

May 2018



PROMOTING HEALTHY EATING AND PHYSICAL
ACTIVITY IN K-12: AN INDEPENDENT AUDIT

www.bcauditor.com



OFFICE OF THE
Auditor General
of British Columbia

CONTENTS

Auditor General’s comments	4	Key findings and recommendations	27
Report highlights	7	Shared direction	27
Summary	8	Ministries have not communicated shared, overarching direction	28
Summary of recommendations	12	Program and policy development	29
Response from the Ministries of Health and Education	14	Majority of programs and policies are jointly developed and evidence-informed	29
About the audit	16	Gaps in the joint development of resources for school meal programs is a missed opportunity	31
Background	16	Needs of vulnerable students considered but more can be done	31
Why we did this audit	16	Monitoring and evaluating implementation	32
Costs of chronic disease	16	Ministry of Health’s monitoring of programs	32
The role of a healthy school	17	Ministry of Education’s monitoring of policies	34
Comprehensive school health	18	Joint ministry work to address barriers to implementation	37
Joint commitment to student health in B.C.	19	Reporting on results	38
Ministry of Health’s responsibilities	19	Health not using key indicators to measure progress	38
Ministry of Education’s responsibilities	22	Health is reporting on population trends	39
Audit scope	24	Audit quality assurance	40
Audit approach	24	Appendix A: complete audit criteria	41
Audit objective and conclusion	26		
Audit objective	26		
Audit conclusion	26		

623 Fort Street
 Victoria, British Columbia
 Canada V8W 1G1
 P: 250.419.6100
 F: 250.387.1230
www.bcauditor.com

Cover photo credit: Top right photo provided by the Sooke School District.

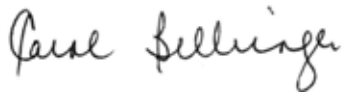
The Office of the Auditor General of British Columbia would like to acknowledge with respect that we conduct our work on Coast Salish territories. Primarily, this is on the Lkwungen-speaking people’s (Esquimalt and Songhees) traditional lands, now known as Victoria, and the W̱SÁNEĆ people’s (Pauquachin, Tsartlip, Tsawout, Tseycum) traditional lands, now known as Saanich.

The Honourable Daryl Plecas
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Mr. Speaker:

I have the honour to transmit to the Speaker of the Legislative Assembly of British Columbia the report, *Promoting Healthy Eating and Physical Activity in K-12: An Independent Audit*.

We conducted this audit under the authority of section 11 (8) of the *Auditor General Act* and in accordance with the standards for assurance engagements set out by the Chartered Professional Accountants of Canada (CPA) in the CPA Handbook – Canadian Standard on Assurance Engagements (CSAE) 3001 and Value-for-money Auditing in the Public Sector PS 5400.



Carol Bellringer, FCPA, FCA
Auditor General
Victoria, B.C.
May 23, 2018

AUDITOR GENERAL'S COMMENTS

THE COSTS OF chronic disease represent the largest burden to B.C.'s health care system. Chronic disease affects one in three people in the province, and their treatment uses approximately 80% of the combined Medical Services Plan, PharmaCare and acute care budgets.

Fortunately, chronic diseases are largely preventable. For example, one way to prevent chronic disease is to promote healthy eating and physical activity. Increasing healthy eating and physical activity reduces disease incidence, contributes to improved quality of life and avoids health care costs.

We also know that schools are an ideal setting for promoting overall healthy living because they can reach almost every child, and by extension, their families. Schools provide opportunities for students to learn about and practice healthy eating and physical activity.

Education in general is also strongly linked to health. Research has shown that influencing the health and well-being of children and youth is important for two reasons: it makes them better learners and it increases the likelihood of them becoming healthy adults.

The Ministries of Health and Education have committed to working together to improve the learning and health outcomes of children and youth in public schools. For example, they are both members of the Pan-Canadian Joint Consortium for School Health, a partnership of federal, provincial and territorial governments. A key function of this consortium is to support the health and education sectors in working together more effectively.

Also, for the most part, the ministries have come together to develop evidence-informed initiatives that promote healthy eating and physical activity. However, the ministries need to work together more to effectively oversee this area.



CAROL BELLRINGER, FCPA, FCA
Auditor General

AUDITOR GENERAL'S COMMENTS

We found that the ministries are not doing enough to support the implementation of these initiatives in public schools. Most significantly, the ministries have not communicated shared, overarching direction to the health authorities and school districts. One impact is that school districts and schools often don't prioritize the implementation of these initiatives. For example, we learned that many education sector staff perceive healthy eating and physical activity initiatives as add-ons to an already overwhelming workload.

The ministries also need to work together more to jointly identify and address barriers to the implementation of healthy eating and physical activity initiatives. For example, they have not resolved several systemic barriers to the implementation of Healthy Schools BC.

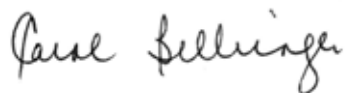
These barriers include the lack of time for health authority staff to support the education sector, the lack of school-level coordinators to help coordinate healthy living programs and the need to increase the education sector's awareness of these programs.

We also assessed the ministries separately and found that improvements were needed. For example, Health has significantly scaled back the BC School Fruit and Vegetable Nutritional Program (its largest healthy eating initiative) since it was implemented from the pilot. This may have impacted the ministry's ability to reach its overall goal of improving the nutritional health of children and youth in B.C. Also, Health is mostly not monitoring its healthy eating and physical activity initiatives for results, and needs to use better indicators for measuring progress.

Education is monitoring student progress in the areas of healthy eating and physical activity through the Student Learning Survey. However, the ministry needs to improve its monitoring of school meal programs (breakfast, lunch and/or snacks). More specifically, we found inconsistencies with how the ministry estimates the funding needed by school districts to support vulnerable students.

AUDITOR GENERAL'S COMMENTS

We've made eight recommendations in this report to improve the ministries' oversight of healthy eating and physical activity initiatives. I would like to thank everyone we worked with, especially the dedicated staff from the ministries, health authorities, school districts and schools who care so passionately about the health of children and youth of this province.



Carol Bellringer, FCPA, FCA
Auditor General
Victoria, B.C.
May 2018

REPORT HIGHLIGHTS

Healthy eating
and physical activity
**LOWER RISK OF
CHRONIC DISEASE**

CHRONIC DISEASE

affects
**1 in 3 PEOPLE
IN B.C.**

COSTS OF
CHRONIC DISEASE
**= LARGEST
BURDEN**
ON HEALTHCARE
SYSTEM



SCHOOLS ARE IDEAL
for promoting
healthy living
because they can
**REACH ALMOST
EVERY CHILD**



Health and
Education ministries
COMMITTED to
working together to
IMPROVE
STUDENT HEALTH

- 1.
2. **8** recommendations to improve
- 3.
4. **MINISTRIES' OVERSIGHT**
5. of healthy eating
6. and physical activity
7. initiatives
- 8.

HEALTHY CHILDREN
often become
HEALTHY ADULTS



Ministries
JOINTLY DEVELOPED
healthy eating
and physical activity
**INITIATIVES
FOR SCHOOLS**

Ministries
**HAVEN'T
DONE ENOUGH**
to **SUPPORT
IMPLEMENTATION**
of initiatives

**LACK OF MINISTRIES'
SHARED, OVERARCHING
DIRECTION**
has contributed
to many districts
**NOT PRIORITIZING
INITIATIVES**

SUMMARY

POSITIVELY INFLUENCING THE health and well-being of children and youth is the best way to shape the future health of the people of British Columbia. Schools are an ideal setting for promoting overall healthy living because they can reach almost every child, and by extension, their families—regardless of socioeconomic background, culture, gender, age or ability.

Role of healthy eating and physical activity

Evidence has consistently shown that unhealthy eating and physical inactivity increase a person's risk of developing a chronic disease. For example, unhealthy eating and physical inactivity contribute to overweight and obesity and people who are overweight or obese have a higher risk of developing chronic diseases, such as diabetes, cardiovascular diseases and cancer. In B.C., approximately 20% of children and youth are overweight and 7% are obese. Research has shown that many obese children remain this way into adulthood.

The role of a healthy school

Healthy schools work with partners from both the health and education sectors and the broader community to help students develop long-term healthy habits. Research has shown that a comprehensive school health approach is an effective way to establish a healthy school. This internationally recognized approach builds the link between health and education in an integrated, holistic and planned way.

B.C.'s commitment to student health

The Ministries of Health and Education have agreed to work together to improve the learning and health

outcomes of children and youth in public schools. The ministries are members of the Pan-Canadian Joint Consortium for School Health, a partnership of federal, provincial and territorial governments from across Canada, established in 2005. The members are committed to working together to promote the well-being and achievement of children and youth in schools. A key function of the consortium includes increasing co-operation between ministries, agencies, departments and others to support healthy schools.

Ministry of Health's role

As the overall steward of B.C.'s health system, the Ministry of Health (Health) is responsible for providing leadership and policy direction, including setting province-wide goals, standards and expectations for the delivery of health services by the health authorities.

The ministry's *Healthy Families BC Policy Framework: A Focused Approach to Chronic Disease and Injury Prevention* prioritizes schools as a setting for the promotion of overall healthy living and encourages health authorities to implement interventions aimed at increasing healthy eating and physical activity.

The ministry oversees four provincial-level healthy eating and physical activity programs, and funds non-

SUMMARY

governmental organizations to administer and support their delivery. These programs include:

- ◆ Healthy Schools BC
- ◆ Action Schools! BC
- ◆ BC School Fruit and Vegetable Nutritional Program
- ◆ Farm to School BC

Ministry of Education's role

The Ministry of Education (Education) is responsible for setting public education policy for the province and establishing education standards for students in K–12 through the provincial curriculum. The ministry shares responsibility for governance of the education system with locally elected boards of education from 60 school districts.

Education establishes support for healthy eating and physical activity through:

- ◆ the K–12 Physical and Health Education Curriculum
- ◆ the *Guidelines for Food and Beverage Sales in BC Public Schools*
- ◆ CommunityLINK (Learning Includes Nutritional Knowledge) funding for meal programs (breakfast, lunch and snacks)

What we looked at

We carried out this audit to determine whether the Ministries of Health and Education are working together to effectively oversee provincial public school programs and policies that promote healthy eating and physical activity.

We assessed Health's suite of four provincial healthy eating and physical activity programs, and Education's three provincial policies that support healthy eating and physical activity.

Specifically, we looked at whether the ministries had worked together to:

- ◆ communicate shared direction to the health authorities and school districts to promote healthy eating and physical activity in schools
- ◆ develop evidence-informed programs and policies
- ◆ address barriers to the implementation of programs and policies.

We also assessed the ministries separately. We looked at whether Health was monitoring the implementation and effectiveness of its programs, and we determined whether Education was monitoring its policies that support healthy eating and physical activity. Lastly, we looked at whether either ministry was publicly reporting on outcomes related to healthy eating and physical activity.

What we concluded

We concluded that Health and Education were not working together to effectively oversee provincial public school programs and policies that promote healthy eating and physical activity.

SUMMARY

Key findings

Ministries have not communicated shared, overarching direction

Health and Education have not communicated shared, overarching direction to the health authorities and school districts for the promotion of healthy eating and physical activity in public schools.

One impact of this lack of shared, overarching direction is that school districts and schools often don't prioritize the implementation of these initiatives. For example, we learned that many education sector staff have had limited engagement with healthy eating and physical activity initiatives because they are not connected with the sector's priorities.

Majority of programs and policies are jointly developed and evidence-informed

We found that for the most part, Health and Education have worked together, and with their delivery partners, in the development of most provincial healthy eating and physical activity programs and policies.

We also found that most of the healthy eating and physical activity programs and policies are evidence informed. However, key changes have been made to Health's largest healthy eating program, the BC School Fruit and Vegetable Nutritional Program, since it was implemented from the pilot. These changes may have impacted the ministry's ability to reach its overall goal of improving the nutritional health of B.C. children and youth.

Needs of vulnerable students considered but more can be done

Health and Education have developed all healthy eating and physical activity programs and policies with some consideration of the needs of vulnerable students; however, we found improvements were needed for maximizing their access to key components of Healthy Schools BC.

Maximizing access for vulnerable students to healthy eating and physical activity programs is important because these children and youth are more vulnerable to poor health outcomes. According to the Human Early Learning Partnership, approximately 1 in 3 children, or about 14,000 kindergarten students in B.C., are starting school with vulnerabilities in one or more areas critical to healthy development.

Education's monitoring of school meal programs is not sufficient

Most school districts use a portion of their CommunityLINK funding to support school meal programs for vulnerable students. Having access to nutritious meals is especially important for vulnerable children and youth who are often living in poverty, compared to those from families with a higher socioeconomic status.

Education requires the school districts to report annually, so that the ministry can monitor the amount and percentage of funding spent on school meal programs. However, there is no consistent method for school districts to report on the number of vulnerable students who require support. These inconsistencies make it difficult for Education to accurately and

SUMMARY

consistently estimate funding to meet the needs of the school districts and to determine whether the funding provided is sufficient to meet expectations. Through our interviews with staff from school districts and schools, we learned that in some cases, their vulnerable student funding is not sufficiently meeting their needs.

Health is mostly not monitoring for results

Health is monitoring the implementation of all provincial healthy eating and physical activity programs. However, the ministry is not evaluating program effectiveness in terms of achieving increased healthy eating and physical activity, and as a result it lacks information about what adjustments need to be made to improve its programs.

Health not using key indicators to measure progress

Health is reporting publicly on its progress towards achieving targets for healthy eating and physical activity on a regular basis through ministry service plans. However, the ministry's performance measure is not consistent with key indicators for the physical health and well-being of children and youth identified by the Provincial Health Officer and the Canadian Institute for Health Information.

The ministry's performance measure is also not consistent with Health's intended results in this area, which are to improve health outcomes by increasing healthy eating and physical activity. It is important that performance measures relate to an organization's activities, and the outcomes of those activities, so that the organization can track the results of its work.

SUMMARY OF RECOMMENDATIONS

TO SUPPORT THE IMPLEMENTATION OF HEALTHY EATING AND PHYSICAL ACTIVITY PROGRAMS AND POLICIES, WE RECOMMEND:

- 1** that the Ministries of Health and Education work together with their delivery partners to integrate the promotion of healthy eating and physical activity with other student health initiatives by establishing shared goals, objectives, targets and performance measures; and to communicate this direction to health authorities and school districts.
- 2** that the Ministries of Health and Education work together with their delivery partners to revise the *School Meal and School Nutrition Program Handbook* according to current nutritional standards.
- 3** that the Ministries of Health and Education work together with their delivery partners to develop healthy eating and physical activity initiatives that maximize access for vulnerable students.

TO MONITOR AND REPORT ON PERFORMANCE, WE RECOMMEND:

- 4** that the Ministry of Health work with its delivery partners to measure the effectiveness of healthy eating and physical activity initiatives, in terms of achieving increased healthy eating and physical activity and better health outcomes.
- 5** that the Ministries of Health and Education work together with their delivery partners to support school districts and schools in meeting nutritional guidelines when providing meals (breakfast, lunch and/or snacks) in schools.
- 6** that the Ministry of Education work with school districts to implement a consistent method for estimating the number of vulnerable students needing access to programs currently funded through CommunityLINK.

SUMMARY OF RECOMMENDATIONS

TO MONITOR AND REPORT ON PERFORMANCE, WE RECOMMEND: (CONTINUED)

- 7** that the Ministries of Health and Education work together with their delivery partners to identify and address barriers to the implementation of healthy eating and physical activity programs and policies.
- 8** that the Ministries of Health and Education report publicly on shared performance measures that are consistent with key indicators for the physical health and well-being of children and youth.

RESPONSE FROM THE MINISTRIES OF HEALTH AND EDUCATION

SUPPORTING THE HEALTH and well-being of children and youth makes them better learners and increases the likelihood of them becoming healthy adults. Schools are an ideal setting for promoting healthy living because they offer the opportunity to reach almost every child, and by extension, almost every family, regardless of a child's age, ability, gender, culture, or socio-economic background. We, the Ministries of Education and Health, thank the Auditor General and the audit team for their work reviewing how the Ministries of Health and Education work together to oversee provincial public school policies and programs that promote healthy eating and physical activity. We accept the recommendations from the report and will take the necessary actions to ensure their intent is achieved.

Since 2005, the Ministry of Health and the Ministry of Education have committed to work together to promote the wellness and achievement of children and youth in the school setting, through membership in the Pan-Canadian Joint Consortium for School Health. As the audit has recognized, we have collaborated on the development of evidence-based programs and policies, with our school-based health initiatives based on proven practices. We accept that there may be additional opportunities and ways to work together to better support the implementation of these initiatives, thus furthering their impacts.

To this end, and in support of the implementation of all eight recommendations, the two ministries are developing a formal memorandum of understanding (MOU), which will guide our collaborative work moving forward. The MOU will clearly articulate the roles and responsibilities of the two ministries, and define a collaborative approach to developing policy and programming, and delivering interventions and resources that promote health and wellbeing for

children and youth in schools. The ministries will use the MOU to support enhanced collaboration as specific efforts to address the recommendations in this report unfold.

We recognize that successful school-based health initiatives require the skills and perspectives of our partners. Also, that these initiatives reflect BC's modern education system, where evidence-based approaches also provide flexibility and choice. To develop and implement solutions in response to the audit recommendations, we will collaborate with our provincial and regional partners, including school districts and health authorities.

We will work together with our delivery partners to integrate the promotion of healthy eating and physical activity with other student health initiatives by establishing shared goals, objectives, targets and performance measures and communicating this direction to health authorities and school districts [Recommendation 1].

RESPONSE FROM THE MINISTRIES OF HEALTH AND EDUCATION

To support school districts in meeting nutritional guidelines when providing meals and/or snacks in schools, we will also work with our delivery partners to revise the School Meal and School Nutrition Program Handbook according to current nutritional standards, and determine opportunities to support their implementation [Recommendations 2 and 5].

The ministries will work with our delivery partners to develop initiatives that maximize access for vulnerable students, as well as to identify and address barriers to the implementation of healthy eating and physical activity policies and programs [Recommendations 3 and 7].

The Ministry of Health will work with our delivery partners (including health authorities and non-governmental organizations) to measure the effectiveness of healthy eating and physical activity initiatives in terms of achieving increased healthy eating and physical activity, and better health outcomes [Recommendation 4].

The Ministry of Education will work with school districts to implement a consistent method for

estimating the number of vulnerable students needing access to programs currently funded through CommunityLINK [Recommendation 6].

Recognizing that our Ministries report publicly on evidence-based indicators that are aligned to our respective responsibilities, we will work with our service delivery partners to determine if there are additional performance measures that would more fully reflect the status of student health in the province. The Ministries will seek to utilize the robust sources of provincial data that already exist in BC, including reports from the Provincial Health Office, the Student Learning Survey (Ministry of Education) and the Adolescent Health Survey (McCreary Centre Society), to develop these performance measures [Recommendation 8].

We thank the Office of the Auditor General for a report that reinforces the importance of supporting the health and well-being of children and youth, and provides specific recommendations on opportunities to improve our ministries' collaborative efforts. We will continue to develop our responsive actions on these recommendations.

ABOUT THE AUDIT

BACKGROUND

Why we did this audit

THE GREATEST OPPORTUNITY for shaping the future health of the people of British Columbia is through positively influencing the health and well-being of children and youth. Schools are an ideal setting for promoting overall healthy living because they can reach almost every child, and by extension, their families—regardless of socio-economic background, culture, gender, age or ability. Schools can support students' efforts to be healthy and active and offer opportunities to learn about, and practise, healthy eating and physical activity.

Evidence has consistently shown that unhealthy eating and physical inactivity increase a person's risk of developing a chronic disease. For example, unhealthy eating and physical inactivity contribute to overweight and obesity, and research has shown that many obese children remain this way into adulthood. People who are overweight or obese have a higher risk of developing chronic diseases, such as diabetes, cardiovascular diseases and cancer. In B.C., approximately 20% of children and youth are overweight and 7% are obese.

Costs of chronic disease

The costs of chronic disease are the largest burden on B.C.'s health-care system. Chronic diseases affect one in three people in the province, and treatment of these diseases uses approximately 80% of the combined Medical Services Plan, PharmaCare and acute care budgets.

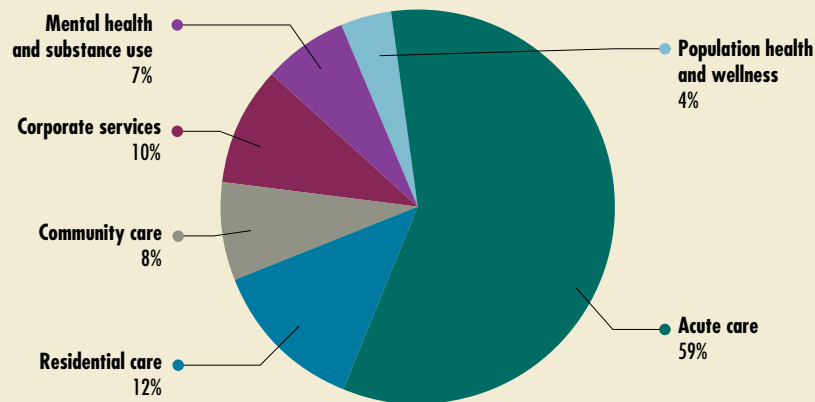
The Ministry of Health (Health) recognizes that improving population health in B.C. will reduce the incidence of chronic disease. Today, about 4% of B.C.'s health care dollars are spent on population health and wellness, as shown in [Exhibit 1](#).

WHAT IS POPULATION HEALTH?

Population health is the health of a population, as measured by indicators of health status such as literacy levels. A population health approach aims to reduce disparities in health outcomes by addressing the factors that influence peoples' health, including income, education, social and physical environments, and early childhood experiences.

ABOUT THE AUDIT

Exhibit 1: Breakdown of health authority expenses in 2015/16



Source: Office of the Auditor General of British Columbia, based on health authority financial statements

WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

Social determinants of health influence the health of whole populations and include income, education, housing and employment. For example, a recent report by the Provincial Health Officer stated that while the physical health and well-being of children and youth in the province is generally good, and stable or improving in many areas, there are some key disparities based on geography and gender. They found that among students in grades 7–12, those living in rural areas reported higher rates of physical activity than those in more urban areas, and males were about twice as likely as females to report participating in at least 60 minutes of physical activity seven days per week.

The role of a healthy school

Healthy schools, also known as health-promoting schools, work with partners from both the health and education sectors and the broader community to help students develop long-term healthy habits. According to the World Health Organization, a health-promoting school is one that constantly “strengthens its capacity as a healthy setting for living, learning and working.”

A healthy school gives students opportunities to:

- ♦ engage in regular physical activity
- ♦ learn about different types of physical activities
- ♦ discover the connections between physical activity, health and learning
- ♦ understand basic nutrition, including how to select healthy foods

A healthy school also provides a safe space for learning and playing, and helps students feel a sense of connection to their school.

ABOUT THE AUDIT

WHAT IS PHYSICAL LITERACY?

According to the International Physical Literacy Association, physical literacy is “the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life.”

WHAT IS FOOD LITERACY?

According to the Conference Board of Canada, food literacy is knowledge, attitudes and skills about food. This includes understanding the connections between food, health and well-being; knowing how to select nutritious foods; and understanding what constitutes a healthy diet.

- ♦ teaching and learning – involves formal instruction and informal learning, such as teachers modelling healthy behaviours
- ♦ healthy school policy – refers to all levels of rules, procedures and policies in schools, as well as management practices and decision-making processes (e.g., a policy of a school cafeteria using food harvested from a school garden)
- ♦ partnerships and services – involves the connections made between the school and the larger community (e.g., school partnerships with non-governmental organizations that support the delivery of programs)

Students are supported to realize their learning potential when actions in all four components are harmonized.

Comprehensive school health

Research has shown that healthy schools can be created through a comprehensive school health approach, an internationally recognized model that builds the link between health and education in an integrated, holistic and planned way (see Exhibit 2).

A comprehensive school health approach addresses four distinct but inter-related components:

- ♦ social and physical environment – the social environment refers to the emotional well-being of students and staff, including the quality of relationships among and between students and staff; the physical environment includes the buildings, grounds, play space and school equipment

Exhibit 2: Comprehensive school health



Source: The Pan-Canadian Joint Consortium for School Health

ABOUT THE AUDIT

Joint commitment to student health in B.C.

B.C.'s Ministries of Health and Education have agreed to work together to improve the learning and health outcomes of children and youth in public schools. The ministries are members of the Pan-Canadian Joint Consortium for School Health (JCSH), a partnership of federal, provincial and territorial governments from across Canada, established in 2005. The members are committed to working together to promote the well-being and achievement of children and youth in schools. This includes work in the areas of healthy eating and physical activity.

More specifically, the mandate of JCSH is:

- ♦ to increase co-operation between ministries, agencies, departments and others in support of healthy schools
- ♦ to strengthen the capacity of the health and education sectors to work together more effectively and efficiently
- ♦ to promote understanding and support for comprehensive school health initiatives

HOW MUCH PHYSICAL ACTIVITY DO CHILDREN AND YOUTH NEED?

The Canadian 24-Hour Movement Guidelines for Children and Youth recommend that children and youth (aged 5–17 years) should receive high levels of physical activity, including “an accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and muscle and bone strengthening activities should each be incorporated at least 3 days per week.”

The JCSH supports its members by providing resources, tools and a national forum for health and education professionals to work collectively on student health, well-being and learning. In 2015, the members renewed their commitment to the JCSH when they signed an agreement in support of a third five-year mandate.

Provincial initiatives that support healthy eating and physical activity

There are seven provincial programs and policies that support healthy eating and physical activity. These include four programs overseen by Health and three policies overseen by Education ([Exhibit 3](#)).

Ministry of Health's responsibilities

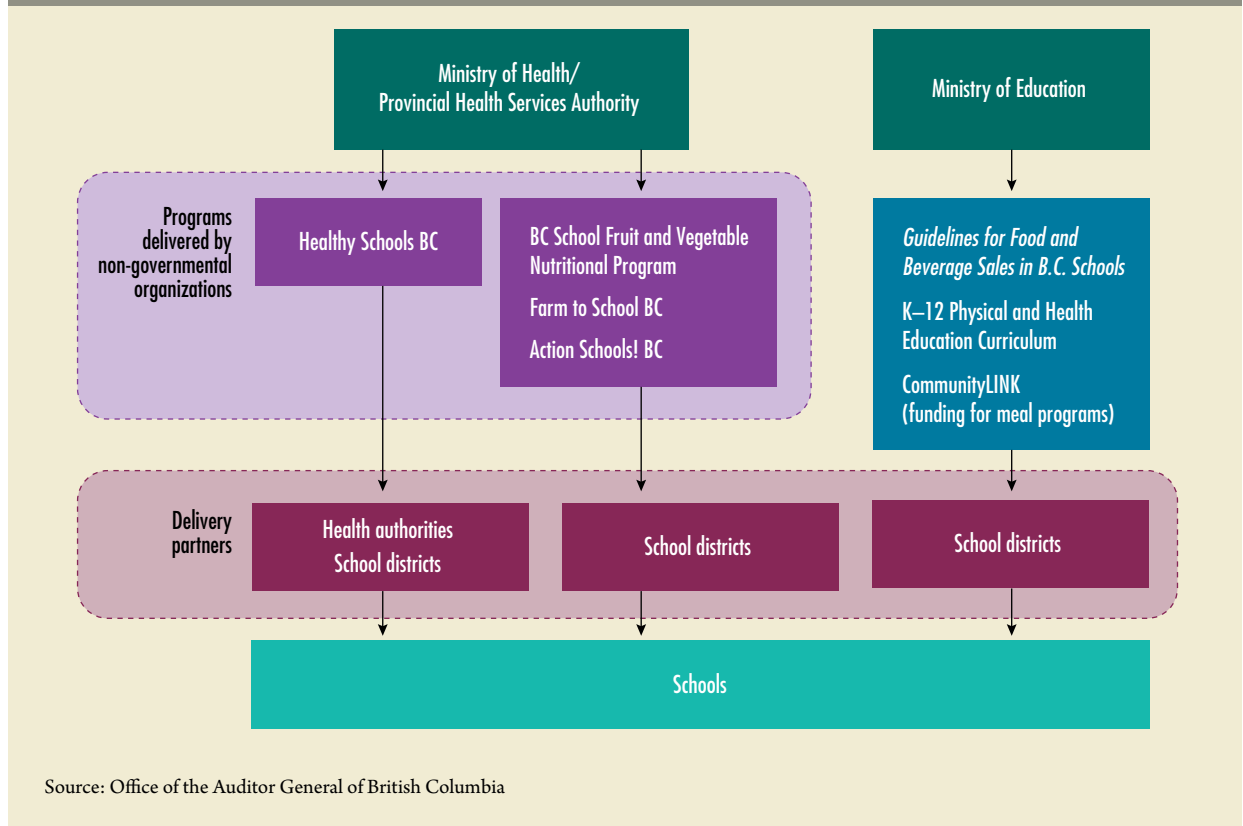
As the overall steward of B.C.'s health system, the Ministry of Health (Health) is responsible for providing leadership and policy direction, including setting province-wide goals, standards and expectations for the delivery of health services by the health authorities.

BC's Guiding Framework for Public Health outlines the ministry's long-term vision and goals, focussing on services and policies that promote and protect health and wellness. The framework states that more needs to be done to reduce the incidence of chronic disease. An objective of this framework is to improve the health of children and youth by:

- ♦ enhancing partnerships between the health and education sectors

ABOUT THE AUDIT

Exhibit 3: Programs and policies that support healthy eating and physical activity



- ◆ increasing the implementation of school-based healthy living programs, including those that promote healthy eating and physical activity

The ministry's *Healthy Families BC Policy Framework: A Focused Approach to Chronic Disease and Injury Prevention* prioritizes schools as a setting for the promotion of overall healthy living and encourages health authorities to implement interventions aimed at increasing healthy eating and physical activity.

Health's provincial healthy eating and physical activity programs

Health oversees four provincial-level healthy eating and physical activity programs, and funds non-governmental organizations (NGOs) to administer and support their delivery ([Exhibit 4](#)).

ABOUT THE AUDIT

Exhibit 4: Health's provincial healthy eating and physical activity programs

Program	Description	Responsibility	Funding provided to NGOs that support program delivery (2016/17)*
Healthy Schools BC	<ul style="list-style-type: none"> ♦ supports the health and education sectors, students and community partners in using the comprehensive school health approach ♦ strengthens cross-sector partnerships and student engagement ♦ coordinates existing school-based healthy living programs ♦ develops new tools and resources to support improvements in students' health and learning 	Health has ultimate responsibility for this initiative; however, the Provincial Health Services Authority is responsible for administering the funding agreements with the Directorate of Agencies for School Health (DASH) BC, the NGO that supports delivery of the program.	\$600,000
Action Schools! BC	<ul style="list-style-type: none"> ♦ supports schools in promoting health literacy in K–7, aiming to create physically literate and food-literate students, teachers, schools and communities ♦ takes a comprehensive school health approach, including a focus on physical activity and healthy eating with connections to mental health well-being 	Health has ultimate responsibility for this program and administers the funding agreements with DASH BC, the NGO that supports delivery of the program.	\$1,379,372
BC School Fruit and Vegetable Nutritional Program	<ul style="list-style-type: none"> ♦ provides all registered schools with a total of 12 servings of fruits and vegetables per student over the school year ♦ includes approximately 90% of B.C. public and Indigenous schools, along with about 500,000 students from K–12 	Health has ultimate responsibility for this program; however, both Health and the Provincial Health Services Authority are responsible for administering the funding agreements with the BC Agriculture in the Classroom Foundation, the NGO that supports delivery of the program.	\$3,500,000

ABOUT THE AUDIT

Exhibit 4: Health’s provincial healthy eating and physical activity programs *(continued)*

Program	Description	Responsibility	Funding provided to NGOs that support program delivery (2016/17)*
Farm to School BC	<ul style="list-style-type: none"> ◆ brings healthy, local and sustainable food into schools and provides hands-on learning opportunities for students, fostering food literacy ◆ strengthens the local food system and enhances school and community connectedness ◆ provides access to local food through local farmers, food distributors, schoolyard farms/ gardens or students’ own harvesting of wild or traditional foods ◆ provides food for students through classroom activities, salad bars, hot lunch programs, tasting activities, fundraisers or community celebrations 	Health has ultimate responsibility for this program, and is responsible for administering the funding agreement with the Public Health Association of B.C., the NGO that supports delivery of the program.	\$1,000,000 (funding to cover program to 2020)

Source: Office of the Auditor General of British Columbia

* Funding totals provided by the Ministry of Health

Ministry of Education’s responsibilities

The Ministry of Education (Education) is responsible for setting public education policy for the province and establishing education standards for students in K–12 through the provincial curriculum. The ministry shares responsibility for governance of the education system with locally elected boards of education from 60 school districts.

The *School Act* and the *Statement of Education Policy Order* establish the mandate and legislative framework for the delivery of education and define the duties, rights and responsibilities for all key partners in education.

According to the *Statement of Education Policy Order*, Education’s responsibilities include a provincial, high-level focus on program direction, development and implementation, as well as system evaluation and public accountability.

ABOUT THE AUDIT

Exhibit 5: Education's provincial policies in support of healthy eating and physical activity			
Policy	Description	Responsibility	Annual funding to school districts (2016/17)*
<i>Guidelines for Food and Beverage Sales in B.C. Schools</i>	<ul style="list-style-type: none"> establishes the minimum nutritional standard for foods and beverages sold to students co-published by Education and Health in 2005 and mandated for all B.C. public schools in 2008; last revised in 2013 	Education is responsible for provincial oversight of the guidelines; however, school districts are responsible for overseeing local implementation.	N/A
Community-LINK funding for meal programs	<ul style="list-style-type: none"> supports the academic achievement and social functioning of vulnerable students by providing them with meals (breakfast, lunch and/or snacks) 	Education is responsible for the provincial oversight of CommunityLINK funding. School boards can determine the most effective use of this funding for programs and services to support vulnerable students; however, most use some of it to support meal programs. Other programs and services funded through CommunityLINK include counseling, after-school programs, youth workers and academic supports.	\$25,473,725
K-12 Physical and Health Education Curriculum	<ul style="list-style-type: none"> combines physical and health education to provide students with a more holistic understanding of overall health and well-being aims to develop students who have the knowledge and confidence to promote their own health and well-being by maintaining healthy habits 	Education is responsible for establishing the Physical and Health Education Curriculum, and the school districts are responsible for implementing it.	N/A

Source: Office of the Auditor General of British Columbia

*Funding total provided by the Ministry of Education

ABOUT THE AUDIT

Education’s provincial policies in support of healthy eating and physical activity

Education establishes support for healthy eating and physical activity through the K–12 Physical and Health Education Curriculum, the *Guidelines for Food and Beverage Sales in B.C. Schools* and CommunityLINK (Learning Includes Nutritional Knowledge) funding for meal programs (breakfast, lunch and/or snacks) (see [Exhibit 5](#)).

AUDIT SCOPE

Our audit was province-wide in scope. It included Health’s and Education’s oversight of healthy eating and physical activity programs and policies delivered in public schools. Programs and policies in scope included Health’s suite of healthy eating and physical activity programs and Education’s policies that support healthy eating and physical activity.

Programs and policies within scope
Health
Healthy Schools BC
BC School Fruit and Vegetable Nutritional Program
Action Schools! BC
Farm to School BC
Education
K–12 Physical and Health Education Curriculum
CommunityLINK funding for meal programs (breakfast, lunch and/or snacks)
<i>Guidelines for Food and Beverage Sales in B.C. Schools</i>

We interviewed Health and Education staff members who are responsible for overseeing these programs and policies. To enhance our understanding of the effectiveness of the ministries’ oversight, we also interviewed those responsible for delivering the programs and policies, including:

- ◆ representatives from all of the health authorities
- ◆ representatives from a sample of five diverse school districts (Central Okanagan, North Vancouver, Prince Rupert, Sooke and Surrey), including K–12 school staff
- ◆ representatives of the NGOs funded by Health to support delivery of the programs

Our audit did not include independent schools, on-reserve schools, home-school programs, before- and after-school programs or the implementation of the new curriculum for grades 10–12 (this was still being finalized at the time of our audit).

AUDIT APPROACH

We carried out our audit work between April 2016 and December 2017. The period we looked at was from March 2014–December 2017, however since many of the programs and policies were in place before 2014, we also analyzed older documents if they applied to the ministries’ current work in this area.

Our work involved:

- ◆ reviewing policies, strategies, service plans, annual reports, evaluations, project charters, project reports, contracts and meeting minutes

ABOUT THE AUDIT

- ◆ conducting interviews with staff from Health and Education, some of the education associations, the NGOs funded to support delivery of the healthy eating and physical activity programs, and staff from all of the health authorities (including the Provincial Health Services Authority and the First Nations Health Authority)
- ◆ travelling to five school districts, which included one from each of the five regional health authority areas
- ◆ interviewing school district administrators and staff from 15 schools, including three schools (covering K–12) from each of the five districts we visited

AUDIT OBJECTIVE AND CONCLUSION

AUDIT OBJECTIVE

OUR OBJECTIVE WAS to determine whether the Ministries of Health and Education were working together to effectively oversee provincial public school programs and policies that promote healthy eating and physical activity.

AUDIT CONCLUSION

The Ministries of Health and Education were not working together to effectively oversee provincial public school programs and policies that promote healthy eating and physical activity.

Specifically, we found that the two ministries had worked together to develop the majority of the programs and policies and, for the most part, these programs and policies were evidence informed. However, the ministries' joint work to support the implementation of these initiatives has been limited. Most significantly, the ministries had not

communicated shared, overarching direction to the health authorities and school districts to promote healthy eating and physical activity. In many cases, this lack of shared, overarching direction has contributed to school districts not prioritizing the implementation of these programs and policies in public schools, which could have a negative impact on health outcomes in children and youth, increasing their risk for future chronic disease.

In addition, while Health has monitored the implementation of its healthy eating and physical activity programs, for the most part, it has not evaluated these initiatives to determine whether they are achieving the intended results. Education has completed some limited monitoring of its policies supporting healthy eating and physical activity, but more can be done. Although Health has been publicly reporting on healthy eating and physical activity in children and youth, its performance information is not consistent with key indicators for this area.

KEY FINDINGS AND RECOMMENDATIONS

THE MINISTRY OF Health (Health) and the Ministry of Education (Education) have committed to work together to promote the wellness and achievement of children and youth in the school setting. They have done this through their commitment to the Pan-Canadian Joint Consortium for School Health. Overall, we expected the two ministries to be:

- ◆ communicating shared direction to health authorities and school districts to promote healthy eating and physical activity in public schools
- ◆ working together to develop evidence-informed programs and policies that support healthy eating and physical activity
- ◆ monitoring and evaluating the implementation of the programs and policies that support healthy eating and physical activity
- ◆ publicly reporting on outcomes for healthy eating and physical activity

SHARED DIRECTION

Research has shown that influencing the health and well-being of children and youth is important for two reasons: it makes them better learners and it increases the likelihood of them becoming healthy adults.

Schools are an important setting for the promotion of overall healthy living because they can reach almost every child, and by extension, their families—regardless of socioeconomic background, culture, gender, age or ability. And since healthy schools work

with partners from both the health and education sectors, Health and Education need to work together to support health promotion in schools.

WHAT IS HEALTH PROMOTION?

Health promotion creates environments for healthy choices and shifts social norms. It's generally directed at groups or communities, rather than individuals. For example, policies such as the *Guidelines for Food and Beverage Sales in B.C. Schools* support healthy eating environments by defining the minimum nutritional standard that all schools must apply to all food and beverages sold to students. The guidelines aim to promote healthy choices, both inside and outside the classroom, by increasing access to healthy food and limiting access to unhealthy food.

We expected Health and Education to have worked together to support the implementation of healthy eating and physical activity programs and policies. More specifically, we expected them to have communicated shared direction to the health

KEY FINDINGS AND RECOMMENDATIONS

authorities and school districts for the promotion of healthy eating and physical activity in public schools. We expected the ministries to have:

- ◆ established shared goals, objectives, performance measures and targets for healthy eating and physical activity
- ◆ communicated this direction to their delivery partners (health authorities and school districts)

Ministries have not communicated shared, overarching direction

Health and Education have not communicated shared, overarching direction to the health authorities and school districts for the promotion of healthy eating and physical activity in public schools. We also found that the ministries have not established shared overarching goals, objectives, performance measures or targets to support the implementation of healthy eating and physical activity programs and policies.

One impact of this lack of shared, overarching direction is that school districts and schools often don't prioritize the implementation of these initiatives. For example, we learned that many education sector staff have had limited engagement with healthy eating and physical activity initiatives because they are not connected with the sector's priorities. As a result, these staff members perceive the initiatives as "add-ons" to an already overwhelming workload.

The following quote from a school administrator provides an example of the impacts of the lack of shared, overarching direction:

We believe in the importance of health, but it is not the primary mandate of our sector. The core challenge is that we are not resourced to do this work...We have to do it off the side of our desks, and we have so many other priorities that require our attention. There are a lot of great initiatives out there, but most districts don't have dedicated staff to deal with all of this. Every week, someone wants to present to our schools about their program or resource, and we don't have the time to sift through them. Each ministry appears to be identifying different sets of priorities and initiatives... It would be great if the ministries could work together to resource the school districts appropriately (particularly in terms of personnel); or narrow down the focus to the one (or two) things they want us to do; or filter down a menu of four or five evidence-based options for schools to choose from.

RECOMMENDATION 1: *We recommend that the Ministries of Health and Education work together with their delivery partners to integrate the promotion of healthy eating and physical activity with other student health initiatives by establishing shared goals, objectives, targets and performance measures; and to communicate this direction to health authorities and school districts.*

KEY FINDINGS AND RECOMMENDATIONS

DISTRICT-LEVEL COORDINATORS WORK TO SUPPORT SCHOOL HEALTH

According to an internal review completed by Health, assigning responsibility to a district-level coordinator for planning and implementing healthy school activities was key to increasing education sector engagement in this area. While this type of position is not common in most school districts, the Interior Health Authority has introduced it through the Healthier Schools, Healthier Students Project, which was initiated in 2007. This project supports the development of health-promoting schools, which are schools that take a comprehensive school health approach (for more information, [see page 18](#)).

As part of the project, Interior Health provides partial funding to 16 health-promoting school coordinator positions at the school district level. The coordinators work within schools to:

- ◆ provide in-service training to the school community
- ◆ develop plans for activities and strategies that support health-promoting schools
- ◆ support the development and implementation of health-promoting school policies
- ◆ communicate best practices for health promotion

PROGRAM AND POLICY DEVELOPMENT

The development of healthy eating and physical activity programs and policies should be a collaborative effort of Health and Education, with input from the health authorities and school districts. This co-operation is integral to ensuring that programs and policies are both technically sound from a health perspective and tailored to the practical needs of the education sector.

We expected Health and Education to have:

- ◆ worked together, and with their delivery partners, to develop the programs and policies
- ◆ developed evidence-informed programs and policies based on proven practices (i.e., based

on pilot programs or programs shown to be effective in other jurisdictions)

- ◆ addressed the needs of vulnerable students in the development of programs and policies

Majority of programs and policies are jointly developed and evidence-informed

We found that, for the most part, Health and Education have worked together and with their delivery partners in the development of provincial healthy eating and physical activity programs and policies (see [Exhibit 6](#)). For example, we found that the ministries were both represented on committees to support the development of Healthy Schools BC, Action Schools! BC and Farm to School BC. In

KEY FINDINGS AND RECOMMENDATIONS

Exhibit 6: Ministries' joint development of evidence-informed programs and policies that promote healthy eating and physical activity

	Jointly developed?	Evidence-informed?
Healthy Schools BC	Yes	Yes
BC School Fruit and Vegetable Nutritional Program	Yes	Partially
Action Schools! BC	Yes	Yes
Farm to School BC	Yes	Yes
Physical and Health Education Curriculum	Yes	Yes
CommunityLINK funding for meal programs (breakfast, lunch and/or snacks)	Partially	Yes
<i>Guidelines for Food and Beverage Sales in B.C. Schools</i>	Yes	Yes

Source: Office of the Auditor General of British Columbia

addition, Health and Education jointly developed the *Guidelines for Food and Beverage Sales in B.C. Schools*.

We also found that most of the provincial programs and policies promoting healthy eating and physical activity developed by the ministries are evidence-informed (see Exhibit 6). However, key changes have been made to Health's largest healthy eating program—the BC School Fruit and Vegetable Nutritional Program—since it was implemented from the pilot. These changes include a significant reduction in the number of servings of produce provided to students and the elimination of the in-school coordinator position. These changes may have impacted the ministry's ability to reach its overall goal of improving the nutritional health of children and youth in B.C.

WHO RECEIVES SCHOOL MEAL PROGRAMS?

Education provides annual funding to school districts to provide programs and services for vulnerable students. School districts determine how to best use this funding according to the unique needs of their students. Many districts choose to use some of this funding to support breakfast, lunch and/or snack programs for vulnerable students. Often school districts supplement these meal programs with funding provided through external agencies such as the Breakfast Club of Canada.

KEY FINDINGS AND RECOMMENDATIONS

Gaps in the joint development of resources for school meal programs is a missed opportunity

We found only one example where the ministries worked together to develop a resource to support school meal programs provided to vulnerable students. This joint work took place in 2010, when the ministries co-published the *School Meal and School Nutrition Program Handbook*.

The handbook provides guidance for administrators, meal coordinators and caterers who provide school meals to vulnerable students. It encourages school districts to serve healthy foods and beverages and is intended to support the *Guidelines for Food and Beverage Sales in B.C. Schools*. However, unlike the guidelines, which were revised in 2013, the handbook has not been revised since 2010. This is important because the current version of the *Guidelines for Food and Beverage Sales in B.C. Schools* was revised according to the latest scientific evidence, including updates to the nutritional criteria. Good nutrition is essential for all students, but it is especially important for vulnerable students, who are more susceptible to poor health.

The lack of joint work on guidance for school meal programs is a missed opportunity, since Education could be leveraging Health's expertise in this area.

RECOMMENDATION 2: *We recommend that the Ministries of Health and Education work together with their delivery partners to revise the School Meal and School Nutrition Program Handbook according to current nutritional standards.*

Needs of vulnerable students considered but more can be done

According to Education, a vulnerable student is someone whose academic achievement and social functioning may be at risk. Factors determining student vulnerability often include socio-economic demographics and staff observation.

Health and Education have developed all healthy eating and physical activity programs and policies with some consideration of the needs of vulnerable students; however, we found that improvements were needed to maximize access for vulnerable students to key components of Healthy Schools BC.

For example, Healthy Schools BC offers two grant-based programs for school districts and schools that apply and are successful. The grant programs aim to help school districts and schools take steps toward creating healthy schools; they also provide financial support for educators and other members of the school community to transform the way they address healthy living. Although one of the grant programs includes selection criteria for screening in school districts with higher vulnerable student populations, the funding model relies on school districts to fill out applications. A key challenge with this approach is that school districts with less capacity and/or time to apply for grants may not be gaining access to the programs.

Maximizing access for vulnerable students to healthy eating and physical activity programs is important because these children and youth are more vulnerable to poor health outcomes. According to the Human Early Learning Partnership, approximately one in three

KEY FINDINGS AND RECOMMENDATIONS

children, or about 14,000 kindergarten students in B.C., are starting school with vulnerabilities in one or more areas critical to healthy development.

RECOMMENDATION 3: *We recommend that the Ministries of Health and Education work together with their delivery partners to develop healthy eating and physical activity initiatives that maximize access for vulnerable students.*

NORTH VANCOUVER SCHOOL DISTRICT PROVIDES SNACK PROGRAM FOR ALL STUDENTS

Instead of funding a hot lunch program for vulnerable students, the North Vancouver School District's Food Access Program is available to all students. A goal of this program is to ensure that all students have access to healthy food. Each week, the district provides schools with funding to purchase foods according to their students' preferences and needs. Throughout the day, students have access to healthy foods, such as fruits, vegetables, sandwiches and dairy products. All schools in the district participate in this program, but schools with higher numbers of vulnerable students receive additional supports.

FARM TO SCHOOL BC AIMS TO IMPROVE ACCESS FOR VULNERABLE STUDENTS

The Public Health Association of BC, the NGO responsible for supporting the delivery of Farm to School BC, coordinates with Education and uses their vulnerability index of school districts and schools in the province. The NGO uses the index to focus its efforts in regions with school districts and schools that have higher populations of vulnerable students. It also uses the index to select applicants from higher-vulnerability school districts and schools who apply for program start-up grants.

MONITORING AND EVALUATING IMPLEMENTATION

As part of their oversight responsibilities, we expected Health and Education to be monitoring their respective programs and policies and working together to improve effectiveness by addressing barriers to implementation.

Ministry of Health's monitoring of programs

Health contracts non-governmental organizations (NGOs) to administer all of the healthy eating and physical activity programs (Healthy Schools BC, Action Schools! BC, the BC School Fruit and Vegetable Nutritional Program and Farm to School

KEY FINDINGS AND RECOMMENDATIONS

BC). We expected the ministry to be monitoring the NGOs to ensure that they spend funds according to Health's deliverables. We also expected that Health would be monitoring the effectiveness of each of its healthy eating and physical activity programs.

Health is monitoring funding agreements

For the most part, we found that Health has established clear deliverables for each NGO that delivers its programs, and that it requires the NGOs to regularly report on how funds are spent to meet Health's deliverables. We looked at 14 funding agreements for three school years (between 2014/15 and 2016/17) that were worth \$16.8 million. We wanted to determine if the ministry was monitoring the NGOs to ensure that funds were spent in accordance with deliverables. The Provincial Health Services Authority administers most of the funding agreements, but Health has ultimate responsibility for the programs.

Health is monitoring programs

Health is monitoring the implementation of all provincial healthy eating and physical activity programs, including:

- ◆ assessing the level of provincial implementation
- ◆ identifying how to increase program impact, reach and cost-effectiveness
- ◆ evaluating program implementation in Indigenous schools
- ◆ assessing program implementation in schools new to the program

- ◆ evaluating the implementation of new initiatives connected to the programs (e.g., the Farm to School Salad Bar Initiative, which involves serving local produce to students).

Health is mostly not monitoring programs for results

Health is not evaluating program effectiveness in terms of achieving increased healthy eating and physical activity, and as a result it lacks information about what adjustments need to be made to improve its programs.

Despite Health's lack of results-based monitoring, we found one example of a program where the ministry has started to evaluate for results. An evaluation of the BC School Fruit and Vegetable Nutritional Program, completed in 2012–13, found a significant increase in students' "acceptability of and willingness to try vegetables and fruit." However, the evaluation did not assess the primary objective of the program, which is "to increase the fruit and vegetable intake of school-aged children."

We also found an example where Health has taken an initial step toward monitoring for results through its evaluation of Healthy Schools BC. The ministry funded a three-year evaluation (2013–2016) of the program's implementation to get a baseline for monitoring changes to student health over time.

RECOMMENDATION 4: *We recommend that the Ministry of Health work with its delivery partners to measure the effectiveness of healthy eating and physical activity initiatives, in terms of achieving increased healthy eating and physical activity, and better health outcomes.*

KEY FINDINGS AND RECOMMENDATIONS

Ministry of Education's monitoring of policies

We expected Education to be monitoring the implementation of the:

- ◆ Physical and Health Education Curriculum (K–9)
- ◆ *Guidelines for Food and Beverage Sales in B.C. Schools*
- ◆ CommunityLINK meal programs (breakfast, lunch and/or snacks)

Education is monitoring student learning in this area

Education is currently monitoring the implementation of its curriculum on healthy eating and physical activity through the Student Learning Survey (formerly called the Student Satisfaction Survey). The survey provides the ministry with province-wide information on the learning environment. It is administered annually to students, their parents and staff when students are in grades 4, 7, 10 and 12 (if schools don't have grade 4 students, the survey is administered to grade 3 students).

The survey helps Education monitor the Physical and Health Education Curriculum and tracks student progress in this area by asking questions such as:

- ◆ At school, I am learning how to care for my physical health (for example, getting healthy food, exercise and sleep)
- ◆ How often do you usually eat fresh vegetables? (for example, in a salad, or fresh-cooked from raw)

- ◆ In the past week (seven days) how many hours did you exercise or do physical activities that made you sweat and breathe hard, such as soccer, running, dancing, swimming, bicycling or similar aerobic activities?

From 2001–2015, Education collected data on healthy eating and physical activity through the Student Satisfaction Survey. This survey was administered in the same way as the Student Learning Survey, and also included questions regarding students' fruit and vegetable consumption and physical activity levels ([Exhibits 7, 8 & 9](#)).

Education has not recently monitored *Guidelines for Food and Beverage Sales*

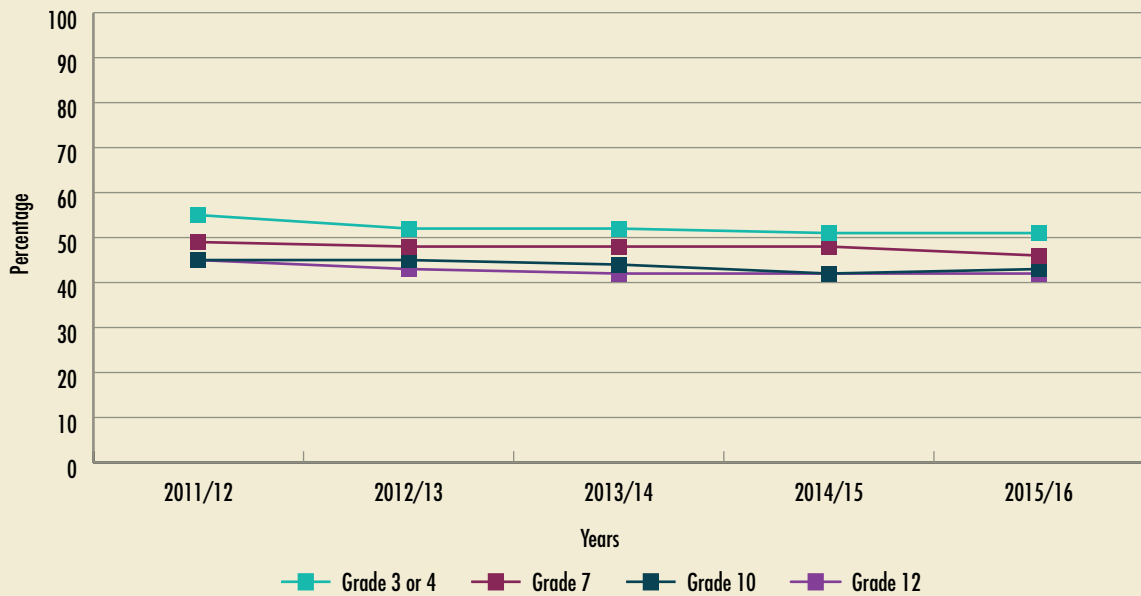
With the exception of one ministry review (completed in 2010 auditing compliance in 78 elementary and 41 secondary schools), Education is not monitoring the implementation of the *Guidelines for Food and Beverage Sales in B.C. Schools*. Without this monitoring information, Education can't assess the effectiveness of the guidelines or learn from districts and schools that have had success implementing them. In addition, monitoring information would allow the ministry to evaluate and address barriers to the implementation of the guidelines.

Education's monitoring of school meal programs is not sufficient

Most school districts use a portion of their CommunityLINK funding to support school meal programs (breakfast, lunch and/or snacks) for

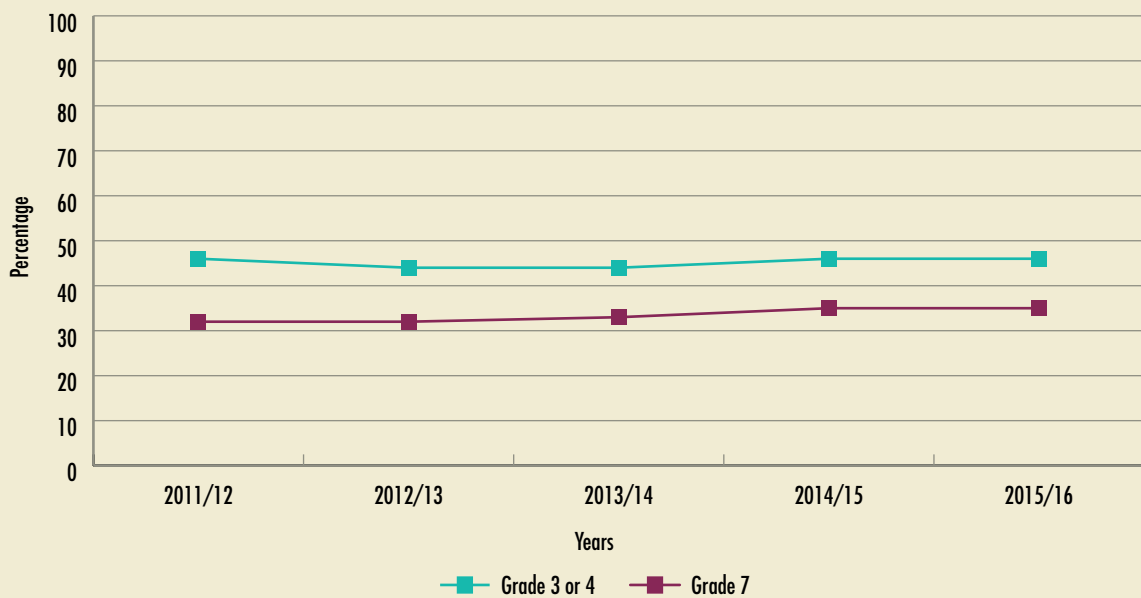
KEY FINDINGS AND RECOMMENDATIONS

Exhibit 7: Percentage of students who reported eating five servings or more of fruits or vegetables in the past 24 hours



Source: Office of the Auditor General of British Columbia, based on the Student Satisfaction Survey, Ministry of Education

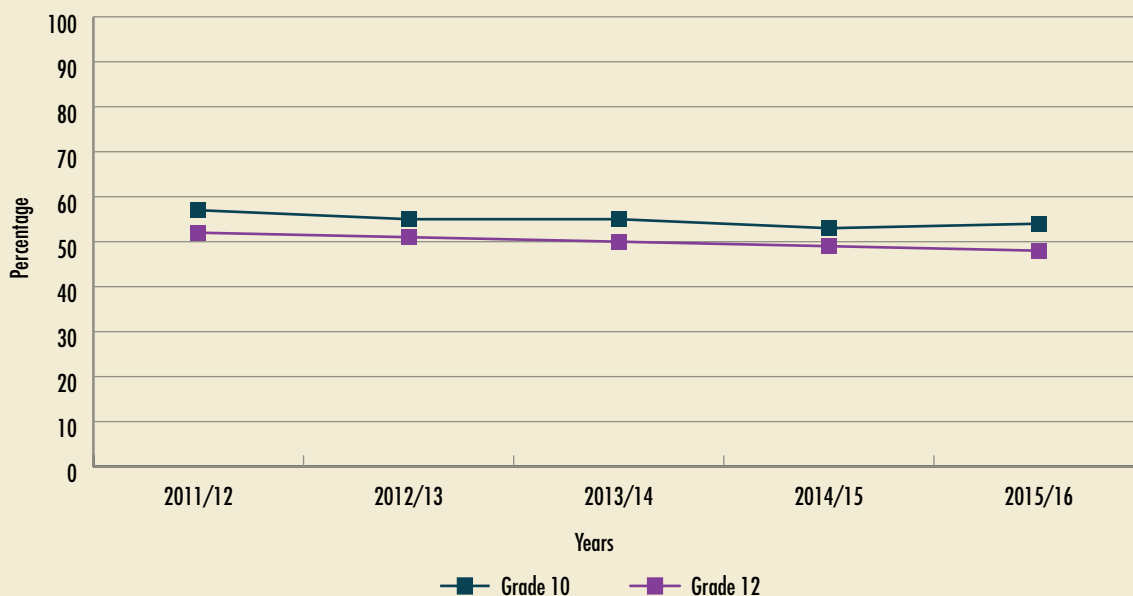
Exhibit 8: Percentage of students in grades 3 or 4 and 7 who reported that during each of the last five school days (and within school hours), they participated in physical activities that made them sweat and breathe hard for at least 30 minutes



Source: Office of the Auditor General of British Columbia, based on the Student Satisfaction Survey, Ministry of Education

KEY FINDINGS AND RECOMMENDATIONS

Exhibit 9: Percentage of students in grades 10 and 12 who reported that within the last seven days, they had participated in 121 minutes or more of physical activity that made them sweat and breathe hard



Source: Office of the Auditor General of British Columbia, based on the Student Satisfaction Survey, Ministry of Education

vulnerable students. Having access to nutritional meals is especially important for vulnerable children and youth who are often living in poverty, compared with those from families with a higher socioeconomic status.

Education requires the school districts to report annually so that the ministry can monitor the amount and percentage of funding spent on school meal programs. However, the ministry does not monitor whether the school districts are following the *School Meal and School Nutrition Program Handbook*, which provides guidance for ensuring that programs are meeting expected nutritional standards.

In addition, there is no consistent method for school districts to report on the number of vulnerable students who require support. These inconsistencies make it difficult for Education to accurately and consistently estimate funding to meet the needs of the school districts and to determine whether the funding provided is sufficient to meet expectations.

Through our interviews with staff from school districts and schools, we learned that, in some cases, their CommunityLINK funding is not sufficiently meeting their needs. For example, we heard from two school districts that rising food costs were making it difficult for them to support their school meal programs.

KEY FINDINGS AND RECOMMENDATIONS

We learned from one school district that it had overspent its meal program budget and had resorted to using general operating money to keep the program afloat.

RECOMMENDATION 5: *We recommend that the Ministries of Health and Education work together with their delivery partners to support school districts and schools in meeting nutritional guidelines when providing meals (breakfast, lunch and/or snacks) in schools.*

RECOMMENDATION 6: *We recommend that the Ministry of Education work with school districts to implement a consistent method for estimating the number of vulnerable students needing access to programs currently funded through CommunityLINK.*

Joint ministry work to address barriers to implementation

We expected Health and Education to be working together to improve the effectiveness of healthy eating and physical activity programs and policies by identifying and addressing barriers to their implementation.

Health and Education need to address barriers together

We found that the ministries' joint work to identify barriers to implementation has been limited. The majority of this work has focused only on Healthy Schools BC. Barriers jointly identified for Healthy Schools BC include the following:

- ◆ School districts lack the time to participate in Healthy Schools BC.
- ◆ Health authorities lack the resources and personnel to support the education sector.
- ◆ Teachers and health authority staff have competing priorities that limit their capacity to participate.
- ◆ Health authorities and school districts are not communicating regularly.

For the most part, Health and Education have not jointly implemented strategies to address barriers to the implementation of healthy eating and physical activity programs and policies. We found that the ministries had implemented some strategies to address barriers to the implementation of Healthy Schools BC, but even with the ministries' joint work in this area, they have not resolved several systemic barriers identified through the Healthy Schools BC three-year evaluation. These barriers include:

- ◆ the lack of time for health authority staff to support the education sector
- ◆ the lack of school-level coordinators to help coordinate healthy living programs
- ◆ the need to increase the education sector's awareness of healthy living programs

KEY FINDINGS AND RECOMMENDATIONS

RECOMMENDATION 7: *We recommend that the Ministries of Health and Education work together with their delivery partners to identify and address barriers to the implementation of healthy eating and physical activity programs and policies.*

We expected Health and/or Education to be publicly reporting on outcomes related to healthy eating and physical activity in public schools. This would include reporting on their progress toward achieving goals, objectives, targets and outcomes, and reporting on population trends among children and youth related to healthy eating and physical activity.

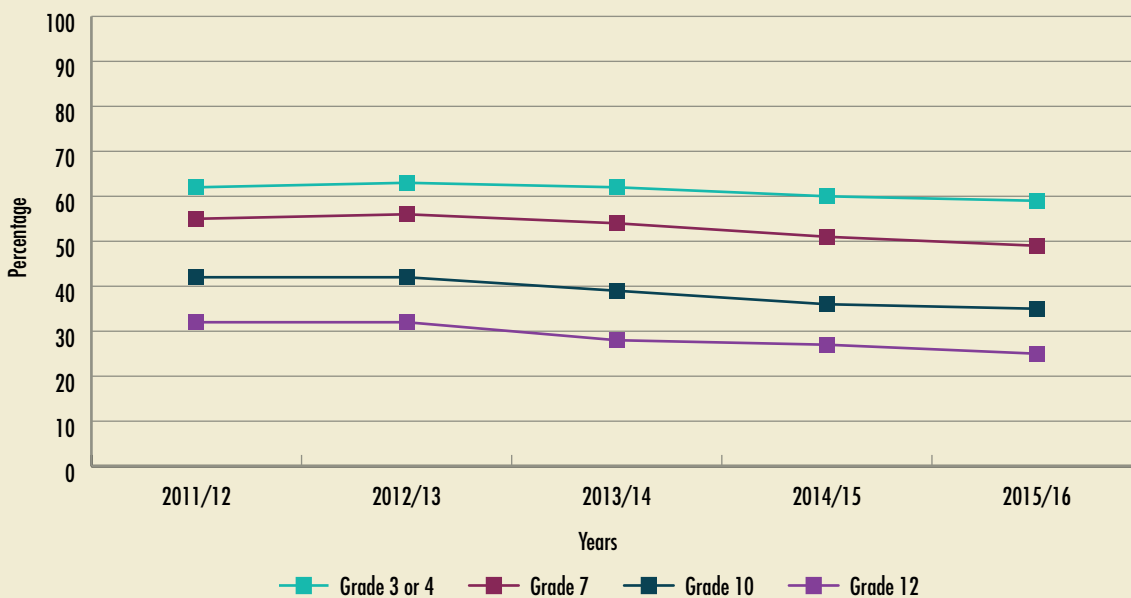
REPORTING ON RESULTS

Public reporting ensures accountability and transparency. It also shows legislators, stakeholders and the public whether programs and policies are achieving results.

Health not using key indicators to measure progress

Health is reporting publicly on its progress toward achieving targets for healthy eating and physical activity on a regular basis through ministry service plans. However, the ministry's performance measure

Exhibit 10: Percentage of students reporting "many times" or "all of the time" when asked if "at school, are you learning about how to stay healthy?"



Source: Office of the Auditor General of British Columbia, based on the Student Satisfaction Survey, Ministry of Education

KEY FINDINGS AND RECOMMENDATIONS

is not consistent with key indicators for the physical health and well-being of children and youth.

The ministry has included a healthy schools performance measure in its service plans since 2015. The performance measure tracks the percentage of B.C. students in grades 3, 4, 7, 10 and 12 who report that “at school, they are learning to stay healthy” ([Exhibit 10](#)). However, it is not consistent with key indicators for the physical health and well-being of children and youth identified by the Provincial Health Officer and the Canadian Institute for Health Information.

These key indicators include fruit and vegetable consumption (percentage of B.C. students in grades 7-12 who report having eaten fruits and/or vegetables the previous day) and youth physical activity levels (percentage of B.C. students in grades 7-12 participating in physical activity for at least 60 minutes per day, seven days per week).

The “learning to stay healthy” performance measure is also not consistent with Health’s intended results in this area, which are to improve health outcomes by increasing healthy eating and physical activity. It is important that performance measures relate to an organization’s activities, and the outcomes of those activities, so that the organization can track the results of its work.

RECOMMENDATION 8: *We recommend that the Ministries of Health and Education report publicly on shared performance measures that are consistent with key indicators for the physical health and well-being of children and youth.*

Health is reporting on population trends

Health is reporting publicly on population trends in children and youth (related to healthy eating and physical activity), mainly through reports published by the Provincial Health Officer and the Provincial Health Services Authority.

AUDIT QUALITY ASSURANCE

WE CONDUCTED THIS AUDIT under the authority of section 11 (8) of the *Auditor General Act* and in accordance with the standards for assurance engagements as set out by the Chartered Professional Accountants of Canada (CPA) in the CPA Handbook – Canadian Standard on Assurance Engagements (CSAE) 3001 and Value-for-money Auditing in the Public Sector PS 5400. These standards require that we comply with ethical requirements, and that we conduct the audit to independently express a conclusion on whether or not the subject matter complies in all significant respects to the applicable criteria.

We apply the CPA Canadian Standard on Quality Control 1 (CSQC) and, accordingly, maintain a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements. In this respect, we have complied with

the independence and other requirements of the code of ethics applicable to the practice of public accounting issued by the Chartered Professional Accountants of British Columbia, which are founded on the principles of integrity, objectivity and professional competence, as well as due care, confidentiality and professional behaviour.

APPENDIX A: COMPLETE AUDIT CRITERIA

We developed our audit objective and criteria using:

- ◆ Health's *Healthy Families BC Policy Framework: A Focused Approach to Chronic Disease and Injury Prevention*
- ◆ ministries' membership in the Pan-Canadian Joint Consortium for School Health
- ◆ ministry roles and responsibilities
- ◆ ministry service plans
- ◆ the provincial government's *Taxpayer Accountability Principles: Strengthening Public Sector Governance and Accountability*
- ◆ the Office of the Auditor General of British Columbia and the provincial government's *Performance Reporting Principles for the British Columbia Public Sector*

1. Shared direction

- ◆ We expected the Ministries of Health and Education to have communicated shared direction to the health authorities and school districts to promote healthy eating and physical activity in schools (K–12).

2. Program and policy development

- ◆ We expected the Ministries of Health and Education to have worked together to develop provincial programs and policies to support healthy eating and physical activity for public school students.

- ◆ We expected the Ministries of Health and Education to have developed evidence-informed provincial programs and policies to support healthy eating and physical activity for public school students.
- ◆ We expected the Ministry of Education to have developed a K–12 curriculum that supports healthy eating and physical activity.

3. Monitoring and evaluating implementation

- ◆ We expected the Ministries of Health and Education to have established clear roles and responsibilities for implementing healthy eating and physical activity programs and policies.
- ◆ We expected the Ministry of Health to be monitoring the effectiveness of its provincial healthy eating and physical activity programs.
- ◆ We expected the Ministry of Health to be monitoring its contracted non-governmental organizations to ensure that funds are spent according to deliverables for provincial healthy eating and physical activity programs.
- ◆ We expected the Ministry of Health to be gathering information on the implementation of healthy eating and physical activity programs that are funded by the health authorities and delivered in the public school system.

APPENDIX A: COMPLETE AUDIT CRITERIA

- ◆ We expected the Ministry of Education to be monitoring CommunityLINK funding that is used to promote healthy eating and physical activity for vulnerable students.
- ◆ We expected the Ministry of Education to be monitoring the implementation of the K–9 curriculum that relates to healthy eating and physical activity.
- ◆ We expected the Ministry of Health and/or the Ministry of Education to be monitoring the implementation of the *Guidelines for Food and Beverage Sales in B.C. Schools*.
- ◆ We expected the Ministries of Health and Education to be addressing barriers to the implementation of healthy eating and physical activity programs and policies.

4. Reporting on results

- ◆ We expected the Ministry of Health and/or the Ministry of Education to be publicly reporting on outcomes related to healthy eating and physical activity in public schools.



OFFICE OF THE
Auditor General
of British Columbia

Location

623 Fort Street
Victoria, British Columbia
Canada V8W 1G1

Office Hours

Monday to Friday
8:30 am – 4:30 pm

Telephone: 250-419-6100

Toll free through Enquiry BC at: 1-800-663-7867

In Vancouver dial: 604-660-2421

Fax: 250-387-1230

Email: bcauditor@bcauditor.com

Website: www.bcauditor.com

This report and others are available at our website, which also contains further information about the Office.

Reproducing

Information presented here is the intellectual property of the Auditor General of British Columbia and is copyright protected in right of the Crown. We invite readers to reproduce any material, asking only that they credit our office with authorship when any information, results or recommendations are used.



AUDIT TEAM

Morris Sydor,
Assistant Auditor General

Amy Hart,
Director

Suzanne Smith,
Assistant Manager

Aliya Haji,
Performance Auditor

Laura Hatt,
Executive Director

Stephen Abercrombie,
Manager

Jessie Giles,
Manager

Katie Olthuis,
Assistant Manager

SUBJECT MATTER EXPERTS

Dr. Michael Hayes

Neil MacDonald

Brian Torrance



OFFICE OF THE
Auditor General
of British Columbia