

TEACHING NUTRITION IN SASKATCHEWAN



Health and Physical Education – Grade 9

Developed by: Saskatchewan Health Authority Public Health Nutritionists

The purpose of *Teaching Nutrition in Saskatchewan: Concepts and Resources* is to provide credible Canadian based nutrition information and resources based on the Saskatchewan Health Education Curriculum (2010).

The **Nutrition Concepts and Resources** section identifies nutrition concepts and resources relating to grade-specific provincial Health Education curriculum outcomes. These lists only refer to the curriculum outcomes that have an obvious logical association to nutrition. They are only suggestions and not exclusive.

The **Nutrition Background Information** section provides educators with current and reliable Canadian healthy eating information.

For more information, email the Population Health Department at:
populationhealth@saskhealthauthority.ca

Table of Contents

	Page
<u>Teaching Nutrition to Children</u>	3
Nutrition Concepts and Resources	
– <u>Grade 9 Health Education</u>	4
– <u>Grade 9 Physical Education</u>	7
Background Information: <i>Health Education</i>	
– <u>Health Promotion: Everyone Has A Role</u>	8
– <u>The Determinants of Health</u>	12
– <u>Factors Affecting Food Choice</u>	14
– <u>The Population Health Promotion Model</u>	17
– <u>School Health Promotion: Comprehensive School Community Health</u>	21
– <u>Food Policies</u>	22
– <u>School Food Policies</u>	23
– <u>Policies that Promote Health</u>	27
– <u>Canada’s Food Guide 2019</u>	28
– <u>Nutrition Policy Development, Implementation and Evaluation</u>	31
– <u>Measurable Goals for Policies and Planning</u>	34
– <u>Examining The Need: How to do a Needs Assessment</u>	36
– <u>Action Planning</u>	38
– <u>Evaluating Health Promotion Strategies</u>	41
Background Information: <i>Physical Education</i>	
– <u>Weight Management and Misconceptions in Weight Loss</u>	43
– <u>Nutrition Trends/Fad Diets</u>	46
– <u>Body Image</u>	48
– <u>Weight Bias</u>	50
– <u>Measuring Health and Fitness for Youth</u>	52
– <u>Interpreting Health Information Online</u>	54

Teaching Nutrition to Children

Teaching about food and nutrition is important for the health and wellbeing of students. Below are some tips for teaching nutrition to children:

- Use current and credible nutrition information. *Teaching Nutrition in Saskatchewan* and dietitians are great sources of reliable nutrition information. When searching for health information on the internet, refer to [How to find food and nutrition information you can trust](#) from Unlockfood.ca for a few tips to make sure you get the best information.
- Include cross-curricular connections in the classroom. For example, when teaching fractions in math, illustrate the lesson using fruit instead of pie. Choose books and projects that show healthy food and eating habits. For examples of how to link nutrition to other Saskatchewan curricula, refer to The [Saskatchewan Curricular Outcomes and Nutrition](#), a resource from [Nourishing Minds Eat Well Learn well Live Well](#).
- Spread healthy eating lessons out throughout the year rather than in a short unit. Connect key messages to special events or classroom celebrations by offering or asking students to bring healthy options.
- Use experiential learning strategies to engage students. Let students work with food in the classroom, visit a grocery store, start a cooking club or a school garden.
- Avoid labelling foods as ‘good’ vs ‘bad’ or healthy vs unhealthy. Allowing kids to explore and learn about food while keeping it positive and language neutral will lead to better eating habits than avoidance-based education strategies like ‘don’t eat sugar’ or ‘saturated fat is bad.’
- Promote a positive relationship with food and physical activity without encouraging dieting or weight loss attitudes and behaviours. Ensure that all students, regardless of weight, shape or size, are equally valued and respected. For more information refer to [Weight Bias](#) on page 22
- Be a good role model for students. Avoid talking negatively about foods or discuss dieting, weight loss or dissatisfaction of body shape or size.
- Do not make comments about student lunches or snacks and do not take food items away if they are not considered “healthy.” Eating looks different to everyone and what and how much people eat will depend on many factors. Children may have little control over what is in their lunch. Drawing attention to “unhealthy” choices can isolate children from their peers and cause them to feel shame. Remember, no one food or meal defines our eating habits. If you have concerns about a student’s lunch talk to the parents separately in a non-judgemental manner.
- Allow all students to make their own decisions about *what* and *how much* to eat and drink from their lunches. There is no benefit to having children eat certain foods before others such as eating a sandwich before a cookie. Children eat better when they can pick from the available options in the order they want.

References

1. Algoma Public Health. Healthy Living Resources for the Classroom 2017/2018: Healthy Eating Elementary (grades K-8). [cited 2019 July 22]. Available from: www.algomapublichealth.com/media/2502/healthy-eating-elementary-2017-2018-hyperlinked-sept-2017-2.pdf
2. Ontario Dietitians in Public Health. Bright Bites: Tips for Teaching Nutrition. [cited 2019 July 22]. Available from: brightbites.ca/tips-for-teaching-nutrition/
3. Ellyn Satter, Nutrition Education in the Schools, 2008. Retrieved from: www.ellynsatterinstitute.org/wpcontent/uploads/2016/03/Secrets-Appendix-H-School-Nutr-Ed.pdf
4. Healthy Schools BC. Teach Food First. 2023. Guiding Principles for Educators: Teaching About Food and Nutrition

Health Education - GRADE 9

Grade 9 Health Education: Promote Health		
Goal 1: Develop the understanding, skills, and confidences necessary to take action to improve health.		
Outcomes	Nutrition Concepts	Resources
USC 9.1 Develop informed conclusions about the importance of leadership skills and health promotion in healthy decision making.	Who does Health Promotion? Leadership skills in Health Promotion	Background Information: Health Promotion: Everyone Has A Role (p. 10) The Population Health Promotion Model (p. 19); <ul style="list-style-type: none"> <i>Youth Engagement Toolkit (2018)</i>- Pan Canadian Joint Consortium for School Health jcsH-cces.ca Classroom Sample Activities: <ul style="list-style-type: none"> <i>Take Action</i>. Alberta Health Services. schools.healthiertogether.ca
	The Determinants of Health	Background Information: Determinants of Health (p.14) <ul style="list-style-type: none"> <i>Della Hurdles to Health</i>. The Promoting Health Equity Project. youtube.com <i>Let's Start a Conversation About Health...and Not Talk About Health Care at All</i>. Public Health Sudbury and Districts. youtube.com Classroom Sample Activities: <ul style="list-style-type: none"> <i>Hungry for Knowledge; Food (In)Security 101; Is Wealth Good For Your Health?; Putting Race on the Table</i>. Cook what you Love, Love what you Eat: a Food Justice Series with lesson plans. foodshare.net <i>Global Schools; Program; Shop til You Drop; Building Blocks for a Good Life; Respect the Water; Breaking the Cycle; Developing Rights; Shop Til You Drop</i>. [Search resource in] Resources for Rethinking. resources4rethinking.ca
	Health Promotion Strategies (at school and beyond)	Background Information: School Health Promotion: Comprehensive School Community Health Approach (p. 22); Policies that Promote Health (p. 29) <ul style="list-style-type: none"> <i>Take Action</i>. Alberta Health Services. schools.healthiertogether.ca
Grade 9 Health Education: Promote Health		
Goal 1: Develop the understanding, skills, and confidences necessary to take action to improve health.		
Outcomes	Nutrition Concepts	Resources
USC 9.5 Evaluate a variety of healthy food policies and plan to participate	Principles of Healthy Food Policies	Background Information: Food Policies (p. 24); School Food Policies (p. 25); Nutrition Policy Development, Implementation and Evaluation (p. 33); Measurable Goals for Policies and Planning (p.36)

in the development, revision, and/or implementation of a healthy food policy (e.g., fundraising, feasts, canteen sales, extra-curricular events) in the community (e.g., home, school, arena, youth center).		<ul style="list-style-type: none"> • <i>Youth Engagement Toolkit (2018)</i>. Pan-Canadian Joint Consortium for School Health jcs-hcces.ca • <i>Nourishing Minds: Eat Well – Learn Well – Live Well</i>. Government of Saskatchewan. saskatchewan.ca • <i>Put Nutrition Policy in Place</i>. Healthier Together, Alberta Health Services. schools.healthiertogether.ca <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> • Alberta Health Services. Steps for Building Healthy School Communities. schools.healthiertogether.ca • <i>Reconcili-ACTION; Green New Meal; Everybody for Every Body Food Share</i>. Cook what you Love, Love what you Eat: a Food Justice Series with lesson plans. foodshare.net
	Canada’s Food Guide	<p>Background Information: Canada’s Food Guide (p.30)</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> • <i>How to teach Canada’s Food Guide. Junior High (Grades 7-9)</i>. Teach Nutrition. dairyfarmersofcanada.ca
	Leadership Skills in Health Promotion	<p>Background Information: Health Promotion: Everyone Has A Role (p. 10)</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> • <i>Take Action</i>. Alberta Health Services. schools.healthiertogether.ca

Grade 9 Health Education: Promote Health		
Goal 2: Make informed decisions based on health-related knowledge.		
Outcomes	Nutrition Concepts	Resources
DM 9.10 Assess the role of health promotion in making healthy decisions related to comprehensive approaches to healthy food policies	Important Aspects of Health Promotion	<p>Nutrition Background Information: The Population Health Promotion Approach (p. 19); Policies that Promote Health (p. 29); The Determinants of Health (p. 14)</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> • Alberta Health Services. Steps for Building Healthy School Communities. schools.healthiertogether.ca
	Health Promotion Strategies	<p>Nutrition Background Information: The Population Health Promotion Model (p. 19); School Health Promotion: Using a Comprehensive School Community Health Approach (p. 22); Food Policies (p. 24); Nutrition Policy Development, Implementation and Evaluation (p. 33)</p> <p>Classroom Sample Activities</p> <ul style="list-style-type: none"> • <i>Introduction to Online Community Engagement</i>. Media Smarts. mediasmarts.ca

	Examining the need	<p>Nutrition Background Information: Examining the Need: How to do a Needs Assessment (p. 38);</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> CSCH School Nutrition Environment Assessment Tool from 'Nourishing Minds: Eat Well – Learn Well – Live Well.' Government of Saskatchewan. publications.saskatchewan.ca Community Food Mapping. OPHEA. ophea.net
	Evaluating Health Promotion Strategies	<p>Nutrition Background Information: Nutrition Policy Development, Implementation and Evaluation (p. 33); Evaluating Health Promotion Strategies (p. 43)</p>

Grade 9 Health Education: Promote Health		
Goal #3: Apply decisions that will improve personal health and/or the health of others.		
Outcomes	Nutrition Concepts	Resources
<p>AP 9.12 Design, implement, and evaluate three eight day action plans that demonstrate responsible health promotion related to comprehensive approaches to healthy food policies.</p>	<p>Health Promotion Action Planning</p> <p>Comprehensive School Community Health</p>	<p>Nutrition Background Information: School Health Promotion: Using a Comprehensive School Community Health Approach (p. 22); Action Planning (p. 40)</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> Creating a Healthy School Action Plan. Alberta Health Services. albertahealthservices.ca
	<p>Nutrition policy development, implementation and evaluation</p>	<p>Nutrition Background Information: Food Policies (p. 24); School Food Policies; Sample School Food Policy (p. 25); Nutrition Policy Development, Implementation and Evaluation (p. 33)</p> <p>Classroom Sample Activities:</p> <ul style="list-style-type: none"> Healthy Neighbourhoods Healthy Kids Guide. Sustainable School Projects. resources4rethinking.ca
	<p>Achieving Health Enhancing Goals</p>	<p>Nutrition Background Information: Measurable Goals for Policies and Planning (p. 36)</p> <p>Sample Classroom Activities</p> <ul style="list-style-type: none"> Turning Learning into Action: Starting a community Action plan. UNICEF. resources4rethinking.ca

Physical Education - GRADE 9

Grade 9 Physical Education		
Goal: Active Living, Skillful Movement, Relationships		
Outcomes	Nutrition indicator	Resources
9.2 Body Composition Determine safe and credible publicly promoted options for managing body composition and weight (i.e., decrease body fat, increase muscle content) and analyze the influence of mass media on body image.	Determinants of Health	Nutrition Background Information: Weight Management and Misconceptions in Weight Loss (p. 45)
	Commercialized means promoted for managing body weight and composition	Nutrition Background Information: Weight Management and Misconceptions in Weight Loss (p. 45); Nutrition Trends and Fad Diets (p. 48); <ul style="list-style-type: none"> <i>Fad Diet Detectives</i>; PHE Canada. phecanada.ca
	The Fitness and Weight Control Industry on Body Image	Nutrition Background Information: Body Image (p. 50); Weight Bias (p. 52); Measuring Health and Fitness (p. 54) Classroom Sample Activities: <ul style="list-style-type: none"> <i>Body Positive Ads; Exposing Gender Stereotypes.</i> Media Smarts. mediasmarts.ca <i>Body Liberation Workshop Series.</i> FoodShare. foodshare.net
	How to determine which health information is true	Nutrition Background Information: Interpreting Health Information Online (p.56) Classroom Sample Activities: <ul style="list-style-type: none"> <i>Nutrition Activities in Any Classroom. For Junior and Senior High. Activity Station: Food Detective (p. 6-13).</i> Alberta Health Services. albertahealthservices.ca <i>Authentication Beyond the Classroom; Break the Fake: Verifying Info Online. Consensus or Conspiracy?; Reality Check: Getting the Goods on Science and Health.</i> Media Smarts. mediasmarts.ca <i>Hoaxes and Fakes.</i> Common Sense Education. commonsense.org

Health Promotion: Everyone Has a Role

What is Health Promotion?

The World Health Organization defines health promotion as “enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions” (1).

Leadership Skills in Health Promotion

Leadership skills can be important when doing health promotion work in order to:

- help encourage others to get involved
- direct the work of a team and keep people motivated
- effectively do health promotion work that will be sustained over the years
- role model health promotion practices for others to follow

Leadership skills in health promotion and while working with health teams can include (2):

- **Communication** – good communication is important to be able to effectively get across the vision, ideas, strategies and tasks. This can also include good listening skills to be able to take in ideas from others and ensure needs are being addressed.
- **Collaboration and cooperation** – for health promotion work to be effective it is essential that various stakeholders are involved and working together. This is important to be able to spread out the workload, to benefit from various knowledge- and skill-sets, to hear from a variety of perspectives and ensure all voices are heard.
- **Motivation** – motivation helps to inspire others to do the work needed and get them on board with the vision and goals. Motivation can be accomplished through team building, effective communication, setting clear goals, taking input from others, and recognizing others for their good work.
- **Delegation** – Leaders who try to take on too many tasks by themselves will struggle to get anything done and can make it hard to get buy-in from others. Identify the skills of each team member or stakeholder, and assign duties based on skill sets.
- **Advocacy** – health champions can advocate for health and wellness for their group or school community with decision makers
- **Positivity** – being positive can help create a happy and pleasant environment for people working together. This can help pick up the mood or keep people on track, even when challenges arise. To help create a positive atmosphere it can help to be friendly and caring, learn conflict management, help others, be encouraging and show respect.
- **Creativity** – being creative can help to make decisions when there is no clear right or wrong answer. This might mean you have to approach problems in non-traditional ways. Ask lots of questions about the problem/task, listen to others’ ideas, including different cultural perspectives, look for patterns, and brainstorm ideas.
- **Commitment** – It is important that leaders follow through with what they agree to do.

- **Flexibility** – Being flexible helps to keep things on track even if they don't exactly go according to the plan. Being flexible means being able to adapt to different settings and situations, responding to challenges as they arise, being open to feedback, and improvisation.

Population Health Promotion (PHP) Professionals

Health promotion professionals focus on helping to implement strategies for a community or large organization to help make the healthy choice the easier choice in the places we live, work, learn and play. These professionals focus on population health strategies, rather than individual or one on one education. PHP professionals often work within governments, health organizations and agencies such as the Saskatchewan Health Authority, or the Heart and Stroke Foundation.

Some examples of the work PHP professionals do include:

- Supporting the development of bylaws which prevent people from smoking in public spaces.
- Assisting school divisions to develop or review nutrition policies.
- developing nutrition standards for childcare facilities
- Collaborating with city planners to design healthy communities such as ensuring adequate greenspace for improved mental health and physical activity levels of community members.
- Supporting and advocating for poverty reduction strategies, such as leading community tax clinics.
- Working with schools in conducting health needs assessments.
- Advocating for the restriction of marketing of unhealthy foods, vaping and alcohol to youth.

Everyone has a role to play

Health Promotion work in the community needs to actively involve all stakeholders, not only health professionals, as a sense of ownership is essential for sustainability. These stakeholders can include school students, families, staff, community organizations and volunteers (3).

People who take a lead role in facilitating activities related to health and wellness are often called “Champions.” It is not assumed or expected that these individuals are experts in the field of health. A passion to guide the health team as they build a healthier community or environment, is all that is required to be a successful champion (4).

Community Members

Community members can also do health promotion work in their roles. Remember it can be anything to help make the healthy choice the easy choice for others. Some examples:

- Conduct a community needs assessments and work on goals to help improve the health of community members.
- Work on updating an outdoor space to make it more usable, safe and inviting.
- Develop a food policy for the organization for when food is offered at their events to ensure healthy food is offered (e.g. barbecues and family fun days).

- Support breastfeeding moms by including signage at events for where the public can find a space to sit comfortably to breastfeed.
- Help to enforce no-smoking bylaws at community events by putting up no smoking signs and asking people to move to designated areas or put it out.
- Have rules in place for programming to ensure public safety, like the use of helmets for skating and biking.
- Offer or ask for programming that promotes health and safety like fitness, cooking, financial literacy or safe driving.
- If there is extra money to use, offer grants for schools and organizations in the community for programming and initiatives that promote health.
- Do not use food as a reward for good behaviour.

Students

Students can also play a role to support the health of their peers and the school community. They can be involved in health Promotion in schools, which is a broader concept than health education, and includes provision and activities relating to: healthy school policies, the school's physical and social environment, the curriculum, community links and health services (3).

Some examples include:

- Sitting in on school health or wellness teams to help determine needs and work on action plans that support student health.
- Helping to implement a school no-smoking and vaping policy by developing an anti-smoking and vaping campaign that helps prevent other students from starting and providing options to help quit for those who already smoke or vape.
- Helping to implement a school nutrition policy by developing a healthy menu for a concession at a school dance or sport tournament.
- Leading a morning mindfulness meditation to start the day off right.
- Having a brushing buddies program where older students are paired up with younger students to brush teeth together 30 minutes after lunch.
- Performing random acts of kindness to help support good mental health.
- Being a part of a school garden club and passing on those skills to other students.
- Participating in a photo-voice project to look at the different things that either support or hinder student health in the community.
- Planning a healthy- or non-food fundraiser for the school.

Health promotion (HP) is about making the healthy choice the easy choice, and everyone has a role to play at home, school, and in the community. HP is about finding those champions and working together with them and others to help make different health strategies and initiatives stick. This can be done

through healthy public policy, supportive physical and social environments, quality teaching and learning, and stakeholder involvement.

References:

1. World Health Organization. 2016. What is Health Promotion? www.who.int/features/qa/health-promotion/en/
2. Doyle, A. The Balance Careers. 2019. Important Leadership Skills for workplace Success. www.thebalancecareers.com/top-leadership-skills-2063782
3. U.S. Centers for Disease Control and Preventions. 2013. Promoting Health in Schools from Evidence to Action. dashbc.ca/wp-content/uploads/2013/03/Promoting_Health_in_Schools_from_Evidence_to_Action.pdf
4. Alberta Health Services. 2017. Health Champions and School Health Teams: Leaders in Building Healthy School Communities. www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-health-champions-and-school-health-teams.pdf

The Determinants of Health

The determinants of health (DOH) are physical, social, and individual factors that influence the health of people and communities. The primary factors that influence our health are not medical treatments or lifestyle choices, but rather our living conditions (1). The DOH are the conditions in which people are born, grow, live, work and age (2).

The determinants of health can include (3):

- Income and social status
- Social support networks
- Employment/working conditions
- Social environments
- Physical environments
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture
- Personal health practices and coping skills

Although individual lifestyle choices affect health outcomes, it is important to understand that other factors have an impact on health as well (3). For example, decisions about what foods to eat and how much to eat are not simply matters of personal choice, but also of circumstances and environments. Below is a story looking at one of the determinants of health, income, and how it can affect health and food choices.

- The Smith's family refrigerator is broken.
- Although the family is able to pay rent, they do not have enough money to fix the refrigerator.
- Because they cannot store perishable items with a broken refrigerator, the family does not purchase many dairy products, vegetables and fruit, or meat.
- Since these foods are not purchased, their diets may lack key nutrients such as protein, carbohydrates, healthy fat, fibre, and many vitamins and minerals.
- If their diets lack these nutrients, they have an increased chance of feeling fatigued, being sick, developing chronic diseases, and not being able to learn or work well during the day.
- If they are not able to perform well during the day the children may fall behind in school and the parents may struggle at work or lose their jobs.
- If the parents are unable to work enough, there will be less money to spend on food, rent or to fix the refrigerator.
- This stressful situation impacts the health of the family.

Even though individuals are educated about healthy eating and know what to eat for health, research shows that knowledge is not enough to translate into behaviour change (4). The best thing we can do to support others to make healthy food choices is to make those choices more accessible to all.

References:

1. Mikkonen J, Raphael D. Social Determinants of Health: The Canadian Facts. 2010 [cited Nov. 4, 2015]. Available from: www.thecanadianfacts.org/
2. World Health Organization. Social Determinants of Health. [cited Nov. 4, 2015]. Available from: www.who.int/social_determinants/en/
3. Public Health Agency of Canada. What determines health? 2011. [cited Nov. 18, 2015]. Available from: www.phac-aspc.gc.ca/ph-sp/determinants/
4. Kelly, M. P., and M. Barker. Why is changing health-related behaviour so difficult? 2016. Public Health 136: 109-116. Available from: www.sciencedirect.com/science/article/pii/S0033350616300178

Factors Affecting Food Choices

Adults provide all meals and snacks for young children. As they get older, youth tend to shop for and prepare more of their own foods and beverages. Depending on what is available at home, in their neighborhoods, in and around schools, and in recreation facilities, this will greatly influence what youth eat and drink, and can either support *healthy* or *unhealthy* habits.

When youth have limited healthy food and beverage options, they often end up choosing those which are high in sugar, salt, and fat. When healthy food and beverage options are the easy choice, youth will be more likely to choose them.

At Home

Children and youth learn what and how to eat from their parents and families. Influences on eating habits can include whether families have:

- **Access** to healthy foods and beverages in the community or transportation to get it somewhere else. In neighbourhoods where there is limited access to affordable nutritious food and easy access to unhealthy foods, it is difficult for families to purchase healthy food to eat.
- **Enough income** to be able to afford enough acceptable, culturally appropriate and nutritious foods and beverages. When high salt, sugar and unhealthy fat foods and beverages are priced lower than nutrient rich foods, it can be difficult to purchase healthy options. When healthy foods and beverages are affordable, accessible and appealing, it becomes easier to make healthy choices.
- **Food skills** such as being able to plan and prepare healthy and tasty meals. There has been a decrease in food skills over the years, resulting in many families and youth relying on unhealthy pre-packaged and convenience foods (1). In addition, there is the concern that opportunities for children and youth to gain 'traditional', basic or 'from scratch' cooking skills from family members may be limited. When children and youth are involved in food preparation and cooking, it encourages healthy habits that can last a lifetime.
- **Time** to grocery shop, plan, and prepare a meal. As families become busy with activities and responsibilities there may be less time to plan, prepare and eat healthy meals and snacks.
- **Proper kitchen equipment**, such as a stove and refrigerator, to prepare and store healthy foods.
- **Regular family meals.** Children and youth who participate in family meals on a regular basis tend to eat better than those who do not. Enjoying regular family meals is associated with a higher consumption of vegetables and fruits, milk products and overall nutrients (2). In addition, family meals have been associated with enhancing family relationships, supporting healthy choices and improving literacy levels and school performance (3). It is also a way to pass on cultural and traditional knowledge.
- **Multiple stressors** such as having enough money to pay rent, finding a place to live, finding employment or caring for ill family members often take priority over healthy eating.
- **Different beliefs** such as vegetarianism, religious beliefs, or beliefs around what healthy eating is can all impact the types of foods that are consumed in the household.

Outside the Home

Schools and surrounding area

Children and youth may rely on the foods and beverages available at school to provide or supplement their meals and snacks. The implementation of nutrition policies and guidelines in schools can make the healthy choice the easy choice for students, and is associated with healthier eating patterns (3) (See backgrounder on [Food Policies](#) p. 24). Unfortunately, fast-food restaurants and convenience stores commonly surround schools. Children and youth often walk to and eat at such establishments during their free time. Creating a fun, pleasant and appealing eating environment at school can encourage students to stay at school for lunch.

In addition to teaching about healthy eating, providing children and youth with exposure to *positive* food experiences can promote and support healthy eating patterns. It is important not to criticize or judge children and youth based on the types or amounts of foods and beverages they consume, as this can actually lead to poorer eating habits, not better (4, 5, 6).

Peer influence

Children and youth are also influenced by what their peers eat and drink, and in order to fit in, they may feel they need to eat the same things their friends do. This can support both healthy and unhealthy habits.

Recreation facilities and involvement in sport

Recreation facilities provide a space for physical activity, but unhealthy food and beverage choices are often readily available (7). The food and beverage options available may not be what are recommended before, during and after physical activity. When healthy foods are offered in recreation facilities, this supports youth to make healthy choices.

Participation in sports and other physical activities can influence youth's eating habits. As they learn about the role of healthy eating and exercise, youth may choose healthier food options (if they are available!). Unfortunately, many unnecessary products such as energy drinks and soft drinks are marketed by professional athletes or promoted by some coaches, and can influence youth eating habits.

In addition, sports such as wrestling, football, gymnastics and dance, in which body size plays a role, also impact youth's eating habits.

Food skills programs and nutrition education for youth

Cooking, baking, food safety, gardening, preserving, traditional food practices, and other food skills programs like these, teach children and youth practical food and nutrition knowledge and skills. These are some of the key attributes of food literacy and support healthy eating habits into adulthood.

Programs like these can also help youth to develop leadership and employment skills. They also allow youth to take what they have learned about healthy eating and put it into practice.

Food marketing

Advertising targeted to children and youth often promote low nutrient foods and beverages and rarely promote healthy items such as vegetables and fruit. Studies show that children and youth are more likely to request, buy or consume foods that are heavily advertised (8). Often food and beverage

marketing provides misleading or incomplete information about products, which can lead to children and youth misunderstanding the nutritional value of foods that are marketed.

Schools can support students to make healthy choices by marketing healthier foods in several ways:

- **Promotion:** by putting up posters, advertising food items in school newsletters and website, advertising the health benefits, making them look tasty and appealing.
- **Price:** By offering healthier items at a lower cost and less healthy items at a higher cost (or not at all).
- **Placement:** By locating healthier items in easy to access and easy to see places; up front and center and at eye level.

References

1. Health Canada. Improving Cooking and Food Preparation Skills: A Synthesis of the Evidence to Inform Program and Policy Development. 2010. Available from: www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/children/improving-cooking-food-preparation-skills-synthesis-evidence-inform-program-policy-development-government-canada-2010.html
2. Taylor JP, Evers S, McKenna M. Determinants of healthy eating in children and youth. *Can J Public Health*. 2005 Jul-Aug; 96 Suppl 3:S20-6, S22-9.
3. Dietitians of Canada. What is the evidence that the implementation of school nutrition policies/guidelines improves the nutritional intake of elementary school and high school aged-children? In: *Practice-based Evidence in Nutrition [PEN]*. 2012. [cited Nov 19, 2013]. Available from www.pennutrition.com. Access only by subscription.
4. Birch LL, Fisher JO. Appetite and eating behavior in children. *Pediatr Clin North Am*. 1995 Aug;42(4):931-953. Abstract available from: www.ncbi.nlm.nih.gov/pubmed/7610021
5. Lytle L, Eldridge A, Kotz K, Piper J, Williams S, Kalina B. Children's Interpretation of Nutrition Messages. 1997 May. *Jour Nutr Ed* 29(3):128-136. Abstract available from: [www.jneb.org/article/S0022-3182\(97\)70177-8/abstract](http://www.jneb.org/article/S0022-3182(97)70177-8/abstract)
6. Satter EM. *Secrets of Feeding a Healthy Family*. Madison, WI: Kelcy Press; 2005. Appendix H available from: ellynsatterinstitute.org/cms-assets/documents/199657-862048.appendix-h-nutr-ed.pdf
7. Olstad, DL., Raine K. McCargar LJ. Adopting and implementing nutrition guidelines in recreational facilities: public and private sector roles. A multiple case study. *BMC Public Health*. 2012 May 25;12:376. Available from: bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-12-376
8. Taylor JP, Evers S, McKenna M. Determinants of healthy eating in children and youth. *Can J Public Health*. 2005 Jul-Aug; 96 Suppl 3:S20-6, S22-9. Available from: journal.cpha.ca/index.php/cjph/article/viewFile/1501/1690

The Population Health Promotion Model

What is Population Health Promotion?

Health promotion involves creating conditions for people to increase control over and improve their health. Population health promotion (PHP) affects the health of an entire population by addressing a range of factors that address health. PHP needs the help of many partners, in and outside of healthcare, to influence the health of everyone.

Population health promotion strategies can be broken down into three components:

- 1) On **WHAT** should we take action?

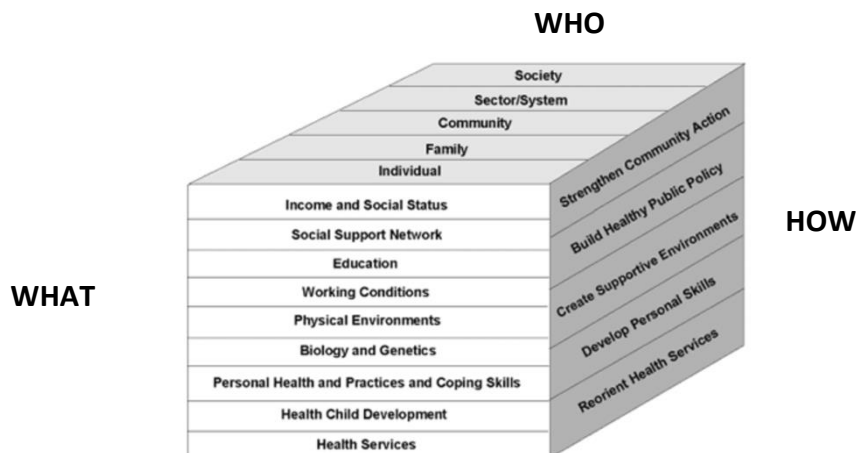
This refers to the determinants of health which includes: income and social status, social support network, education, working conditions, physical environments, biology and genetics, personal health and practices and coping skills, health child development and health services. (For more information see [Determinants of Health](#) backgrounder on p. 14)

- 2) **HOW** should we take action?

The Ottawa Charter on Health Promotion, developed in 1986, outlines strategies to achieve health. These include strengthening community action, building healthy public policy, creating supportive environments, developing personal skills, and reorienting health services.

- 3) With **WHOM** should we act?

Population health promotion action occurs at various levels including the individual, family, community, sector/system, and society.



How is Population Health Promotion different than Health Education?

Health education is designed to provide information to individuals so that they can use knowledge to make informed decisions to improve their health. Population health promotion focuses on the bigger picture of health and addresses environmental, social and economic structures that impact health. Interventions and strategies that focus on improving these structures can decrease barriers and improve supports that allow people to achieve their full health potential.

Health can be determined by the interaction of the individual's health choices and their physical and social environments.

Practicing Population Health Promotion

Population Health Promotion strategies are all around us in our everyday lives. Here are some examples:

- Offering healthy foods in schools
- Cooking classes at a community centre
- Health promotion media campaigns (e.g. Don't drive high - SGI)
- Parents creating healthy environments at home for their children
- United Way campaign for grade level reading
- Breastfeeding friendly initiatives
- No smoking in public places laws

Can you think of the WHAT, the HOW and the WHO for the above examples?

	WHAT (determinant of health)	HOW (strategies)	WHO
Schools and workplaces making nutritious foods available in their cafeterias/canteens	Physical Environments, healthy child development, personal health practices	Create supportive environments, building healthy public policy	Sector/system, Society
Cooking classes at a community centre	Personal health practices and skills	Develop personal skills	Community
Health promotion media campaigns (e.g. Don't drive high - SGI)	Physical Environments, personal health and practices	Create supportive environments	Sector/system
Parents creating a healthy environment for their children at home	Physical environments, healthy child development	Creating Supportive Environments, Strengthening Community Action	Family
United Way campaign for grade level reading	Education	Strengthen community action, develop personal skills	Family, Community, sector/system

	WHAT (determinant of health)	HOW (strategies)	WHO
Breastfeeding friendly initiatives	Healthy Child Development	Building healthy public policy, strengthen community action, develop personal skills	Sector/system, Society
No smoking in public places	Physical environments, personal health practices	Building healthy public policy, creating supportive environments	Sector/system, Society

Using a PHP approach, you can influence the health of a greater number of people in your school community. Working with local partners to collaborate on projects can impact the health of your school.

References:

1. Government of Canada. *Developing a model: Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. (2001). Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion/developing-population-health-promotion-model.html>
2. Government of Canada. *Ottawa Charter for Health Promotion: An International Conference on Health Promotion (1986)*. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion.html>

School Health Promotion: Comprehensive School Community Health

The framework for Comprehensive School Community Health (CSCH) is internationally recognized for supporting student success while addressing school community health in a planned, integrated and holistic way. In a successful CSCH model, Education, Health, and other school partners work together and share a common vision which motivates the whole school community to take action.

CSCH encompasses four integrated components:

- High-quality Teaching and Learning
- Healthy Physical & Social Environments
- Family & Community Engagement
- Effective Policy

Research has shown that CSCH facilitates improved student learning and supports their well-being. CSCH encourages and supports the development of children and youth in becoming physically, mentally, spiritually and emotionally safe and healthy. The goals of CSCH are to:

- promote health and wellness while preventing specific diseases, disorders, and injury;
- intervene to assist children and youth in vulnerable circumstances and/or who are experiencing poor health; and,
- provide equitable opportunities that address disparities and contribute to the success of children and youth. (<https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing/comprehensive-school-community-health>)

CSCH and nutrition

Schools are a key setting to support healthy food environments. Through the school day, children eat about 1/3 of their calories at school. In Saskatchewan, about 1 in 5 students in grades 6-10 reported going hungry sometimes because they did not have enough food. Food in schools can help support all children to have access to healthy food they need to grow.

Evidence shows children who eat enough healthy foods:

- have better attendance,
- succeed academically,
- are more alert and have improved memory, and
- have improved mood and mental well-being.

Comprehensive School Community Health (CSCH) is a framework used to help support healthy foods in schools. CSCH is a collaborative approach that invites the school, family and community to work together to enhance the health and well-being of all students.

Nutrition can be supported in each component. High Quality Teaching and Learning is reflected in the Saskatchewan curriculum and supported by resources such as Teaching Nutrition in Saskatchewan. Healthy Physical and Social Environments would be supported with healthy options being served in schools and the time and conditions in which students eat. Nutrition can also be supported at community and family events by offering healthy foods.

Healthy school policy refers to the management practices, decision-making processes, rules, procedures and policies at all levels that promote health and well-being and shape a respectful, welcoming and caring school environment. Policies shape the culture of the school by defining values, beliefs, acceptable standards and accepted actions. Nutrition policies that use this approach can contribute to health in many ways. Some examples are: set school activity priorities, support nutrition curriculum messages, and/or reinforce positive health practices.

To use CSCH as a health promotion strategy, start with a school health/wellness team. This team would be a small group of people, passionate about nutrition and/or school wellness. The team could include school administration, teachers, school staff, parents and students. The team would complete an assessment of the school environment with tools such as the [Healthy School Planner](#).

References

1. Comprehensive School Community Health. <https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing/comprehensive-school-community-health>.
2. Nourishing Minds: Eat Well – Learn Well – Live Well (2019). <https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing/nutrition>

Food Policy

Food affects the daily lives of everyone. It provides the energy and nutrients needed to live a healthy life, brings together communities, and creates economic growth and many jobs for Canadians (1)

What are food policies and why are they needed?

Food policies:

- are developed to guide food-related decisions and actions that can improve people's lives and health, as well as the health of the environment and the economy (1).
- impact **what** food is produced, served and sold, as well as **how** food is produced, processed, distributed, purchased, consumed, protected and disposed of.
- ensure that good practices are used and followed from year to year even with changing times, staffing and volunteers.

Effective food policies can drive change in all corners of the food system such as: more sustainable food production, processing and disposal; safer spaces for individuals with food allergies; and healthier foods being easier to access than unhealthy foods in the places we live, work, learn and play. For food policies to be effective it is important that:

- there is strong leadership helping to move them forward
- there are multiple stakeholders involved,
- they are *implemented, monitored and celebrated*

Food policies are designed to influence the linkages within food systems and plan for making decisions about food. Food policies cover a number of areas, including:

- The types of foods offered in facilities or organizations
- Food marketing (2)
- Food waste
- Accessibility of food in different areas
- Taxation of certain foods (3)
- Environmental concerns

Food policy examples:

- [Managing Life-Threatening Conditions: Guidelines for Saskatchewan School Divisions](#) (2015) (including food allergies)
- [Nutrition guidelines and standards for Saskatchewan Recreation Facilities](#)
- [Canada's Food Policy](#) (2019) and [Canada's Healthy Eating Strategy](#)
- [Saskatchewan Ministry of Education Nutrition Policy Guidance Documents for Schools\(2019\)](#)

References:

1. Government of Canada. Food Policy. Available from: <https://www.agr.gc.ca/eng/about-our-department/key-departmental-initiatives/food-policy/?id=1597858160271>
2. Government of Quebec. Consumer Protection Act. Available from: <https://www.opc.gouv.qc.ca/en/opc/laws-regulations/#consumer>
3. Hunter College New York City Food Policy Center. Sugar-Sweetened Beverages & Sugar Taxes: An Overview, Index and Resource Guide (2020). Available from: <https://www.nycfoodpolicy.org/sugar-sweetened-beverages-sugar-taxes-an-overview-index-and-resource-guide>

School Food/Nutrition Policy

The Saskatchewan Ministry of Education Nutrition Policy Guidance document [Nourishing Minds – Eat Well – Learn Well – Live Well \(NM\)](#) (2019) was developed to help schools and divisions in the development or renewal of a food policy.

Support Resources to help with school nutrition policy implementation include:

- [Healthy Foods For My School](#) – resource to help in identifying foods to offer most often and foods to offer sometimes.
- [Planning Healthy Menus For My School](#)
- [Food Safety For My School](#)
- [School Nutrition Environment Assessment Tool](#) – to help identify priority areas to work on
- [Local dietitians](#) – for support at any step of the process.

Saskatchewan School Divisions do not have nutrition policies, but rather most have administrative procedures or applications. Search for your school’s administrative procedure or application on your division website.

Sample School Food Policy

This is a sample school food policy to provide ideas for what can be included in others. Schools can choose the pieces that make the most sense for them. This sample policy is based on the guidelines as outlined in [Nourishing Minds – Eat Well – Learn Well – Live Well](#), and adapted from the New Brunswick Department of Education and Early Childhood Development Healthier School Food Environment policy (Web-link: www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/policies-politiques/e/711A.pdf)

[School/Division Name] Food Policy

[Date]

Developed by: [include all groups, e.g. School wellness team members, SK health authority, superintendent of education, etc.]

Purpose

This policy establishes the minimum requirements for creating a Healthier School Food Environment in [School/Division Name], including foods and beverages that are sold, served or otherwise offered at school, that comply with the guidelines in the Ministry of Education’s Nourishing Minds (2019) document.

Application

- This policy applies to [School/Division Name], including: curricular, co-curricular, extra-curricular, fundraising, school sponsored and endorsed activities and events.
- The policy does not apply to foods and beverages that student bring from home.

Principles/Goals

- Supporting a healthier school food environment helps students attain their full potential by providing them with the skills, social support, education and environmental reinforcement they need to adopt lifelong healthy eating behaviours and attitudes;
- All members of the school community have a role to play in supporting a healthy food environment, including the school division, school personnel, parents, students and community stakeholders;
- Healthy eating during childhood and adolescence promotes optimal health and contributes to physical and intellectual development;
- The main purpose of selling foods and beverages in schools is to provide nutrition to students, not for profit generation nor marketing of products;
- Supporting local foods in schools is important to enable learners to discover, be aware and feel connected through school activities and cross-curricular connections to how and where food is grown, cultivated, and harvested; and
- It is important to work in collaboration with other government departments and stakeholders to create a healthier food environment in schools.

Requirements/standards

1. Healthy Physical and Social Environments

Foods Served and Sold in the School

- 1.1 Foods and beverages served and sold to students and used for fundraising activities will be selected from the “Choose Most Often” or “Choose Sometimes” categories as outlined in [Healthy Foods for my School](#) (2014) and [Canada’s Food Guide](#) (2019).
- 1.2 Suppliers and outside vendors are to be notified of, and adhere to, this policy.
- 1.3 The School will offer foods at reasonable prices. Less nutritious foods should cost the same or more than nutritious foods. This cost increase will offset the expense of nutritious foods and encourage healthy eating for all students and staff.
- 1.4 The school will provide healthy snack and/or meal and beverage choices when hosting meetings, staff meetings or professional development.
- 1.5 The school is encouraged to consider locally grown foods in making food service decisions.
- 1.6 Celebrations, such as birthday parties, special occasions such as Halloween or Christmas, etc., will reflect healthier food choices. The use of non-food items and/or physical activity is encouraged.
- 1.7 The school will encourage water consumption by allowing water bottles containing water in the classroom. Bottles should be taken home with students and washed each day.
- 1.8 The school should not use food as a reward; however, if foods or beverages are used as a reward, they will meet the [Healthy Foods for my School](#) (2014) guidelines.

Vending Machines

- 1.9 At least seventy-five per cent (75%) of the selection of foods and beverages for purchase in vending machines will be from the “Choose Most Often” or “Choose Sometimes” categories as outlined in [Healthy Foods for my School](#) (2014).
- 1.10 For drinks, only unflavoured water and unsweetened milk will be available.

Student Food Insecurity

- 1.11 The school will implement procedures/programs that will assist students living with food insecurity by increasing access to healthy foods in a respectable manner.
 - a. The school will work with community-based organizations that offer nutritious food programs to support students in need.
 - b. The school will offer healthy food programs available to all students if able. Having programs only for kids who can't afford to bring a lunch can cause stigma and discourage participation.

Social Environment

- 1.12 Staff members will model healthy eating practices that are in accordance with [Healthy Foods for my School](#) (2014).
- 1.13 School personnel will create a safe, supervised, pleasant and positive eating environment, including adequate time and space to eat, and by trusting students to eat according to their appetite.
- 1.14 Lunchrooms will be screen free zones.
- 1.15 The school will consider environmentally aware practices by recycling, composting and limiting disposable packaging.
- 1.16 Food will not be with-held from students as a consequence for behaviour or any other reason.
- 1.17 Lunches and snacks students bring from home will not be judged or taken away from students, even if they are not considered healthy.
- 1.18 The school will allow a minimum of 20 minutes for students to eat lunch. Before or after the lunch break, there will be sufficient time for students to be physically active.

Food Safety

- 1.19 The school will encourage and support students to wash their hands prior to eating.
- 1.20 The school will create a clean and spacious environment for students and staff to eat. Eating areas (cafeterias, multi-purpose rooms and classrooms) should be properly cleaned after lunch and microwaves or warming ovens should be frequently cleaned and maintained.
- 1.21 All individuals who handle food served to students must follow the [Health Canada Safe Food Handling Tips](#) (2014). At least one person present during food prep must have completed a food safe handling course - it is recommended to be recertified every 5 years.
- 1.22

2. High Quality Teaching and Learning

- 2.1 The school is encouraged to work with health system partners on ways to enhance the health education curriculum, particularly in relation to nutrition.
- 2.2 The school will support opportunities for staff development and training for effective, evidence-based nutrition education and programming.
- 2.3 When possible, the school will incorporate nutrition education into other subject areas, using approaches that relate to real life situations.
- 2.4 The school will promote activities to positively influence nutrition knowledge, attitudes, skills and eating habits within the whole school community.

3. Family and Community Engagement

- 3.1 School Community Councils (SCC) yearly plans will align with the *Nourishing Minds* (2019) guidelines.

- 3.2 The school is encouraged to engage with local health system nutritionists/dietitians to assist in creating healthy nutrition environments.
- 3.3 Information to parents regarding nutrition procedures shall occur at the beginning of the school year. Schools should include nutrition information in their home and school communication (e.g., newsletters, websites, etc.) throughout the year.
- 3.4 The school will encourage but not force parents or guardians to send nutritious meals and snacks to school in respectful and encouraging ways.
- 3.5 parents and students will be being given the opportunity to provide input into the healthier school food environment

Cultural Practices

- 3.6 The school will consider the cultural and traditional food and beverage practices of their students, families, and staff. Some examples:
 - 3.6.1 Provide opportunities for students to learn about culture and nutrition.
 - 3.6.2 Involve local cultural groups, Elders and/or Knowledge Keepers in lessons related to traditional foods.
 - 3.6.3 Encourage the inclusion of the healthy eating practices of different cultures.

4. Effective Policy

- 4.1 The school will assemble a nutrition or wellness Committee. The committee should include, but not be limited to, representatives from the following: students, parents/guardians, school administrators, teachers, SCC, health system dietitians and public health inspectors and Elders/ Knowledge Keepers. The nutrition/wellness Committee is responsible for the development, implementation and annual review of the policy with support from the school community.
- 4.2 The school will communicate the policy to school staff, students and families each year. The school principal or vice principal will be responsible for arranging time at a staff meeting. Teachers will then share the information with their students and families.
- 4.3 The school nutrition policy will be reviewed annually by the nutrition committee.
- 4.4 The school nutrition policy will be evaluated every 3 years (e.g. using SAYCW and OURschool data, tracking sales and number of students served, through student and parent satisfaction surveys, etc.) The school will connect with a local public health dietitian for support.
- 4.5 Schools shall continue to be diligent to address the needs and safety of students and staff with food allergies and align with the *Saskatchewan School Board Associations' [Managing Life-Threatening Conditions](#)* (2015) policy document.

Policies that Promote Health

Health promotion involves helping other people increase control over and improve their health. Although it is often shown as educating people about certain risks, or encouraging healthy decisions, health promotion moves beyond focusing on individual health decisions, to a community focus that makes the healthy choice the easy choice (1). Policies and decisions that impact where and how we live, learn or work, affect our health. These factors are often outside of our individual control or choice, such as rules surrounding transportation safety, how much money we have or what social supports are available to us. Health promotion often impacts these decisions to make the healthy choice the easy choice.

Below are examples of policies and decisions which can improve health enhancing behaviours:

1. **Nutrition policies** can ensure healthy food is available. Many schools, worksites and recreation facilities serve or sell food daily. Unfortunately, many of these foods do not promote health. In fact, children who participate in sports have been found to consume more fast foods and sugary drinks than those who do not (2). Evidence has shown that making healthy foods more widely available in schools increases the quality of students' eating habits (3, 4).
2. **Idle free zones** are common in schools and communities. These health promotion policies enforce all parked or non-moving vehicles on school or city property, to not have their engines running. The goal of the policy is to reduce air pollution made by vehicle exhaust and to participate in the reduction of greenhouse gases. Air pollution can cause breathing problems, particularly in children (5). Turning off the engine of the vehicle can also help to improve visibility for the driver, particularly in cold weather, which can improve safety around the school when children are active.
3. **Distracted driving** results in accidents, injury and death on Saskatchewan roads yearly. Saskatchewan Government Insurance participates in health promotion through awareness campaigns on television, internet, social media and billboards. This type of health promotion is important to improve the awareness of the risk of distracted driving but often is not sufficient to create significant behavioural change. Legislation is often necessary to promote healthy behaviours in a large population, which was seen in 2017 when the Saskatchewan Government made it illegal for drivers to hold, view, or use a cellphone while driving (6). In November 2019, the Government of Saskatchewan increased the cost of distracted driving penalties and it will be important to see if this improves statistics on distracted driving (7).
4. **The Canadian Child Benefit**, introduced in 2016, is a federal tax free monthly financial supplement that is provided to families to help with the costs of raising children under the age of 18 years. Because food insecurity is linked to financial income, the rate of food insecurity dropped by one third in low income families after the implementation of the policy (8).

References

1. Health Promotion Canada. What is Health Promotion Practice? [cited 2019 Dec 20]. Available from: <https://www.healthpromotioncanada.ca/resources/frequently-asked-questions/#toggle-id-1>
2. Nelson TF1, Stovitz SD, Thomas M, LaVoi NM, Bauer KW, Neumark-Sztainer D. Do youth sports prevent pediatric obesity? A systematic review and commentary. *Curr Sports Med Rep*. 2011 Nov-Dec;10(6):360-70. Abstract available from: <https://www.ncbi.nlm.nih.gov/pubmed/22071397>
3. Cullen KW, Hartstein J, Reynolds KD, Vu M, Resnicow K, Greene N, et al: Improving the school food environment: results from a pilot study in middle schools. *J Am Diet Assoc*. 2007, 107 (3): 484-9. 10.1016/j.jada.2006.12.004.
4. Terry-McElrath YM, O'Malley PM, Delva J, Johnston LD: The school food environment and student body mass index and food consumption: 2004 to 2007 national data. *J Adolesc Health*. 2009, 45 (3 Suppl): S45-S56.
5. Clean Air Partnership. Idle-Free Campaign Kit. 2009. [cited 2019 Dec 20]. Available from: <https://www.cleanairpartnership.org/wp-content/uploads/2016/07/Idle-Free-Campaign-Kit-March-16-2.pdf>
6. Saskatchewan Government Insurance. Changing Traffic Laws 2017. [cited 2019 Dec 20]. Available from: <https://www.sgi.sk.ca/traffic-laws>.
7. Saskatchewan Government Insurance. Head's up: Distracted driving penalties are getting tougher. November 19, 2019 [cited 2019 Dec 20]. Available from: <https://www.sgi.sk.ca/news?title=head-s-up--distracted-driving-penalties-are-getting-tougher>
8. Brown E, Tarasuk V. Money speaks: Reductions in severe food insecurity following the Canada Child Benefit. *Prev Med*. 2019 Dec 129:105876.

Canada's Food Guide

Canada's Food Guide provides key messages in choosing healthy foods and eating habits.

Canada's Food Guide Healthy Eating Recommendations

Healthy Food Choices

Make it a habit to eat a variety of healthy foods each day.

- **Eat plenty of vegetables and fruits, whole grain foods and protein foods.** Choose protein foods that come from plants more often. Protein foods include legumes, nuts, seeds, tofu, fortified soy beverage, fish, shellfish, eggs, poultry, lean meat, lower fat milk, lower fat yogurt and cheeses lower in fat and sodium. Choose foods with healthy fats instead of saturated fat.
- **Limit highly processed foods. If you choose these foods, eat them less often and in small amounts.** Prepare meals and snacks using ingredients that have little to no added sodium, sugars or saturated fat. Choose healthier menu options when eating out
- **Make water your drink of choice.** Replace sugary drinks with water. Replacing sugary drinks with water will help reduce the amount of sugars you drink.
- **Use food labels.** Food labels provide information you can use to make informed choices about foods and drinks at the grocery store and at home.
- **Be aware that food marketing can influence your choices.** Food marketing is advertising that promotes the sale of certain food or food products. Many foods and drinks that are marketed can contribute too much sodium, sugars or saturated fat to our eating patterns.

Healthy Eating Habits

Healthy eating is more than the foods you eat. It is also about where, when, why and how you eat.

- **Be mindful of your eating habits,** taking time to eat and noticing when you are hungry and when you are full.
- **Cook more often.** Cooking more often can help you develop healthy eating habits. You can cook more often by planning what you eat and involving others in planning and preparing meals.
- **Enjoy your food.** Enjoying your food is part of healthy eating. Enjoy the taste of your food and the many food-related activities that go along with eating. This includes enjoying culture and food traditions.
- **Eat meals with others.** Enjoying healthy foods with family, friends, or neighbours is a great way to enjoy quality time together, share food traditions, across generations and cultures, and explore new healthy foods that you might not normally try.

Several tips, resources and recipes to implement Canada's Food Guide recommendations into daily habits are available at food-guide.canada.ca/en

References:

1. Government of Canada. Canada's Dietary Guidelines for Health Professionals and Policy Makers. 2019 Jan [cited 2019 Jul 25]. Available from: food-guide.canada.ca/en/guidelines

Nutrition Policy Development, Implementation and Evaluation

Helping others to be healthy is important in improving and protecting the health of our community. We can empower each other to make healthier choices to reduce our risk for disease and injury, and improve our quality of life. This process is called *health promotion*.

Within health promotion there are different strategies that can be used to support communities and populations to remain healthy. These strategies can include helping others to develop healthy personal skills, creating supportive environments and healthy public policy. Examples of helping others to develop healthy personal skills could include an awareness campaign about the risks of smoking or teaching students how to cook healthy foods. Providing healthy foods at school tournaments or making walking paths in a community would help to create supportive environments for the healthy choice to be the easy choice. Building healthy public policy is a strategy to make sure the supportive environment remains and is sustainable for a period of time.

Policies are guides to follow that can help us make choices. School policies, rules or procedures help to shape the culture of a school community by defining values, beliefs, standards and actions. They influence how schools are run, what is taught and how teachers, students and parents interact. Healthy school policies help to promote student wellness and achievement. Healthy food or nutrition policies in schools can help to clarify how to connect what is taught in the classroom to what is practiced in the school. This can include creating a positive eating environment, identifying what types of foods will be purchased, marketed, served, and sold and how foods are disposed of.

Developing a healthy school food policy

Get a group together

It is important to get input from all people who will be impacted by the policy. This could be done by creating a committee that includes school administration, staff, student, families and community members. When staff, students and community members are able to participate in the development of a policy, there is a greater chance for buy in and less resistance to any changes the policy make create. It is important to identify and support a champion who will lead the charge to make sure changes occur.

Assess and identify needs

Once the committee is developed, identify a common goal in relation to what you want the policy to do for the students, staff and community. Get an idea of what your current healthy food environment is like. Use the Saskatchewan Ministry of Education [Comprehensive School Community Health School Nutrition Environment Assessment Tool](#) or the Joint Consortium for School Health [Healthy School Planner](#).

Develop an action plan

After assessing your environment, create a policy to help address any needs identified. Review healthy food policies from other organizations to get a better idea for what type of changes you could create. You can also use the Saskatchewan Ministry of Education's document [Nourishing Minds: Eat Well – Learn Well – Live Well](#), as a Guide. Make sure to set measurable goals so you can evaluate the effectiveness of the policy. For example, you could address the type of foods that are served and sold in school and make 75% of them fit into the Choose Most Often category of [Healthy Foods for my School](#),

or plan to use only healthy or non-food fundraisers during the year. Incorporate ways to monitor and evaluate the changes into the policies they are being developed or renewed.

Implementing a healthy food policy

Communicate the policy to others

Choose various ways to communicate the details of the policy to everyone involved. Have the policy written and shared on the organization's website and social media as well as posters on walls at locations where food is served or sold. Emails or letters to staff, parents or others who use the facility, are also important ways to communicate the changes. Make sure to let everyone know the goal of the policy and the reason for the changes.

Define roles and expectations

It is important that those who are responsible for implementing the policy know what is expected of them. If the policy includes using healthy or nonfood fundraisers, make sure all individuals involved in planning and carrying out fundraisers are aware of what is expected. For example, if bake sales are common fundraisers, make sure those involved know what foods could be sold to meet the policy standards or suggest alternative activities.

Follow the *Nutrition and Food Standards for Saskatchewan Schools* by using these helpful tools when selecting foods and planning meals and snacks in schools:

- [Healthy Foods for my School](#)
- [Planning Healthy Menus for my School](#)
- [Food Safety for my School](#)

Start small

When implementing a nutrition policy, it doesn't have to be all at once. Make a long term plan and start with one or two small changes, so the team is less likely to get overwhelmed or discouraged and it will help to be able to celebrate successes.

Evaluating a policy

Evaluation is critical to improving the policy, ensuring effective implementation and making sure it is meeting the original goal. It is important to plan for evaluation when you develop the policy so that you are measuring effectiveness during the implementation process. Set a timeline of when you want to evaluate the policy. Commonly, healthy food policies are reviewed at least yearly. The following these steps can provide some structure to your evaluation.

Step 1 Engage stakeholders

Connect with people impacted by your policy such as staff, students, community members and other users. Find out if they understand the goal of the policy and how well it is being followed. Ask what benefits they have experienced or observed due to the implementation of the policy. Be open to receiving comments about any struggles they have had with keeping up with the policy and how they could be overcome.

Step 2 Find the data

Consider the measurements you planned for in your policy and think of other data that might be available. For example, if you had planned to have 75% of all food in vending machines be from the Choose Most Often or Choose Sometimes categories from [Healthy Foods for my School](#), record how well this has been followed. Sales records and satisfaction surveys for staff and students or facility users can help to identify how well the healthy options have been accepted. Look at changes in cafeteria or canteen menus from before the policy was implemented to after. If food is sold in the facility, consider the profit margin from before and after the policy has been implemented. Look at attendance, behaviour and academic outcomes to see if any improvements are noticed. Pull data from other sources such as [OurSCHOOL](#).

Step 3 Review your findings

Data can be interpreted many different ways. It is important to gather your committee to consider the information you have found. Consider the goal of the policy and how well the policy has met it. Look at other positive impacts the policy has created as well as drawbacks. When making conclusions, try to remember the limitations of the data you have received and any possible biases you or others may have. It is important to be objective and make sure that recommendations are based on the evidence of the data found. It may take a number of years to fully implement the policy and work through any struggles so it may take a while to see positive results from the policy. If the committee becomes tired or frustrated, return to the goal that was created at the beginning of the process to help the group remain committed to the work required.

Step 4 Revise the policy

Based on your recommendations, start the process again to revise the policy. Don't forget to communicate your changes and celebrate your successes.

References

1. NORC Walsh Center for Rural Health Analysis. Rural Health Promotion and Disease Prevention Toolkit. 2017 [cited 2017 Nov 23]. Available from: www.ruralhealthinfo.org/community-health/health-promotion
2. Food Security Projects of the Nova Scotia Nutrition Council and the Atlantic Health Promotion Research Centre, Dalhousie University. Thought About Food?: A Workbook on Food Security & Influencing Policy. June 2005 [cited 2017 Nov 23]. Available from: www.foodthoughtful.ca/index.htm
3. Alberta Health Services. Healthy School Policy: What is it and why is it important? 2014 [cites 2019 Nov 20]. Available from: www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-healthy-school-policy.pdf
4. Alberta Health Services. Developing and Implementing Effective Healthy School Policies. 2017 [cites 2019 Nov 20]. Available from: www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-dev-imp-hsp.pdf
5. Alberta Health Services. Introduction to Policy Evaluation. 2017 [cited 2019 Nov 20]. Available from: www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-intro-policy-evaluation.pdf

Measurable Goals for Policies and Planning

Setting SMART Goals

When health and wellness teams create a food policy it is important to set measurable goals so that the effectiveness of the policy can be evaluated. **SMART** is an acronym that can be used to make sure goals or objectives are **actionable and achievable**. A SMART goal is carefully planned, clear and trackable. It stands for **Specific, Measurable, Attainable, Realistic and Time-based**.

- **Specific:** Be as clear and specific as possible with what you want to achieve. For example, instead of saying, “our school canteen will offer healthier foods”, a more specific goal would be “our school canteen will offer vegetables and fruit”.
- **Measureable:** Being able to measure the goal will help to determine if it was achieved or not. In order to ensure that the goal is measurable, you should be able to answer statements such as: how much, how many, or how will I know this goal is accomplished? Rather than saying “our school canteen will offer vegetables and fruit”, try “our school canteen will offer vegetables and fruit 3 days a week.”
- **Attainable:** It is important to set goals that are within the abilities and skills of those involved. There may be challenges that can make achieving certain goals difficult. If the goal is to provide more vegetables and fruit in the school canteen, you will need to determine whether or not the canteen or school has the funds and manpower to make this happen. Some goals may require support from others. If additional funding and manpower is not available, perhaps the goal could be altered. For example: a vegetable and fruit snack could be offered to all students one day of the week. This snack could be sponsored by a community business either through funding, volunteers or both.
- **Realistic:** It is important to set goals that are challenging but still doable. To start off with, choose small, attainable goals, which are easier to track and provide ongoing reinforcement rather than choosing one large goal. Remind students to celebrate small successes to keep motivated. For example, instead of taking a canteen and switching all *healthy foods*. Start by introducing 1 or 2 more nutritious items to them menu at a time.
- **Time-based:** It is important that all goals have specific deadlines. A start and end date is important as it keeps the goal a priority and makes all involved accountable for its completion. For example, “Our school canteen will offer vegetables and fruit for 3 days a week, every week of the school year.”

My S.M.A.R.T Goal Planner

<p>Specific</p>	<p>What exactly do we want to do?</p> <p><i>Example: we want to offer more vegetables and fruit in the school canteen</i></p>
<p>Measurable</p>	<p>How will we track our progress or know we reached our goals?</p> <p><i>Example: we will trial 1 new vegetable or fruit option once per week and conduct an evaluation survey to determine whether or not students enjoyed it.</i></p>
<p>Attainable</p>	<p>Do I have what I need to make it possible?</p> <p><i>Example: We have support from our teacher and principal, and will work with the canteen staff/volunteers. It fits within the canteen budget.</i></p>
<p>Realistic</p>	<p>Is this realistic for me? Is this the right time?</p> <p><i>Example: We are starting small and within our abilities.</i></p>
<p>Time-Based</p>	<p>When will I have this completed?</p> <p><i>Example: starting next week for one month.</i> Completion date _____.</p>

Examining the Need: How to do a Needs Assessment

What is a needs assessment?

Needs assessments are done in a variety of settings including health, education, community, and private industry (1). A *community needs assessment is the process of gathering information about a community's current situation, including its strengths, needs and potential issues for action. (1,2,3,4).

A community is a group of people who share a common characteristic, such as geographical region, ethnicity, religion, hobbies, gender, etc. (2,4). A community needs assessment should be done with the [determinants of health](#) (p. 14) in mind, understanding that there are many needs beyond nutrition and physical activity that impact our health (e.g. having enough income, living in a safe neighbourhood, having a reliable living situation, etc.) (4).

A needs assessment is designed to determine (1,2,3):

- What the community's needs/gaps/barriers are,
- What the community's strengths/resources/assets are,
- And what solutions are possible.

A need is a gap that exists which is detrimental to a community's health. For example, a community that doesn't have a grocery store within walking distance or along bus routes, may have a need for more accessible healthy food. Conducting a needs assessment assists with the priority setting process when deciding what programs, initiatives, services or strategies are most important to address needs (1,2,3,4).

What data is collected?

Data collected should provide a broad overview of the health of the community including: (2)

- A description of the community and demographics
- The needs identified by community members and stakeholders (for example students, staff and parents)
- Current actions being taken to meet needs
- Utilization/success of programs, services, or initiatives
- Local resources, including funding/grants available

It is important to speak with members of the community to get information that may not be available from other sources (1,2,3,4).

Steps in the Process (1,4)

1. Define the scope
 - a. What community is being looked at?
 - b. What is the goal of the needs assessment?
 - c. What resources are available to do the needs assessment? (i.e. volunteer, financial, office supplies, etc.)
2. Define who will be involved
 - a. Who is going to be gathering data?
3. Define what information is going to be gathered

- a. Existing data. Primarily quantitative or described in numbers (ie. Canadian Community Health Survey, or census data, SAYCW or OUR School survey data).
 - b. New data. Primarily qualitative or described in words (ie. perspectives from members of the school or community).
4. Analyze data to identify needs and strengths within the school or community
5. Share the findings of the needs assessment with the school, community members and/or stakeholders.
6. Choose a plan of action.
 - a. Identify potential solutions to the needs. Prioritize solutions.
 - b. Consider the need: How many people are affected? How big is the need?
7. Consider the solution: Are there resources available for the solution? What does the school or community think about the solution? Evaluate the needs assessment process.
 - a. How satisfied are people with the results?
 - b. Were the goals met?
 - c. What could have been done differently?

References

1. BHO Group (2011). Roadmap to a Healthier Organization: Assessing Community Needs and Resources. Available from https://ontario.cmha.ca/wp-content/uploads/2017/03/cca_roadmap_assessing_community_needs.pdf
2. Manitoba Health. (2009). Community Health Assessment Guidelines. Manitoba.
3. New Brunswick Department of Health. (2017). Community Health Needs Assessment Guidelines. New Brunswick. Available from: https://en.horizonnb.ca/media/936965/chna_guidelines_final_december_2017.pdf
4. Quality Improvement & Innovation Partnership. (2009). Needs Assessment Resource Guide. Ontario. Available from <http://www.hqontario.ca/Portals/0/documents/qi/qi-rg-needs-assessment-0901-en.pdf>

Action Planning

Six Steps for Health Promotion Planning

Planning is a process of thinking about and organizing activities so you can reach a specific goal. Health promotion projects need a clear plan to help reduce mistakes that can increase costs and decrease the project impact. A work plan can help to identify the tasks needed to reach your desired outcome and clarify roles and deadlines. The following are 6 steps for planning health promotion projects.

Step 1. Assess the Situation and Gather Data

Making the best possible decisions requires good data about the intended audience, the political and social environment, possible programs and other factors. A situational assessment is like taking a “snapshot” of the environment and using it to plan for the future. It involves looking at your environment and asking questions such as:

- What is our current situation and what impact is it having on health and quality of life for various groups of people? Make sure you identify people who struggle to be healthy and what barriers they experience. For example, perhaps you want help to encourage students to be more physically active after school. It would be important to identify and address barriers to students being physically active in programming such as mobility difficulties, intense work schedules, or transportation.
- What is making the situation better or worse? Think about the unintended impacts, positive or negative, that your project could have on different groups of people in your community. For example, if there are several students who find it difficult being physically active, perhaps there could be structures in place to help students be active during the day such as more physical activity in classroom. Brain storm ideas with staff and students of how the school helps or hinders those with mobility issues be as active as possible.
- What possible actions can you take to deal with the situation? Consider evidence of what has worked in the past to ensure your efforts are the most effective. For example, contact other schools who have made changes in the past and find out what worked well and what was not successful. Consider looking at research studies to see if there is evidence of how best to address the situation, or contact your local experts for support.

Once you answer the questions and gather the data, organize it in a way that it is meaningful so it can inform your goals, objectives and impact your decisions. Try summarizing the answers to each of the 3 questions above to “paint a picture” of the current situation. Identify if there are sufficient strengths and opportunities in your environment to mitigate any threats or weaknesses that might occur if you were to deal with the situation.

Step 2. Set Goals, Objectives and Target Audience

You need to identify what you want to accomplish, how it will be achieved and for whom, before you can determine what activities will work the best within your limitations.

Setting Goals and Objectives

A goal is the desired result you want to achieve, and is typically broad and long term. For example, the students and staff of Prince High School will choose to drink water throughout the school day rather than sugar sweetened beverages.

Objectives define the actions each person must take to achieve the overall goal and they should be specific, measurable, achievable, realistic and time-bound (SMART). To help with writing objectives, try to answer the following questions:

- Who you want to impact? (Audience)
- What you want to change? (Desired outcome)
- By how much?
- By when?

Some examples:

- By September 30, the committee will have conducted a survey of staff and students regarding beverages consumed throughout the school day and regarding barriers to drinking water during school hours.
- By September 30, the committee will have compiled a list of all the drinking water and sugar sweetened beverages sources in the school.
- By October 31, the committee will have reviewed the staff and student survey results and made recommendations regarding how to address barriers to drinking water throughout the school day.
- By December 31, the team will have developed an action plan for how to help staff and students to increase the amount of drinking water consumed and decrease the amount of sugary drinks consumed during the school day by 5%.

Well written goals and objectives are useful in sharing with others why you are doing your project as well as evaluating the project after it is done.

Step 3. Choose Activities

The next step is to identify the activities from your research in Step 1 that will help you accomplish the goals and objectives set in Step 2. Organize what tasks need to be completed for the chosen activities. Assign volunteers to do specific tasks as well as the supplies needed to accomplish them. This is where deadlines and milestone dates are important to help the project to work well and stay on track.

Step 4. Plan for Evaluation

Knowing if a project was successful starts with planning for evaluation. Each objective you developed should have an indicator, which will help you identify if the objective was met. Indicators are specific, observable and measurable changes. It is important that the indicator is able to measure what you set out to measure. For example, if you develop a poster about healthy food choices, it would be important to ask how many people read the poster or remember what the poster said rather than asking if they liked the poster.

Step 5. Review the Plan

The final step is to make sure your health promotion plan is complete, achievable, and can be evaluated. During this time, look for any errors or gaps and make sure all volunteers can achieve their tasks in the timeline given.

Step 6. Celebrate

Finally, take the time to celebrate the end of the planning process. This will signal that the next step is to implement the health promotion project. While implementing the project you will receive feedback that can be used in adapting or evaluating the project.

References

1. Ontario Agency for Health Protection and Promotion. Planning health promotion programs: introductory workbook. 5th ed. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: [https://dieteticsdocs.landfood.ubc.ca/dietetics_docs/06%20-%20Preceptor%20Specific%20Documents/FEED%20Teleconference%20Sessions/4-PPH%20Preceptor%20Sessions/2019/Reference%20Documents/FNH%20473%20Applied%20Public%20Health%20Nutrition%20Course/Planning%20Health%20Promotion%20Programs%20Introductory%20Workbook,\(Ontario%20Public%20Health\).pdf](https://dieteticsdocs.landfood.ubc.ca/dietetics_docs/06%20-%20Preceptor%20Specific%20Documents/FEED%20Teleconference%20Sessions/4-PPH%20Preceptor%20Sessions/2019/Reference%20Documents/FNH%20473%20Applied%20Public%20Health%20Nutrition%20Course/Planning%20Health%20Promotion%20Programs%20Introductory%20Workbook,(Ontario%20Public%20Health).pdf)
2. Jeffco Healthy Schools. Division of Student Success: Jeffco Healthy Schools. Available from: <https://sites.google.com/a/jeffcoschools.us/healthy-schools/sample-hw-goals>

Evaluating Health Promotion Strategies

Evaluation provides information used in understanding the value of a program. This information can be used as a starting point to make decisions about the program (1). Evaluations are developed during planning ensure results are being monitored and documented through the entire program. Evaluation provides a way to see if the actions of the program are still able to meet goals and objectives. This information helps to decide if the program needs to change to meet goals.

Evaluations can gather qualitative or quantitative data or a combination of both.

- **Quantitative data** uses numbers and would cover information like the amount of time used on a project; number of participants or volunteers; or amount of change when compared to previous data (e.g. increase in profits).
- **Qualitative data** is descriptive. Information gathered is from participant feedback.

Sometimes qualitative data is gathered first and used to develop quantitative tools to reach more people (2). Other times quantitative data and qualitative data are gathered separately and used together to strengthen the findings (3).

The process of evaluation includes (4):

- A description of the program
- Defining the intent of the program
- A description of what is to be evaluated
- An outline of the process to be used to gather data
- Timelines developed
- Gathering data
- Analyzing the data to identify successes and challenges
- Summarize findings
- Sharing results with stakeholders
- Deciding on what action to take to improve program

Examples of evaluation methods used to gather data

- A talking circle may be used to gather data (qualitative) about student or parent experiences and perceptions of health promotion strategies used in schools. This gives an opportunity for all participants to be heard and provide in depth data.
- Simple tracking of data (quantitative) related to programs in schools can be used as evaluation. For example: How many children are using the program? How often? How much time is invested in the program weekly?

Evaluation is often thought of after a program is completed. However, planning evaluation before implementing the program will have better results as it will be linked to the goals and the outcomes of the program. The success of a program can only be determined with a good evaluation plan.

References

1. [Baghian et al. \(2019\)](#). Evaluation of students' mental and social health promotion educational programs: a systematic review. *Journal of Education and Health Promotion*, 8.
2. [Kholghi et al. \(2018\)](#). Evaluating an Indigenous health curriculum for diabetes prevention: engaging the community through talking circles and knowledge translation of results. *Family Practice*, 35(1), 80–87.
3. [Darlington and Simar \(2016\)](#). Implementation of a health promotion programme: a ten-year retrospective study. *Health Education* 117(3), 252-279.
4. Public Health Ontario (2015). *At a glance: the 10 steps for conducting an evaluation*. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/at-a-glance-10step-evaluation.pdf?la=en>

Weight Management and Misconceptions in Weight Loss

Body weight and composition is determined by many factors including genetics, metabolism, physical environment, culture, behaviors, and access to healthy food (1). To a certain extent some factors and influences can be changed, while others cannot. This makes controlling one's body size or shape complicated; rarely is it as simple as "calories in must equal calories out".

Many of the social determinants of health (see [Determinants of Health](#) backgrounder on p. 14) can impact weight in different ways. Some examples include:

- **Biology & Genetics**
 - Post-puberty: females are more likely to have increases in fat stores and wider hips, while males are more likely to have increases in height and muscle mass (2).
 - If both parents are short and large-framed, there is a greater likelihood a child will be of similar size and stature.
 - Certain health conditions and medications may make it more difficult to gain or lose weight.
- **Income**
 - Maintaining weight may be more difficult if money is a concern. The inability to afford or access healthy foods may result in purchasing processed foods, which tend to be high in sugar, salt and saturated fat.
 - When money is tight, it can be difficult to afford to put children in organized sports or other activities, resulting in less opportunities for children to be physically active.
 - The additional stress that comes with a lack of income can also make it hard to engage in healthy behaviors. Students may be required to work long hours to help support the family income, leaving less time to be physically active and prepare healthy foods.
- **Physical Environments**
 - Exposure to advertising and marketing of unhealthy foods online as well as in schools and communities, can increase consumption of unhealthy food and beverages (3,4).
 - The places we spend time in can either make it easier or harder to make healthy choices. For example, if the school has a vending machine, canteen, and bake sale that offer cheap sweet and salty foods daily, a child will be more likely to eat those foods more often.

Weight management during teen years

During puberty, teens experience rapid changes in their weight, height, body shape, and body composition. They frequently experience these changes during a time where exposure to cultural ideals of beauty and expectations of body shape and size are heightened (2). Teens often feel societal pressure to meet the unrealistic 'ideal' body image promoted by social media, tv, internet, and print media (2). (See [Body Image](#) backgrounder p.50) In an attempt to control their weight, teens may engage in unhealthy behaviors such as restrictive eating, skipping meals, fasting, smoking, binge-drinking, compensatory exercise, and use of food substitutes, stimulants, laxatives, steroids or diet pills (5-9). Unhealthy diet behaviours can result in eating disorders, weight-cycling, decreased athletic performance, decreased mental and cognitive performance, mood changes, depression, self-harm, and a higher BMI later in life (5-7).

Discussing a student's weight may increase their desire to control their body shape or size and lead to unhealthy weight control practices. **These practices can have harmful effects on self-image as well as physical and mental health. Body shape, size and weight should never be used to determine health in the school setting** (see [Measuring Health and Fitness](#) backgrounder on p.55).

Weight loss misconceptions

The public, including teens, are flooded with messages from media and the fitness industry on quick ways to achieve weight loss. Being thin or muscular is often believed to equal health and happiness, reinforcing society's preoccupation with a certain body size and shape. Commercial programs and companies frequently advertise fast weight loss solutions and market their methods as a guaranteed way to achieve results. The weight-loss industry is not regulated in Canada (10); resulting in promotion of unsustainable methods, which are often not supported by science and may include products that are unsafe for children and youth. Following unsustainable diets or weight-loss programs can also increase the likelihood of nutrient deficiencies (see [Nutrition Trends/Fat Diets](#) backgrounder on p.48.)

Reality of Weight Loss:

- People can be healthy at all shapes and sizes.
- Weight loss is not easy; it is more than simply eating less and exercising more.
- Weight fluctuates throughout a person's life.
- Willpower has little to do with weight loss – outside factors have the biggest impact.
- All calories are NOT equal and reducing calories does not guarantee weight loss.
- Carbohydrates are found in many healthy foods such as vegetables, fruit and whole grain products. Eating these foods can help people maintain a healthy weight.
- Supplements are not necessary to maintain a healthy weight.
- There is no quick fix. Fad diets don't usually work in the long term (see backgrounder on see [Nutrition Trends/Fat Diets](#) p.48).

Instead of focusing on weight, focus on gaining good health. School staff can support healthy habits for their students by implementing a wellness policy that make the healthy choice easier.

Consider these ideas for a wellness policy (11,12).

- Offer a variety of healthy foods when food is served and sold at school
- Limit the amount of foods high in saturated fat, salt, and added sugars that are provided to children at school.
- Help children and youth understand hunger and fullness cues in lessons about healthy eating;
- Make water available throughout the day instead of sugary drinks
- Encourage physical activity at school by allowing for 60 minutes of moderate to vigorous activity daily.
- Limit extended periods of sitting and include movement throughout the day.

- Trade indoor time for outdoor time.
- Encourage students to limit their recreational screen time to 2 hours per day and get enough sleep each night.

For more tips and resources on healthy eating and living see Canada's Food Guide at: <https://food-guide.canada.ca/en/>

References

1. Seagle HM, Strain GW, Makris A, Reeves RS; American Dietetic Association. Position of the American Dietetic Association: weight management. *J Am Diet Assoc.* 2009;109(2):330-346. doi:10.1016/j.jada.2008.11.041 Available from: <https://pubmed.ncbi.nlm.nih.gov/19244669/>
2. Voelker DK, Reel JJ, Greenleaf C. Weight status and body image perceptions in adolescents: current perspectives. *Adolesc Health Med Ther.* 2015;6:149-158. Published 2015 Aug 25. doi:10.2147/AHMT.S68344. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4554432/>
3. Boyland EJ, Nolan S, Kelly B, et al. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. *Am J Clin Nutr.* 2016;103(2):519-533. doi:10.3945/ajcn.115.120022. Available from: <https://academic.oup.com/ajcn/article/103/2/519/4662876>
4. Villegas-Navas V, Montero-Simo MJ, Araque-Padilla RA. The Effects of Foods Embedded in Entertainment Media on Children's Food Choices and Food Intake: A Systematic Review and Meta-Analyses. *Nutrients.* 2020;12(4):964. Published 2020 Mar 31. doi:10.3390/nu12040964. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7230193/>
5. Ferraro ZM, Patterson S, Chaput JP. Unhealthy weight control practices: culprits and clinical recommendations. *Clin Med Insights Endocrinol Diabetes.* 2015;8:7-11. Published 2015 Feb 17. doi:10.4137/CMED.S23060. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334025/>
6. Neumark-Sztainer D, Wall M, Story M, Standish AR. Dieting and unhealthy weight control behaviors during adolescence: associations with 10-year changes in body mass index. *J Adolesc Health.* 2012;50(1):80-86. doi:10.1016/j.jadohealth.2011.05.010. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3245517/>
7. Carl RL, Johnson MD, Martin TJ; COUNCIL ON SPORTS MEDICINE AND FITNESS. Promotion of Healthy Weight-Control Practices in Young Athletes. *Pediatrics.* 2017;140(3):e20171871. doi:10.1542/peds.2017-1871. Available from: <https://pediatrics.aappublications.org/content/140/3/e20171871.long>
8. Raffoul A, Leatherdale ST, Kirkpatrick SI. Weight Management, Weight Perceptions, and Health-Compromising Behaviours Among Adolescent Girls in the COMPASS Study. *J Prim Prev.* 2018;39(4):345-360. doi:10.1007/s10935-018-0512-0. Available from: <https://link.springer.com/article/10.1007%2Fs10935-018-0512-0>
9. Cook SJ, MacPherson K, Langille DB. Far from ideal: weight perception, weight control, and associated risky behaviour of adolescent girls in Nova Scotia. *Can Fam Physician.* 2007;53(4):678-684. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1952598/>
10. Dietitians of Canada. **Guidelines for Choosing a Weight Loss Program.** Practice-based Evidence in Nutrition® [PEN] Knowledge Pathway Health Conditions/Disease – Gastrointestinal System – Gastroesophageal/Gastro-oesophageal Reflux Disease (GERD/GORD). 2014-10-07 [2020-05-26]. Available from: <http://www.pennutrition.com>. Access only by subscription. Click [Sign Up](#) on PEN login page.
11. Government of Canada. Canada's Dietary Guidelines for Health Professionals and Policy Makers. 2019 Jan [cited 2020 May 29]. Available from: <https://food-guide.canada.ca/en/guidelines/>
12. CSEP. Canadian 24-Hour Movement Guidelines for Children and Youth (ages 5-17 years): An Integration of Physical Activity, Sedentary Behaviour and Sleep. Accessed 2020 May 29 from: <https://csepguidelines.ca/children-and-youth-5-17/>

Nutrition trends/fad diets

Many new diets and supplements come out each year advertised as being the best for gaining muscle, losing weight or enhancing sport performance. Diet programs, however, are not regulated in Canada (1), and nutrition information can be found everywhere and come from anyone. The hard part is knowing which source of information to believe.

A fad diet is a popular diet that usually promises weight loss. A fad diet often sounds “too good to be true,” and likely does not follow healthy eating guidelines that support good health and athletic performance. Red flags to watch out for include (1):

- Promises weight loss of more than 2 pounds (1 kg) per week.
- Does not provide support for long-term weight loss success.
- Restricts you to less than 800 calories a day.
- Is rigid and does not fit into your lifestyle or state of health.
- Cuts out major food categories (like gluten or carbohydrates) and stops you from enjoying your favourite foods.
- Forces you to buy the company’s foods or supplements rather than show you how to make better choices from a grocery store.
- Uses “counsellors” who are actually salespeople. Weight management counsellors should not make a commission from anything you buy.
- Gives you nutrition advice that is based on testimonials rather than scientific evidence.
- Promotes unproven ways to lose weight such as starch blockers, fat burners and detox cleanses.
- Does not encourage physical activity.

Fad diets may be harmful

Fad diets that are too low in calories may mean individuals won’t get enough energy to do the activities they love. By cutting out major groups of foods, people may not get the nutrients their bodies need to be healthy. If people lose weight on fad diets too quickly with no support to help keep it off, they could get stuck in a cycle of weight loss and weight gain. This yo-yo dieting is stressful for the body (1) and often does not result in a sustained weight, which is the goal. Dieting may cause individuals to become preoccupied with food and weight, which can lead to disordered eating.

Impacts of Dieting on Physical Activity (2)

When you do not get enough calories from carbohydrate, fat and protein, your performance may not be the best it could be.

If you don’t get enough calories in the short-term:

- You may not see results from your training
- You may lose muscle tissue which may result in the loss of strength and endurance

If you don't get enough calories long-term:

- You may not get the vitamins and minerals you need
- Your immune system may be weakened
- Your hormone levels may be unbalanced
- You may have a higher risk of injury to muscles, bones or connective tissue
- Females may not menstruate regularly

References

1. Dietitians of Canada (2020). Get the Facts on Fad Diets. Available from: www.unlockfood.ca/en/Articles/Weight-Loss/Get-the-Facts-on-Fad-Diets.aspx
2. Dietitians of Canada (2019). Sports Nutrition Facts. Available from: www.unlockfood.ca/en/Articles/Physical-Activity/Sports-Nutrition-Facts-on-Carbohydrate,-Fat-and-P.aspx

Body Image

Body image is a term that describes how we see our own body and how we feel about our body. It is the mental picture we have that includes our thoughts, feelings, judgments and awareness of our body.

Self-esteem is the opinion you have of yourself, which can include body image, but also includes beliefs about the whole person, not just the body (1).

Physical and emotional changes that occur during adolescence leave youth vulnerable to messages about their bodies from the media, family and peers. At the same time, our present culture is bombarded with messages which place more value on some body sizes, shapes and looks than others. The school environment and community can assist youth in creating and maintaining healthy body images in many ways.

Effective and ineffective strategies for promoting a positive body image:

- Teach students critical-thinking skills to help them to identify and resist cultural messages that could promote negative body images. Media images of unrealistic body sizes and shapes, along with comments from family, friends, role models and significant adults about weight, can all influence an individual's body image and can in turn increase the risk of unhealthy dieting behaviours. Having images of various healthy body shapes and sizes visible in the school environment can help to normalize and celebrate all body shapes and sizes.
- Words and actions of adult role models, such as teachers and coaches, can impact a student's body image. Avoid using statements that are focused on body sizes, weight loss or diets such as, "low carb diet," or "clean eating."
- Talking about healthy eating and physical activity for health benefits without mentioning weight, size and shape can promote a positive body image in youth. Examine your own values and beliefs about body size and weight.
- Do not teach about eating disorders or disordered eating habits. Research has shown that teaching students about eating disorders is not only ineffective in preventing these conditions, but it can also increase the risk of a child developing one by glamorizing dangerous behaviours and thoughts (2). Instead, teach students about healthy habits, media literacy, and coping strategies.
- Do not teach about body image and nutrition at the same time.
- Make time and space for meals at school. Discourage activities which restrict or glamorize unhealthy eating habits such as "starve-a-thons" or eating contests.
- Have policies in place that ban teasing or bullying about physical appearance.

Refer to the following websites for more information about how to integrate healthy body image into classroom activities, policies and programs.

- Beyond Images Webinar: Weaving Body Image Into the Classroom www.youtube.com/watch?v=o8U5cDzx8UQ&feature=youtu.be and
- Beyond Images Webinar - Body Image in the Classroom www.youtube.com/watch?v=Affzx9i9dL0&feature=youtu.be

- U.S. Department of Health and Human Services (2005) Body Wise Handbook maine.gov/education/sh/eatingdisorders/bodywise.pdf

References

1. National Eating Disorder Information Centre. Body Image & Self-Esteem. [cited 2018 Apr 19]. Available from: nedic.ca/know-facts/body-image-self-esteem
2. Beyond Images. Body-Image and Self-Esteem Backgrounder for Teachers. 2016 [cited 2018 Apr 19]. Available from: www.beyondimages.ca/access-curriculum

Weight Bias

What is Weight Bias?

Weight bias refers to negative attitudes towards people due to their weight. These negative attitudes result in stereotypes, prejudice and unfair treatment towards these people. Weight bias can be expressed in multiple forms, such as name-calling, teasing, physical aggression, cyber bullying, rumors, and social exclusion. Not only can this be embarrassing for a child or youth, it can also have serious consequences on their physical, social and psychological health. Weight bias towards children and youth most often occurs at school and at home.

Why does weight bias happen?

Weight bias occurs because we live in a culture where there is a perception that being thin is desirable (but not *too* thin, because these people may be stigmatized as well). Our culture also tends to believe that people are responsible for their life situation and “get what they deserve”. Despite research suggesting that body weight is determined by a complex interaction of genetic, biological and environmental factors, most people believe that weight gain or loss is under personal control.

We are exposed to misleading messages about weight from various means such as television, movies, books, magazines, social media and websites. A consequence of these messages is that it is thought to be socially acceptable to judge people’s characters, personalities and behaviours based on weight. When family members, friends, and education professionals reinforce these false messages, individuals are stigmatized.

How does weight bias affect students?

Students who experience teasing or discrimination because of their weight can have low self-esteem, poor body image, and are more likely to experience symptoms of depression and anxiety. These students are also more socially isolated, less likely to be chosen as friends, and more likely to engage in suicidal thoughts and behaviours. Children and youth who experience weight biases are more likely to try unhealthy weight control measures, binge eat, and avoid physical activities. Research shows that children and youth who have been victimized because of their weight report missing more days of school, and experiencing lower expectations by their teachers, which can result in poorer academic performance.

Taking Action

All people deserve safety, respect, and acceptance in their community and classroom. Just as we should not tolerate racial or gender bias toward others, we should not tolerate weight bias. As explained by the Government of Saskatchewan in the school nutrition policy document, [Nourishing Minds – Eat Well – Learn Well – Live Well](#), “Weighing students in school does more harm than good. In trying to help all children grow well, sometimes a focus is put on children’s weight. Instead, it is important that the focus be on the health and wellness of the whole child. All students need to be physically active and eat well in order to be healthy regardless of their body weight.”

If you witness weight bias occurring in your school, intervene right away. To learn how to address weight bias within your classroom and school, refer to the resources found at: [Weight Bias at Home and School](#)

References

1. Teachers: Weight Bias in Youth. R UConn Rudd Center For Food Policy and Obesity. Downloaded Dec 21, 2015 from URL: www.uconnruddcenter.org/files/Pdfs/Educators-WeightBiasintheClassroom.pdf
2. It's time to end the last form of socially acceptable prejudice. Canadian Obesity Network. Accessed December 7, 2015 from URL: www.obesitynetwork.ca/weight-bias
3. Weight Bias & Stigma > Theories of Weight Bias. UConn Rudd Center For Food Policy and Obesity. Accessed December 7, 2015 from URL: www.uconnruddcenter.org/weight-bias-stigma-theories-of-weight-bias
4. What is the impact of obesity stigma? Canadian Obesity Network. Accessed December 7, 2015 from URL: www.obesitynetwork.ca/impact-of-obesity-stigma
5. How can I help eliminate obesity stigma and bias? Canadian Obesity Network. Accessed December 7, 2015 from URL: www.obesitynetwork.ca/impact-of-obesity-stigma
6. The Student Body: Promoting Healthy at Any Size. Accessed December 7, 2015 from URL: thestudentbody.aboutkidshealth.ca/home.asp
7. [Weight Bias & Stigma > Weight Stigmatization in Youth. UConn Rudd Center For Food Policy and Obesity. Accessed December 7, 2015 from URL: www.uconnruddcenter.org/weight-bias-stigma-weight-stigmatization-in-youth](http://www.uconnruddcenter.org/weight-bias-stigma-weight-stigmatization-in-youth)
8. Weight Bias & Stigma > Education. UConn Rudd Center For Food Policy and Obesity. Accessed December 7, 2015 from URL: www.uconnruddcenter.org/weight-bias-stigma-theories-of-weight-bias
9. Weight Bias & Stigma: Emotional & Physical Health Consequences. UConn Rudd Center For Food Policy and Obesity. Accessed December 7, 2015 from URL: www.uconnruddcenter.org/weight-bias-stigma-emotional-physical-health-consequences
10. Weight Bias: A Social Justice Issue 2012. UConn Rudd Center for Food Policy and Obesity. Accessed December 7, 2015 from URL: www.uconnruddcenter.org/files/Pdfs/Rudd_Policy_Brief_Weight_Bias.pdf
11. Stigma, Obesity, and the Health of the Nation's Children. Rebecca M. Puhl, Yale University, Janet D. Latner, University of Hawaii at Manoa. Psychological Bulletin. 2007. Vol. 133. No. 4. Accessed December 7, 2015 from URL: ovidsp.tx.ovid.com.ezproxy.shirp.ca/
12. Confronting and Coping with Weight Stigma: An Investigation of Overweight and Obese Adults. Rebecca M. Puhl and Kelly D. Brownell. OBESITY Vol. 14, No. 10, October 2006. Accessed December 7, 2015 from URL: onlinelibrary.wiley.com/doi/10.1038/oby.2006.208/full
13. Internalization of Weight Bias: Implications for Binge Eating and Emotional Well-being. Rebecca M. Puhl, Corinne A. Moss-Racusin, and Marlene B. Schwartz. OBESITY Vol. 15, No. 1, January 2007. Accessed December 7, 2015 from URL: onlinelibrary.wiley.com/doi/10.1038/oby.2007.521/pdf

Measuring Health and Fitness

The cultural, social, physical and psychological changes that occurring during adolescence impact body image in the teen years (1). Exercise, diet and beauty trends shown on the internet and in reality television negatively impact adolescent body image (1). Instagram, Snap Chat and other image based social media platforms place additional importance on teenagers' appearances, which can include body weight and shape (1). When associated with components of health, students may choose to focus on weight or body size as an outcome to physical activity, rather than cardiovascular endurance and flexibility, since these are not as easily visible to others.

Measuring and evaluating weight in children and teens requires accurate technology and interpretation, and is not to be done in the school setting.

Weighing and measuring students in schools

Measuring children and youth within the school setting can be more harmful than beneficial. Children and youth are often teased about their size and shape. Measuring weight or body composition at school can increase the amount of teasing children may already be receiving. Regardless of their size or shape, children and youth may be pressured to try harmful diets. Body composition can influence health, but research has shown that shaming people for their size does not improve their health, and can make it worse (2).

Being physically active, eating well, and having positive self-esteem is important for all people regardless of their size and shape. It is important to be supportive of all children and youth by keeping the focus **on** health and wellness and **off** size and shape.

There are a number of measures that health care providers use to estimate body composition in relation to health risks. **Regardless of the technique used, body composition should only be measured and used by a trained healthcare provider as part of a total health assessment to accurately evaluate disease risk.**

- **BMI (Body Mass Index) for Age:** BMI for children and youth must be interpreted differently than BMI for adults. Because children and youth are growing and developing, their body composition changes frequently. As a result, **BMI for children and youth must be interpreted by using the appropriate BMI for Age charts and not adult BMI charts.** When health care providers assess growth, several measurements over a period of time are used instead of one measurement at one point in time.
- **Skin fold thickness measurements:** Due to the difficulty in obtaining accurate measurements, there is a high potential for error. Most importantly, skin fold calipers measure subcutaneous fat (fat that is found under the skin). Subcutaneous fat, although still part of overall weight, is not the most concerning fat for health. Visceral fat (fat stored in the abdomen), found close to internal organs, is the type of fat that is associated with health risks and often cannot be measured using skin fold measurements (4).

Wearable Technology and Activity Apps

With the popularity of wearable activity trackers and smart phone apps such as Fit Bit and My Fitness Pal, students may be able to track many components of activity. It is important to note there are many factors that impact the accuracy of these tools (5). For example, fitness tools which show caloric expenditure are not reliable since the equations used depend on assumptions that might not be appropriate for the user (5).

Regardless of which health measurements are used, it is imperative to reinforce that health is complex and cannot be measured only using a few tools. Regardless of the level of health perceived, health must not be judged as an elitist or moral success. Also see [Weight Bias](#) backgrounder on p. 53.

References

1. Voelker D, Reel J, Greenleaf C. Weight status and body image perceptions in adolescents: current perspectives. *Adolescent Health, Medicine and Therapeutics*. 2015.;6, 149-158. Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC4554432/
2. Puhl, R. Heuer, C. Obesity Stigma: Important Considerations for Public Health. *Am J Public Health*. 2010 June; 100(6): 1019–1028. Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC2866597/
3. Dietitians of Canada. PEN Current Issues: Growth Monitoring of Infants and Children Using the 2006 World Health Organization Child Growth Standards and 2007 WHO Growth References. 2013. [cited November 3, 2015]. Available from: www.dietitians.ca/Dietitians-Views/Prenatal-and-Infant/WHO-Growth-Charts/WHO-Growth-Charts---Resources-for-Health-Professio.aspx
4. Harvard Medical School. Abdominal fat and what to do about it. 2015. [cited November 3, 2015] Available from: www.health.harvard.edu/staying-healthy/abdominal-fat-and-what-to-do-about-it
5. Shcherbina A. et al. Accuracy in Wrist-Worn, Sensor-Based Measurements of Heart Rate and Energy Expenditure in a Diverse Cohort. *J of Pers Med*. 2017 May 24; 7(2), 3. Available from: www.mdpi.com/2075-4426/7/2/3

Interpreting Health Information Online

We often get health information from the internet through social media and websites. It is hard to know which source is the best. It is important to inform students of ways to ensure the information from the website can be trusted.

Below are a few tips when looking for health information online:

1. Who hosts the website?

- Look for information from government authorities such as Health Canada, health authorities, or from national charities such as the Heart and Stroke Foundation, Canadian Cancer Society, or Diabetes Canada. These sources report reliable health information.
- Be wary of websites advertising or selling things that are supposed to improve your health. Many of these companies include false or misleading scientific claims to encourage you to buy their product.

2. Is the information reliable?

- Check the author's credentials. Not all information is written by qualified health professional. There are many phony health professionals making false claims on the Internet.
- Some qualified health professionals may also reference poor scientific studies with misleading information.
- Health information should be unbiased and based on solid evidence. The author should refer to and provide the specific links to this evidence.
- Be cautious about personal stories and opinions. They are not always objective or based on evidence.

Some websites may even have a cautionary note or full disclaimers that the information provided is purely based on opinion and not on scientific evidence.

3. When was the information written?

- Look for websites with current health information. The date of the information is often at the bottom of the page. Look for information from the last 5 to 10 years.

4. Does the website offer quick and easy solutions to your health problems?

- Be careful of health information that claims that one pill or food will cure a lot of different illnesses.
- Be cautious of articles that try to make people fearful or recommends therapies which produce amazing or 'miracle' cures. Look for other reliable websites to see if they provide the same information.

Talk with a trusted health care professional about what you learn online before making any changes in your health care or eating plan.