Promoting the health of children and youth through policies in the school setting is a responsibility often shared by the health and education sectors. In fact, it has been said that achieving widespread adoption of approaches such as comprehensive school health (CSH) hinges on continued commitment from, and strong links between, both sectors. Collaboration may be made easier if both sectors perceive benefits to their involvement, consider the implementation strategies feasible and share similar monitoring and evaluation methods. Furthermore, research in Europe indicates that when the educational element of the approach is emphasized, there is a greater chance of enhancing students’ health and securing staff commitment to the program. Nevertheless, the efforts of health and education departments in support of school health promotion can be enhanced through stakeholder involvement. Stakeholder involvement appears to be critical throughout the policy process, from the identification of the need for a policy, to analyzing options and developing the policy, through to policy adoption, implementation, evaluation and sustainment. Coordination among stakeholders at all levels is required if a national or subnational policy is to be adopted, implemented and evaluated at the school level.

As a complement to a companion article on facilitating health and education sector collaboration (pages S18-S19), this article will discuss the role of stakeholder involvement in the development and implementation of school policies that promote and support healthy eating and physical activity. Canadian examples will illustrate successful stakeholder engagement in this context.

METHODS
The literature search focused on retrieving documents published between 1994 and 2009 that described stakeholders’ roles in school health policy development and implementation. A search was conducted using MEDLINE/PubMed and the following key words: stakeholders, school health policy, nutrition, healthy eating, physical activity and active living. A Web-based search engine was used to locate relevant grey literature, using the same key words. Reference lists and related articles identified within MEDLINE/PubMed were also reviewed to retrieve additional publications. Canadian examples illustrating successful stakeholder engagement within the school setting were identified through a solicitation from members of the Joint Consortium for School Health. From this input, the examples profiled reflected the breadth and diversity of initiatives across the country.

Overview of stakeholder involvement
Stakeholders – whether they represent school personnel, students or parents, health professionals, academia, non-governmental organizations, the private sector, industry, media or marketing interests – may have important information about an issue, be affected by a policy decision or be in a position to affect a policy.
As a response to the issues of child obesity and inactivity, Active Schools Programs were piloted in a few schools in two districts in Newfoundland and Labrador. In addition to adding 80 to 100 minutes of physical activity per cycle for students in grades Kindergarten to 6, the idea was to promote physical activity opportunities to students on days when they did not receive physical education. To this end, classroom teachers received in-service training, and participating classes were provided with a “treasure box” of activity ideas and equipment. Students, staff, parents and the community at large were involved in the planning and implementation process and quickly linked with community partners to access funding, resources and substantial support at the community/municipal, district, provincial and federal levels.

The Dr. Swift Middle School in Alberta has created a Healthy Choices Board to identify health issues in the school, develop an understanding of these issues and initiate changes in the school to address them. Its first task was to develop a menu for school-based food services and follow up with school-wide health initiatives such as yoga during lunch, an after-school exercise club, diabetes awareness week activities, assertiveness training and the promotion of health through drama. Composed of nine students (three from each grade), school counselors, a school administrator and a parent, the Board is making connections with outside agencies such as the Native Friendship Centre, a women’s shelter and others that can support the initiative.

The involvement of parents, caregivers, and families is important by virtue of their capacity to promote and model healthy eating and active living for their children. School personnel, such as school administrators, teachers, coordinators and food service staff, have unique roles in the context of school-based health promotion initiatives. (Figure 1) Senior management and school principals, for instance, have been identified as influential in the promotion and maintenance of school health promotion programs by providing adequate resources, delegating responsibilities among staff and liaising with external groups. Teachers, a key source of information on school practices, are typically responsible for delivering the curriculum component of health promotion programs as well as extramural activities. The onus is on food service staff to implement nutrition standards when ordering, preparing and displaying the foods and beverages provided and sold to students. A school health coordinator can also be a valuable resource as she or he can assume responsibilities that teachers might otherwise have to take on in addition to their classroom responsibilities. In fact, the existence of project coordinators, teams or champions (e.g., a principal or other administrator) has been identified as a positive element for staff motivation, knowledge sharing and sustainable implementation of interventions.

As views and perceptions of the health-related policy may differ, communication with and among school personnel and other stakeholders is a facilitating factor in stakeholder engagement and policy implementation. Other facilitating factors include involving school personnel in the development of the policy or program, providing teachers with easy-to-use program materials that are aligned with academic mandates and appeal to students, and supporting staff through training and the provision of resources such as time and funding. Health officials must recognize that while they may regard student health as a key priority, school personnel juggle many demands, the most important of which is academic achievement.

### Students and Their Families

Involving students in the policy decision-making process is logical, given that they are the ultimate beneficiaries of increased school-based physical activity and greater access to healthy food choices.

There is little published research on the impact of student involvement in the school policy process. However, the inclusion of students during the planning and design of any school-based program will likely influence its feasibility and acceptability; it may also help foster a sense of ownership and reinforce the concept of collective action. Students can help define needs, identify gaps and suggest activities or mechanisms to incorporate their feedback in health promotion initiatives. Yet, few systematic opportunities for students to voice their opinions and concerns currently exist or have been described in the literature.

The involvement of parents, caregivers, and families is important by virtue of their capacity to promote and model healthy eating and active living for their children. (Figure 2) Parent and caregiver involvement in the development stage can help ensure that the barriers to their support of health promotion initiatives are identified and potential solutions developed. For example, a decision to drive children to and from school will affect alternative programs, such as “walking school buses”, that promote greater physical activity for school children. Parents can play a number of additional roles, from receiving information, being involved in...
STAKEHOLDER ENGAGEMENT IN SCHOOL POLICY

• Among actions taken to implement school food guidelines, a new parent-provided hot lunch program is available to all students at a Central Coast BC school with funding from Aboriginal education funds and the support of the Nuxalk Nation. A local co-op also supports the implementation of the guidelines by allowing schools to purchase healthier items at reduced costs. Two local airlines transport food supplies to remote schools at no cost.
• Toronto Public Health partnered with FoodShare, a non-profit agency working to improve access to affordable and healthy food from field to table, and three school boards to support the development of 10 new school food gardens in the city. With the financial assistance of the Toronto Heart Health Partnership, teachers, school staff, parents, volunteers and public health nurses were trained to start a school food garden, and garden tool kits were acquired.
• As part of a chronic disease prevention initiative, about 20 people from various associations in and around Minnedosa, Manitoba, assessed the need for and created a healthy canteen, with labour and space provided by the school division and a start-up grant from the regional health authority. The self-sustaining canteen sells reasonably priced food made from “scratch” with healthy ingredients. Profits pay the coordinator’s salary and supplies. A nutrition education component rounds out the canteen program.

Homework assignments or program elements, fundraising, participating in extracurricular activities and committees at the school or school-district level, or lobbying decision-makers to support health promotion in the school setting.

Health Professionals
Public health practitioners are among the health professionals with a role to play in the context of physical activity and healthy eating promotion in schools. Beyond delivering health services, they may be involved in research, monitoring and evaluation; education; facilitation; and advocacy.18 Public health dietitians or nutritionists can use their skills and knowledge to assist in the development and implementation of policies and programs to meet specific food and nutrition objectives.19,20 The barriers to involving school nurses are similar to those identified for school personnel. They include lack of training and preparation, dearth of evidence and evaluation of health programs, lack of support from managers and lack of recognition from other health professionals.21 According to US sources, physicians may also be involved in school-based health promotion, for example, in sports-related activities, education, health promotion and workplace health, special education services, primary care services, staff in-service and board/committee membership. Their involvement may be limited because of lack of time, lack of training, liability concerns and inadequate financial compensation.22,23

Private Sector
The private sector’s role as a future employer likely motivates its interest in supporting a healthy future workforce and, thus, supporting health promotion projects that target youth. Given the implications of school nutrition policies on school food procurement and availability in the school setting in general, the food industry will likely have a strong interest in being involved in the policy development process. Potential roles for the food and beverage industry include product development and reformulation; product packaging; responsible advertising; public-private partnerships; public relations; and corporate social responsibility, including advocating for policy changes to improve diets.24

In the area of physical activity, many private sector stakeholders may be supportive of school-based policies or programs. Sporting goods manufacturers and recreation businesses are key suppliers of equipment and recreation opportunities for children and youth; team sponsors and promoters of ticket discounts and sports camps can also help make physical activity more accessible.

However, the focus on profits and the targeted interests of some private sector organizations may come into conflict with action to promote and support healthy eating and to offer a wide palette of activity opportunities. For example, “pouring rights”, whereby soft drink companies pay for the right to have their vending machines in schools, can undermine efforts to promote healthy beverage choices. In addition, some governments, school boards or individual schools may have policies limiting or prohibiting sponsorships from the private sector or specific purveyors of products or services that do not meet policy criteria. In the case of “pouring rights”, limiting the soft drink company to offer only choices that comply with healthy eating policies, such as water or juice, could mitigate the negative effects of the arrangement. This illustrates the importance of coordinating policy development to ensure that messages are coherent and consistent.

The media, of which many outlets are in the private sector, serve as a vehicle to cover and discuss policy issues and can be engaged to market food products more responsibly and communicate healthy living messages directly to children and youth.

With the growing availability of cable channels, print and online sources, media outlets of particular relevance to a school-aged audience may be potential partners in innovative projects to communicate healthy living messages directly. However, given the enormity and complexity of partnering with traditional media at the national or even regional level, opportunities for schools and school districts to engage local media in healthy schools projects are likely more realistic.

Internet-based social media may be particularly suited to engaging youth as agents of positive health behaviour within their networks.

Non-governmental Organizations
Non-governmental organizations (NGOs), including community, health and social organizations, may be engaged in service provision, educational or support activities, research or advocacy. Successful strategies for partnerships with this sector include agreeing on a compelling and unique mission that will best be achieved through collaborative action versus individuals’ efforts; securing strong and consistent leadership that includes stable resources; drawing membership from existing successful alliances; and agreeing to and respecting a code of operations while retaining organizational flexibility.25 (Figure 3)

The particular role of NGOs in supporting school intramural physical activity and sport through the establishment of sporting rules and guidelines for coaches is worthy of mention. Sporting associations at the regional, national and international levels indirectly interact with school sports and sporting activity in the community. However, non-competitive forms of physical activity may receive less support from sporting associations, which focus on competitive sports and, as a result, have less connection with the school community. This may undermine the range of physical activity options for children unless NGOs promoting improved physical health among children are enlisted to promote the notion of non-competitive physical activity, based on inclusiveness and accessibility.
CONCLUSION

There is a dearth of evidence on the roles of stakeholders in the development and implementation of school health policies. As well, little has been published on which engagement strategies work best with different stakeholder groups. The need for improved evidence demonstrating the impact of intersectoral action on health and health promotion interventions was recently acknowledged in a paper prepared for the Health Systems Knowledge Network of the WHO’s Commission on the Social Determinants of Health14 and emphasized by others.26 Existing research and experience suggest that the following factors may help address policy challenges and facilitate acceptance, adoption and implementation of policies as well as reinforcement of health messages:

- Coordination and communication among stakeholders at all levels
- Consideration of stakeholder views, concerns, priorities and decision-making processes
- Recognition of potential outcomes benefitting different sectors
- Training for all those who have a role in developing, implementing and evaluating policy
- Resources adequate to implement and evaluate policy components
- Support to maintain the policy as a priority in the face of competing agendas.

While governments have an important stewardship role to play in the development and implementation of policies, including the provision of resources, funding and evaluation, the successful adoption, implementation and monitoring of policy requires the involvement and cooperation of numerous stakeholders at all levels.

REFERENCES