Nutrition piloted this concept in two elementary schools with a grant from Canadian Feed the Children.
- Salad bars were custom-made to fit the smaller stature of students (i.e., they were shorter so students can reach under the sneeze guard).
- FoodShare provided the food for the salad bars which included:
  - A grain product (pita, tortillas, bread, cold noodles)
  - A meat/alternative and or milk product (egg salad, tuna salad, cheese, various beans) and, of course, lots of fresh vegetables and fruit.
- At the end of the pilot, mini surveys were handed out to students asking if they liked the salad bar and what foods they liked.

- The results were very positive—many cited trying new foods and liking the buffet system of eating.
- This school year, Toronto Partners for Student Nutrition will be slowly expanding the pilot to those schools interested in trying out a new way of delivering a lunch program.

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February 3, 2003

## **PHYSED IN A SECONDARY SCHOOL— A CHANGE IN PHILOSOPHY**

Here is a summary of what we have done here at St. James Catholic High School, Guelph.

It was about six years ago that we - as a health and physical education department - took a look at what we were offering to our students. We were running what I would call a 'traditional' physed - athletic program. This means that we were very focused on our school teams, in so much as I would say that our curriculum was an extension of our athletic program. In a nutshell, we were only catering to a small % of our student body and our physed curriculum had 'jocks only' written all over it. At this point, we had 30% of our students taking physed courses, no intramural program but our athletic program (school teams) was doing well.

The result of this philosophy was that we were running an exclusive program. Our success as a department seemed to be more based on the success of our school teams rather than how many students we could get to be active and healthy. The kids who we were catering to were the ones who needed our time and attention the least. As a department we decided that we didn't like this course, so we decided to embark on a new philosophical course.

The following is a list of the changes that we made. These changes have produced a dramatic turn around in the activity level of the students at our school.

- made the curriculum the focus of our department because this is where you can reach the most students and actually instruct them on how to make healthy choices in life
- in the curriculum focus more on individualized lifetime health and fitness skills and attitudes; i.e. we have a walking/running program for each grade; our teaching units have great variety; we do not teach in 3 week blocks; we do fewer team sports—focus more on the individual
- made physed fun
- we run a complete intramural program that offers opportunities to every student, regardless of skill, to be involved on a school team
- our success is now determined by the number of students that we can get active and healthy; our program now is inclusive—every student has an opportunity

This year, over 60% of our students took a physed course - more than double the % from six years ago.

This year, we have had 1200 student sign ups for intramural activities at lunch or after school. Six years ago we had no intramural program.

This turn around in participation comes at a time when the vast majority of schools are seeing their physed programs suffer. With the increased levels of obesity in our children plus the realization that our health care system is under great stress we need new approaches that will get our kids motivated and active.

In the past few years, I have had several other teachers from other schools contact me about what we are doing here. But the fact remains that we need to get the message out that some of the best solutions - in practical and financial terms - are right under our noses. Schools can be a major player in a 'health turn around' for our youth.

Three articles are also available in the Toronto Star—May 30, 2001; December 2001; May 12, 2002

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