

# HEALTHY EATING AT SCHOOL – A HUMAN RIGHT?

The right to grow up healthy  
Vivian Barnekow

**Sund mad på skolen – en menneskeret?**  
Mandag 29 juni, 2015 15:00-16:30  
Aalborg Universitet, AC Meyersvænge 15,  
Sydhavn, Seminarum 2.1.042

## INTERNATIONAL FRAMEWORK

- ▶ The conventions and policies
- ▶ The data and indicators
- ▶ The policies
- ▶ The school setting

The World Health Organization has defined Health Promotion as:

*“The process of enabling people to increase control over, and to improve, their health”*

## FACTORS AND DETERMINANTS INFLUENCING HEALTH

## THE CONVENTIONS

- Universal Declaration of Human Rights (1948)
- European Convention on Human Rights (1950)
- Convention on the Rights of the Child (1989)
- WHO European strategy for child and adolescent health (2005, 2015)
- CoE resolution on healthy eating in schools (2005)

## HEALTH – A PRECIOUS GLOBAL GOOD

- ▶ A human right – a matter of social justice
- ▶ Higher on the political and social agenda of countries and internationally
- ▶ An important global economic and security issue
- ▶ A prerequisite for human, economic and social development. Health performance and economic performance are inter-linked
- ▶ A major economic sector in its own right



hbcs HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN WORLD HEALTH ORGANIZATION COLLABORATIVE CROSS-NATIONAL STUDY

## THE HBSC REPORT

Patterns of health among 11, 13 and 15 year olds in 39 countries

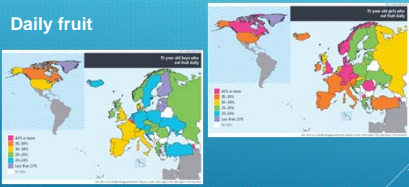
Social determinants and inequalities according to family affluence, gender and age

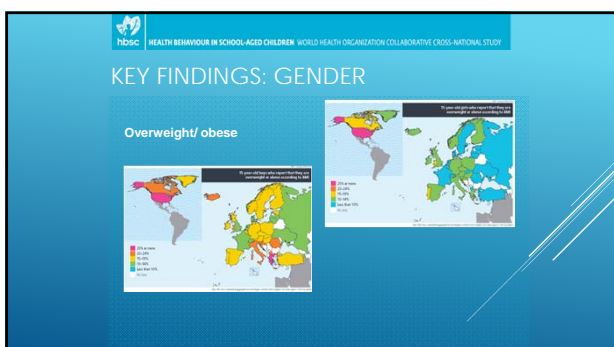
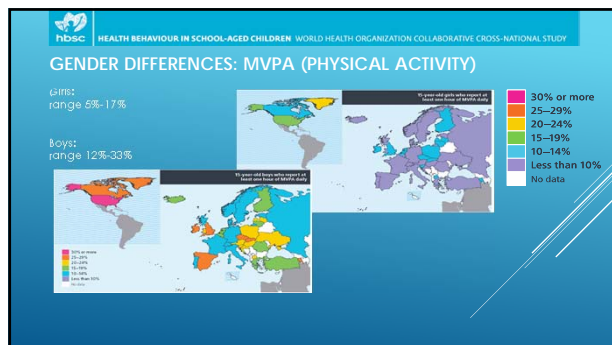
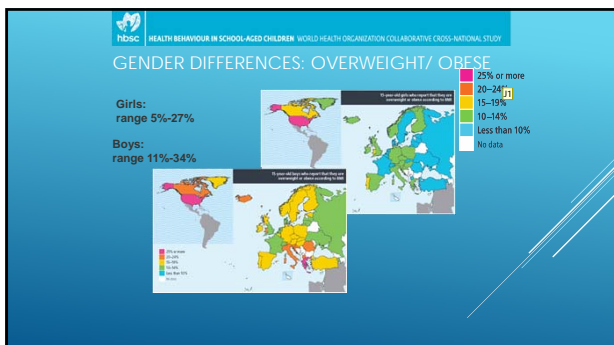


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## KEY FINDINGS: GENDER

### Daily fruit





### HEALTH OUTCOMES - FAMILY AFFLUENCE

Many aspects of health appear to be affected by family affluence with better outcomes generally associated with better material conditions:

- Self-rated health - poorer health associated with lower affluence
- Life satisfaction - higher satisfaction associated with higher affluence
- Health complaints - higher prevalence associated with lower affluence
- Medically attended injuries - higher prevalence associated with higher affluence
- Overweight and obesity - higher prevalence associated with lower affluence (but opposite in some poorer countries)

## Slide 9

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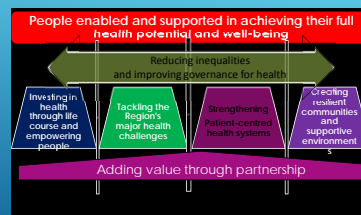
**J1** remember we are missing A LOT of data for obesity in Scotland England and Wales  
DAMIAN MULLAN; 30-04-2012

### HEALTH BEHAVIORS - FAMILY AFFLUENCE -

Health behaviors also appear to be affected by family affluence such that positive behavior is associated with better material conditions.

- Eating fruit - higher prevalence associated with higher affluence
- Eating breakfast - higher prevalence associated with higher affluence
- Toothbrushing - higher prevalence associated with higher affluence

### HEALTH 2020 STRATEGIC OBJECTIVES AND PRIORITIES FOR POLICY ACTION



### INVESTING IN CHILDREN: THE EUROPEAN CHILD AND ADOLESCENT HEALTH STRATEGY – GUIDING PRINCIPLES

- ▶ adopting a life-course approach
- ▶ adopting an evidence-informed approach
- ▶ promoting strong partnerships and intersectoral Collaboration
- ▶ adopting a rights-based approach.

### VISION

- All children and adolescents born, growing up in the WHO European Region should:
- ▶ **be visible to policy-makers, decision-makers and carers:**
  - ▶ be wanted children born to healthy mothers within nurturing families and communities.
  - ▶ **grow up free from poverty and deprivation**
  - ▶ bond quickly and effectively with their mother, father, siblings and other important caregivers.
  - ▶ **be breastfed for the first six months and well nourished thereafter:**
  - ▶ receive the full programme of effective immunization and health checks.
  - ▶ be free of avoidable diseases, and have full access to quality health services including mental health services
  - ▶ receive good, high-quality parenting;
  - ▶ **attend appropriate pre-schools and schools and become literate and numerate;**

### VISION - CONTINUED

- ▶ have access to regular opportunities to take part in physical activity;
- ▶ have access to age- and gender-appropriate health and sexuality information and support;
- ▶ remain free from harm from tobacco, alcohol and other substances;
- ▶ have access to a health and safe environment in communities, homes, kindergartens and schools;
- ▶ develop the confidence and skills to make informed choices and decisions and develop positive relationships;
- ▶ empowered to participate in decisions about their health and well-being; and
- ▶ move into adulthood equipped with the necessary skills and competences to make positive contributions and enjoy a productive, healthy, happy life.

A good start in life – equal access to health, education and social systems



### INVESTING IN CHILDREN

- A HUMAN RIGHT

Improve access to quality school health and adolescent friendly services



### INVESTING IN CHILDREN

- A HUMAN RIGHT

### SCHOOLS AS SETTING – WHY?

- ▶ School setting - easy to reach
- ▶ Target group 4 – 18 year
- ▶ Focus on education
- ▶ Health has long tradition



## SHE VALUES AND PILLARS

- ▶ *Equity*. Equal access for all to education and health
- ▶ *Sustainability*. Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period
- ▶ *Inclusion*. Diversity is celebrated. Schools are communities of learning, where all feel trusted and respected
- ▶ *Empowerment*. All members of the school community are actively involved
- ▶ *Democracy*. Health promoting schools are based on democratic values.

## A HEALTH PROMOTING SCHOOL

- ▶ Pays attention in a structured and systematic way to the health and well-being of pupils and of school-staff as part of the school plan

## SHE PILLARS

- ▶ *Whole school approach* to health promotion. Combine health education in the classroom with development of school policies, the school environment, life competencies and involving the whole school community
- ▶ *Participation*. A sense of ownership by student, staff and parent
- ▶ *School quality*. Health promoting schools create better teaching and learning processes and outcomes. Healthy pupils learn better, healthy staff work better
- ▶ *Evidence*. Development of new approaches and practices based on existing and emerging research.

## HEALTH PROMOTING SCHOOL APPROACH = WHOLE SCHOOL APPROACH

- ▶ Participatory approach
- ▶ Healthy school policies
- ▶ Physical and social environment of the school
- ▶ Life competencies
- ▶ Links with community
- ▶ Better health services start with prevention

## FOOD AND SCHOOLS

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- Health eating policy developed with participatory approach
- Schools providing food
  - Canteen, friendly atmosphere, noise
- Packed lunch from home
  - Keep cold, appropriate spaces to eat
- Access to clean water
  - Drinking bottles
- Food in the curriculum
  - Nutrition, food preparation, eating, food sources, growing fruit and vegetables



Thank you for  
your attention