HEART HEALTHY CHILDREN & YOUTH
Healthy School Environment

ISSUE

• Canada and British Columbia are experiencing twin epidemics of physical inactivity and unhealthy eating that threaten the health and well-being of our children.¹

• Unhealthy weight among children is a complex issue underpinned by deep-rooted and multi-faceted causes that require a range of approaches and cooperative action by government, non-government organizations, parents, children and youth to address.

• HSF-funded research shows that societal changes have put healthy lifestyles beyond the reach of many families while unhealthy environments have worsened eating patterns and inactivity.

• While growth of child overweight and obesity is a relatively recent phenomenon, HSF believes it is one that can be reversed. With this in mind, addressing childhood obesity and its associated health impacts has become a key strategic priority for the Foundation.

• Schools are an ideal setting for teaching youth how to adopt and maintain a healthy, active lifestyle, prevent unhealthy weights and reduce the risk of chronic disease and premature death.

• This POSITION STATEMENT sets out the facts respecting the twin epidemics and offers recommendations for fostering healthy school environments.

KEY FACTS

THE EPIDEMIC OF UNHEALTHY WEIGHTS AMONG CHILDREN AND YOUTH

• More than 31% of Canadian children are overweight or obese (with 19.8% being overweight and 11.7% obese).² In 25 years, the number of overweight and obese children increased by 11%.³

• 27% of BC children and youth are obese or overweight and growth rates are alarming; e.g., between 1978/79 and 2004 the number of obese adolescents tripled.⁴

• BC parents consider obesity to be the leading health issue faced by children today.⁵

• The direct and indirect costs of obesity to BC’s health system are estimated at $1 billion.⁶
A MAJOR THREAT TO THE HEALTH OF BRITISH COLUMBIANS

• Cardiovascular disease (including heart disease and stroke) is the #1 cause of death and disability in BC. Excess body weight or obesity is a common risk factor for cardiovascular disease.¹

• Recent research has found that half of overweight teens and 61% of obese teens have at least one major health risk factor such as high blood pressure (hypertension), high cholesterol levels, and prediabetes / diabetes.²

• Rates of disease in adulthood are greater for men and women who were overweight as adolescents. In adulthood, they suffer from higher rates of coronary disease, diabetes, atherosclerosis, arthritis, and colorectal cancer independently of their weight in adulthood.³

• Obesity-related diseases may negate the past 100 years’ progress in public health care. Our children may not enjoy the life expectancy or quality of life of past generations.⁴

• Excess weight may soon rival tobacco as the world’s leading cause of preventable premature deaths.⁵

PHYSICAL INACTIVITY - A KEY RISK FACTOR FOR OBESITY,¹² HEART DISEASE AND STROKE,¹³ AND NON-COMMUNICABLE DISEASE MORTALITY¹⁴

• For the seventh year in a row, the 2013 Active Healthy Kids Report Card gave 5 - 17 years old a failing grade – only 5% of Canada’s children and youth meet its guideline of 60 minutes of physical activity a day. In 2012, Grades 6 -12 students spent 7 hours and 48 minutes a day in front of screens such as televisions and computers.¹⁵

• School-based programs can be effective in reducing “screen time” and obesity in children.¹⁶

• In BC, parents report that:
  ♦ During school, 11% of children have less than 30 minutes of daily physical activity and 3% have none – after school, 18% have less than 30 minutes of physical activity, 7% have none;
  ♦ 45% of children are driven to school, 35% walk and 3% bike, rollerblade, or skateboard; ¹⁷ and
  ♦ The risk of obesity has been shown to decline by 4.8% for each additional kilometre walked per day and increase by 6% for each hour spent in a car per day.¹⁸

EATING BEHAVIOURS OF BC CHILDREN FOSTER UNHEALTHY WEIGHTS

• Overweight and obesity are directly linked to over-consumption of energy-dense foods and beverages. Up to 80% of heart disease and stroke can be prevented through lifestyle changes including healthy eating.¹⁹

• A BC health assessment of school-aged children found:
  ♦ Only 33% of girls and 34% of boys reported consuming vegetables and fruit at least six times the day before the survey; but
  ♦ 77% of students reported eating candy, baked sweets or frozen desserts; 53% reported eating salty snacks at least once the previous day; and 71% reported drinking at least one serving of a sweetened beverage the day prior to the survey.²⁰
  ♦ School-based gardens have demonstrated potential for contributing to nutrition education and improving vegetable and fruit intake among school students.²¹

SCHOOLS CAN FOSTER HEALTHY LIFESTYLE HABITS

Causes of the obesity epidemic are complex, but one thing is clear – obesity is not the result of simple individual choices of whether to eat well or not; to be physically active or sedentary. Individual choices are made in the context of societal, cultural, and environmental factors that affect and can determine or even preclude individual choices. Action is required at the social and political level to help children and families make healthy decisions affecting their obesity and overweight.²²

Evidence suggests that adopting healthy lifestyles is “promising as a counteractive force” to address childhood obesity.²³ Increased physical activity is also positively associated with students’ academic success.²⁴

Lifestyle changes that can promote healthy weights need to begin at an early age and continue throughout life. Schools are an ideal setting to establish and promote healthy eating and physical activity by children and youth. And the school years are an ideal time.²⁵

In the last 20 years, a range of strategies and programs have evolved that are based on a more integrated, holistic and strategic approach that recognizes all aspects of the school community in promoting the health of students. Evidence shows that the globally recognized framework called “Comprehensive School Health” produces better health and education outcomes than singular approaches that are mainly information and classroom based. It is becoming clear that it is necessary to do more than just offer health education classes in the curriculum. The Directorate of Agencies for School Health (DASH) in BC suggests that the best school health approaches to adopt are ones that coordinate activities around an organized set of policies and procedures that are designed to protect, promote and improve the health and well-being of students and staff, thus improving a student’s ability to learn.²⁶
RECOMMENDATIONS

Key stakeholders have already taken significant steps to foster healthy weights in BC. But the persistence of high rates of obesity and overweight makes it clear that additional steps are urgently needed. This POSITION STATEMENT offers priority recommendations at the province-wide level. Addressing regional and local circumstances and the varying needs of groups – such as those with low income, inner city and rural children and youth, aboriginal children and youth, children and youth with special needs and other groups – will necessitate adapting these provincial-level recommendations to fit local requirements and developing specific, targeted initiatives.

PROVINCIAL GOVERNMENT, MINISTRY OF EDUCATION AND MINISTRY OF HEALTH

The Government of BC must play a lead role in addressing the range of factors that affect unhealthy weights in children and in coordinating actions across government and by all levels of government, key stakeholders, parents and children themselves. HSF recommends that the provincial government:

• Ensure that the Comprehensive School Health approach continues to be adopted by schools, and continue to encourage partnerships with all members of the school community to maximize benefits.

• Continue to direct health authorities to help schools assess their health environments and develop specific action plans to address obesity;27 and establish school health leads as specialists to support school initiatives.

• Work with schools and their boards to fully deliver a strong physical education curriculum to ensure that students develop the knowledge, skills and habits that are foundational to a physically active lifestyle.

• Ensure that all students receive a minimum of 30 to 60 minutes of quality physical activity per day; re-institute mandatory physical education classes for grades 11 and 12;28 and adopt mandatory food skills training.29

• Implement classroom-based curricula to reduce recreational screen time.

• Enforce BC’s School Guidelines for Food and Beverage Sales30 and expand their application to food marketing in schools, including corporate sponsorships - consistent with the approach taken in other provinces.31

SCHOOL COMMUNITY

Students, families, parent advisory councils, educators, administrators and boards all have important roles to play in enhancing physical activity and promoting healthy eating in schools but face many pressures and demands across a wide range of issues.

As such, the Foundation recommends that school communities:

• Work with local health authorities to assess the school’s health environment / circumstances and to develop policies and annual action plans.

• Implement strong health and physical education curricula and curricula to enhance the overall health literacy of children and youth through a Comprehensive School Health approach.32

• Increase the media awareness of children and youth to help to protect them from false claims of food and beverage marketing.33

• Systematically address issues that could inhibit health promotion development and sustainability in schools.

• With support from their school boards and the Ministry of Education, commit to and support the full delivery of the physical education curriculum to ensure that every child develops the knowledge, skills and habits that are foundational to a physically active lifestyle (physical literacy).34

• Adopt and implement policy to ensure the delivery of physical education curriculum through specialists.

• Provide adequate time for quality daily physical activity in class schedules and provide sufficient resources and equipment.

• Provide opportunities for physical activity outside the classroom by integrating school-community partnerships.

• Ensure opportunities for daily physical activity, school sport, intramurals, spontaneous play, active transportation and decreased sedentary behaviours.

• Establish a web-based network of parents who wish to improve food and physical activity environments. One example is an Australian initiative called the Parents Jury.35

NON-GOVERNMENT ORGANIZATIONS

To assist the school community in successfully fostering a healthy school environment, non-government and community organizations – such as the Heart and Stroke Foundation, the Childhood Obesity Foundation, the BC Healthy Living Alliance, DASH BC, the Healthy Schools Network, Action Schools! BC, BC Healthy Communities and the Dieticians of Canada – can provide support and advice to identify programs and initiatives that encourage a healthy lifestyle. This could include working with school boards, health authorities, local governments and recreation centres to develop courses, seminars, educational materials and websites for parents so that they can teach and guide their children in healthy eating and physical activity.

• Develop partnerships with broader community organizations to add value to school-based programs and initiatives.

• Make resources available to assist school staff and their partners in the health and education sectors to plan, implement, and evaluate school health initiatives. These could include evidence-based guidelines, and surveillance and assessment tools, for example.

www.heartandstroke.bc.ca
Heart and Stroke Foundation | BC & Yukon

Position Statement

REFERENCES


4 Obesity Reduction Strategy Task Force of BC, Recommendations for an Obesity Reduction Strategy for British Columbia, August 2010. For children and youth, obesity is defined as the 95th percentile of Body Mass Index (BMI) and overweight is between the 85th and 95th percentile. BMI is a measure of individuals’ weight relative to their height. Op. cit. pp. 12-13.

5 Ipsos Reid, “Canadians’ Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity,” Final Report, prepared for Public Health Agency of Canada, November 2011. A November 2012 survey of the general BC population found that 62% of respondents were very concerned about children being overweight and another 36% moderately concerned. Angus Reid survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.


12 Heart and Stroke Foundation of Canada Position Statement, Community Design, Physical Activity, Heart Disease and Stroke.


16 Obesity Reduction Strategy Task Force of BC, Recommendations for an Obesity Reduction Strategy for British Columbia, August 2010. The Task Force noted that “The Canadian Paediatric Society recommends that screen time for children and youth be limited to no more than 2 hours a day. The health behaviour in School-aged Children (HBSC) Survey’s most recent cycle (2005-2006) reported that Canadian youth are accumulating more than 6 hours of screen time on weekdays and more than 7 hours per day on weekends (20 hours per week).” In addition it found that “Delivering a classroom-based screen time reduction curriculum was one of the few strategies supported by evidence that reduces the effects of television viewing on children’s weight. School-based education programs that focus on screen-time reduction are effective in reducing screen time and obesity.”


20 Data and Evidence Working Group, op. cit., citing British Columbia Health Assessment of School-Aged Children Project. British Columbians are concerned about children’s unhealthy eating and drinking habits. A November 2012 survey found that 94% of respondents were either very (52%) or moderately (42%) concerned. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.


23 Ashleigh, L. op cit.


27 As part of the Healthy Families BC Schools initiative, the Ministries of Health and Education are working together to enable health authorities to provide assessments for individual schools and to develop action plans.
