

Appendix 1

# School Health Committees: Making "Healthy Schools" Happen

*"It's like not having a dishwasher, and all of a sudden you get one."*

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Much is written in the health and education literature on the need for school administrators, teachers, parents, students, and local community partners to collaborate to create healthy schools and optimal conditions for learning. Successful collaboration often occurs around specific initiatives, such as physical activity fundraising events and Walk to School Days. Is there a way to solidify collaboration for health? Is there a way to facilitate collaboration so that it is ongoing rather than sporadic? Is there a way to make the concepts of Comprehensive School Health (CSH)/Health Promoting Schools (HPS)/Coordinated or Comprehensive School Health Program (CSHP) more concrete for all school stakeholders?

Numerous sources recommend school health committees as a means of operationalizing partnerships to promote healthy schools (Allensworth & Institute of Medicine (U.S.) Committee on Comprehensive School Health Programs, 1997; Canadian Association for Health, Physical Education, Recreation and Dance, n.d.; European Commission, World Health Organization Europe, & Council of Europe, 1999; World Health Organization, 1996, 1997). Through participation in these committees, schools build their capacity to take action to promote the physical, mental, social

and spiritual health of their school community. In addition, through participation in these committees, schools come to understand the somewhat nebulous concept of a "healthy school" - they learn by doing.

Numerous sources also document positive findings when schools mobilize health committees, workgroups or teams. These findings have included more comprehensive planning, enhanced linkages between health and education for policies, programs, health activities and coordination of health services, improvements in student health, and a wide range of health-related school changes.

So how does a school go about setting up a school health committee? Are there lessons to be learned from public health staff who have worked with these committees? Five public health staff involved with a combined total of 35 school health committees (18 elementary and 17 secondary) shared their experiences as part of this author's Masters thesis research. Telephone interviews were conducted with the four public health nurses and health promoter who work in three southern Ontario public health units. Twenty-four of their committees have been in existence from 3-13 years. This article will share some of



the relevant findings on the realities of school health committee work.

## **Who are the members of school health committees and how are these committees started?**

School health committees can be newly-formed committees or sub-committees of existing ones such as school councils or student councils. In elementary schools, the principal and representative staff, parents, students (approximately grades 3-4 and up), and public health form the core membership of school health committees. In some cases, other outside agencies are also included, depending on the issue being addressed. In secondary schools, not surprisingly, the core membership is primarily students, staff

and public health, although public health cannot attend every meeting. Principals or vice-principals attend meetings for some secondary school committees, while other committees liaise with principals on an ongoing basis. Parent involvement varies at the secondary level, as committees are primarily student initiatives and fewer parents tend to be involved at this level.

Recruitment of members can occur in a tremendous variety of ways. Communication between public health and principals to secure principals' support is key to kick-starting the process. Personal contact is most successful, such as when principals involve key department heads or staff, or facilitate public health access to staff, school councils and students. One informant described gaining student commitment through a regional leadership conference. Student representatives from local secondary schools formed a regional student wellness committee and set up school wellness councils in each participating school. Some of these secondary students spoke at assemblies in the neighboring elementary schools to spur interest in setting up elementary school health committees. Other possible approaches to recruitment include teachers enlisting student participation, school newsletter notices, and recruitment letters. It is important to ensure that student (and parent) members are truly representative of the school population and that they view member turnovers as a normal occurrence. Continual recruitment keeps the committee open and inclusive (not elitist) and keeps new energy and ideas flowing. School health committee partnership agreements can be either informal or formal.

#### **What do school health committees do?**

School health committees follow a very straightforward process of:

- Taking stock of the health-related strengths and needs of the school community
- Prioritizing issues to be worked on

- Planning action
- Implementing the plan
- Evaluating the outcomes, and
- Celebrating successes

It is interesting to note that commitment to a vision of a healthy school grows gradually as successes are experienced. The four components of the Comprehensive School Health model serve as an excellent guide to the areas to examine. How effectively is our Health and Physical Education curriculum being delivered? Are we aware of and able to access services from the board and local community to promote the health of students, staff and families in the school community? Does our school have a supportive social environment? How healthy is the physical environment of the school?

These assessments of the health of a school can be done very informally as a discussion within the school health committee itself, or more formally through surveys (such as the Health Canada "Voices and Choices" tool or a self-designed questionnaire), interviews, focus groups, and suggestion boxes. In some cases, the school knows immediately what issue needs to be tackled, such as increasing the physical activity levels of the students. Once again, the four elements of the CSH model can serve as a guide to action. Is there adequate time for and are teachers comfortable with teaching the Health and Physical Education curriculum? Can we connect with local recreation agencies to increase access to physical activity services and opportunities? Can we organize events for families and/or extracurricular options for younger students and/or more "active living" rather than competitive team activities (e.g. Ultimate Frisbee) that will foster a supportive social environment for physical activity? Is our physical environment safe, e.g. safe playground and physical education equipment?

Once a priority health issue is identified, and creative energies are encouraged to flow, innumerable activities can be brainstormed and planned. Activities can range from PA announcements and short-term events to year-long awareness campaigns and policy changes. Some schools have expanded Walk to School Days to weekly walking clubs or to monthly whole-school walks. Students have been instrumental in improving cafeteria selections and organizing food events such as BYOB (Bring Your Own Banana). Bullying prevention campaigns have been much more comprehensive and included not just instructional elements, but also training for students in conflict resolution and peer mediation; "Act of Kindness" days and parent information nights to promote a supportive social environment; and school rules to create a safe physical environment.

#### **Where and when do these committees meet?**

School health committees tend to meet on school premises and schedule meetings at times that work best for the majority of members. Most committees meet during the lunch hour to ensure significant student involvement. Some principals allow occasional use of class time (e.g. if students have different lunch hours). After school meetings sometimes work for elementary schools; evening meetings are more rare. In some cases, information is relayed from students and staff who meet together in the day, to parents who meet at night. Communication with parents can also occur via e-mail. Committees vary in frequency of meetings, with the average being monthly to every two months, with work being done between meetings. Some committees meet weekly or every two weeks, and others only meet three times per year.

#### **What are the pitfalls to avoid with school health committee work?**

Issues of power or turf protection can occasionally arise among the members of the committee. It is important to agree

from the outset that input from all members will be equally respected and that optimal solutions or compromises will be sought. Some power struggles may also arise between the committee and other school committees or staff. It is important to secure broad support within the school for the school health committee from the start, and keep other school committees and staff informed of plans on an ongoing basis.

In order to avoid or reduce student turnover, consider having older students recruit junior students to come on board and/or giving credit towards community service hours for health committee work done on their own time (lunch hours, after school). Above all, be sure to publicize and celebrate successful initiatives so the members will experience positive reinforcement for their work, the impact on health awareness in the school will be significant, and the school identity as a healthy setting will be strengthened.

In terms of workload, successful committees minimize the paperwork and focus on action and early successes. Leadership is an important issue to clarify. Ideally, schools need to assume ownership of these committees, with public health and other community agencies as resources and partners. This will strengthen school-wide commitment to health. Use the full capabilities of all members, for example, many committees have students who do most of the work and develop their leadership skills. Other committees have parent chairs. Consider including the school health committee on the sign-up list of activities requiring staff advisors such as teams to coach, but be sure the contact person is a willing volunteer.

**What benefits can my school expect if we establish a school health committee?**

Some of the benefits have included:

- Enhanced school awareness about health — a change in the culture of the school where health issues are more

visibly addressed and there is greater recognition that health is important

- Enhanced student voice and student leadership development — students feel their voices are heard and actions result
- Enhanced accountability for health — here is a place for health issues to be tabled and a “mega-team” to plan actions together as opposed to individual principals, parents, teachers, students or public health trying to solve problems alone; health impacts are taken into account when decisions are made
- Healthier school environment
- Enhanced access to community resources
- Community-building
- Enhanced learning

In case you are still hesitant, you will be comforted to know that “overcoming fear” was an identified finding in this research. The fear generally revolved around concern that nothing would happen once the school health committee was formed. The range of activities schools engaged in allayed these fears very quickly. As one public health staff stated: “Students have insight into the issue[s]. They’re very much there, they’re in the schoolyard, they’re in the lunchroom, they’re at the parties if it’s secondary. So they have an insight that’s particular to what’s happening in their school, in their community, into the culture of their peers and to that school.” Another public health staff who had initially chaired a school health committee stated, “I no longer chair it. Parents co-chaired it for two years since. It’s still going on... [The principal] just thinks it’s unbelievable. He sits in awe and so do I, with what happens there.”

Perhaps more schools will consider providing opportunities for the voice of students and all school partners to be heard through school health committees. Then schools may more widely harness the incredible power that exists in collaboration.

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