

# School-Based Health Promotion Guidelines for VCH Public Health Nursing Services

## Site Applicability

All VCH Public Health sites

#### Practice Level

RN (Public Health Nurses): Basic Skill

#### **Need to Know**

This document describes the population health promotion services provided by Public Health Nurses (PHNs) to school communities. These guidelines aim to support Enhanced Services 1.4 and 1.5 from the <u>VCH Public Health Nursing Standards</u>. Health Promotion is an enhanced PHN service rather than a universal one, meaning that PHNs provide this support based on demands, school needs, and/or opportunities.

Public health nursing assessment and intervention services for schools are delivered in the context of the delivery of services to the larger population. PHNs use assessment, planning, implementation and evaluation/follow-up in the provision of service to individuals, communities and systems to benefit the health and wellness of the population as a whole. Health promotion is a key principle of PHN practice across Canada as outlined in the Community Health Nurses of Canada Standards of Practice.

In the provision of service to school populations, their communities and systems, PHNs use:

- The Comprehensive School Health Approach<sup>1</sup> and
- Applicable <u>Public Health Nursing Model</u> interventions.<sup>2</sup>

## **Practice Guideline**

Date: September 2017

## **Defining School-Based Health Promotion:**

"Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health (WHO).<sup>3</sup>"

- PHNs work with and on behalf of individuals, groups and communities to reduce inequalities and support health for all (i.e. social justice).<sup>4</sup>
- Health promotion activities aim to make the healthy choice the easy choice.
  - Example: Encouraging a school to think about implementing a "car-free zone" or bicycle locks to encourage students to use active transportation to school.
- Health promotion activities strive to address multiple determinants of health, including the social determinants of health.
- A central goal is to create environments that maximize opportunities for healthiness to occur.
  - Example: Policies and programs that promote inclusion (e.g. Gender-Sexuality Alliances, or GSAs) and change the culture and social environment of the school. These environmental shifts (either physical spaces or relationships/culture) can have positive impacts on all students and adults in the school.<sup>5</sup>
- Health promotion approaches strive to intervene upstream to prevent costly negative downstream health outcomes.
  - Example: Students at a school regularly come to school hungry, and teachers feel obligated to feed students daily to support their nutritional needs this is a downstream intervention. Alternatively, intervening upstream would involve working with the community, parents, organizations, food providers, to improve the circumstances for families (e.g. access, cost, education, etc.) to ensure kids are not coming to school hungry in the first place.

**Note:** This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.



Date: September 2017

- Schools are key settings to target child and youth health promotion; in addition, promoting health in schools can also impact the health status of parents/adults.
  - Example: Fostering student understanding of the connection between physical activity and
    overall health and happiness can act as a catalyst for students to share this information with
    their parents, and encourage them to be active together during out-of-school hours.

## **Defining Comprehensive School Health (CSH):**

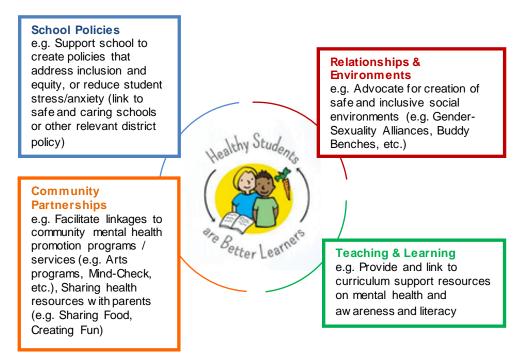
CSH is an evidence-based approach for addressing health issues or needs in the school setting. The approach provides a roadmap for school communities to ensure health promotion activities are integrated and coordinated across the whole school environment. When actions are coordinated, the impacts on student health and learning are exponentially improved. CSH segments the school environment into four key areas, or pillars:

- School Policies
- Teaching and Learning
- Community Partnerships
- Relationships and Environments

These four pillars and the CSH framework can be used in all stages of the nursing process and support schools to assess, plan, implement, or evaluate healthy living activities. For example, when assessing current health promotion activities at a school, the PHN may discover that the school is currently engaged in many health education activities (i.e. teaching and learning pillar), but is lacking school policies that support this education.

The "CSH Resource Guide for Health Professionals" describes the process and provides examples of various health topics in each stage of the nursing process.

 Example using CSH\*: The following illustrates the CSH approach for promoting mental health that is specific to the assessment or planning stages of the nursing process.
 Note: Working through the CSH process with your schools could begin at the annual school discussion with administrators.



<sup>\*</sup> CSH Image from Healthy Schools BC (DASH BC)

**Note:** This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.



## The role of the PHN in the CSH process is:

- Acknowledging the work already underway, and supporting the school to find opportunities for further engagement and action.
  - For health promotion activities to be successful within a school, they have to align with the school/district priorities and link the BC Ministry of Education curriculum. For example, if a priority is literacy/numeracy, it would be helpful to highlight the connection between health and student learning/achievement (e.g. if kids are more active they learn better).
  - Tip: Take a look at the school or district goals/priorities (often listed on website) and see if you can try and align health promoting activities to these goals.
- Supporting schools to see where linkages to health topics/outcomes exist.
  - Example: An educator shares with a PHN that they are trying to improve student—staff relationships at the school, as they feel this is key for improving their school culture. The PHN recognizes that school connectedness (students believing that adults in the school setting care about their wellbeing) is actually a protective factor for a number of negative health behaviours/outcomes and also promotes greater academic achievement. The PHN can then support the school to see the connection between a "school culture" intervention and the impacts it can have on greater student well-being and academic achievement.
  - Example: The school has chosen to improve student nutrition to support learning as one of the school goals for the year. The PHN could discuss the importance of connecting with parents to help with this goal. Encouraging parents to share food together with their children is linked to improved academic outcomes as well as many positive health benefits including fewer behaviour problems, higher self esteem, strengthening family relationships, and eating more fruits and vegetables. 

    6 VCH Sharing Food, Creating Fun handout can be sent to families.
- Supporting schools to identify and adress gaps in their current health promotion activities:
  - Example: Looking at <u>Early Development Instrument</u> (EDI) / <u>Middle Years Development Instrument</u> (MDI) data, school district level data, or other data the school might have, a PHN works with the school to help interpret what about the data says about the student population. The PHN then can open a discussion around acknowledging what programs or policies appear to be effective working based on the data, and identify other initiatives or actions that could be implemented to address current gaps. Using the CSH four pillars (above) can support this process.

## **Equipment & Supplies**

Various, based on health promotion needs.

## **Expected Client Outcomes**

School communities receiving this enhanced service will receive key public health information and other evidence-based information to promote optimal health and education.

#### **Evaluation**

Feedback from PHN leads and review practice as needed.

#### **Site Specific Practices**

Consult your local Educator or Team leader for site specific practices.

### **Documentation**

Date: September 2017

See VCH Documentation Guidelines.

**Note:** This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.



#### **Related Documents**

- CRNBC Standards of Practice
- Trauma Informed Practice Guide (May 2013)
- Public Health/Community Health Nursing Practice in Canada Roles and Activities (2010)

#### References

- 1. VCH Healthy Schools PHN Standards (Feb 2016)
- 2. Comprehensive School Health Approach
- 3. VCH Public Health Nursing Intervention Model
- 4. Canadian Community Health Nursing Standards of Practice
- 5. Ottawa Charter of Health Promotion
- 6. School-based interventions to reduce health disparities among LGBTQ youth (McCreary Centre Society, 2016)

# **Developed by**

CPD Developer Lead(s):

Regional Leader School Age & Adult Prevention, Office of the Chief Medical Health Officer Team Lead Child & Youth, Central Community Health Centre, Coastal Clinical Practice Leader, Child and Youth, Vancouver Community

#### Other members:

VCH Regional Child & Youth PHN Leads Committee

# **Endorsed by**

VCH:

Date: September 2017

Health Authority Profession Specific Advisory Council Chairs (HAPSAC)
Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)
Operations Directors
Professional Practice Directors

# Final Sign-off & Approved for Posting by

Vice President, Professional Practice & Chief Clinical Information Officer, VCH

# Date of Approval/Review/Revision

Approved: September 29, 2017 Posted: September 29, 2017