

## RETHINKING HEALTH EDUCATION IN CANADA

There has been considerable interest in both the academic performance and health status of children and youth in our nation. Although the link between health and learning has long been recognized, the adage “it takes a village to raise a child” comes to mind as a friendly reminder to all of us involved.

Our current school health programs, policies, and practices do not consistently and systematically reflect our national ambition to “improve the health status of all Canadians through a collaborative process” as outlined in the Health Goals for Canada, which was developed collaboratively with Canadian governments and experts. School-based efforts differ with respect to both intensity of issues and complexity of collaboration. What is common among many schools is their efforts to address the epidemic of childhood obesity by improving nutrition and physical activity opportunities for students. Habitually schools and parents respond with an overly simplistic and basic formula telling kids to “eat less and play more”. This does not address some of the more complex health issues youth face on a daily basis, nor does it consider the “skinny kids”. If we ignore these students, aren’t we ousting the “chubby kids” and producing a polarization of our students? This creation of size-related stereotypes in our schools is now being particularly reinforced by the influence of media on our youth as magazines, music videos, Hollywood “it” girls and the internet consistently remind their audience that somehow we don’t measure up. Despite good intentions by schools to reduce extra weight and the associated risk factors, there is more to ‘health’ in health education than attempting to shrink generation XXL. Similarly, we cannot ignore the harmful health implications of eating disorders for both overweight and underweight children alike.

While many of us may have memories of a visiting mouthwash lady, the talk about the birds and the bees, or head lice checks, today’s youth are engaging in lifestyle-related behaviours that can lead to serious, chronic, degenerative, and infectious disease and illness. Schools have evolved to understand such issues and have gradually developed skills-based curricula aimed at providing students with knowledge, skills, attitudes, and values needed to live healthy, responsible, and productive lives. Although there is considerable rhetoric about the definition of school health promotion and education, many health issues affecting youth are not fully being addressed. Whole-school participation and commitment to school health agendas is questionable. Exactly just how prepared are our teachers to teach health education? What is needed in Canadian schools is the integration of the components of a health promoting school (HPS).

What might a HPS approach look like? Essentially we must think of a whole school approach with collaboration between students, parents, teachers, administrators, allied-health professionals, and community organizations and resources to advocate for student and teacher health literacy. It encompasses coordinated practices, policies, and programs by stakeholders involving efforts such as: a comprehensive health education; physical education and activity; healthy physical and emotional environment; school health services; nutrition services; family and community involvement; health promotion for staff; and psychological, counselling, and social services. Addressing issues such as teen

pregnancy with an isolated intervention approach does not always get to the root of the problem or inter-related problems, such as drug misuse, depression, peer pressure or sexual abuse. Rather a HPS approach helps prevent teens from slipping through the cracks while maturing during those critical developmentally adolescent years.

Whether a student, parent, teacher, administrator, allied-health professional, or community member, we all have worthy contributions to make in our village. Collaborating as ‘partners in practice’ within our spheres of influence can create ‘communities of practice’ and radiate outward to encourage further capacity building toward a common goal. Unfortunately, there are some who still view health education through the traditional crisis response lens delivering the need-to-know content on a need-to-know basis only. This does not reflect the broader-based health promoting schools agenda. This is similar to a society popping a “pill for every ill”.

Today, the success of the changing face of health education reflects a renewed attention to the concepts, skills, values, and attitudes contributing to health literacy. We need to broaden coordinated school and community efforts by including additional and timely school health promotion initiatives, which add value to comprehensive school-wide programs. Principals and community members wearing runners to support the daily ‘walking school bus’, students planting school gardens as a sense of school belongingness, parents and students attending cyberbullying workshops, or a school getting ‘techfit’ via the teaching of ergonomics in classrooms by ergonomics education professionals are just a few examples to ripen school-community partnerships and enhance dedication to the wellness of our society. Beyond this, a comprehensive approach would also include teaching tolerance and cross-cultural understandings in terms of active participation in our socially and culturally diverse classrooms. Health education can provide an impetus in the process of conceptual change both in and out of the classroom. There is more to it than the pairings of nutrition and exercise. Nationwide, your invitation to promote school-community health activities has been sent out. What we need now is a collaborative response to transfer intent into meaningful action.

Health is both an individual and societal matter. Rethinking health education is a critical underpinning to enhance the health of individuals, families, and communities. Rethinking health education in Canada is reflecting our nation’s commitment to well-being.

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