



Pan-Canadian  
**Joint Consortium for School Health**  
Governments Working Across the Health and Education Sectors  
**Annual Report**

July 31, 2010





The Joint Consortium for School Health is pleased to feature the artwork above, from one of the many t-shirts decorated by students of New Brunswick's District 3, located in the northwest/Edmunston part of the province. Comité consultatif de santé du District scolaire 3 (CCSD) provided each class in all 21 schools in the district with a white t-shirt. Students then drew pictures on the t-shirts demonstrating healthy choices, with the caption "Caught you making a healthy choice!" The decorated t-shirts were displayed in schools as advertisement for the campaign, which came directly into the homes and families of the students by featuring prizes for both children and parents.

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It is our great pleasure to invite you to review this 2010 Annual Report of the Joint Consortium for School Health. We in Prince Edward Island are proud to have worked with British Columbia on the original proposal that led to the creation of the Joint Consortium for School Health. Now we are honoured to follow as the lead jurisdiction for the second mandate of this significant example of cross-sector initiatives and collaborations.

We know from research, as well as from experience, that when health and education professionals work together, children and youth are supported to achieve the best results in terms of both learning and wellness. When we work together across jurisdictions, we also have important opportunities to leverage resources, share leading practices, and help one another to achieve our common goals.

As you will see in this report, a comprehensive school health approach is being promoted and making a difference in all provinces and territories. That is good news for Canadians. Implementing comprehensive school health nation-wide is recognized as one of the best investments we can make to achieve optimal education, learning, and health outcomes for all.

The Joint Consortium for School Health has a new mandate and a renewed commitment to collaborate across sectors and across jurisdictions, to build a stronger, healthier future for children and youth from coast to coast.



Carolyn Bertram, *Minister*  
Health and Wellness

**One Island Community**



Doug Currie, *Minister*  
Education and Early  
Childhood Development



**One Island Future**

# Message from the Executive Director



I am pleased to present this annual report of the Joint Consortium for School Health (JCSH), summarizing the latest achievements of our member and participating jurisdictions as well as our collective progress. We are excited to have received a second five-year mandate from the FPT Ministers of Health/Healthy Living and PT Ministers of Education to facilitate a comprehensive approach to health promotion in the school setting.

With the new mandate, Prince Edward Island has assumed the role of lead jurisdiction – a role for which it is uniquely suited. As the nation’s smallest province and the birthplace of Confederation, PEI has a long tradition of neighbours helping neighbours, and a history of promoting and supporting collaboration both within the province and with other jurisdictions. In addition, it was PEI along with British Columbia that jointly proposed the creation of an education/health consortium on health-promoting schools; this proposal resulted in the establishment of the Joint Consortium for School Health.

Since its inception in 2005, the JCSH has made remarkable progress, developing a range of tools and resources that respond to the needs of various users. These include the [Comprehensive School Health \(CSH\) Framework](#), an approach to CSH championed by the JCSH; the [Healthy School Planner](#); and a series of [toolkits](#) offering proven strategies for implementing elements of CSH in the school setting.

In the year ahead, as we build on our progress, we will also increase our focus on positive mental health and mental health promotion. Just like healthy eating and physical activity, positive mental health is critical to young people’s learning and development. It supports the resilience that allows them to recover from turmoil, learn from mistakes, and have the confidence they need to address challenges and embrace opportunities.

These initiatives and collaborations are emerging from the collective knowledge of both practice and evidence. The Consortium’s past and current work also stems from the efforts of all involved to using the Comprehensive School Health Framework adopted by the JCSH as a focus in all areas that affect the education and health of children and youth in Canada.

A handwritten signature in black ink that reads "Katherine Kelly".

Katherine Kelly  
Executive Director  
Joint Consortium for School Health

# Introduction

## Renewal and Looking Forward to the New Mandate

Since its inception in 2005, the Joint Consortium for School Health (JCSH) has honoured and broadened the original concepts which led health and education departments and ministries to endorse a proposal for health-promoting schools put forward by British Columbia and Prince Edward Island.

From the early work of the JCSH with a focus on healthy eating, tobacco control, and increased physical activity in our schools to the beginning of the second mandate, the JCSH has built a reputation for collaboration and cooperation. This has translated to our involvement, support, and leadership on many projects and initiatives, including: (1) the [Healthy School Planner](#); (2) the work with [Youth Excel](#) (Youth Health Collaborative: **Ex**celerating Evidence Informed Action); (3) the toolkits on physical activity and substance abuse; (4) the emerging work and concentration on Positive Mental Health.

Since April 2010, with the renewed support of ministers from all member provinces and territories and the federal government, the JCSH has embraced the same dedication to cooperation on comprehensive school health as characterized the work of the first five years. With this new mandate, the leadership and Secretariat transfers from British Columbia to Prince Edward Island. The new mandate and new lead province together form tangible evidence of the spirit of cooperation that epitomizes the mandate and membership of the Joint Consortium for School Health.

## About Comprehensive School Health

Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated, and holistic way. A key component of CSH is teaching and learning, yet this way of addressing the health and wellness of children and youth is not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing four distinct but inter-related pillars:

- social and physical environment
- teaching and learning
- healthy school policy
- partnerships and services.

When actions in all four pillars are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society.



## Why Do We Need Comprehensive School Health?

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier. Research has shown that **comprehensive school health is an effective way to tap into that linkage, improving** both health and educational outcomes and encouraging healthy behaviours that **last a lifetime** <sup>1</sup>.

In the classroom, comprehensive school health facilitates improved academic achievement and can lead to fewer behavioural problems. In the broader school environment, it helps students develop the skills they need to be physically and emotionally healthy for life <sup>2</sup>.

## Comprehensive School Health in Canada

Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors. The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools. In keeping with best practice, CSH provides an organizing framework to ensure that, regardless of the area of focus, action plans are comprehensive. In Canada, the Joint Consortium for School Health models, supports, and encourages the partnerships between health and education that are essential to comprehensive school health.



## About the Joint Consortium

### Mandate

Established in 2005, the Joint Consortium for School Health is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the health of children and youth in the school setting. Recognizing that every province and territory has initiatives in place to foster healthy school environments, the Consortium brings together key representatives of government departments or ministries responsible for health and education to:

- strengthen cooperation among ministries, agencies, departments, and others in support of healthy schools;
- build the capacity of the health and education sectors to work together more effectively and efficiently; and
- promote understanding of, and support for, the concept and benefits of comprehensive school health initiatives.

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<sup>1</sup> Murray, N.D., Low, B.J., Hollis, C., Cross, A. Davis, S. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77 (9), 589-599.

<sup>2</sup> Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? *Health Evidence Network Report*. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.

## Mission

To provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.

## Strategic Direction

The Consortium's long term strategic direction is set out in its logic model (see Appendix C for a visual depiction of the strategic framework).

## Monitoring and Evaluation

An evaluation of the Joint Consortium for School Health was completed by the Evaluation and Research Division of Newfoundland and Labrador Department of Education in May 2010. The evaluation framework reviewed: (1) Program Outputs, including the JCSH logic model, and resources and documents developed; (2) the JCSH Website; and (3) surveys of members/key stakeholders. The evaluation will be used to inform future planning and priorities for JCSH.

## JCSH Membership

Members of the Joint Consortium for School Health represent the health and education ministries/departments in the following jurisdictions:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Saskatchewan
- Yukon



Under the renewed mandate, the Public Health Agency of Canada, representing the federal government at the JCSH table, is no longer a member of the Consortium alongside provinces and territories, but serves in a funding and advisory capacity.

While Quebec is not an official member of the Consortium, members work with their Quebec counterparts whenever possible to facilitate an open exchange of information and resources.



## Activities

The Joint Consortium for School Health fulfills its mission and mandate through activities in three key areas:

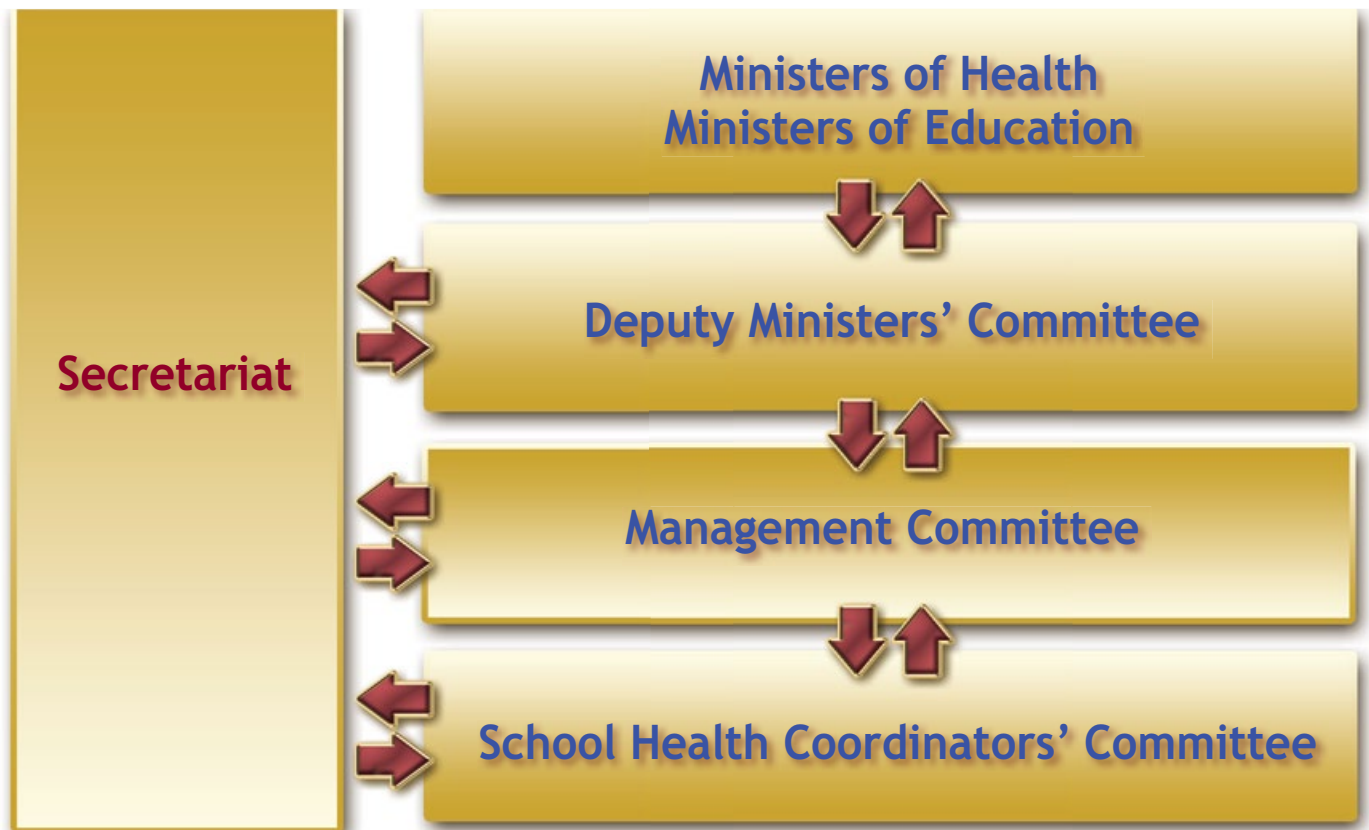
- 1. Knowledge Development:** facilitating the development and/or dissemination of better practices and information promoting comprehensive school health approaches.
- 2. Leadership:** facilitating a cohesive pan-Canadian approach to advancing comprehensive school health and enhancing alignment between health and education across multiple sectors.
- 3. Capacity Building:** leveraging resources and mobilizing people to take action on collaborative comprehensive school health approaches.

## Working Horizontally

Government services have traditionally used a “vertical” delivery structure in which each agency or organization has drawn a direct line from its leadership to the members of the public it serves. Today, governments are increasingly recognizing the value of “horizontal” initiatives – structures in which partners from two or more organizations have established a formal funding agreement to work toward shared outcomes.

The Joint Consortium for School Health breaks new ground in horizontal governance. Its mandate not only spans the health and education sectors, it also spans more than a dozen individual jurisdictions – each with its own legislation, policies, history, culture, and bureaucracy.

## Joint Consortium for School Health Organizational Structure



# Consortium Accomplishments

Governments around the world increasingly recognize the value of collaborating across sectors and jurisdictions, and the Joint Consortium for School Health (JCSH) is a leader in this area. It provides its member governments with tools, resources, and a national forum through which to share information, coordinate priorities, and strengthen alignment among Canada's health and education professionals.

Implementing comprehensive school health can be challenging at times. However, the following sections illustrate just how much has been achieved. With a new five-year mandate, the Joint Consortium for School Health is well positioned to build on these accomplishments, moving beyond traditional barriers and working together with all its partners to improve health and learning for children in the school setting.

Highlights of progress in member jurisdictions are reported beginning on **page 11**.

## Knowledge Development

- Published **Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives**, a document summarizing key literature, key informant interviews, and synthesized better practice statements. Recognizing that for many students school is a source of social connection, safety, and belonging, the JCSH views this report as a significant step in our mandate on positive mental health within a comprehensive school health framework.
- Partnered with the Public Health Agency of Canada and Health Canada to publish a **school health supplement in the Canadian Journal of Public Health**. The supplement highlights the importance of integrating actions to support healthy eating and physical activity within a broader comprehensive school health framework.
- Distributed copies of the **2009 Annual Report** to partners and stakeholders across the country. The report is publicly available through the JCSH website.



## Leadership

- Hosted the **pan-Canadian Comprehensive School Health Roundtable**, in partnership with PROPEL (Centre for Population Health Impact, University of Waterloo) through the Youth Excel CLASP project. The roundtable brought together leading Canadian researchers, policy makers, and practitioners to discuss priorities and evidence-based policies and practices in the areas of tobacco reduction, healthy eating, and physical activity.
- Strengthened **strategic collaborations** with many leading national organizations, institutes, and centres, including PROPEL, CLASP (Coalitions Linking Action and Science for Prevention), and PHAC to promote understanding of, and support for, the concept and benefits of comprehensive school health.

- Conducted regular meetings of the **Management Committee** to provide overall direction, set goals for the new mandate, and develop the **JCSH Strategic Plan** to guide the Consortium's future activities.
- Supported the **School Health Coordinators' Committee (SHCC)** to develop strategies and activities for the **2010-2012 Operating Plan** to guide the work of the JCSH.

## Capacity Building

- Developed a new partnership with **CLASP** (Coalitions Linking Action and Science for Prevention), which is funded by the Canadian Partnership Against Cancer. The JCSH has taken on a significant advisory role in one of CLASP's major projects – **Youth Excel**, a long-term research collaboration to reduce tobacco use, and to promote healthy eating and physical activity among Canadian youth.
- Began work to strengthen, and to increase use of, the **Healthy School Planner (HSP)**, which was introduced in 2009. Developed in partnership with the University of Waterloo, the HSP covers three key topics: healthy eating, physical activity, and tobacco use. The JCSH is now looking at ways to improve the tool's usefulness for schools, reflecting feedback from its users.
- Completed an evaluation (May 2010) that will inform JCSH's next directions and priorities.

## Highlights of Progress in Member and Participating Jurisdictions

The Joint Consortium for School Health serves as a catalyst, promoting cooperation and collaboration between and among member jurisdictions – and the health and education sectors – in support of comprehensive school health approaches.

Highlights of progress in member and partner jurisdictions are included here to illustrate the range of activities underway across Canada during the year, and to demonstrate the work being done by members at all levels to advance CSH.

Please note: The accomplishments listed in this section reflect progress made during 2009/10. For a more complete picture, visit the jurisdictions' respective school health websites. See Appendix D for member contact information and web links.

### Alberta

The Healthy Alberta School Communities, a joint initiative supported by Education and Health and Wellness, has been designed to strengthen the development of healthy school communities in Alberta. *Ever Active Schools* is a provincial program that supports the implementation of health promoting schools and is funded by three provincial ministries: Education; Health and Wellness; and Tourism, Parks and Recreation.



## Knowledge Development

- To assist with the implementation of the Alberta Nutrition Guidelines for Children and Youth, a Portion Kit containing a set of individual portion size pieces and a set of 40 Food Portion Cards was developed as a resource by Health and Wellness to promote appropriate serving sizes of foods for children and youth. The Portion Kit was distributed in spring 2010 to child care centres and schools to assist as a visual of appropriate portion sizes for a variety of foods.
- *Ever Active Schools*, funded by Education, has produced four tip booklets to support the implementation of daily physical activity (DPA). *Take Action* and *Passons a l'action* are booklets that feature promising practices, equipment and facility usage tips, scheduling ideas, funding information, mentoring tips, and other current research. The latest issue was published this spring and distributed to all Grade 1 to 9 schools. Electronic copies of all four DPA tip booklets can be found on the *Ever Active Schools* website at [www.everactive.org/physical-activity](http://www.everactive.org/physical-activity).
- *Ever Active Schools* has produced a number of *Recipe Card Lesson Plans* with sets available for Division 1 (two sets), Division 2 (two sets), and Division 3 (one set). The cards were developed by physical education specialists explicitly for elementary generalist teachers or those without formal physical education training. Each package of double-sided, full colour cards contains six lessons in each of the five dimensions. As well, the first editions include six Daily Physical Activity lessons appropriate for small spaces.
- To elevate the quality of healthy active teaching practices across Alberta, *Ever Active Schools* has developed a promising practices database to gather unique lesson plans and activities that can be submitted and retrieved by practitioners. For further information on the Recipe Cards and the promising practices database, go to [www.everactive.org](http://www.everactive.org).



## Leadership

- In October 2009, Alberta Education released the *Framework for Kindergarten to Grade 12 Wellness Education* following significant collaboration and feedback from health and education stakeholders. The Framework responds to the growing concern for the health of children and youth in today's society and outlines the significant role that curriculum can play in improving student learning and health outcomes. The purpose of the Framework is to outline fundamental concepts and inherent values, and to provide guidance for the future development and implementation of K-12 wellness-related programs of study in Alberta. The Framework is holistic and student-centered, and it meets the needs and priorities of Alberta students living and learning in the 21st century. Copies are available online in both English and French at [www.education.alberta.ca/teachers/program/wellness-education.aspx](http://www.education.alberta.ca/teachers/program/wellness-education.aspx).
- Raising Healthy Eating and Active Living Kids (REAL Kids Alberta) is an evaluation of the effectiveness of Healthy Weights Initiatives funded by Alberta Health and Wellness since 2006. The results from the 2008 REAL Kids Alberta survey were released in reports to participating schools in spring 2009 and to districts in fall 2009. The survey gathered information on physical activity, screen time, dietary habits and nutrient intake, as well as measured heights and weights of more than 3,900 Grade 5 students in 174 randomly selected schools. The next round of data collection for the REAL Kids Alberta evaluation took place from March to May 2010 in participating selected schools across the province. For more information about REAL Kids Alberta, go to [www.realkidsalberta.ca/](http://www.realkidsalberta.ca/).



- Following the 2008/2009 distribution of the Alberta Nutrition Guidelines for Children and Youth to schools, recreational facilities, and day cares, many school jurisdictions initiated development of school nutrition policies or approved implementation of school nutrition policies. A recent survey completed by Education in March 2010 indicates that more than half of the school jurisdictions in Alberta have nutrition policies that support the implementation of the Guidelines. The Guidelines are found at [www.healthyalberta.com/Documents/AB\\_Nutri\\_Guidelines\\_2008\(1\).pdf](http://www.healthyalberta.com/Documents/AB_Nutri_Guidelines_2008(1).pdf).



## Capacity Building

- In 2009/2010, an additional 41 projects received funding from the Alberta Healthy School Community Wellness Fund, for a total of 88 projects distributed across the five health zones and in 37 of 62 school jurisdictions in Alberta. The Wellness Fund was established in 2007 by Health and Wellness in partnership with the Alberta Coalition for Healthy School Communities and the University of Alberta to support projects that promote healthy school communities. The projects have impacted approximately 500 schools and 175,000 children and youth in Alberta. Successful recipients are encouraged to use the Joint Consortium for School Health *Healthy School Planner* tool to identify areas for action using a comprehensive school health approach to address healthy eating, active living, and positive social environments.
- In January 2010, *Ever Active Schools* hosted *Shaping the Future*, Ever Active's first Health Promoting School's Conference, with over 140 people attending the event. The purpose of the conference was to bring together individuals who have a vested interest in the assessment, planning, and implementation of Health Promoting Schools.
- Prior to the *Shaping the Future* conference, two pre-conference sessions were sponsored by the Alberta Healthy School Community Wellness Fund and the Alberta Coalition for Healthy School Communities. One session, *Sustaining Healthy Schools*, provided recipients of the fund with an opportunity to share information on initiatives and actions that are used to sustain healthy school communities in Alberta. The other session focused on Aboriginal health and featured a keynote presentation and workshop, led by Dr. Martin Brokenleg, on *The Circle of Courage and Positive Youth Care*. Participants in the workshop explored strength based strategies that can be used in communities, classrooms, and homes to create positive environments in which all children and youth can grow and flourish.

## British Columbia

British Columbia's Healthy Schools Branch was established in 2005 as a joint partnership between the ministries of Education and Health (now Healthy Living and Sport). The core mandate of the branch is to facilitate cross-sector collaboration between health and education stakeholders, and promote policy development and practice that reflects a comprehensive school health approach. The BC Healthy Schools Network, now in its fourth year of operation with 120 member schools, continues to be the branch's lead initiative for embedding the comprehensive school health model into the BC school system. The Healthy Schools Branch also leads the development and implementation of various school health initiatives that align with the province's health promotion framework, *ActNow BC*, and its goals of increased physical activity, increased healthy eating, and decreased tobacco use.



## Knowledge Development

- Developed a [Pandemic Response Framework](#) to guide decision making at the ministry level and provide the education system with guidance in the development of their school district pandemic preparedness plans. The Pandemic Planning Guidelines for School Districts, which are appended to the Framework, include suggested components for school districts to consider in their planning.
- Finalized the [Healthy Living Performance Standards](#) which support assessment of cross-curricular healthy living learning outcomes. The standards provide a resource that schools and families can use to focus and monitor efforts to enhance health knowledge, skills, attitudes, and behaviours among students. The web-based content includes connections to curricula, teacher-developed resources, and formative assessment strategies.
- Developed and distributed the Healthy Eating and Physical Activity Learning Resource for Grades 11 and 12 to complete a Kindergarten to Grade 12 grade-by-grade set of classroom-based lesson plans for the BC school system. [http://www.bced.gov.bc.ca/health/healthy\\_eating/physical\\_activity\\_learning.htm](http://www.bced.gov.bc.ca/health/healthy_eating/physical_activity_learning.htm).
- Provided funding and in-kind support for the development of the Consortium's *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives - Literature Review*, a resource for schools in BC and across the country.



## Leadership

- Conducted a review of the first year of full implementation for the [Guidelines for Food and Beverage Sales in BC Schools](#). The review included a random selection of both elementary and secondary schools and aimed to assess compliance as well as both challenges and enablers to successful implementation.
- Participated as a key stakeholder in the development of the Provincial Obesity Reduction Strategy. The Province provided representation on both the Provincial Collaborative Committee and various working groups. The strategy aims to engage a diversity of sectors at provincial and community levels, including public policy makers, corporations/industry, non-government organizations, and academia in a collaborative effort to address this preventable and treatable epidemic.
- Worked with an advisory committee comprised of health, education, parent, and anaphylaxis organizations to develop a comprehensive evaluation plan for the [BC Anaphylactic and Child Safety Framework](#) and associated ministry resources. The Province implemented the framework in September 2007 to provide boards of education with an overview of the key elements required in anaphylaxis management policy and procedures to help protect students with severe allergies.
- As part of new provincial legislation that came into effect September 30, 2009, all food service establishments in BC schools must meet [new regulatory requirements regarding trans fat content](#). These requirements include proper documentation of ingredient lists, nutrition facts tables for all food kept on site, and restricting trans fat to 2% or less of total fat content for margarine and oil and 5% or less for all other food.

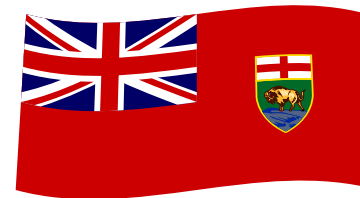
## Capacity Building

- Partnered with the British Columbia Recreation and Parks Association (BCRPA) to look at ways to build relationships between secondary schools and community sport and recreation centres to support the implementation of the Daily Physical Activity (DPA) initiative. Planning grants were issued to communities to develop and share examples of how schools and recreation centres can work together to support DPA. A [summary report](#) is available online.
- Expanded the [Neighbourhood Learning Centres](#) initiative, encouraging all schools to build partnerships with local governments, service providers, and community organizations. Neighbourhood Learning Centres provide access to school space to provide expanded services to students and their families, support student achievement, and build resilient and connected students, families, and communities.
- [Healthy Schools Network](#) builds schools' capacity to enhance comprehensive school health through key components of teaching and learning, social and physical environments, school policies, and community partnerships. Increased to 120 schools in 16 regions this year, network schools assessed their school health with the [JCSH Healthy School Planner](#). Leadership capacity was increased by recruiting regional leaders who coach school teams to assess, plan, act, and reflect on schools' inquiry into key health promotion improvements, supported by new online resources hosted by [DASH BC](#).
- The 2010/11 Provincial Budget committed an annual \$10 million [2010 Sports Legacy Fund](#) for the next three years. A portion of this funding will be directed towards after school programming to increase physical activity levels for children and youth.



## Manitoba

In Manitoba, Healthy Schools is a partnership of Manitoba Healthy Living, Youth and Seniors, Manitoba Education, and Healthy Child Manitoba Office (a partnership of all departments connected to children, run by the Healthy Child Committee of Cabinet which is comprised of eight cabinet ministers). Manitoba Healthy Schools was first introduced in 2000 and is consistent with a comprehensive school health approach. Healthy Schools reflects the province's commitment to supporting and empowering school communities to positively influence the interdependency between health and learning and to create school environments that enhance the healthy development of children and their families by working in partnership with community service providers and resources.



## Knowledge Development

- Resources and support are available to assist Manitoba schools in complying with new nutrition policy and trans fat legislation, including:
  - [The Manitoba School Nutrition Handbook](#), a guide to support school communities develop nutrition policies and implement changes to promote healthier eating options.
  - Access to a provincial School Nutrition Support Team that provides workshops and a toll-free school nutrition information line and maintains a [Food in Schools](#)

web site. The Support Team is a partnership among Manitoba Healthy Living, Youth and Seniors, the Dietitians of Canada, the Child Nutrition Council of Manitoba, and the Dairy Farmers of Manitoba.

- A case study was funded to assess the physiological and psychological responses to the Grade 11 and 12 PE/HE Curriculum during the first year of mandatory implementation.

## Leadership

- New legislation was proclaimed requiring every school to have a written food and nutrition policy and that foods prepared, sold, or distributed in schools do not exceed prescribed artificial Trans Fat content levels.
- Manitoba's new Youth Suicide Prevention Strategy – *Reclaiming Hope* was released. The Strategy supports new community-based, culturally relevant programming and resources delivery in communities across the province that focus on breaking down barriers to meet the needs of Aboriginal youth. This includes the Life Skills Training (LST) Program which was identified as a new mental health promotion tool for schools. The LST Program is a school-based drug abuse prevention program for elementary, middle, and junior high schools and was piloted in 22 Grade 3 and 4 classrooms during the 2009-2010 school year.
- A sharing and learning workshop was hosted for all registered *in motion* schools. **Healthy Schools in motion** is a component of **Manitoba in motion**, the Province of Manitoba's Physical Activity Strategy. Healthy Schools *in motion* work towards 30 minutes of physical activity every day for every student.
- A survey of Manitoba school divisions and municipalities was conducted on user fees and policies related to community use of schools and school use of community facilities. The results of this survey will be used for future policy development related to user fees and joint use agreements.



## Capacity Building

- Annual funding was provided through *Healthy Schools Community-Based Funding* to school divisions and independent schools to facilitate their ability to work with their local regional health authorities and other local partners in developing and implementing Healthy Schools plans.
- Annual funding was provided through *Healthy Schools Campaigns* to schools to undertake projects that support and increase awareness of an important health and wellness issue. This year, schools were eligible to receive funding for activities that focused on physical activity (fall 2009) and healthy eating (spring 2010).
- As part of the Healthy Schools Initiative, Manitoba piloted the *Healthy Buddies™* Program in 20 schools throughout the province. The *Healthy Buddies™* program is a comprehensive school-based health education and health promotion program that focuses on promoting healthy attitudes and behaviours towards physical activity, healthy eating, and positive self image. By pairing younger students with older buddies who serve as healthy role models, students learn to make healthier choices that will help them to lead healthier lives. An evaluation of the *Healthy Buddies™* Pilot Project is underway to determine the program's effectiveness in Manitoba.

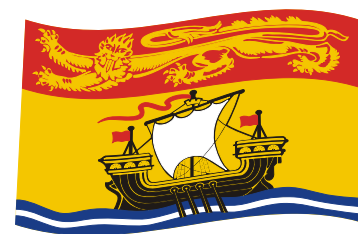


- Through the *Premier's Healthy Living Award for Youth*, Manitoba recognized the achievements of ten Grade 12 students who serve as positive role models for other children and youth. Award recipients are young Manitobans that have made outstanding healthy living contributions to their communities, in the areas of focus that may include active living, healthy eating, injury and illness prevention, and preventing tobacco use.
- The annual *Low Cost Bike Helmet Campaign* was implemented. Through this initiative, preschool and school-aged families are able to purchase low cost bike helmets. Over 10,000 helmets were purchased in spring 2010. Since starting the *Low Cost Bike Helmet Campaign*, over 62,000 helmets have been distributed throughout the province.

Under a Bilateral Agreement between Manitoba and the Public Health Agency of Canada on Physical Activity and Healthy Eating, Manitoba funded the *Aboriginal Youth Healthy Living Mentor Program* for elementary school children led by university mentors who train high school youth to be leaders.

## New Brunswick

The New Brunswick Healthy Learners in School Program, initiated in 2000, is aimed at promoting student health and wellness through creation of healthy, safe, and supportive physical and social environments. Public Health Nurses in each school district office work with District Health Advisory Committees and with educators, students, and parents to promote student wellness. Their efforts are supported by Provincial Wellness Strategy initiatives focused on physical activity, healthy eating, tobacco-free living, and mental fitness and resilience. A key component of the strategy is multi-year data collection, which monitors progress and includes support for schools in efforts to use their own results to take action on wellness. The Provincial Education Plan reinforces a comprehensive school health approach through commitments to community schools as well as healthy and safe schools.



## Knowledge Development

- Produced and disseminated a resource kit designed to help Recreational Facilities introduce and promote healthier foods in their concessions. The kit is intended to encourage communities to implement healthier eating initiatives, which will validate and support the leadership shown by the Department of Education in 2005 when they implemented Policy 711 (Healthier Foods and Nutrition in New Brunswick Public Schools).

## Leadership

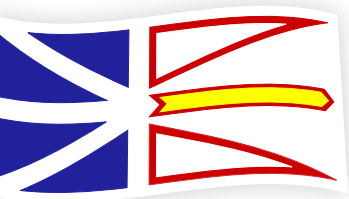
- Conducted workshops with educators to explore opportunities to support schools as a setting for promoting Positive Mental Health.
- Shared the JCSH Positive Mental Health better practice statements with District Public Health Nurses working in the Healthy Learners in Schools Program.
- Conducted workshops in each of the 14 school districts to promote a new "School Wellness Grant." Because the format of the grant application forms requires schools to work in a comprehensive school health model, the workshops included discussions of the principles of CSH and practical examples of how the model can be applied in a school setting.

- Re-administered the Student Wellness Survey with students in Grades 6-12 to gather information on student knowledge, attitudes, and behaviours related to wellness; participant schools will receive a consolidated feedback report of key results and change since the 2006-07 administration.

## Capacity Building

- Designed and launched a new “School Wellness Grant Program” utilizing the results of a 2008-2009 evaluation of 3 existing school grant programs, each of which promoted a single aspect of wellness (healthy eating, physical activity, and tobacco reduction). The new integrated wellness grant allows schools to choose a primary wellness focus for the year based on school, district, or provincial level data. In applying for the grant, schools are led through best practices in comprehensive school health and community mobilization including: working with an action team; building partnerships with community; identifying wellness priorities based on school level, district level, or provincial level data (e.g. from the NB Student Wellness Survey); ensuring that grant funded activities include work within each of the four domains (JCSH model) of comprehensive school health; planning for resources, communication, and evaluation, etc.
- Extended eligibility for the new provincial School Wellness Grant Programs to the province’s First Nations schools.

## Newfoundland and Labrador



In 2004, the Departments of Health and Community Services and Education partnered to develop and implement the provincial school health initiative, Healthy Students Healthy Schools (HSHS). HSHS supports and promotes the creation of healthier school environments for students to learn and to foster healthy lifestyles for life. Healthy Students Healthy Schools is a priority in the Provincial Wellness Plan. Based on a Comprehensive School Health approach, HSHS supports policies and programs that promote healthy eating, physical activity, and living smoke-free in both the school and the larger school community. Additional priorities promoted include injury prevention, mental health promotion, environmental health, and support for vulnerable populations.

## Knowledge Development

- Collaborated with school districts to provide healthy eating, tobacco control, and physical activity information and resources as they continue to implement their Smoke-Free School Grounds and School District Healthy Eating/Nutrition Policies.
- Shared school health promotion initiatives, information, and resources promoting healthy lifestyles for life with students, teachers, parents, and the larger school community through the provincial HSHS website: [www.livinghealthyschools.com](http://www.livinghealthyschools.com).
- Promoted the *Nutrition Criteria for all Food and Beverages Sold/Served in Schools*, the *Food and Beverage Item Review Process*, and the *Brand Name Food List* supporting the School Food Guidelines. These resources are regularly updated and available on the HSHS website.
- Supported the development of a Food Safety Presentation Kit for school cafeteria staff in partnership with the Division of Public Health for use by Environmental Health Officers, Department of Government Services.

- Developed Physical Education curriculum for Kindergarten and presently working on the Intermediate and High School Physical Education curricula for future implementation.
- Field tested the Kindergarten and Grade 1 Health curricula and purchased new resources to support the September 2010 implementation.
- Developed curricula for Grades 2 and 3 Health to be field tested September 2010.

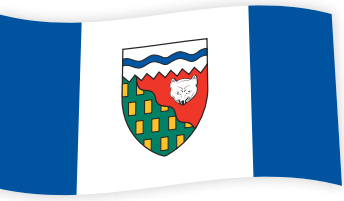
## Leadership

- Provided funding and support for five school health promotion liaison consultant positions to strengthen health region/school district partnerships, build capacity for school health, and facilitate health promotion action in the districts.
- Partnered with other government departments on the integration of healthy eating, physical activity, and smoke-free messages into the policies and practices of sport teams and youth groups and at recreation events and in sport facilities.
- Developed a formal partnership around Healthy Students Healthy Schools with the Department of Tourism, Culture and Recreation.
- Partnered with education stakeholders to Canadianize Grade 1 Health curriculum resources.

## Capacity Building

- Supported School District Healthy Eating/Nutrition Policies through the provision of funds to purchase food service equipment for school cafeterias and canteens in all school districts.
- Promoted and supported *Living Healthy Commotions* in all school districts to highlight the creation of healthier school environments.
- Supported physical activity opportunities for students through the implementation of Active School Programs in elementary schools across the province.
- Partnered on school health initiatives with Memorial University, Regional Health Authorities, School Districts, Regional Wellness Coalitions, Safe and Caring Schools, School Development, Environmental Health, and the Food and Beverage Industry.
- Supported healthy eating opportunities in schools through funding provided to the Kids Eat Smart and the School Milk Foundations.
- Supported healthy living opportunities for students and their families in both the school and the larger school community through Provincial Wellness Grants, Regional Wellness Coalition Grants, and Regional Health Authority Grants.
- Promoted and supported Olympic Living Healthy Commotions in all schools across the province on February 26, 2010 to mark Newfoundland Day at the Olympic and Paralympic Games.





## Northwest Territories

Initiated in 2005, the Northwest Territories' "Healthy Choices Framework" (HCF) is a collaboration of the Departments of Education, Culture and Employment (ECE), Health and Social Services (HSS), Municipal and Community Affairs, Justice, and Transportation. As a result, most GNWT programs targeting school aged children are implemented in a collaborative fashion.

### Knowledge Development

- Distribution of newly developed nutrition resources to schools/partners. Highlights include nutrition lesson plans developed within the Dene Kede framework, a resource to support schools/communities hosting a "Family Fun Nutrition" multi-age event, and the video "Building Cultural Pride with Traditional Food."
- Dissemination of the new JCSH positive mental health resources. Networking forum organized for school counselling staff to share information and establish "learning community" priorities.
- Launch of "Respect Yourself," an interactive sexual health website: <http://www.respectyourself.ca/>. Part of a pan-territorial health initiative.
- Continued sharing of the comprehensive school health framework and examples of planning tools to ensure a comprehensive approach with program partners and education personnel.

### Leadership

- Second year leading "Together for Healthy Learning" initiative, a coalition of education boards, ECE, and HSS working to develop/promote nutrition supports with a particular emphasis on traditional foods. Through this Aboriginal Diabetes Initiative funded program, schools have access to a Nutrition Coordinator to support cooking programs, "healthy foods" campaigns, and home/school communication and to assist with other nutrition supports.
- Tobacco education: "Don't be a Butthead" targets 8 to 14 year olds and is in its sixth year of implementation. Current school presentation utilizes a 'crime scene investigation' theme as students gather clues and information at various stations. Students are encouraged to make a commitment to be smoke-free.
- Promotion and dissemination of health/wellness program information and planning resources at NWT Principals' Conference, October 2009.
- Launch of <http://www.proud2bnwt.ca/> youth website to provide one window access for youth and youth service organizations to related GNWT programs and services.
- A helmet program allowed schools to apply for funding to purchase snowmobile helmets for student use in 'on the land' programs. An education component was also part of this injury prevention initiative.
- Launch of pan-territorial mass media Fetal Alcohol Prevention campaign.

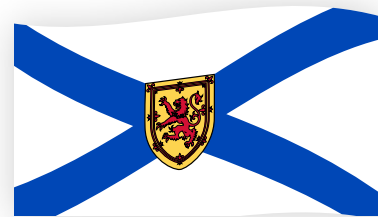


## Capacity Building

- Introduction of an after school time period school-based physical activity program. The initiative is linked to FPT Ministers of Sport, Physical Activity and Recreation collaborative priorities.
- Launch of “Not Us” program that provides resources, including planning expertise, to schools/communities to develop their own ‘anti-drug’ communication materials, events, and programs. Website provides education information and features areas that communities can populate with their own material <http://not-us.ca>.
- School nutrition grants within Drop the Pop program provided funds for school based nutrition programs. Schools developed programs that offered nutrition education and featured partnerships. Schools had the opportunity to nominate supportive retailers for a Store Recognition Award. This program is funded by the Aboriginal Diabetes Initiative.

## Nova Scotia

Over the past year, Nova Scotia has continued its expansion of Health Promoting Schools (HPS) throughout the province. As a result there has been tremendous progress since the establishment of HPS in 2005. Nova Scotia’s HPS approach addresses healthy eating, physical activity, youth sexual health, tobacco reduction, addiction, mental health, injury prevention, and a range of other health issues within the school setting.



## Knowledge Development

- Held Nova Scotia’s *2nd Annual Health Promoting School Showcase*. Health Promoting Schools teams from each of Nova Scotia’s school boards and the Mi’kmaw Kina’matnewey showcased in Dartmouth a variety of exciting new strategies to improve student health. The provincial Health Promoting Schools approach draws together boards, district health authorities, and other health and education partners to ensure key school health initiatives are accessible to students. This year’s showcase also marked the launch of Nova Scotia’s new Health Promoting Schools (HPS) website which will create a universal access point for the province’s nine HPS teams. <http://nshps.ca/>.
- Hosted the sixth annual national school health conference. Organized by the Canadian Association for School Health (CASH) in partnership with the Canadian Association for Community Education (CACE). The conference was both a continuation of their joint efforts to share better practices in supporting schools in disadvantaged communities through a Community of Practice and an influence for an international, policy-oriented agenda that addresses equity issues that will be discussed at an international symposium in Geneva in July 2010.
- Held the Second Annual Nova Scotia Alcohol Policy & Research Forum in Halifax, chaired by Nova Scotia’s Chief Public Health Officer. This Forum provided an opportunity to bring together stakeholders who collaborated in the development of the Provincial Alcohol Strategy, launched October 2007, and others who are working in the area of addictions, health promotion, chronic disease prevention, and injury prevention. The specific objectives of the forum were: To increase knowledge/awareness of the alcohol strategy and activities related to the strategy (to date); To raise the priority of over consumption of alcohol as a public health

concern; To share knowledge regarding best practices as they relate to alcohol access policy, alcohol taxation, and brief intervention.

## Leadership

- *Nova Scotia's Schools Plus* launched its website early in 2010. The vision for Schools Plus is that schools become a convenient place for government and other services to be delivered to families. This approach makes it easier for professionals to collaborate with each other on behalf of children, youth, and families. <http://www.schoolsplus.ednet.ns.ca/upcoming-events/2010-07-06?tid=9>.
- *Expanded Co-operative Education*. Nova Scotia has increased its investment in co-operative education to support school boards in program delivery and increase access to this very successful program. Co-operative education helps students plan their education and get hands-on experience in potential careers while they are still in school. Students complete 25 hours of in-class preparation before their 100-hour placement with a qualified employer. Students come away with real work experience, new skills, and better knowledge of workplace preparation, career planning, and health and safety practices. Co-op placements are available in many types of work settings, reflecting the wider range of student interests and abilities. In 2010 there is an emphasis on creating more opportunities for students in health related fields. Placement time can be completed during regular school hours, evenings, weekends, holidays, or summer. Currently, 83 of the province's 87 high schools offer Co-op with over 3,600 co-op credits earned this year. This growth represents thousands of connections between employers and students, totaling a 700 per cent increase in participation since 2006.
- *New learning outcomes framework for Health Education*. The Nova Scotia Department of Education, in collaboration with the NS Department of Health Promotion and Protection, the Nova Scotia Teachers Union, and with feedback from teachers and school boards, will be introducing a new learning outcomes framework for Health Education Primary-9 in the Fall of 2010. This framework is based on the World Health Organization's Life Skills Model and highlights six health priority areas: Disease and Injury Prevention, Healthy Eating, Mental and Emotional Health, Physical Activity, Sexual Health, and Substance Use and Gambling.
- *Strive for Five*. Eating healthy in Nova Scotia schools will take on a local flavor as a new provincial program to promote local product is introduced. This is a province-wide attempt to keep school menu choices in tune with the seasonal availability of local foods in addition to meeting the requirements of the Food and Nutrition Policy for Nova Scotia Public Schools (2006). <http://www.gov.ns.ca/hpp/publications/S45-Resource-Guide-Eng-Web.pdf>.

## Capacity Building

- Building on the Canada Games tradition, the 2011 Games torch program celebrates the unique culture of Nova Scotia in the very communities that help shape and define it, generating awareness and excitement in each region leading up to the Games. The symbolic and inspiring journey that the 2011 torch will take begins in Ottawa and will make an appearance in every school within the Halifax Regional School Board. The torch will light the Canada Games cauldron during the opening ceremonies of the Halifax 2011 Canada Games on February 11, 2011.
- The Halifax 2011 Canada Games Host Society and The Chronicle Herald are giving Nova Scotian youth between 12- 21 years of age a chance to carry the torch through a community youth run or local parade. In 500 words or less, applicants need to tell us how they live a healthy active lifestyle, how they volunteer in the community, OR

how they've done their part to keep the earth healthy and green. Visit [www.thechronicleherald.ca/2011torch](http://www.thechronicleherald.ca/2011torch) to apply, or visit <http://www.canadagames2011.ca/en/home/celebrate/communityspirit/ignitethespirit/default.aspx>.

- *Nova Scotia School Mental Health Stakeholder Summit* in partnership with Dr. Stan Kutcher, the Sun Life Financial Chair in Adolescent Mental Health, was held in Halifax with the purpose of bringing together key stakeholders to discuss a strategy to develop a framework to address mental health in all aspects of the school setting. This summit included high level representatives from various departments and agencies, signifying the importance of supporting Nova Scotia as a Canadian leader in the field of adolescent school mental health.
- *Aboriginal Sports Circle Elects New Chair*. Eskasoni, Nova Scotia's Tex Marshall has been elected chairperson of the Aboriginal Sport Circle, Canada's national voice for aboriginal sport. One of his mandates will be to ensure meaningful inclusion for aboriginal people at national and international games. Mr. Marshall is a Sports Animator and Health Promoting Schools Co-Chair with the Mi'kmaw Kina'matnewey School Board. [www.aboriginalsportcircle.com](http://www.aboriginalsportcircle.com).

## Nunavut

In late 2009, the Government of Nunavut's vision for 2009-2013 as articulated in *Tamapta, Building Our Future Together* stated that:

"Guided by Inuit values and culture, by the year 2030:

Nunavummiut will continue to have a highly valued quality of life and a much better standard of living for those most in need.

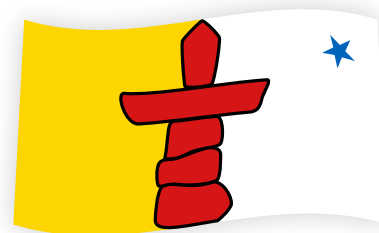
Individuals and families will all be active, healthy and happy." (p.3)

Throughout 2009-2010, Nunavummiut continued to work at the community, territorial, and federal levels to actualize these goals. The Department of Education and the Department of Health and Social Services are pleased to be able to share territorial representation on the Joint Consortium for School Health.

## Knowledge Development

- Plans are underway for an interdepartmental Health and Education consultation regarding the key messages and competencies to be included in the Health components of the Nunavut Aulajaaqtut Curriculum for Grades 7-9, currently in development through consultation with Inuit Elders, parents, students in Grades 9-10, and a pan-Nunavut Steering Committee of educators.
- Began, through the Department of Health and Social Services, an environmental scan of foods served in public settings, including schools, to inform Food and Nutrition Policy for Public Settings. These endeavours will be supported by the timely introduction, announced May 21 by the Government of Canada, of Nutrition North Canada, the new northern food retail subsidy program which will make healthy food more accessible and affordable to Nunavummiut. Full implementation of the new program will occur on April 01, 2011.

<http://news.gc.ca/web/article-eng.do?m=/index&nid=534329>  
[http://www.nunatsiaqonline.ca/stories/article/new\\_food\\_subsidy\\_watch\\_out\\_for\\_the\\_details/](http://www.nunatsiaqonline.ca/stories/article/new_food_subsidy_watch_out_for_the_details/)



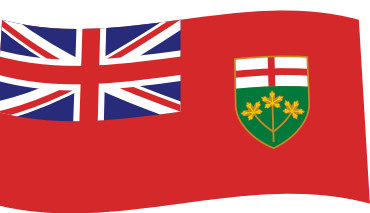
## Leadership

- Developed a new Education Act which mandates a minimum of 20 minutes of daily physical activity in schools.
- Launched a series of campaigns to encourage healthy choices and behaviours, including:
  - the Youth Safe Sex Campaign <http://www.cbc.ca/health/story/2010/02/12/nunavut-condoms.html>; <http://www.irespectmyself.ca/>;
  - the Flavor of the Month Campaign <http://carnalnation.com/content/47849/897/condoms> and
  - a Tobacco Cessation Campaign in partnership with the National Aboriginal Health Organization [http://www.naho.ca/inuit/itn/documents/2009-11-09\\_ITNProjectOverview-Finalrev\\_000.pdf](http://www.naho.ca/inuit/itn/documents/2009-11-09_ITNProjectOverview-Finalrev_000.pdf) and the Government of Canada <http://www.medicalnewstoday.com/articles/139608.php>.

## Capacity Building

- Engaged in consultations to revise the Nunavut Food Guide; purpose is to ensure Nunavummiut have an excellent plain language resource which complements the more technical Canada's Food Guide and focuses on dietary messaging most important to Nunavummiut.
- Approached completion of Nunavut's Suicide Prevention Strategic Plan, following intensive and broad consultations. The Steering Committee is working to have the Strategic Plan released prior to the end of 2010.

## Ontario



Since 2006, the Foundations for a Healthy School framework has guided school health initiatives. The framework provides many examples of healthy activities that schools can implement. Significant strides have been made to advance opportunities for healthy eating among Ontario students with the introduction of the Healthy Foods for Healthy Schools Act and the School Food and Beverage Policy. The Ministries of Education and Health Promotion continue to work together and with other ministry partners and other agencies to address the health of children and youth through schools.

## Knowledge Development

- The Ontario Curriculum, Health and Physical Education, Grades 1-8 (Revised), 2010 was released in January 2010. The revised curriculum for Health and Physical Education, Grades 9-12 will be released later in 2010. There is an overall shift from content-focused learning to skill-based learning in order to help students acquire and practice the skills needed to develop physical and health literacy and to lead and promote healthy active lives.
- There is an increased emphasis on helping students build Living Skills (Personal Skills, Interpersonal Skills, Critical and Creative Thinking processes) across the curriculum.



- Learning expectations connected to healthy living in the revised curriculum are grouped according to students' understanding of health concepts, students' application of this knowledge to make healthy choices, and students' learning to make connections to link their personal health and well-being to others and to the world around them.
- Topics within the healthy living strand have been updated to address identified gaps. These include topics such as: healthy eating, personal safety, substance use, healthy development and sexuality. Mental health and emotional well-being is addressed across all topic areas.
- *Sabrina's Law – An Act to Protect Anaphylactic Pupils*, requires that every school board establish and maintain an anaphylactic policy as of January 1, 2006. To raise awareness of anaphylaxis in schools and to assist in implementing Sabrina's Law, the Ministry of Education worked with Anaphylaxis Canada to develop an Anaphylaxis Resource Kit and web-based e-learning module for boards and schools to use. In 2009/10, the Ministry of Education updated the Anaphylaxis Resource Kit and e-learning module to include up-to-date information.
- In 2008, the *Ontario Public Health Standards (OPHS)* were published as guidelines for the provision of mandatory health programs and services to be implemented by Ontario's 36 boards of health. Many standards include school-based implementation. The Ministry of Health Promotion is responsible for four program standards including: (a) Reproductive Health; (b) Child Health; (c) Prevention of Injury and Substance Misuse; and (d) Chronic Disease Prevention. To assist the staff of boards of health to identify issues and approaches for local consideration and implementation of the standards, the Ministry of Health Promotion worked with local public health staff and relevant partners to develop guidance documents that provide evidence-based advice for local public health practice. The School Health Guidance Document is the only settings-based document and describes a comprehensive health promotion approach for schools that is relevant for many standards and requirements.



## Leadership

- On January 15th, the Ministry of Education released the *School Food and Beverage Policy (PPM 150)*. The policy outlines detailed nutrition standards and requires that school boards ensure that all food and beverages sold on school premises for school purposes meet the requirements set out in the policy by September 1, 2011. The nutrition standards apply to all food and beverages sold in all venues (e.g., cafeterias, vending machines, tuck shops), through all programs (e.g., catered lunch programs), and at all events (e.g., bake sales, sports events).
- In January and February of 2010, the Ministry of Education held 11 regional training sessions for school board teams and public health staff on the School Food and Beverage Policy. The Ministry of Education has developed resources guides and e-learning modules to support the implementation of the policy. For more information about the School Food and Beverage Policy or the resources to support implementation, please visit the Ministry of Education's website at [www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools).
- The *Children In Need Of Treatment (CINOT) dental program* was introduced in September 1987 and is a mandatory requirement under the *Ontario Public Health Standards (OPHS)*. The objective of the program is to provide a basic level of

dental care to children and youth who have identified dental conditions requiring urgent care but have no dental insurance or other coverage. In the 2008 budget, the government announced a commitment to develop a plan to provide dental services to low-income Ontarians with a \$135 million investment over three years. On January 1, 2009, CINOT was expanded to include children and teens age 17 and under (up from the old cut-off of Grade 8 or the 14th birthday, whichever was later). General anaesthesia coverage was also added for children aged 5 years of age and older. Children and youth are identified for participation in CINOT through dental screening conducted by public health unit staff in elementary schools. In the 09/10 school year, public health staff are connecting with school boards, principals, teachers, teacher groups, and other providers serving low income teens to raise awareness of the new age range. In addition, some health units are offering dental screening in high schools in identified 'high needs' areas.



## Capacity Building

- Partnership development occurred with health units, subject-associations (e.g., Ophea, OASPHE), and stakeholder groups through participation and engagement in the curriculum review process. Training to support the implementation of the revised Health and Physical Education curriculum, Grades 1-8 occurred with a series of web-based and face to face training sessions. Participants from school boards, faculties of education, health units, and stakeholder groups across the province participated. Follow up support is being provided via an electronic community sharing website. Funding is being provided for the development of online resources for topics that can be challenging to teach. Funding is also being provided for resources that will show the alignment of the revised Health and Physical Education curriculum expectations to resources for delivery of this curriculum within the Catholic education system.
- The *Healthy Schools Recognition Program* is a joint initiative between the Ministry of Education and the Ministry of Health Promotion. The program promotes and celebrates healthy behaviours and practices in Ontario's schools. To participate in the program and be recognized, the school principal, school council chair, and a student representative must identify at least one healthy school activity — in addition to any current activities — to undertake to make their schools healthier places to learn. Over the last three years, more than 3,000 schools have pledged to do more than 6,500 healthy activities through the program.
- Since 2006, the Ministry of Education has supported the Lifesaving Society for the delivery of the *Swim to Survive* program. It is a six-lesson program, three in-class and three in-pool, that teaches students how to survive an unexpected fall into deep water. More than 45,000 elementary school students benefit annually from this program.
- In 2009/2010, the Ministry of Health Promotion partnered with a variety of provincial and community organizations in priority neighbourhoods to deliver after-school programs and services. More than 15,500 children and youth in over 270 sites across the province will benefit from Ontario's After-School Program. These programs include:
  - healthy eating and nutrition education to help combat childhood obesity,
  - physical activity to encourage active lifestyles,

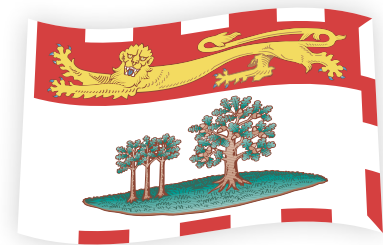


- personal health and wellness education to promote self-esteem, and
- other activities to address specific priorities based on local community needs.

More than 50% of programs are being delivered in schools.

## Prince Edward Island

On Prince Edward Island, the Department of Education and Early Childhood Development, the Department of Health and Wellness, University of Prince Edward Island researchers, school boards, schools, provincial alliances, community organizations, and community volunteers alike have been working together to support the health and well-being of Island students. Over the past year, collaborative efforts have resulted in a wide variety of new and strengthened comprehensive school health supports.



## Knowledge Development

- Completed the first implementation of the *School Health Action Planning and Evaluation System (SHAPES)*, in partnership with the University of Prince Edward Island, the University of Waterloo, and Health Canada. The SHAPES system collected student health data (knowledge, attitudes, and behaviours related to healthy eating, physical activity, tobacco use, and mental fitness) from over 10,000 students in Grades 5-12 in 85% of Island schools. Participating schools received feedback reports specific to their student surveys and aggregated data was used to produce school board and provincial level reports. Funding from the Department of Education and Early Childhood Development will be utilized to collect data again during the 2010-11 school year.
- Funded the *PEI Healthy Eating Alliance*, through a partnership between the Department of Education and Early Childhood Development and the Department of Health and Wellness, to strengthen the existing elementary/consolidated school nutrition policy. Changes made, in collaboration with the school boards, require the foods sold or served in all schools to meet established criteria for sugar, fat, sodium, and other nutrients. This amended policy (Grade 1-12) also guides the foods served in school cafeterias and vending machines in intermediate and senior high schools. The policy was fully implemented by the Western School Board in the fall of 2009 with plans for Island-wide implementation in the coming year.
- Collaborated with the *School Nutrition and Activity Project (SNAP)*, a 5 year research project led by Dr. Jennifer Taylor (University of Prince Edward Island) to evaluate the impacts of school nutrition policies in elementary and consolidated schools. The second cycle of data collection was completed in 2009-10 by surveying over 2000 Grade 5-6 students (healthy eating and active living) and measuring their BMI. The data is being used to assess the effects of school nutrition policies on children's food intake and weight status. Policy adherence surveys were completed by principals, and policy perception surveys (student / parent) were also used to understand successes and challenges of implementing these policies.



## Leadership

- Confirmed that PEI would be the lead province for the *Joint Consortium for School Health (JCSH)* for the 2010-15 mandate. This provides a great opportunity for PEI to host the JCSH Secretariat, which will support and promote 'education' and 'health' sector collaborations, and to encourage comprehensive school health approaches at the national level. It also provides an opportunity to profile the work that is happening in PEI to support collaborations and partnerships that help to enhance the health and well-being of students within the school environment and within the school community.
- Created a partnership among the Department of Education and Early Childhood Development, Department of Health and Wellness, the University of Prince Edward Island, and a number of provincial health charities to support the "*Youth Health Collaborative: Excelerating evidence-informed action (Youth Excel)*" project funded through the *Canadian Partnerships Against Cancer*. This multi year, multi partner project (which includes the JCSH and the Propel Center at the National Level) will see PEI participate as a "case study" regarding current school health "knowledge exchange" processes.
- Co-hosted the *2009 Student Leadership Symposium*, in partnership with the Department of Education and Early Childhood Development, the University of Prince Edward Island, Holland College, and school / school board representatives. This event engaged a wide variety of students in leadership training, interactive sessions, and a variety of discussions. Sessions focussed on how they, as students, could actively engage in aspects of their education, school life, healthy lifestyles, community, and the variety of programs and services that affect their lives.



## Capacity Building

- Initiated the SHAPES-PEI "*School Health Grant*." This program supports schools, families of schools, and school boards in using their SHAPES school health feedback reports, which were provided following the student level data collection. Through this grant, students, teachers, parents, and community members are encouraged to examine the results contained within their feedback reports, discuss and identify needs and priority areas for their schools, propose activities to address these needs within a comprehensive school health framework, and develop an action and evaluation plan. The grant can be used to support school and school board activities related to healthy eating, active living, tobacco reduction, and the promotion of positive mental fitness.
- Contributed to the development of the youth substance use and addictions day treatment program called "*Strength*." Lead by the Department of Health and Wellness, a multi stakeholder advisory committee helped guide the development of the new support services. One key component was to support a student's formal education while they participate in the program. Through on-going collaboration and partnerships, a very positive relationship among the program staff, school boards, and schools has been formed to support the education of youth while they attend the eight week program. While focused on the treatment of addictions, the *Strength* program also supports the health and well-being of the individual youth as well.

## Saskatchewan

In Saskatchewan, the Ministries of Health and Education continue to collaborate to improve the health and well-being of its citizens. This includes initiatives that help to advance the local school health agendas and enhance alignment between local health and education priorities.



### Knowledge Development

- The Ministry of Education is renewing the K-5 Health Education and Physical Education Curricula. It will be ready for distribution in the fall of 2010. The renewed Elementary Level curricula require educators to think about and plan for holistic health education programs and engaging physical education programs. Please see [www.education.gov.sk.ca/health-ed-curricula](http://www.education.gov.sk.ca/health-ed-curricula) and [www.education.gov.sk.ca/pe-curricula](http://www.education.gov.sk.ca/pe-curricula).
- The Ministry of Education, in collaboration with the Ministry of Health and other stakeholders, has developed two policy documents for schools that address the health and well-being of children and youth within a comprehensive school community health approach: *Nourishing Minds: Eat Well, Learn Well, Live Well*, [www.education.gov.sk.ca/nutrition/](http://www.education.gov.sk.ca/nutrition/) and *Inspiring Movement: Eat Well, Learn Well, Live Well*, [www.education.gov.sk.ca/physical-activity/](http://www.education.gov.sk.ca/physical-activity/).
- The Ministry of Health, with support from the Ministry of Education, has developed two sample units: Grade 6, *Can I Be Healthier: Examining Tobacco*; and Grade 9, *Addressing Substance Use: Promoting A Healthier Community*. These units support the renewed health education curriculum and are framed within a Comprehensive School Community Health approach.

### Leadership

- In Saskatchewan, Comprehensive School Health has been adapted and renamed *Comprehensive School Community Health (CSCH)* in order to emphasize the importance of intersectoral action and to invite greater participation of the community into the life of the school. A document that explains the framework can be found at [www.education.gov.sk.ca/csch/](http://www.education.gov.sk.ca/csch/).
- To further promote a healthy school community, the Ministry of Health has worked with stakeholders, including the Ministry of Education, to develop a comprehensive strategy, *Building a Healthier Saskatchewan: A strategy to prevent and reduce tobacco use*, and action plan. Targeting youth in school and workplace settings is a key priority of this strategy.
- Saskatchewan has recently passed legislation that will prohibit all tobacco use on school grounds.



### Capacity Building

- The Ministries of Health and Education co-facilitated a satellite training event in February 2010. Practitioners in health promotion, mental health, and addictions as well as public health nursing, school division, and school staff were invited.
  - The event supported health practitioners to better understand the renewed provincial health education curriculum and how the CSCH approach encourages collaborative efforts at the local level.

- As a result of this presentation the Saskatchewan School Health Coordinators have been invited to meet with the Public Health Nutritionists of Saskatchewan Working Group and the Public Health Nursing Managers in the province.

## Yukon

The Department of Health and Social Services continues to look for ways to connect with the Department of Education and other departments in government as well as non-profit organizations and members of the community to apply a comprehensive school health lens in providing Yukon students with opportunities to develop the health knowledge, skills, and behaviours they need for healthy living and successful learning.

### Knowledge Development

- Shedding light on Yukoners' patterns and preferences around physical activity and food choices, the Recreation and Parks Association of the Yukon conducted the *Yukon Healthy Living Segmentation Study*. Among the groups studied were children and youth aged 5-17. The study looked at participation in physical activity, perceived exertion levels, attitudes, motivators, barriers, and encouragers to physical activity, food choices, preferences, and barriers to healthy eating.
- Health and Social Services, working with the Department of Education, developed a new sexual health resource, *Healthy Transitions*, which consists of sexual health information and classroom lesson plans for Grades 4 through 7. The resource will be officially launched in Fall 2010 when training for all Grade 4-7 teachers will be made available.
- Yukon Health and Social Services has partnered with our sister Territories to create a pan-territorial sexual health website portal. Yukon's website [Bettertoknow.ca](http://Bettertoknow.ca) will offer an interactive and engaging site for youth to access relevant sexual health information, and include the option to anonymously email questions and receive answers from a registered nurse. The site will also connect youth with local services for more information, with a section for parents and teachers to do the same.
- Health and Social Services worked with the Yukon's Chief Medical Officer of Health and the Department of Education to provide timely information on H1N1 to teachers, parents, and students. Hand sanitizers were installed in all Yukon schools, and both floor and wall reminders noted the importance of handwashing.

### Leadership

- A *Youth Tobacco Summit* hosted by the Health Promotion Unit was held in Whitehorse in October 2009. Students from several Yukon communities came together for a three-day event to learn how they could contribute to creating and supporting healthy smoke-free communities. As a result of the training, students from four different communities submitted proposals and subsequently received funding for tobacco-reduction activities ranging from building a community garden and offering an arts and culture after school program to hosting community "wii-fit" nights.
- The Department of Health and Social Services will host a developmental assets forum in March. The workshop will provide those who work with children and youth opportunities to learn about this strength-based approach to working with

children, youth, families, and communities and provide a platform for people to share information. Following the forum, there are plans to form a community of practice to nurture interest in the *40 Developmental Assets Framework* and share practical ways of implementation.

- Educators, health professionals, non-government organizations, key stakeholders, parents, and community members came together to form the *Resiliency and Transitions Advisory Committee* focusing on resiliency and the critical transition years identified during Kindergarten through Grade 12. This is an important step in developing common language and affirming shared goals when it comes to maximizing health and learning outcomes for Yukon students. At the Department of Education, a position has been staffed to work exclusively in this area and a three-year strategic plan is being developed.

## Capacity Building

- The 5th annual *Drop the Pop* campaign will continue to encourage Yukon students to “STOP and think about your drink” but this year’s campaign has been broadened to include a grant program giving schools the opportunity to design their own healthy living initiatives. Funding is available for every school and there is award money for the schools that create the best projects promoting healthy eating. The project has also been expanded to high schools.
- In November 2009, the Recreation and Parks Association of the Yukon with partners from recreation, health, social services, and education implemented the *Canada Gets Active* pilot project in Yukon. Grade 5s from across the territory received free access to the Canada Games Centre recreation complex in Whitehorse. The pass also permitted students to participate in organized youth programming free of charge. Unique elements of this program include the non-traditional partners that came on board such as the Yukon Anti Poverty Coalition and the distribution of *My Amazing Little Cookbook* to all Grade 5 students.
- As part of National Nutrition Month the Health Promotion Unit is launching the *Where in the world does your food come from?* competition for all Grade 6 and 7 students in the territory. The contest involves creating posters that demonstrate student learning about where their food comes from, how far their food travels to get to the Yukon, and what impact food miles have on the environment.
- *Take Back the Dinner Hour*, a brochure on the importance of families sitting down together for meals was developed by Health and Social Services and distributed to all parents of school aged children in the territory. The brochure promotes the benefits of eating meals as a family and provides other advice on how to make family meals interesting, nutritious, and manageable in our fast-paced world.





## Federal Government

**Note:** The Federal Government, represented by the Public Health Agency of Canada, is no longer a member alongside provinces and territories, but supports JCSH work in an advisory and funding capacity.

### Knowledge Development

- Published three Healthy Living E-Bulletins (*Home/Family Settings; School Setting; and Olympics, Paralympics and Healthy Living*). The e-bulletin is a quarterly newsletter designed to keep healthy living stakeholders informed on efforts to promote physical activity, healthy eating, and healthy weights across the country.
- In support of the Canadian Guidelines for Sexual Health Education, contributed to the development of two new “Questions and Answers” resources for educators, *Sexual Orientation in Schools* and *Questions and Answers: Gender Identity in Schools*. These documents synthesized current research related to the provision of inclusive sexual health education for sexual and gender minority populations within school settings.
- Supported the development of tools for educators to promote media literacy and assess the quality of online sexual health information, in collaboration with the JCSH Working Group on Sexual Health, the Canadian Teachers Federation, and the Media Awareness Network (MNet). The tools can be viewed online on the Canadian Teachers Federation web site: [www.ctf-fce.ca](http://www.ctf-fce.ca).
- Continued to fund DEAL.org, a *by-youth for-youth web-based program* which provides resources to help youth make healthy, informed lifestyle choices. In 2009/10 DEAL.org revised and updated its health factsheets on H1N1, diabetes, acne, asthma, epilepsy, and STIs. DEAL.org also expanded its collection of mental health factsheets including factsheets on addictions, depression, self-injury, suicide, and schizophrenia.



### Leadership

- On behalf of the Pan-Canadian Public Health Network, coordinated the development of the 2008 Report on the Integrated Pan-Canadian Healthy Living Strategy (PCHLS) for federal, provincial and territorial (FPT) Ministers of Health. The objective of the report is to demonstrate momentum toward improving health outcomes and reducing health disparities as well as measuring the progress toward the PCHLS targets. The school setting is an area of focus. The 2008 Report will be tabled for approval by Ministers of Health in September 2010.
- Led an FPT process to secure political commitment from FPT ministers responsible for health, education, and sport and recreation to address inactivity among children and youth. The *Joint Policy Statement on Physical Activity for Children and Youth* aims to align policy activities that help improve health and learning opportunities for children/youth. It seeks to gain support across government sectors to achieve FPT physical activity targets by the year 2015.
- In collaboration with the JCSH, expanded the sample of the 2009/10 cycle of the Health Behaviour in School-aged Children (HBSC) study to collect representative data from a number of provinces and territories. HBSC is a cross-national school-based survey conducted every four years in Canada and 42 other countries, to obtain data on the health, well-being, and health behaviours of young people (aged 11 to 15 years) and their social contexts.



## Capacity Building

- Continued to make major investments to support a wide range of on-reserve school infrastructure projects including operation and maintenance, study and design, renovations, minor repairs, and new construction. Planned expenditures for 2009-2010 were \$216 million.
- Provided \$159 million in annual funding to support participation and excellence in sport from playground to the podium. This included sport participation projects and activities in schools, mainly through bilateral agreements with provinces and territories, and contributions to national sport organizations, multisport service organizations, and other NGOs. Some examples of such initiatives include:
  - Physical and Health Education Canada created *Fundamental Movement Skill* resources for teachers and parents to more effectively teach children with developmental and behavioural disabilities (also targeting deaf children) to actively participate and learn within a regular physical education classroom;
  - The *Active School Contest* (in Quebec) supports primary and secondary schools in the development of a new project or improvement of an existing project encouraging regular and safe physical activities or cultivating healthy eating habits; and
  - The Government of Canada's leadership role in supporting ParticipACTION helped the organization to develop national communication campaigns to get Canadians of all ages to be more physically active. This support was designed to advance the Enhanced Participation goal of the Canadian Sport Policy by increasing opportunities for Canadians, with particular emphasis on children and youth, to participate in sport and physical activity in the community or school setting.



## Moving Forward

The Joint Consortium for School Health is beginning a new five-year mandate with a new lead province. As the Consortium's Secretariat moves physically from Canada's West Coast to its East Coast, the primary issues and initiatives remain at the fore. We continue to emphasize three key commitments – knowledge development, leadership, and capacity building – to further this country's dedication to the best health and education for all our children and youth. In addition, the JCSH is working to increase its effectiveness and national presence in sectors and jurisdictions throughout the country.

As this annual report goes to print, the Consortium is finalizing staffing of the new Secretariat on Prince Edward Island. At the same time, we focus on and attend to our major projects: the Healthy School Planner, Positive Mental Health, and Youth Excel CLASP – a long-term research collaboration to reduce tobacco use and to promote healthy eating and physical activity among Canadian youth.

These are just a few examples of how the Joint Consortium is building and influencing a policy- and practice-informed research agenda on comprehensive school health. We look forward to another year of progress with our partners and in all our member jurisdictions.

# Appendix A: Agreement

## Pan-Canadian Joint Consortium for School Health Agreement

### 1.0 Background

In 2005, provincial and territorial Ministries of Education and Health and the Public Health Agency of Canada established the Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The agreement establishing the Joint Consortium for School Health expires on March 31, 2010.

By virtue of this agreement (“the Agreement”) being entered into by provincial and territorial Ministers of Education and Health (or equivalent health promotion ministry), hereinafter collectively called “the Parties”, the Joint Consortium for School Health (“the Consortium”) is continued.

The Agreement builds upon the initial vision for the creation of the Consortium. It provides greater clarity of the roles and responsibilities of the Parties and committees. It reaffirms the commitment of governments to work collaboratively across jurisdictional boundaries and the traditional sectors of health and education. It supports the ongoing work of the Consortium and acknowledges the value of the relationships created and nurtured since the creation of the Consortium.

### 2.0 Purpose of the Consortium

The purpose of the Joint Consortium for School Health is to be a catalyst to strengthen cooperation and capacity among the Parties to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

The Consortium will provide leadership and facilitate a comprehensive approach to school health by building the capacity of education and health systems to work together by:

- strengthening cooperation among ministries, agencies, departments and others in the support of healthy schools;
- building the capacity of the education and health sectors to work together more effectively and efficiently; and
- promoting understanding of, and support for, the concept and benefits of comprehensive school health.

Five long term outcomes associated with achieving the Consortium’s vision are increased:

- Policy coordination
- Research coordination
- Inter-sectoral action between education and health

- Systemic collaboration and efficiency
- System capacity

### **3.0 Commencement and Duration of Agreement**

This Agreement commences April 1, 2010 and remains in force until March 31, 2015.

### **4.0 Governance Structure**

#### ***4.1 Consortium Lead***

The Consortium will be led by the Lead Jurisdiction. The Lead Jurisdiction will be selected by the majority of the Parties for the lesser of the duration of this Agreement or a five year period.

#### ***4.2 Deputy Ministers' Committees***

The Joint Consortium for School Health will be governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

The Deputy Ministers of Health (or Healthy Living/Wellness) and Education in the Lead Jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables with responsibility for tabling the annual reports, seeking strategic direction and facilitating approvals of the strategic plans and Management Committee Terms of Reference. The liaison Deputy Ministers in the Lead Jurisdiction may name another Deputy Minister within the same sector in another jurisdiction to provide the leadership function.

The Conference of Deputy Ministers of Health shall invite the Public Health Agency of Canada (PHAC) to appoint a similarly senior representative to participate in discussions of the Deputy Ministers' Committee in an advisory capacity, but that representative will not be a member of the Committee.

#### ***4.3 Role and Responsibilities of the Deputy Ministers' Committees***

The two Deputy Ministers' committees will be the governing bodies of the Consortium, and will provide strategic direction for the Consortium by:

- establishing a Management Committee as the operational committee of the Consortium and approving its Terms of Reference;
- providing strategic information and direction to the Management Committee;
- approving the Strategic Plan and any subsequent amendments to the plan, submitted by the Management Committee to the Deputy Ministers' committees;
- reviewing and accepting the Annual Report with financial statements, submitted by the Management Committee; and
- tabling the annual report at an annual intergovernmental meeting of the Ministers of Health and an annual intergovernmental meeting of the Ministers of Education.

- Meetings are not required to be held in person. Business may be conducted in any manner determined to best meet the needs of the Committee members.
- Decisions of the Deputy Ministers' committees shall be communicated by the Liaison Deputy Minister to the Chair of the Management Committee.

## **5.0 Consortium Secretariat**

The Parties agree to continue the operation of a Joint Consortium for School Health Secretariat ("the Secretariat").

The Secretariat will coordinate the activities of the Joint Consortium for School Health and provide administrative support to the Consortium, under the direction of an Executive Director.

The Lead Jurisdiction will host the Consortium Secretariat function and will hire, supervise and evaluate the Secretariat Executive Director.

## **6.0 Addition of a Provincial/Territorial Jurisdiction to the Consortium**

A government entity may be invited to join the Consortium on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of an amount determined at the time by the Deputy Ministers' committees.

## **7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the Consortium**

Any party can withdraw from the Agreement by providing 90-day written notification to the Liaison Deputy Ministers of the two Deputy Ministers' committees.

In the event of withdrawal, the party shall pay a pro-rated portion of its contribution fees for the fiscal year in which it withdraws from the Consortium. In addition, the party shall be responsible for its portion of any outstanding contracted work created while the party was a signatory to the Agreement.

## **8.0 Funding**

The Parties agree to fund the salary, benefits, travel and program costs associated with the obligations of their respective representatives serving on the following committees:

- Deputy Ministers' Committees; and
- Management Committee

The Parties agree to fund the salary, benefits and program costs associated with the obligations of School Health Coordinator Committee members. Travel costs associated with committee meetings for one School Health Coordinator member per jurisdiction will be covered by the JCSH. Travel costs associated with attendance at the Management Committee meetings will be covered by the JCSH for one School Health Coordinator Committee Co-chair.

In addition, the Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations are contingent upon federal government funding as specified in Schedule 1. Contribution fees are due to the Lead Jurisdiction on or before April 15<sup>th</sup>, and are to be accounted for separately by the Lead Jurisdiction.

The Consortium may seek other funding sources to supplement funding arrangements articulated in this Agreement.

## **9.0 General Provisions**

### **9.1 Schedules**

The Schedules shall have the same force and effect as if expressly set in the body of this Agreement and any reference to this Agreement shall include the Schedules.

### **9.2 Variation of the Agreement**

This Agreement may be amended at any time by agreement of the Parties.

### **9.3 Termination of the Agreement by Mutual Agreement**

This Agreement may be terminated at any time by unanimous agreement of the Parties.

Termination of this Agreement is without prejudice to the rights, duties and liabilities of the Parties accumulated prior to termination.

Intellectual property developed under the Agreement shall become the property of the Lead Jurisdiction at the time of termination. The Lead Jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

### **9.4 Legal Rights and Responsibilities**

The creation of the Consortium does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial Ministers of Education, or any of the provincial or territorial Ministers of Health (or equivalent health promotion ministry).

The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 6 (withdrawal) and 7 (funding).

### **9.5 Evaluation**

The Parties agree to further evaluation of the Consortium, as determined by the Management Committee.

## Schedule 1: Cost-Sharing Agreement

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/ territorial jurisdictions:

- Public Health Agency of Canada will contribute \$250,000 annually; and
- Provinces and territories will match this contribution annually according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2010.

Provincial/territorial jurisdictional contributions are based on a fixed contribution of \$2,000 annually plus a variable portion based on total population of their respective jurisdictions. Jurisdictions with less than one percent of the population will contribute the fixed portion only.

### Proportional breakdown of the provincial/territory contribution:

Province / Territory	Total Population	Pop %	Fixed	Variable	Total Contribution
AB	3,290,350	14%	\$ 2,000	\$ 31,029	\$ 33,029
BC	4,113,487	17%	\$ 2,000	\$ 38,791	\$ 40,791
MB	1,148,401	5%	\$ 2,000	\$ 10,830	\$ 12,830
NB	729,997	3%	\$ 2,000	\$ 6,884	\$ 8,884
NL	505,469	2%	\$ 2,000	\$ 4,767	\$ 6,767
NT	41,464	0%	\$ 2,000	N/A	\$ 2,000
NS	913,462	4%	\$ 2,000	\$ 8,614	\$ 10,614
NU	29,474	0%	\$ 2,000	N/A	\$ 2,000
ON	12,160,282	51%	\$ 2,000	\$ 114,675	\$ 116,675
PE	135,851	1%	\$ 2,000	\$ 1,281	\$ 3,281
SK	968,157	4%	\$ 2,000	\$ 9,130	\$ 11,130
YK	30,372	0%	\$ 2,000	N/A	\$ 2,000
Federal					\$ 250,000
<b>Totals</b>	<b>24,066,766</b>	<b>100%</b>	<b>\$ 24,000</b>	<b>\$ 226,000</b>	<b>\$ 500,000</b>

# Appendix B:

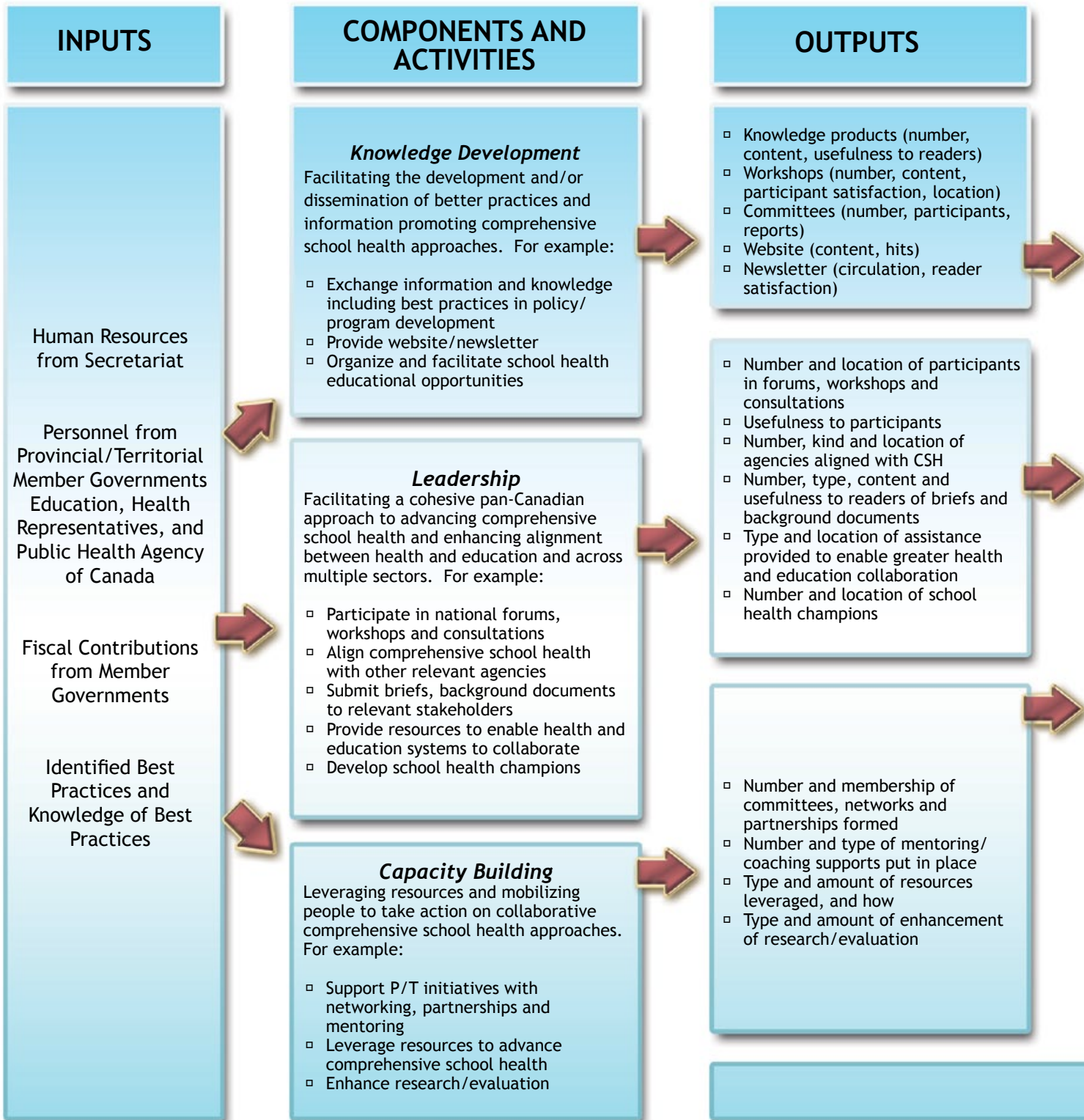
## Joint Consortium for School Health Financial Statement

2009 - 2010

<b>Revenue</b>	
Membership Fees	500,000.00
External Funding	24,384.10
Other Revenue	146,577.84
<b>Total</b>	<b>\$670,961.94</b>
<b>Expenses</b>	
Knowledge Development	59,329.42
Leadership	3,754.72
Capacity Building	141,844.33
Evaluation	0.00
Governance and Operation	251,363.59
<b>Total</b>	<b>\$456,292.06</b>
<b>Net Income</b>	<b>\$214,669.88</b>

# Appendix C Long Term Strategic Framework:

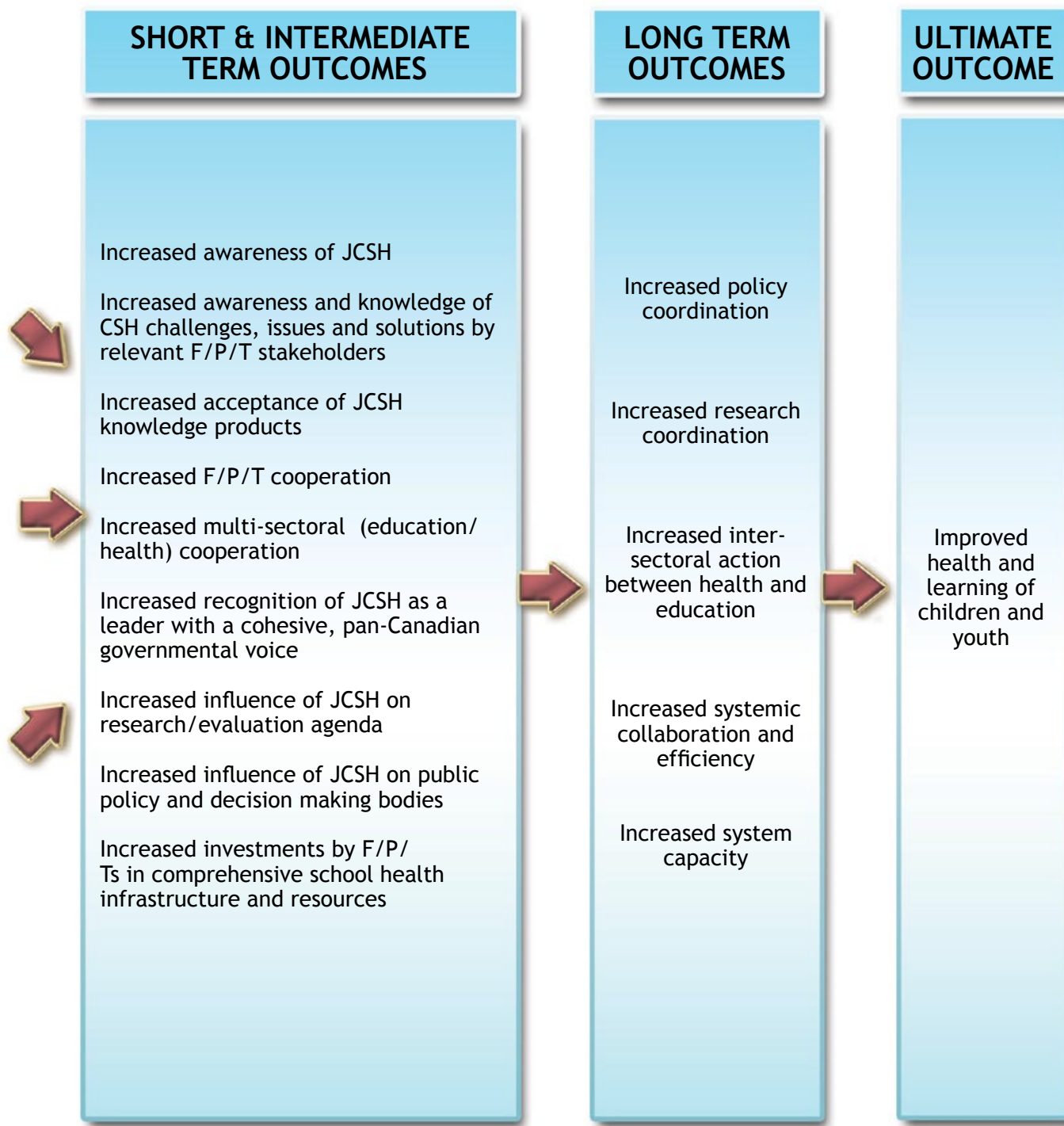
## LOGIC MODEL





**Vision:** Canadian children and youth experience optimal health and learning

**Mission:** To provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.



### Monitoring and Evaluation

**Approaches:** Comprehensive Best-practice focused Collaborative

# Appendix D Member and Participating Jurisdiction Contact Information and Web Links

## Alberta

### School Health Coordinator:

Gail Diachuk  
School Health and Wellness Manager  
Curriculum Sector  
Alberta Education  
8th Floor, 44 Capital Boulevard  
10044-108 Street NW  
Edmonton AB T5J 5E6  
Tel: 780-644-5274  
Fax: 780-422-9735  
[gail.diachuk@gov.ab.ca](mailto:gail.diachuk@gov.ab.ca)

### School Health Links:

[www.healthyalberta.com/HealthyPlaces/282.htm](http://www.healthyalberta.com/HealthyPlaces/282.htm)  
[www.education.alberta.ca/teachers/program/health.aspx](http://www.education.alberta.ca/teachers/program/health.aspx)

## British Columbia

### School Health Coordinator:

Kim Weatherby  
Senior Policy Analyst  
Cross-sector Strategic Initiatives  
Ministry of Education  
PO Box 9161 Stn Prov Govt  
Victoria BC V8W 9H3  
Tel: 250-387-5479  
Fax: 250-387-1008  
[kim.weatherby@gov.bc.ca](mailto:kim.weatherby@gov.bc.ca)

### School Health Links:

[www.bced.gov.bc.ca/health/hsnetwork](http://www.bced.gov.bc.ca/health/hsnetwork)  
[www.Healthy.Schools@gov.bc.ca](http://www.Healthy.Schools@gov.bc.ca)

## Manitoba

### School Health Coordinators:

Andrea Lamboo Miln  
Healthy Schools Consultant  
Manitoba Healthy Living, Youth and Seniors  
2076 – 300 Carlton Ave  
Winnipeg MB R3B 3M9  
Tel: 204-788-6620  
Fax: 204-948-2366  
[Andrea.Lamboo-Miln@gov.mb.ca](mailto:Andrea.Lamboo-Miln@gov.mb.ca)

Paul Paquin  
Curriculum Consultant  
Physical and Health Education  
Manitoba Education  
509-1181 Portage Avenue  
Winnipeg MB R3G 0T3  
Tel: 204-945-3529  
Fax: 204-945-1625  
[Paul.Paquin@gov.mb.ca](mailto:Paul.Paquin@gov.mb.ca)

### School Health Links:

[www.gov.mb.ca/healthyschools/index.html](http://www.gov.mb.ca/healthyschools/index.html)  
[www.edu.gov.mb.ca/k12/cur/physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)

## New Brunswick

### School Health Coordinator:

Marlien McKay  
Manager, Wellness  
Department of Wellness, Culture and Sport  
Place 2000, 250 King Street  
Fredericton NB E3B 5H1  
Tel: 506-444-4633 Tel: 506-453-2280  
Fax: 506-453-8702  
[marlien.mckay@gnb.ca](mailto:marlien.mckay@gnb.ca)

### School Health Links:

[www.gnb.ca/0131/wellness\\_Sch-e.asp](http://www.gnb.ca/0131/wellness_Sch-e.asp)

## Newfoundland and Labrador

### School Health Coordinators:

Carol Ann Cotter  
Health Promotion Consultant  
Health Promotion and Wellness Division  
Dept. of Health and Community Services  
PO Box 8700  
St. John's NL A1B 4J6  
Tel: 709-729-3939  
Fax: 709-729-5824  
[carolanncotter@gov.nl.ca](mailto:carolanncotter@gov.nl.ca)

Robert Leaman  
Program Consultant, Physical Education  
Department of Education  
PO Box 8700  
St John's NL A1B 4J6  
Tel: 709-729-5946  
Fax: 709-729-6619

Ellen Coady  
Program Development Specialist for Health, Family Studies and Home Economics  
Department of Education  
PO Box 8700  
St John's NL A1B 4J6  
Tel: 709-729-6051  
Fax: 709-729-6619  
[ellencoady@gov.nl.ca](mailto:ellencoady@gov.nl.ca)

### School Health Links:

[www.gohealthy.ca](http://www.gohealthy.ca)  
[www.livinghealthyschools.com](http://www.livinghealthyschools.com)

## Northwest Territories

### School Health Coordinator:

Elaine Stewart  
Coordinator, Early Childhood and School Services  
Department of Education, Culture and Employment  
Government of the Northwest Territories  
PO Box 1320  
Yellowknife NT X1A 2L9  
Tel: 867-873-7676  
Fax: 867-873-0109  
[elaine\\_stewart@gov.nt.ca](mailto:elaine_stewart@gov.nt.ca)

### School Health Links:

[www.ece.gov.nt.ca/Divisions/kindergarten\\_g12/indexK12.htm](http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/indexK12.htm)

## Nova Scotia

### School Health Coordinator:

Dwayne Provo  
Department of Education and  
Department of Health Promotion and  
Protection  
P.O. Box 578, 2021 Brunswick Street  
Halifax NS B3J 2S9  
Tel: 902-424-6153  
Fax: 902-424-0820  
[provoda@gov.ns.ca](mailto:provoda@gov.ns.ca)

### School Health Links:

[www.ednet.ns.ca](http://www.ednet.ns.ca)

## Nunavut

### School Health Coordinator:

Charlotte Borg  
Aulajaaqtut Curriculum Coordinator  
Department of Education  
Government of Nunavut  
Box 1000, Station 960  
Iqaluit NU X0A 0H0  
Tel: 867-975-7910  
Fax: 867-979-2152  
[cborg@gov.nu.ca](mailto:cborg@gov.nu.ca)

Jennifer Wakegijig  
Territorial Public Health Nutritionist  
PO Box 1000, Stn 1000  
Iqaluit NU X0A 0H0  
Tel: 867-975-5726  
Fax: 867-979-2152

### School Health Links:

[www.gov.nu.ca/education/eng/css/  
progstudies7\\_12.htm](http://www.gov.nu.ca/education/eng/css/progstudies7_12.htm)

## Ontario

### School Health Coordinator:

vacant  
School Health Coordinator  
Chronic Disease Prevention and Health  
Promotion Branch  
Ministry of Health Promotion  
393 University Avenue, 21st Floor  
Toronto ON M5G 1E6  
Fax: 416-314-5497

### School Health Links:

[www.oha.on.ca/ohsc/healthyschools](http://www.oha.on.ca/ohsc/healthyschools)  
[www.edu.gov.on.ca/eng/curriculum/  
elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/<br/>elementary/health.html)  
[www.edu.gov.on.ca/eng/curriculum/  
secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/<br/>secondary/health.html)

## Prince Edward Island

### School Health Coordinator:

Sterling Carruthers  
School Health Specialist  
P.E.I. Department of Education and  
Early Childhood Development  
P.O. Box 2000  
Charlottetown PE C1A 7N8  
Tel: 902-438-4134  
Fax: 902-438-4062  
[sdcaruthers@edu.pe.ca](mailto:sdcaruthers@edu.pe.ca)

### School Health Links:

[www.gov.pe.ca/educ/](http://www.gov.pe.ca/educ/)

## Saskatchewan

### School Health Coordinators:

Kyla Christiansen  
Health Education Consultant  
Curriculum and e-Learning Branch  
Saskatchewan Learning  
2220 College Avenue  
Regina SK S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2273  
[kyla.christiansen@gov.sk.ca](mailto:kyla.christiansen@gov.sk.ca)

Flo Woods  
Health Promotion Consultant  
Health Promotion Branch  
Saskatchewan Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6  
Tel: 306-787-2750  
Fax: 306-787-3823  
[flo.woods@health.gov.sk.ca](mailto:flo.woods@health.gov.sk.ca)

### School Health Links:

[www.education.gov.sk.ca/health-ed](http://www.education.gov.sk.ca/health-ed)  
[www.education.gov.sk.ca/Bullying-  
Prevention](http://www.education.gov.sk.ca/Bullying-<br/>Prevention)  
[www.education.gov.sk.ca/SchoolPLUS](http://www.education.gov.sk.ca/SchoolPLUS)  
[www.saskatchewaninmotion.ca](http://www.saskatchewaninmotion.ca)  
[www.health.gov.sk.ca/ic\\_phb\\_  
hlthbook.pdf](http://www.health.gov.sk.ca/ic_phb_<br/>hlthbook.pdf)

## Yukon

### School Health Coordinator:

Ian Parker  
Manager, Health Promotion Unit  
Department of Health and Social  
Services  
305 Jarvis Street  
Whitehorse YT Y1A 2H3  
Tel: 867-456-6576  
Fax: 867-456-6502  
[Ian.Parker@gov.yk.ca](mailto:Ian.Parker@gov.yk.ca)

### School Health Links:

[www.hss.gov.yk.ca/programs/health\\_  
promotion/](http://www.hss.gov.yk.ca/programs/health_<br/>promotion/)

## Public Health Agency of Canada

Patricia Walsh  
Manager, Strategic Policy and Research  
Division of Childhood and  
Adolescence  
Centre for Health Promotion  
Health Promotion and Chronic Disease  
Prevention Branch  
Public Health Agency of Canada  
200 Eglantine Driveway  
Tunney's Pasture  
Ottawa ON K1A 0K9  
Tel: 613-941-0970  
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## **Joint Consortium for School Health**

Governments Working Across the Health and Education Sectors

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