**Voices & Choices**
Planning for School Health

# *A Guide to Implementation*

# Voices & Choices    Planning for School Health

**Paths**

1 Psycho-social environment
2 Physical environment
3 Personal resources
4 Personal health practices
5 Support services

**Stages**

7 Review, Evaluate, Celebrate
6 Develop Program Action Plan
5 Create School Health Plan
4 Interpret School Health Profile
3 Conduct Needs Assessment
2 Establish Committee
1 Build Commitment

**Principles**

1 Health = Learning
2 Democratic involvement
3 Social responsibility
4 Students in development
5 Needs of ALL students

**Principles**

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# INTRODUCTION

## What is Voices and Choices: Planning for School Health?

**Voices and Choices: Planning for School Health** is a practical, do-it-yourself, on-line, strategic planning tool. It includes a seven stage planning process, a quantitative needs assessment tool and a profile of the identified student needs for the school. Voices and Choices is targeted to schools with the aim of fostering healthier students in safe, caring, effective learning environments.

**Voices and Choices** is based on a democratic process that actively involves students in their school community. Students participate by identifying and assessing their school needs, and then planning for a **safer, healthier and more** caring school. By enabling students to have a greater influence over their own school situation and thereby their own health, this process will have a positive effect on both the students and the school.

All the materials your school will need to get started are available on this web site [www.HealthCanada.ca/VoicesandChoices]. The process has been automated using web-based technology to reduce the cost to the school and the time elapsed before the School Health Profile is received by the school.

> *"[The process] made us more aware of what students were feeling,*
> *of things that school was not emphasizing for them.*
> *The change for us is that now, when we make a decision, we ask:*
> *'Is it good for students?' If it is, we do it."*
> (Comment from a Pilot School)

# How to Use this Guide

This Guide was developed to provide your school with a detailed outline of **Voices and Choices: Planning for School Health**, taking you through each stage of the planning and implementation process. It is broken down into three major sections.

1.  **Introduction**: The introduction defines the Voices and Choices planning process, outlines the five paths to school and student health and well-being, and explains the guiding principles on which Voices and Choices is based.

2.  **Chapters**: Each chapter represents one stage in the planning process (there are seven chapters and seven stages), and contains detailed information that will take you through all of the components of each stage.

3.  **Appendices**: The appendices appear at the end of each chapter, making it easy for you to gather the relevant information needed for each stage. These appendices contain background information on the development of Voices and Choices and/or practical forms that can be printed out and copied for use by the School Health Committee.

Making the Guide available on-line means that it can be used in a way that suits you best. It can be downloaded and saved on your computer for easy reference, printed in parts (such as individual chapters/stages, checklists, forms, etc.) or in its entirety. Where possible, references and suggested web sites (with links) have been included. By following each stage of the Guide, your school can ensure that clearly identified values and priorities are integrated into all aspects of comprehensive school health programs, from conception, to delivery to evaluation.

Voices and Choices considers evaluation to be an integral part of the planning and implementation processes. Therefore, throughout the *Guide to Implementation*, you will find helpful sections addressing evaluation within each chapter, as well as checklists in the appendices to help the School Health Committee review the key questions for each stage. There is also a stage dedicated to evaluation and celebrating successes (Stage 7).

> **Voices and Choices: Planning for School Health** is a planning tool and process that is based on the principle that health is a prerequisite for learning. Healthy students in safe, health promoting schools will be ready to learn and learn more effectively than students who are ill, hungry, under stress, or chronically worried and pressured.

| Stage 1 | Building Commitment |
| Stage 2 | Establishing the School Health Committee |
| Stage 3 | Conducting the Needs Assessment |
| Stage 4 | Interpreting Your *School Health Profile* |
| Stage 5 | Creating the *School Health Plan* |
| Stage 6 | Developing the *Program Action Plan*s |

Stage 7        Reviewing, Evaluating and Celebrating Successes.

# Why Promote Comprehensive School Health?

*Schools that respect and value their students and staff, are more likely to have students and staff that respect and value themselves. Students and staff that respect and value themselves, are more likely to feel better about themselves, participate actively, support the goals of the school and education system, and be more successful.*

**Comprehensive School Health** **( CSH)** is defined as a broad spectrum of programs, policies, activities and services that take place in schools and their surrounding communities.  The approach is designed to affect not only individual health behaviours, but also to improve the environments where

**Voices and Choices: Planning for School Health** is one way of implementing Comprehensive School Health at the school level.  It serves as a planning tool to help develop and implement the programs, policies, activities and services that are central to Comprehensive School Health. What will result is a school that fosters students' health and learning, providing them with the opportunity to make choices and have greater influence over their school and their health.

**Voices and Choices: Planning for School Health** can:

Improve

> ✓      student learning and achievement,
> ✓      student physical, emotional, and social health and well-being,
> ✓      student life skills (communication, decision-making, critical thinking, media analysis, problem solving),
> ✓      the level of support and involvement from students, staff and parents,
> ✓      students' respect and sense of attachment to their school and community,
> ✓      school climate, and
> ✓      school health policies.

Reduce

> ✓      discipline problems, negativity and violence,
> ✓      absenteeism, and
> ✓      alienation and drop-out rates.

# Defining Health

## What is Health?

The word "health" has taken on different meanings over the years.  The World Health Organization (WHO) describes "health" as the extent to which an individual or group is able to:

- ✦ realize aspirations and satisfy needs, and
- ✦ change or cope with the environment.

In this Guide, "health" is defined as a resource for everyday living.  Effective comprehensive school health programs must deal with the physical, emotional **and** social aspects of health.  In addition, programs must focus on the **individual**, as well as the **environment** in which students learn, work and play.

## Why Should Schools Promote "Health" Programs?

According to these definitions, health is much more than the absence of illness. It is an important force in our daily lives that is influenced by life circumstances, beliefs, actions, culture, as well as social, economic and physical environments.  Constant stress caused by the social environment, organization or structure of a school can be a source of illness, dropping out, personal violence, accidents and poor personal health practices (lifestyle). These conditions can also disrupt social relationships with teachers, peers and family.

Schools that have established positive social and physical environments that respect and support all students will be more likely to foster their development within the school community in a meaningful, health-enhancing manner. *Comprehensive School Health* programs have many short and long-term benefits that include improved learning, spirit and morale, attachment and engagement, as well as reduced absenteeism, alienation and discipline problems. Furthermore, students will view their school as a positive place to learn and play.

# The Cornerstones of Successful Comprehensive School Health Programs

Successful comprehensive school health programs are based on:

✓ supportive administration and staff,

✓ participation by students, staff, parents and major decision-makers, and a

✓ dedicated School Health Committee willing to work to achieve its goals.

The success of your school's Comprehensive School Health program depends greatly on the number of students who have been empowered, or who are participating (in a meaningful manner) in the process. The more student involvement, the greater the success. To encourage student participation, schools must be prepared to commit to the guiding principles of comprehensive school health. These guiding principles were identified after years of research into the development of effective school-based health promotion and comprehensive school health models. The pilot schools that worked with Health Canada to develop **Voices and Choices: Planning for School Health** reaffirmed the importance of these principles.

## Eight Guiding Principles

*Eight principles should guide the implementation of all programs that contribute to safe, health promoting, caring schools. These principles are essential to making **Voices and Choices: Planning for School Health** work within your school.*

### Principle 1

*Health is a prerequisite for learning.*

✦ In order for students to gain from their learning experience, they must be healthy and ready to learn.

✦ Healthy students in health promoting schools can in turn contribute to their school community and develop as strong future citizens.

### Principle 2

*A safe, health-promoting school is based on democratic principles.*

✦ This contributes to learning, personal and social development, health and security.

✦ This provides an opportunity for students to learn and practise democratic involvement in a civic society.

## *Principle 3*

*A safe, health-promoting school fosters young people's ability to take action and generate change in a socially responsible manner.*

✦ It provides a setting within which students, working together with their teachers and others, can gain a sense of control and achievement and influence their lives and living conditions.

## *Principle 4*

*Students are in their formative years and are developing and changing during their time in school.*

✦ Students need to have the opportunity to develop their knowledge, values, attitudes, beliefs and skills in an age-appropriate manner in order to develop positive health practices and coping skills.

✦ This development is most effective when reinforced by safe, healthy supportive psycho-social and physical environments and the availability and accessibility of needed support services.

## *Principle 5*

*A safe, health-promoting school meets the needs of all its students regardless of their current level of health or the group to which they belong.*

✦ Programs should be designed for all students:

✓ students and families with serious health problems,
✓ those in good health; and
✓ the majority of students whose current personal health practices, coping skills or environmental risk factors may, in some way, place their health at moderate risk.

✦ Schools bring together all sorts of people at different stages of development. Students in school undergo such rapid change and growth that programs promoting health, safety and development need to be designed to recognize and respond to the varying needs, preferences and attitudes of different student groups.  Some aspects to consider are: age, gender, ethnicity, academic stream or track, and vocational interests.

✦ Students, administration, staff, and parents need to work together to identify ways of gaining insight into the needs and preferences within the school community. By asking students about their needs and preferences, programs that are appropriate to the diverse needs of varied student populations can be provided.

## Principle 6

*Safe, health-promoting schools recognize that an individual's health and well-being is influenced by an interdependent set of factors or determinants, including personal health practices and coping skills.*

✦ Health programs address a wide variety of health issues that often impact on each other. Effective programs are designed to recognize and meet the needs of these interdependencies. For example, a tobacco-use prevention program should contain a number of components including:

✓ knowledge about short-term tobacco effects;
✓ knowledge about peer pressure;
✓ assertiveness and peer pressure resistance skills;
✓ positive body image;
✓ enjoyable alternative activities;
✓ healthy eating;
✓ policies regarding tobacco use and consequences;
✓ a safe, healthy physical environment that is free of tobacco smoke;
✓ a safe, supportive social environment with alternative social activities; and
✓ social support for not smoking.

✦ One component alone is usually not sufficient for an effective program. Using the **five paths to school and student health and well-being** as a guide **(see pages 13-16),** will help the school to identify programs that build on one another and that are directed towards the total needs of the individual.

## Principle 7

*Safe, health-promoting schools adapt to the special features of their environments.*

✦ Each school has its own unique structure, operating procedures, cultural milieu and climate.

✦ Programs promoting health, well-being and safety need to be able to adapt to the special features of each school and should include program responses suitable to that school community that will enable students to take greater responsibility for their health and the health of their school.

## Principle 8

*Safe, health-promoting schools support the development of a strong overall school health policy.*

✦ A comprehensive approach to school health recognizes the need for an overall health policy that conveys support for student health **and** relates decision-making on education issues to the potential impact they have on student health. Policies relating to school matters, such as food services, smoking, HIV/AIDS, safety, violence prevention, etc. need to be consistent with this umbrella health policy.

✦ Teachers and administrators need to be sensitive to potential impacts on student health when making decisions. The school health policy should provide the context for consistent direction for all aspects of school life

# Five Paths to School and Student Health and Well-being

*There are five major paths by which **Voices and Choices: Planning for School Health** may influence the health of the school and its students:*

1. ***Psycho-social Environment***

2. ***Physical Environment***

3. ***Personal Resources***

4. ***Personal Health Practices, and***

5. ***Support Services.***
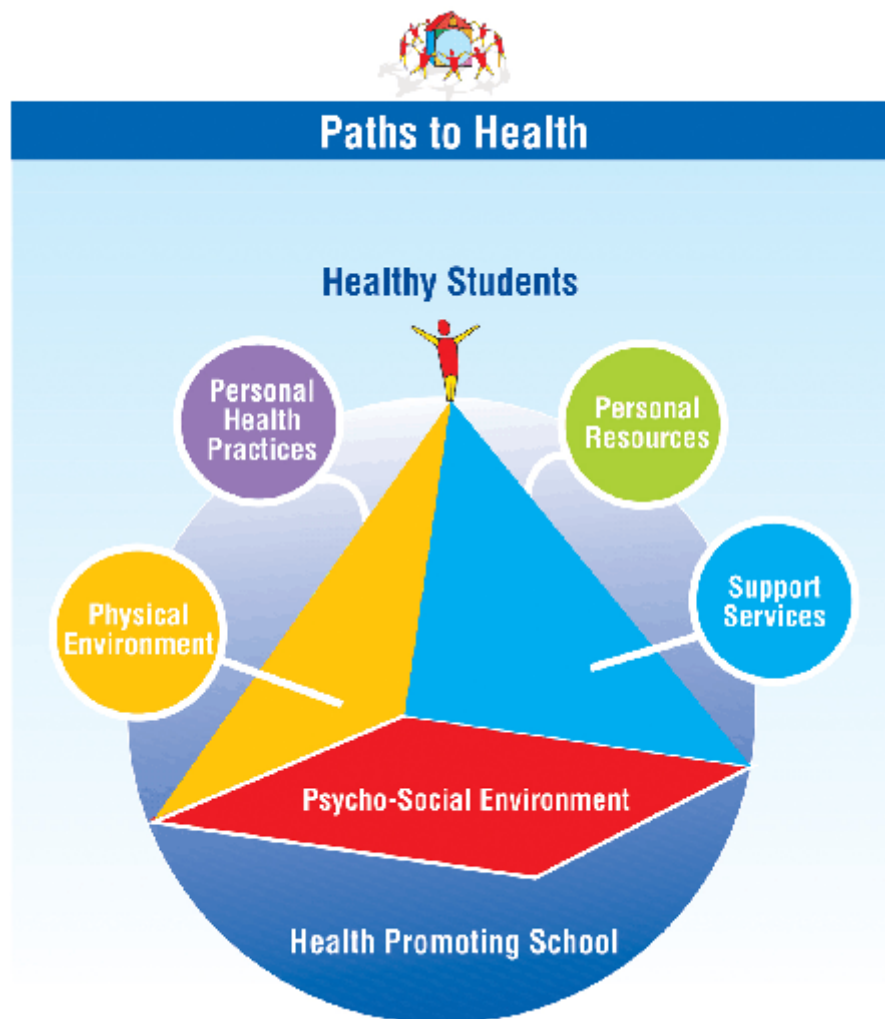
## *Path 1: Psycho-social Environment (School Climate)*

The **psycho-social environment** refers to the safety and supportiveness of the *psychological* and *social environment* that students perceive in their particular school, family and community settings. This includes both formal and informal relations with teachers, administration and peers. These conditions are largely the result of decisions and choices made by individuals at various levels: school administration, teachers and school staff, school boards, municipalities, the provinces and even the federal government. At the school level, there is often a certain amount of decision-making flexibility that can influence the health of students (and the health of teachers and staff). This felt or experienced environment, referred to as the "school climate" can either contribute to or take away from student health, but it is never neutral.

The **social environment** includes the level of support from people at school, at home and in the community. **Social support** refers to the individual's perception that there is at least one person in his/her life who can be counted on during times of distress or unhappiness. This may include a friend(s), family member(s), teacher(s), counselling professional(s) or peer(s). Social support can be **formal** (support group, a peer helper/peer support group, Big Brother/Big Sister, etc.) or **informal** (a friend, parent or sibling, or others).

A healthy, safe, supportive **psycho-social environment** can reinforce and promote positive personal health practices, the development of positive coping skills, a sense of competence and self-efficacy, and can help students play an active role in their school community as contributing citizens.

In a broader sense, the **school climate** or **psycho-social environment** also refers to things the school can do to support student health through the way it governs itself. For example, schools that solicit meaningful student input, deal effectively with racism and violence, foster open communication and encourage teachers to be more sensitive to student concerns are likely to be promoting student health.

A healthy, safe supportive school climate:

- ✓ is free from discrimination, violence and harassment,
- ✓ enhances self-esteem,
- ✓ fosters cooperative, caring, respectful behaviour,
- ✓ respects individual differences and cultural traditions, and
- ✓ fosters relationships and communications between administrators, staff, students and parents.

The psycho-social environment impacts on student well-being through such things as:

- ✓ deadlines,
- ✓ coordinating home, school and work responsibilities,
- ✓ work schedules,
- ✓ school organization, and
- ✓ available instruction, training and support (both formal and informal).

The social environment also has an effect through interpersonal relationships including:

- ✓ teacher communication and feedback,
- ✓ communications with administration,
- ✓ peer communication, and
- ✓ family relationships.

**People are affected indirectly through:**

✓ worry.
✓ nervousness, pressures, and
✓ stress.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model**.)

## Path 2:  Physical Environment

The **Physical Environment** path refers to the **health** and **safety** of the physical environment at school that is both natural and **human built.**  It includes air, noise and lighting conditions, as well as the quality of work and play space.  Physical environments at school, at work and at home have major influences on student health.  They can improve the chances that students will remain well and not be harmed.  A healthy, safe physical environment can also reinforce and promote health.

The physical environment affects people directly in a number of ways through:

✓ noise levels,
✓ exposure to noxious and toxic substances,
✓ air quality,
✓ lighting, and
✓ work space design.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.)**

## Path 3:  Personal Resources

**Personal resources** refers to a student's perception of:

✓ their capacity to cope with change and stress,
✓ their sense of coherence or meaning in life,
✓ how much influence and control they feel they have over their lives,
✓ how many people they feel they can count on in times of trouble, and
✓ their ability to make free and wise decisions and choices.

**Coping skills** refers to those aspects of a student's personality (basic personality type, temperament, volatility, etc) and personal skills (decision-making, communications, problem solving, stress management, assertiveness, etc.) that enable them to cope with change and adversity.

The **personal resources** students have at their disposal are made up of the knowledge and skills they have learned, the sense of self-efficacy they develop as a result of learning and practising coping skills, and the social support available to them through the psycho-social environment.

**Self-efficacy** is the sense of control or competence a person feels in relation to school, work, personal relationships and personal health. This is developed through acquiring health knowledge and cultivating social and coping skills such as communication, problem solving, and decision-making skills.  It also develops through the experiences of participating in a positive psycho-social environment within the school

community.

Active student participation in the selection and development of health programs significantly increases a program's effectiveness.  The ability to influence events in a person's immediate environment is an important part of what makes a person feel well.  Since students are experiencing change as they go through the developmental tasks of adolescence, the opportunity to learn and practise coping skills in a safe, supportive environment is very important to their optimal development.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

## *Path 4: Personal Health Practices*

**Personal Health Practices** refers to those health-related aspects of a student's personal behaviour that are considered to have an effect on health and well-being.  They include physical activity patterns, smoking, drinking, **eating practices**, sleep, use of medications and other drugs.  With respect to Voices and Choices, health practices also include health-related social and recreational activities that are both conventional and unconventional.

In order for students to develop strong, health-supporting personal health practices, they must first develop the knowledge, attitudes, values, beliefs and skills to be able to make daily health promoting decisions.  This will most likely take place when appropriate instruction for and about health issues has been provided.  Health instruction helps students to develop and apply knowledge and skills and to develop and practise positive, health promoting personal health practices.  Safe, healthy, supportive physical and social environments are needed in the school, family and community to reinforce the positive personal health practices being developed at this stage.

(See Appendix Introduction-A for a comparison with the Comprehensive School Health Model.)

## *Path 5: Support Services*

**Support services** refers to the kinds of assistance for students and their families that can be provided through the school or in collaboration with other community service providers.  Support services may include counselling for personal, emotional, or learning difficulties; support facilities or programs; extra-curricular education related to anger management, conflict resolution, time management; and childcare facilities. This path can cover the spectrum of health, psychological and social services that students may need to access in order to maximize their educational experience.  It can range from early identification of learning disabilities, treatment for drug-related problems, to reintegration after a serious illness.

The School Health Plan which you will develop in Stage 5 will most likely include these Support Services to address the identified student needs.

(See Appendix Introduction-A for a **comparison with the Comprehensive School Health Model.**)

**Five Paths:** Although each of these factors is important in and of itself, each one interrelates with each other (see diagram on page 8).  For example, students' **psycho-social** and **physical environments** affect their personal health practices and coping skills which in turn affect the ability to look after themselves, learn effectively and contribute to the school community. When developing a comprehensive school health program, **it is important to consider all of these five paths simultaneously**.

# An Overview of the Process

## Where do we start?

Your school wants its efforts to make a difference.  And if you invest the time and energy that it takes, chances of success will be high.

Excellent programs tend to succeed because they:

   ✓      possess true commitment from all the key decision-makers and participants.; (this includes all levels of administration and management);

   ✓      are well accepted by the people they are intended to serve;

   ✓      have been carefully and strategically planned over time;

   ✓      build the case for and get the resources they need to continue;

   ✓      address the most important needs and issues of the population they are serving; and

   ✓      evaluate the effectiveness of the interventions and adapt and change the programs to better serve the population.

Completing the groundwork beforehand ensures **a greater chance of success. This enables schools to get an early start to planning and implementing** the School Health Plan.  **Voices and Choices: Planning for School Health** is comprised of a seven-stage process (see diagram on the next page).

# Planning for School Health

**Paths**

**Stages**

**Evaluation**

**Steps**

Identify program objectives 1
Brainstorm on ways to achieve objectives 2
Create resource list 3
Develop program 4
Launch program 5
Evaluate program 6
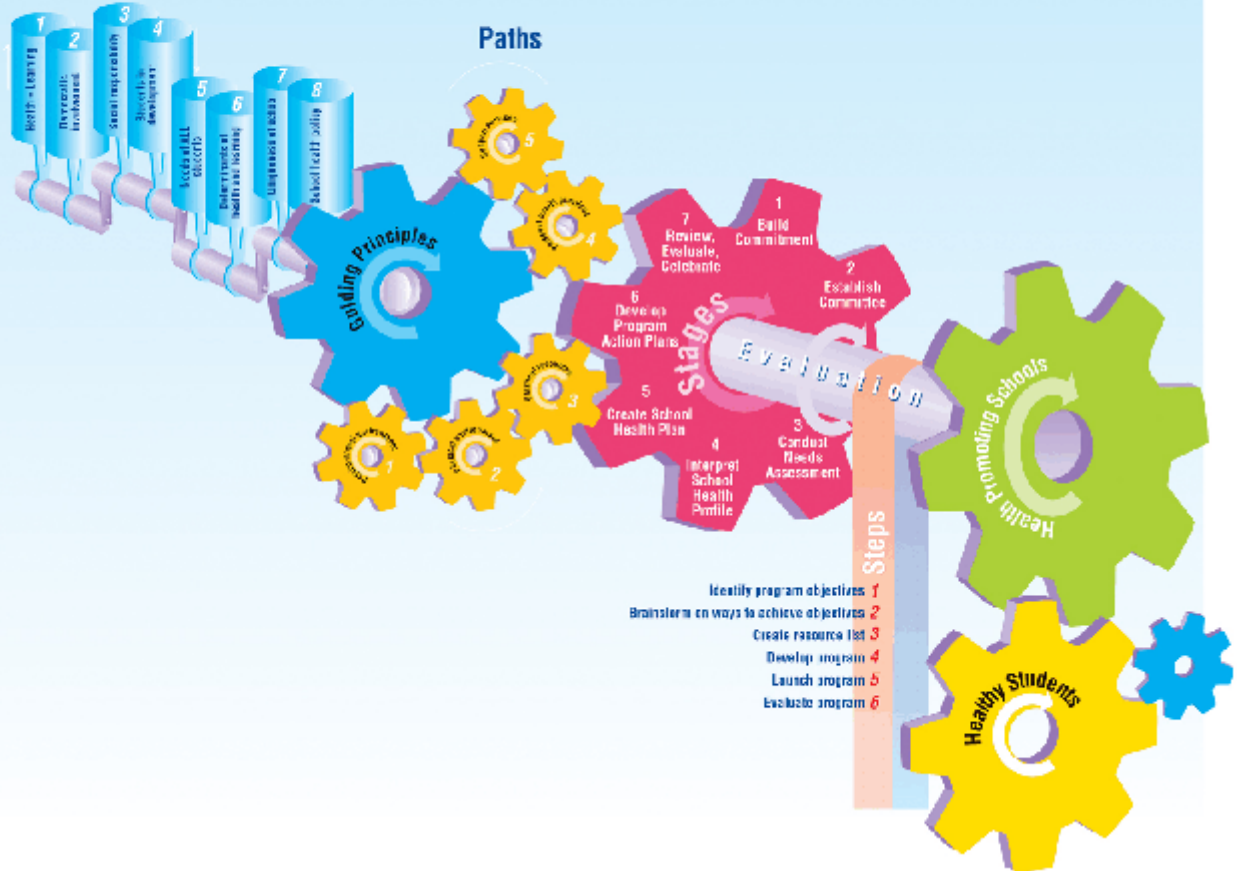
## Voices and Choices: Planning for School Health - An Overview of the Process

**Suggested Process and Time lines**

As you read through this Guide, it will become clear that Voices and Choices is much more than a needs assessment. It is a **philosophy**, an **inclusive process**, and **an approach to embracing school and student health**. You will inevitably develop an appreciation for the investment of time involved in implementing Voices and Choices, as you understand how your school can truly integrate this process into its daily functioning and strategic planning. The table that appears on the next page will provide an overview of the comprehensive, stage-based approach used in **Voices and Choices: Planning for School Health**. Each stage is explained in detail in Chapters 1 to 7.

| STAGES | RESPONSIBILITY | SUGGESTED TIME | FOCUS | MAJOR TASKS |
|---|---|---|---|---|
| **Stage 1 Building Commitment** | Champion Facilitator Administration | 1 - 2 months | Orientation Communication Information Marketing | Learn about the environment. (What is unique to that particular school or system?) Introduce the concept to that environment. Gain commitment to action. Brief key players on the process. Talk to trustees, superintendents, principal, parents, staff, department heads, students, student council, and public health nurse. |
| **Stage 2 Establishing a Committee** | Champion Facilitator Administration | 1 month | Commitment | Establish a School Health Committee. |
| **Stage 3 Conducting a Needs Assessment** | School Health Committee | 1 month | Identify health needs. Enter the data. Communication | Identify all the people who need to be consulted and need to be at the planning table, including a cross-section of students who are representative of the school population. Solicit their input and feedback. Gain general acceptance of the process among all the key gatekeepers, especially students and teachers. Prepare for and conduct the Needs Assessment. Enter the date. |
| **Stage 4 Interpreting the School Health Profile** | School Health Committee | 1 month | Health Needs Preferences Communication | Review School Health Profile. Provide information on the results of the Needs Assessment. Make presentations to students, teachers and parent council, school board, and others. |

| STAGES | RESPONSIBILITY | SUGGESTED TIME | FOCUS | MAJOR TASKS |
|---|---|---|---|---|
| **Stage 5 Creating the School Health Plan** | Schoo l Health Committee | 1 - 2 months | Direction Communication | Explore and choose methods of responding to the health needs. Prepare a School Health Plan. Identify community resources. Submit plan for approval. |
| **Stage 6 Developing the Program Action Plan** | School Health Committee | Varies, based on programs. | Specific activities. Communication | For each program identified in the Health Plan:     - identify objectives (brainstorm)     - acquire necessary resources, and     - develop and launch program Evaluate program. Select media for communication. Submit for approval. |

| STAGES | RESPONSIBILITY | SUGGESTED TIME | FOCUS | MAJOR TASKS |
|---|---|---|---|---|
| **Stage 7 Reviewing, Evaluating, and Celebrating** | School Health Committee Facilitator Administration | 2 weeks (at least annually) | Evaluation / review Communication | Evaluate successes and failures. Identify and incorporate emerging or new needs. Review promotion activities. Revise Health Plan accordingly. |

# Origins of Voices and Choices: Planning for School Health

## Workplace Health

Since 1979, Health Canada (HC) has focussed on health promotion to deal with the nation's health needs. A **Health Promotion in the Workplace** Unit was established as part of this health strategy. Beginning in 1985, the **Health Promotion in the Workplace** Unit and the Addiction Research Foundation of Ontario (ARF) joined forces to design, implement, and evaluate a comprehensive corporate health model that would best respond to major needs of employees across Canada in all business sectors. Employee and company representatives worked together along with HC and the ARF to test the model.

The **Workplace Health System** (WHS) is a comprehensive and integrated approach to health promotion in the workplace that is based on employee identified needs.  The system supports the premise that people in safe, healthy, supportive work environments are happier, more productive employees.  This model recommends that workplaces take action along three major avenues of influence on health simultaneously: **the environment**, **health practices**, and **personal resources**.

## School Based Health Promotion

At the same time that the **Health Promotion in the Workplace Unit was** being developed, Health Canada formed an **Education and Training Unit** to work in collaboration with the health and education systems to promote health for children and youth in Canada.  Beginning in 1987, this unit worked in collaboration with the newly formed Canadian Association for School Health (CASH) to develop the **Comprehensive School Health (CSH) Model**.  Over 30 national non-governmental organizations from the health and education sectors were involved in the development of the CSH model.

**Voices and Choices: Planning for School Health** came as a result of school boards that were using the **Corporate Health Model (CHM)** of the Workplace Health System (WHS) while implementing the Comprehensive School Health model (CSH).  What they came to realize is that the two "models" fit together very well. Many of these school boards requested that Health Canada, who had developed the Corporate Health Model and participated in developing the CSH Model, develop a student needs assessment tool that could be used along with the corporate health model to develop a complete "Health Plan" that involved students and staff.

**Voices and Choices: Planning for School Health** was developed in collaboration with the Addiction Research Foundation (ARF) as a practical way to help schools and school boards implement the CSH Model.  It was developed as a systems approach targeted at the school level to help create healthier students in health promoting schools that would facilitate learning.  Voices and Choices provides a useful way for schools to identify the needs of their students within several of the CSH Model paths.  It also provides a practical process by which students and staff can be empowered to act on these identified needs.  For the purposes of this work, the school is being treated as the "work-site" for the students as well as the staff.

The **Needs Assessment Questionnaire** was adapted for student use.  It is based on scientific literature regarding specific influences on the health of young people.  The Needs Assessment Questionnaire was subsequently focus and pilot tested.  As a result of the Phase I pilot tests, it was realized that the Voices

and Choices paths needed to be adapted slightly to be applicable in schools for students.  The questionnaire needed to focus more on the school as a social system within which students learn and develop, and **needed to consider the influence of the school "climate" on how students interact with the school setting.  The** Voices and Choices paths, the Needs Assessment Questionnaire, and the "Profile" by which the data are reported back to the schools were further pilot tested and revised with the input of an expert advisory committee and pilot schools in two subsequent rounds of pilot testing.

This *Guide to Implementation* was developed based on the experience of the expert advisory committee, the pilot schools, and other partner organizations that had implemented the **Corporate Health Model and Small Business Health Model of the WHS.**

## Parent Models

## Workplace Health System

The **Workplace Health System** (WHS) is a comprehensive needs assessment and planning model that is based on the premise that healthy people are happier, more productive employees.

In the **Corporate Health Model** (WHS) there are three major avenues by which health may be influenced: the **environment**, **personal resources**, and **health practices**.

### Environment
This refers to the home and work environment as it affects employee health: the **physical** environment (including air, noise, lighting conditions, and the quality of workspace, or equipment), and the **social** environment (including relations with supervisors and peers, people at home, etc.).

### Health Practices
This refers to those aspects of an employee's lifestyle that affect health, including: exercise habits, smoking, drinking, eating habits, sleep, use of medications, and other drugs.

### Personal Resources
This refers to employees' sense of control over their health, influence over their work, and the psychological and social support available to them from family, friends, and counselling professionals.

These three avenues are interconnected, as shown by the circle on the diagram.  This means, for example, that the environment affects personal resources and these in turn affect the ability of employees to look after themselves.  A comprehensive workplace health promotion strategy therefore addresses all three avenues simultaneously.
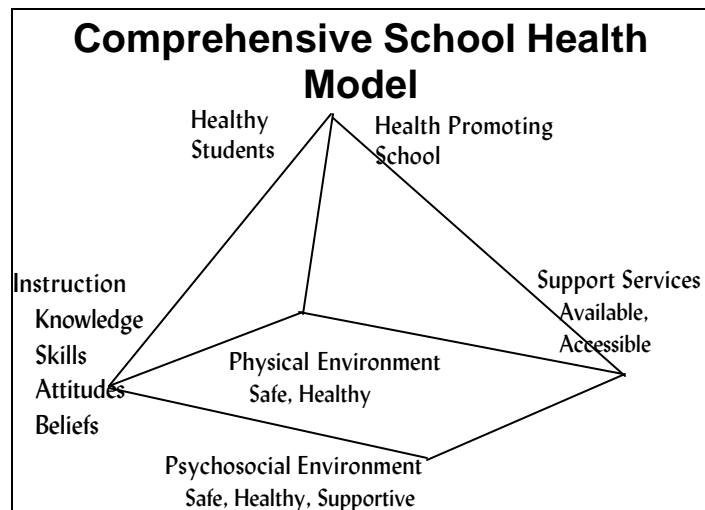
## Comprehensive School Health

The **Comprehensive School Health Model** (CSH) is a planning framework based on the premise that health is a prerequisite for learning.  Healthy students in health promoting schools will be ready to learn and learn more effectively than students who are ill, hungry, under stress, or chronically worried, and pressured.  This model consists of four components: **Instruction**, **Psycho-social Environment**, **Physical Environment**, and **Support Services**.  The Comprehensive School Health Model (CSH) is based on the premise that to develop healthy young people in health promoting schools, administration, staff, faculty, and students have to act on several fronts simultaneously.

### *Instruction*

In order for students to grow up to be able to take on responsibility for their own health, they need the basic knowledge, skills, values, attitudes, and beliefs to undertake lifelong, positive personal health practices.  For these to develop, Canadian youth need age-appropriate instruction about health topics and issues by capable and competent teachers using up-to-date curriculum materials.  The instruction should be presented in a way that fosters the life skills of media literacy, decision-making, problem solving, and effective communication with others.  Effective instruction also allows students to develop life skills and a sense of personal competency and self-efficacy.

**Comprehensive School Health Model**

Healthy Students

Health Promoting School

Instruction
Knowledge
Skills
Attitudes
Beliefs

Support Services
Available,
Accessible

Physical Environment
Safe, Healthy

Psychosocial Environment
Safe, Healthy, Supportive

### *Psycho-social Environment.*

The psycho-social environment refers to the psychological and social support available within the school and in relation to the home and community.  This support can be informal (friends, peers, and teachers) or formal (school policies, rules, clubs or support groups).  This component also takes into account how the school operates and what policies are in place.  The psycho-social environment can help students grow into active contributing members of society if they are treated with respect and encouraged to participate.  It can also reinforce the classroom-based learning that takes place through instruction.

### *Physical Environment*

A healthy, safe, violence-free physical environment is necessary for optimal growth and development of our young people.  It encompasses things like safe water, air, lighting, minimal exposure to toxic substances, and even the ergonometric aspects of chairs and desks, and the colours of the walls.  The physical environment can extend to travel to and from school and the ability to participate actively and safely in physical activity.  It can also reinforce the classroom-based instruction.

### *Support Services*

Many students and their families already show evidence that they are experiencing difficulties.  Available and accessible support services are key to early identification and treatment of many problems that can cause long-term learning difficulties if not dealt with.   While many of these services are not the responsibility of the school, the school can be a convenient access point for many students and families

and an economical delivery point for the services. These supports may include health, social, and psychological services.