

## National and sub-national stewardship for improving healthy school communities and student health outcomes

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### Context

- Comprehensive school health is a globally acknowledged model designed to enhance the health and wellbeing of students by considering the entire school community
- Though many of the initiatives that can support comprehensive school health take shape at the school, school board or municipal level, higher levels of government also have a role to play in ensuring a strong foundation for the implementation and advancement of these efforts

### Question

- What evidence is available on the implementation and effectiveness of national and sub-national (e.g., provincial, territorial, state) stewardship policies and activities for improving and sustaining healthy school communities and student health outcomes in Canada and select OECD countries?

### High-level summary of key findings

- We found seven evidence syntheses and ten single studies, of which all but three single studies were deemed to be highly relevant.
- The included evidence focused largely on policy at the national and sub-national level, with relatively less evidence found for other types of supports that these levels of government could provide.
- Examples of policies included in the evidence were those related to:
  - physical activity (e.g., changes to curricula and mandated physical activity time)
  - nutrition (e.g., standards for the nutrition of food provided within schools and restricting access to competitive foods)
  - the structural environment (e.g., requiring spaces for physical activity within and around schools)
  - alcohol and tobacco use (e.g., including alcohol and tobacco risk-awareness within curriculums).
- There is some evidence that has found these policies to be effective, particularly those focused on increasing physical activity and improving nutrition standards, although their long-term effects on body mass index and obesity remain inconclusive.
- All of the countries included in the jurisdictional scan had a framework or strategy in place at the national level that addressed components of comprehensive school health.
- Other types of supports that were frequently identified in the countries included supportive policies and funding initiatives.

### Framework to organize what we looked for

- Type of support provided
  - Demonstrating commitment to comprehensive school health (e.g., mention in strategic policy documents)
  - Developing supportive policy
  - Passing laws, bills or legislation
  - Championing comprehensive school health or equivalent frameworks
  - Allocating resources, apart from funds

- Funding initiatives
- Collaborating and creating partnerships horizontally (i.e., across ministries) and vertically (i.e., across different levels of government)
- Supporting professional development
- By which levels of government
  - National
  - Sub-national (e.g., provincial, state)
- For which components of Comprehensive School Health
  - Teaching and learning
  - Social and physical environment
  - Partnerships and service
  - Policy
- Implementation outcomes
  - Adoption of comprehensive school health or equivalent frameworks
  - Resources spent on comprehensive school health initiatives
  - Feasibility of comprehensive school health initiatives
  - Sustainability of comprehensive school health initiatives
- Comprehensive school outcomes
  - Educational outcomes
    - Improved learning
    - Academic achievement
  - Student/teacher well-being
  - Reduced behavioural problems
  - Improved emotional health/wellbeing
- Health outcomes
  - Improved health status
    - Self-rated general health
  - Adopting healthy behaviours
    - Physical activity
    - Nutritional status
  - Improved mental health

## Box 1: Approach and supporting materials

We identified evidence addressing the question by searching Health Evidence, Social Systems Evidence, PubMed and ERIC. All searches were conducted on 14 August 2023. The search strategies used are included in Appendix 1. We also conducted a hand search of relevant evidence repositories, including: Education Endowment Foundation, What Works Clearinghouse and OECD.

In contrast to synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses) and protocols for evidence syntheses.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified evidence synthesis (Appendix 2)
- 3) details about each identified single study (Appendix 3)
- 4) details from jurisdictional scan (Appendix 4)
- 5) documents that were excluded in the final stages of review (Appendix 5).

This rapid evidence profile was prepared in the equivalent of 3 days of a ‘full-court press’ by all involved staff.

## What we found

We found seven evidence syntheses and ten single studies addressing the above question, of which all but three single studies were deemed to be highly relevant.

### Coverage and gaps from evidence syntheses and single studies

The included evidence syntheses and single studies focused predominantly on policy at the national and sub-national governments. This included one single study which addressed the national and sub-national government’s role in setting policy, describing it as “an essential condition of supporting comprehensive school health.”<sup>(1)</sup> Relatively less evidence focused on the other types of supports included in the taxonomy.

We did not identify many implementation outcomes in evidence syntheses and primary studies, however we did identify some comprehensive school outcomes as well as some health outcomes stemming from the included policies.

Relatively few findings from the included evidence directly addressed equity considerations. However, one older and one recent high-quality evidence synthesis highlighted how funding free or reduced price meals that adhere to nutrition guidelines can support improved nutrition among students coming from lower-socioeconomic households.(2; 3) One recent medium-quality evidence synthesis examining interventions to promote improvements in school-based nutrition among Indigenous students described the importance of including culturally-relevant food in nutrition standards.(4)

### **Key findings from highly relevant evidence documents**

Examples of policies included in the evidence syntheses and primary studies related to:

- physical activity
  - changes to curriculums to include physical activity education and mandated physical activity time (5-7)
  - developing national physical activity standards (3)
  - requirement to provide intramural or interscholastic sports (6)
  - requirement for adequate and well-maintained playgrounds (8)
- nutrition
  - standards for food and nutrition served within schools (2-5; 9)
  - restricting access to competitive foods (3)
  - advertising restrictions on unhealthy foods near schools (9)
- the structural environment
  - requiring spaces for physical activity within and around schools (10)
- alcohol and tobacco
  - alcohol and tobacco risk-awareness within education curriculums (8).

As mentioned above, relatively less evidence focused on other types of support. However, we did find that:

- funding supports were mentioned in one recent medium-quality evidence synthesis on funding universal school food programs and two single studies (5; 7; 11)
- two single studies described the importance of demonstrating commitment to comprehensive school health by aligning priorities at the provincial and national levels,(1; 11) while a third described the importance of collaborating across levels of government to ensure successful implementation of comprehensive school health programs (12)
- one single study described the importance of using and producing (through monitoring and evaluating initiatives) evidence to inform comprehensive school health programs, which could be funded by or provided by sub-national or national level governments (11)
- one recent, medium-quality evidence synthesis identified the use of national surveillance programs to improve physical activity levels, noting some positive findings for primary schools.

Evidence related to the effectiveness of national and sub-national stewardship policies and activities was difficult to identify due to the heterogeneity of the policies and activities implemented. Moreover, it is difficult to evaluate the direct impact of these policies on health and wellness due to the long causal chain of factors.

Despite these difficulties, we identified outcomes related to three types of policies. First, for policies related to physical activity, one recent medium-quality evidence synthesis found that mandated physical activity time was effective in promoting physical education among students.(6) Similarly, the same evidence synthesis found that requiring schools to provide intramural or interscholastic sports increased physical activity.(6) For policies related to

nutrition, two recent evidence syntheses, one medium and one high quality, found that school nutrition requirements that included increases in fruit and vegetable offerings were effective in reducing the intake of some unhealthy snacks, though their effectiveness on BMI and obesity remain inconclusive.(5; 9) Another recent high-quality evidence synthesis examined nutrition policies, including nutritional requirements for food provided or sold within schools and found no significant change in individual's participation in school meal programs.(3) Finally, one recent medium quality evidence synthesis found that requiring spaces for physical activity within and around schools resulted in increases in physical activity.(10)

### **Key findings from the jurisdictional scan of national and subnational stewardship policies and activities for improving and sustaining healthy school communities**

For the jurisdictional scan, we looked at the federal level in Canada and in eleven other jurisdictions. Given the timelines for this rapid evidence profile, we were unable to examine sub-national levels for each jurisdiction.

All jurisdictions had a framework or strategic action plan produced at the national level that guided this work, demonstrating a commitment to comprehensive school health. We also identified a number of supportive policies from national level governments, including:

- the [Education Policy 2030](#) in Iceland, which provides a policy framework to engage other public institutions outside of school to improve student health and wellbeing
- the [National Action Plan for a Better Diet](#) in Norway, which lays out the requirements for promoting and providing healthy meals in schools, as well as requiring health promotion as part of educational goals and curriculum
- [national policies](#) in the Netherlands which require smoke-free school facilities and canteens that adhere to safety and hygiene standards, a social environment that includes support services, and health literacy
- [national curricula](#) in Sweden which outline targets for physical education and health to promote comprehensive school health, organized by age groups
- food standards from the Department of Education in the U.K. which sets out requirements for school meals
- national standards in the U.S. from the Centre for Disease Control on [health education](#) to ensure curricula support and promotion of health-enhancing behaviours of students in all grade levels.

We identified legislation in two jurisdictions related to comprehensive school health, including:

- a [presidential decree](#) in Brazil, which sets standards to standardize health promotion interventions delivered by state- and local-level education plans
- a [law](#) in Brazil that outlines requirements for addressing nutritional education in schools
- three laws in Norway – the *Education Act*, *Public Health Act*, and the *Food act*, which together set the regulations for meals in schools and in after-school programs.

Many jurisdictions also provided funding for initiatives focused on comprehensive school health, including:

- the [National Student Wellbeing Program](#) in Australia, which provides money to State and Territorial governments to manage student health services
- dedicated funds related to the [Health at School Program](#) in Brazil to support the implementation of standardized health promotion interventions in local-education plans
- the [School Health Grant for Youth in Canada](#) which provides grants to secondary students with ideas to develop youth-driven projects that improve healthy living in their schools
- a [federal grant program](#) in Sweden related to helping schools achieve objectives laid out in the Health Promoting Schools framework
- [earmarked national funds](#) in the U.K. for afterschool activities, new facilities for physical education, and supports for healthy eating in schools
- funding for the [National School Lunch Program](#) in the U.S.

In undertaking the jurisdictional scan, many partnerships were described between national, sub-national and local governments, as well as with schools and school districts. Though we were unable to document all of these given the time frame, we did identify two networks that national and sub-national government participate in. The first was in Canada, through the [pan-Canada Joint Consortium for School Health](#), which works across the federal, provincial and territorial governments to advance comprehensive health. The second was the [Schools for Health in Europe](#), which works with European member states to share good practices, support the development and implementation of research evidence of school health promotion and provide ongoing technical supports for member states implementing school health promotion interventions.

We also identified two examples of national professional development efforts, including:

- a [course](#) provided in collaboration between the Norwegian Seafood Council and the Directorate of Health, which aimed to inspire those who work in and around secondary school canteens to prepare healthy foods
- professional development training through the [Centre for Disease Control](#) and through the [What Works in Schools](#) program in the U.S. for school staff.

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