



## Connecting Health Strategies to Education

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Schools are responsible for delivery of curriculum, and have governance and management systems in place to deliver this. A range of programmes can be found in schools, however, which are linked to health outcomes.

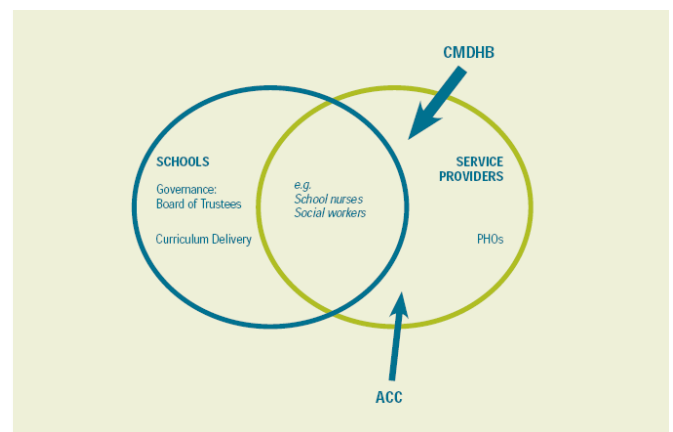
As well as an aspiration for *Educated and Knowledgeable People*, the Manukau vision in ***Tomorrow's Manukau: Manukau Apopo*** identifies aspirations under *Healthy People* for appropriate health services being available to all Manukau residents, high standards of public health, access to healthy choices; reduction in health inequalities; and recognition that cultural health is important to well-being.

How are these aspirations being connected to young people in schools? Who takes responsibility for health services in schools? Once upon a time, a person in the school with responsibility for the 'sick bay' was the extent of schools' engagement with health issues. In larger schools, school nurses dealt with referred issues.

Today, schools are increasingly working with service providers on contract from health agencies such as the Counties Manukau District Health Board, Public Health Organisations (PHOs), and ACC, to deliver programmes and services for students in order to ensure that barriers learning and well-being through health are addressed.

While most schools participate in health programmes, schools do not directly deliver these programmes but work alongside service providers who have expertise and support.

The area of engagement in the diagram below describes where the education and health spheres intersect.



changed, but the interface with health agencies and health providers has, and this engagement has resourcing implications for schools. This includes the *space* for service providers (where will the social worker's office be? where can she/he meet with children or their families?) and the *time* for liaison and integration.

### A sample of initiatives

**Health Promoting Schools** takes a *whole-school approach* to improving the well-being of the whole school community and therefore learning outcomes. HPS aims to address all

aspects of hauora – physical, mental, emotional, social and spiritual wellbeing. The WHO defines a Health Promoting School as a school “that constantly strengthens its capacity as a healthy setting for living, learning and working”.

The Ministry of Health currently purchases regional coordinators, advisors and public health nurses to deliver HPS. HPS advisors and public health nurses work in partnership with schools and their communities to adopt three interrelated components of the HPS conceptual framework:

- School ethos, organisation and environment
- Curriculum, learning and teaching
- Community links, relationships and partnerships

Health Promoting Schools have a strong commitment to working in partnership with pupils, staff, parents, the wider community and key agencies. A regional HPS co-ordinator is responsible for the promotion and understanding of HPS to the education sector, health sector, school managers and health managers. Contracted service providers work more directly with HPS to deliver programmes and projects alongside or with schools.

Direct provision of services in schools is based on profiles of the needs of students. With reference to the youth profile in Counties Manukau, 10% of all New Zealanders between the age of 12 and 24 live here (72,786 young people). 15,000 are Maori and just over 16,000 are Pacific, and just over 10,000 are Asian. While most of these young people have a number of protective (health promoting) factors in their lives and do not engage in multiple risky health behaviours, there

are a number of areas where these young people need help. According to students themselves, these include issues such as weight, violence, smoking, exercise, alcohol and drugs, sore throats, tiredness, eating, sexually transmitted infections (STIs), sporting injuries, peer relationships, and hunger. Data related to youth suicide, preventable youth deaths, teenage births, mental health, substance abuse and sexual abuse indicate a need to take a collaborative approach to working with youth in this area.

As part of a **Counties Manukau Youth Interagency Project**, 80% of Year 9 students in the AIMHI schools (lowest decile secondary schools) receive a comprehensive holistic assessment, undertaken by a contracted provider, and are then referred to appropriate services. This service has also been extended to include students in alternative education. As a result, 750 young people in the lowest decile secondary schools now get seen by school-based health services on a daily basis.

**Lets Beat Diabetes** is a Counties Manukau District Health Board led campaign to tackle the Type-2 Diabetes epidemic that is facing Counties Manukau. Aimed at long-term, sustainable change or delay to the onset of diabetes, it takes a “whole of society, whole of life, whole of whanau/family” approach to actions. The CMDHB wishes to develop a **Schools Accord** to ensure that children are “fit, healthy, and ready to learn”. Children spend up to thirteen years in school. What they learn during these formative years will influence their choices and decisions in later life.

A New Zealand study of the health of students attending Alternative Education (AE) programmes found that these students had less parental connection, were more likely to be vulnerable to behaviours that endanger their health, such as drug and alcohol use, risky sexual behaviours and risky motor vehicle use than other secondary school students. They were also more likely to suffer from high levels of depressive symptoms indicative of significant psychopathology<sup>1</sup>. The authors concluded that specific policies and programmes for alternative secondary school students were needed to address urgent and serious threats to their health and wellbeing. 78% of AE students are Maori (compared to 25% of the total secondary school population), 9.5% are Pacific (19.3%). Funding for students in Alternative Education programmes ceases when they turn 16, and therefore their access to free education or associated services ceases also.

The extract from the 2006-2007 Action Plan<sup>2</sup> on page 4 looks to ensure schools and health and physical activity service providers work together in a more co-ordinated and effective way so children experience a 'healthy experience' when at school.

**Mission On** is a government-sponsored package of initiatives to promote healthier lifestyles among young people, with particular attention

<sup>1</sup> Denny, Simon, Clark, Terryann, and Peter Watson (2004). 'The health of alternative education students compared to secondary school students: a New Zealand study'. *The New Zealand Medical Journal*, 5 November. Vol 117 No 1205.

<sup>2</sup> See Appendix:

[http://www.letsbeatdiabetes.co.nz/file/operational\\_plan\\_06\\_07.pdf](http://www.letsbeatdiabetes.co.nz/file/operational_plan_06_07.pdf). Pages 40-46.

to nutrition and physical exercise. Launched on 21 September 2006 with an accompanying investment of \$67 million over the next four years, the programme builds on existing activities such as Push Play, Active Schools, Fruit in Schools, Active Movement (in early childhood) and Active Communities.

To support the Mission On objectives, changes are being made to the National Administration Guidelines (NAGs) for schools, requiring school boards to develop policies that promote and achieve healthy nutrition, and reduce the consumption of unhealthy foods and drinks.

Sport and Recreation New Zealand (SPARC) is closely involved in developing and implementing the package, as well as health agencies throughout New Zealand.

Health agencies report much goodwill from the education sector in addressing health issues in Manukau. While each of the above initiatives is more complex than the summaries suggest, a whole-of-community approach to health underpins them all. The challenge is to ensure that schools in Manukau can properly play their part without undermining their core teaching and learning purpose. What support do they need to do this?

### **Discussion Questions:**

***What structures are required to enable schools and health agencies to work more effectively together?***

***What resources do schools need to support health outcomes?***

## APPENDIX:

### Action Area 7 – Supporting Schools to Ensure Children are 'Fit, Healthy and Ready to Learn'

*Schools are an environment that protects against obesity.*

Activity levels in Counties Manukau children are 15% below the national average. It is often schools that service the most at-risk communities which have the least resources to support good nutrition and physical activity. Anecdotal evidence indicates that schools have been placing less emphasis on physical activity over the past decade in favour of spending extra time on academic subjects. However, emerging international evidence shows that improved nutrition and physical activity levels in schools support improved behavioural and academic outcomes (and also financial outcomes) for schools. Schools need to understand that by becoming health promoting environments they are improving their children's potential for learning success.

The nutrition and physical activity environments in schools are characterised by multiple providers and programmes with no overall co-ordination or direction. Schools are confused and fatigued due to external providers raising expectations which cannot be met with internal school resources. During 2006/2007, *Let's Beat Diabetes* (LBD) will focus on:

- enhancing the co-ordination of existing health promotion providers to minimise schools' confusion and fatigue
- further developing the leadership hub to oversee strategy development
- enhancing and supporting the AIMHI/NEW pilot in selected high risk secondary schools
- rolling out the 'healthy canteen' business model, and supporting schools to improve 'drinks' environment in and around schools
- developing new funding streams to support schools to make sustainable changes
- supporting Kohanga Reo, Kura Kaupapa and Pacific language nests to enhance or develop and implement nutrition and physical activity policy and programmes