



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

**Annual Report**

July 31, 2011





The above drawing was done by Grade 3 student Kathy Ann T., from Sifton Elementary School in Edmonton, AB. Her teacher, Miss Pick, received this piece as part of the 2010 "budding" artists call made to schools in Alberta. The artwork then was featured in EverActive Schools 2011 Happily Ever Active Calendar. Thanks to Kathy Ann and to EverActive Schools for permission to use this wonderful drawing in our 2011 Annual Report.

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# Message from the Executive Director



*The health of a people is really the foundation upon which all their happiness and all their power as a state depend.*

*Benjamin Disraeli*

Childhood and adolescence is the time when we establish the behaviours and skills which are essential to a successful, healthy, and happy adult life. Schools play a vital role in the development of these healthy life practices, not only in teaching health skills, but in modeling, supporting, and celebrating healthy living. Optimal health and educational success for our children and youth remain the ultimate outcomes of the work of the Pan-Canadian Joint Consortium for School Health (JCSH).

In 2010-2011, the achievements of our member and supporting jurisdictions, as well as the JCSH as a collective, are built from the four pillars of comprehensive school health: Teaching and Learning, Social and Physical Environment, Healthy School Policy, and Partnerships and Services. Among the major achievements of the past 12 months include our work on positive mental health, the Healthy School Planner, and physical activity and healthy eating initiatives. In addition, the JCSH has played a coordinating role in the provincial and territorial reports of the 2009-2010 Health Behaviour in School-aged Children (HBSC) surveys; the national report will be released later this year.

Canada has one of the best education systems in the world. It is within this system, in the thousands of schools, large and small, urban and rural, that students learn math and history, but also ways to improve and care for their health, now and throughout their lives. Considerable emphasis is being placed on the education needs of students in this 21st century and the skills they will need as they move forward through the years. Schools are encouraged and supported to embrace positive mental health practices, healthy eating, and physical activity while, at the same time, assisting children and youth to engage with their classmates, teachers, and community members to advance their critical thinking skills and world knowledge. The JCSH will continue to move forward with its partners to ensure the goals of comprehensive school health and 21st century learning meet the desired outcomes of having our children and youth ready for the exciting opportunities ahead.

A handwritten signature in black ink, appearing to read "Katherine Kelly". The signature is fluid and cursive.

Katherine Kelly  
Executive Director  
Joint Consortium for School Health

## The Case for Cross-Sector Collaboration

From its beginnings in 2005, the Pan-Canadian Joint Consortium for School Health has been at the leading edge of the horizontal or collaborative approach to governance. The Consortium recognizes the need to transcend sectoral differences, and brings together health and education representatives from nine provinces and all three territories in Canada, as well as support from the federal government.

This collaboration enables the Consortium to provide tools, resources, and a national forum for sharing knowledge, coordinating priorities, and aligning the work of health and education professionals from coast to coast to coast. Their membership in the Joint Consortium allows the jurisdictions to leverage products and knowledge to enhance capacity within their broad school health communities.

Working together across sectors and jurisdictions has valuable short-term benefits. By sharing program innovations, working with practice and research experts, exchanging knowledge, and coordinating strategies, member and supporting jurisdictions can reduce the human and financial costs of the silo effects of overlap and duplication. Our agreement of collaboration means, by definition, that we are not competing. While each jurisdiction's needs and strengths are unique, combining forces allows each to reach, together, the goals that are shared.

There are also significant long-term rewards for governments working across the health and education sectors. Research shows, and teachers and health professionals know, that healthy learning environments support both wellbeing and academic achievement. Educators, nurses, nutritionists, and other school experts in JCSH member and supporting jurisdictions are able to share evidence and best practices from Canada and around the world. The Consortium engages with national and international leaders in policy, practice, and research to work toward shared outcomes so that all students are able to reap the benefits of new educational and wellness directions. For example, our focus on comprehensive school health aligns directly with the national and international attention being paid to 21st century learning: Team learning, problem solving, technological awareness, global appreciation, and critical thinking are enhanced within a holistic, health-focused approach to education.

Cooperation for youth health is critical, not just for children and youth, but for Canadian society as a whole. Chronic illnesses such as heart disease and type 2 diabetes afflict families, communities, and the health care system. The spirit of cooperation espoused by the Joint Consortium for School Health supports the growth of healthy environments and positive lifestyles to combat the escalating prevalence of these and other preventable diseases. The goal is that every child who learns to love physical activity and chooses foods that are more nutritious can expect to achieve her or his educational dreams and to appreciate a long, healthy, and productive life.

# 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. It can include formal instruction, but it 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.



## A Comprehensive School Health approach to Health Promoting Schools

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 approach to tap into that linkage**, improving both health and educational outcomes and encouraging healthy behaviours that last a lifetime <sup>1</sup>.

In the school, 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, mentally, and emotionally healthy for life <sup>2</sup>.

## Comprehensive School Health in Canada in the context of 21<sup>st</sup> century learning

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

<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>.

Canada, the Joint Consortium for School Health models, supports, and encourages the partnerships between health and education that are essential to comprehensive school health.

Twenty-first century learning is the next step in fostering a generation of young people who are healthy, happy, educated, and productive members of society. This approach applies the education of students to real-world issues. It celebrates technology and global and cultural awareness as well as student mental fitness and student learning communities. The curriculum will be interdisciplinary, project-based, and research-driven. In this model, families and communities matter; after-school activities programs improve student learning, activity levels, and eating habits; risky behaviours are reduced<sup>3</sup>.

## 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.

### 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).

### Monitoring and Evaluation

In 2010-2011, the Pan-Canadian Joint Consortium for School Health developed a Process and Outcomes Monitoring Framework to track its activities and initiatives. This framework addresses the Monitoring and Evaluation Goal of the JCSH 2010-2012 Operating Plan and will be used to inform future strategic planning and priorities for JCSH.



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<sup>3</sup> Heuveline et al, 2010.

## JCSH Membership

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

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Nunavut
- Northwest Territories
- 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 jurisdictions.
- 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 continues to break new ground in horizontal governance. Its mandate not only spans the health and education sectors, it also spans a dozen individual jurisdictions – each with its own legislation, policies, history, culture, and bureaucracy.

## Joint Consortium for School Health Organizational Structure



# Consortium Accomplishments

The goal of optimal health and educational success in all children and youth is one adopted by governments throughout the world. Canada, through the work of the Joint Consortium for School Health, advances this goal in health and education ministries and departments in provincial and territorial jurisdictions throughout the country. Because of this measure of cooperation, the JCSH is able to develop and maintain enduring partnerships, and is recognized as a leader in the area of comprehensive school health.

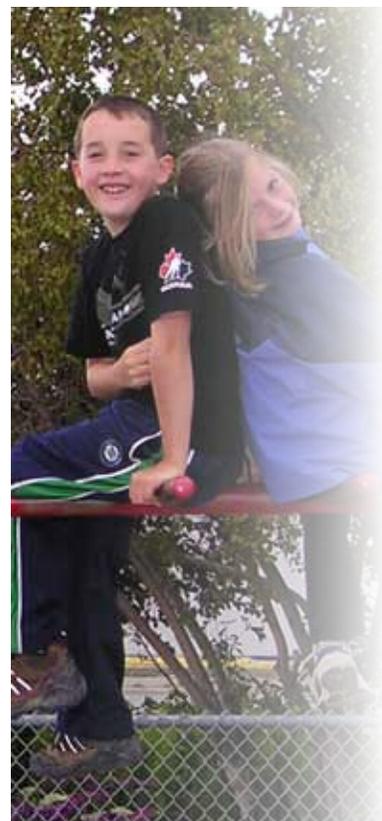
The JCSH provides its members with tools, resources, and a national forum through which to share knowledge, coordinate priorities, and strengthen alignment among Canada's health and education sectors. Its consistent and harmonized approach to horizontal collaboration is assisting this country in moving beyond traditional barriers to improve health and learning for children and youth in the school setting.

Highlights of progress in member and supporting jurisdictions are reported beginning on **page 15**.

## Knowledge Development

In 2010-2011, the JCSH remained at the forefront of knowledge development and exchange in comprehensive school health and youth health, with particular emphasis on positive mental health. The Consortium has become a noted example of the results possible when policymakers join together with researchers and practitioners to build solid relationships around mutual goals – improved health and learning of children and youth

- Developed a Positive Mental Health Indicator Framework, building on the literature review and better practices research completed in 2010. The framework was built around comprehensive school health (CSH), thus further reinforcing the holistic nature of the CSH platform. It was piloted in New Brunswick schools (Anglophone and Francophone) and in British Columbia schools (secondary, elementary, and one Montessori).
- Played a significant role, particularly from the School Health Coordinators' Committee, in the work by Youth Excel/CLASP (Coalitions Linking Action and Science for Prevention)<sup>4</sup> on **minimal data sets**<sup>5</sup>. Because of the efforts of school health coordinators, the school-level questions and indicators on tobacco use and physical activity are organized around comprehensive school health principles.
- Printed in book format for nation-wide distribution, 2000 copies (500 in French, 1500 in English) of **Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives**. This document, published in 2010, summarizes key literature and better practices in this important and expanding area of **mental health**.
- Published **newsletters** in English and French. In addition, initiated a review of the



<sup>4</sup> JCSH is one of two national partners of YE CLASP, along with University of Waterloo/Canadian Cancer Society's Propel Centre for Population Health Impact; there are also seven provincial partners.

<sup>5</sup> Minimal data sets are core indicators and questions about a behaviour that can be measured over time and across locations.

audiences and purpose of the JCSH newsletter to encompass changes for the 2011-2012 editions.

- Produced synopses for schools, school administrators, and communities of the seven articles that formed the **school health supplement in the Canadian Journal of Public Health**, published in 2010 in partnership with the Public Health Agency of Canada and Health Canada. The articles featured in the supplement highlighted healthy eating and physical activity actions within a comprehensive school health framework.
- Began a **repository** of research relevant to comprehensive school health, including government reports, international reports, peer-reviewed literature, and grey literature. This will be an evergreen document.
- Created Fact Sheets: **Ten Facts on Comprehensive School Health and 21st Century Learning**; and **Making the Grade: Positive Mental Health Practices In Schools**.
- Distributed copies of the **2010 Annual Report** to partners and stakeholders across the country. Because of the demand for this report, a second printing was required. This report is also publicly available through the JCSH website.

## Leadership

The JCSH is a pre-eminent voice of school health in this country. It leads Canada's work in this area, a point that was clearly evidenced during the first-ever National Roundtable on comprehensive school health in 2010. In this leadership role, the Consortium is invited regularly to participate in national and international forums, workshops, and dialogues on matters related to school health and, more broadly, youth health. In this past year, JCSH has provided presentations, support, and consultation to governments, research partners, and national organizations in the area of comprehensive school health knowledge development and exchange.

- Played a leadership role in bringing the *Joint Policy Statement: Intersectoral Action on Children and Youth Physical Activity* to Council of Ministers of Education, Canada for endorsement.
- Directed by the Council of Ministers of Education, Canada to explore potential areas for further collaboration among Ministers responsible for Education, Health, and Sport, Physical Activity and Recreation.
- Made special presentation on JCSH and comprehensive school health to the annual fall meeting of the Provincial and Territorial Ministers of Health / Health Promotion / Healthy Living – September 2010 in St. John's, NL.
- Presented a poster on the work of the JCSH at the 20<sup>th</sup> World Conference of the International Union for Health Promotion and Education (IUHPE) in Geneva, CH – July 11-15, 2010.
- Assumed the co-lead role for the 2011 National Youth Health Forum. The significant work of creating this leading peer learning and knowledge integration forum came directly from the Priorities and Actions work developed by the Consortium and the Propel Centre for Population Health Impact at University of Waterloo following National Roundtable I: the first ever pan-Canadian roundtable on comprehensive school health.

- Provided consultation, through the Research Advisory Committee, in helping develop the provincial and territorial level reports of the 2009-2010 Health Behaviour in School-aged Children (HBSC) study. Conducted in collaboration with the World Health Organization Regional Office for Europe, the HBSC study is a cross-national, school-based survey conducted every four years to obtain data on the health and well-being of young people (aged 11 to 15) and the social context of their health attitudes and behaviours.
- Shared with the Board of Directors and Executive of the Canadian Association of Principals (CAP) knowledge and learnings on comprehensive school health, positive mental health, and many initiatives of JCSH during the CAP annual conference – *Waves of Change* – May 18-20, 2011 in Charlottetown, PE.
- Secured a Canadian Institutes of Health Research (CIHR) grant, in partnership with the Propel Centre for Population Health Impact (University of Waterloo), to develop a dissemination plan for the Healthy School Planner across Canada.
- The JCSH provides a leading voice in the work on healthy weights and obesity reduction in children across Canada. To this end and on an invitation from the Minister's office, the Consortium participated in the launch of *Our Health Our Future: A National Dialogue on Healthy Weights* in Toronto, ON on March 07, 2011 by Federal Minister of Health Leona Aglukkaq. The launch event, and the first dialogue activity -- *Preventing Childhood Obesity: Moving Policy Recommendations to Action* – were sponsored by Canadian Partnership Against Cancer (CPAC) and held to create awareness about the impact of childhood overweight and obesity, start a conversation among many sectors of society about solutions and, ultimately, kick-start a longer-term movement to promote healthy weights.
- Profiled comprehensive school health, positive mental health, and the success of policy/practice/research collaboration during the following national conferences and workshops (through presentations, display booths, knowledge pieces in delegate packages):
  - \* *Shaping the Future*, a national health promoting schools conference – January 27-29, 2011 in Kananaskis, AB.
  - \* Knowledge Transfer and Exchange (KTE) workshop: *Doing What We Know, Knowing What To Do* – February 02-03, 2011 in Vancouver, BC.
  - \* *Forum on Mental Health Promotion and Well-Being: Measuring What Matters for Children, Youth, Families* – March 07-08, 2011 in Ottawa, ON.
  - \* A workshop of a national group of policy and research stakeholders on indicators and measures for a minimal data set (MDS) of physical activity/ sedentary behaviour for youth in Canada – March 11, 2011 in Toronto, ON.
  - \* Community-University Expo 2011: *Bringing Global Perspectives to Local Action* – May 10-14, 2011 in Waterloo, ON.



- Strengthened JCSH's leadership role and the understanding of comprehensive school health by initiating or maintaining partnerships and linkages across Canada:
  - \* Federal Coordinating Committee for School Health (FCCSH)
  - \* Public Health Agency of Canada's Mental Health Promotion Unit and Injury Prevention Unit
  - \* Health Canada (HC), Indian and Northern Affairs Canada (INAC), Public Health Agency of Canada (PHAC), focused on improving educational and health outcomes for Aboriginal students
  - \* Propel Centre for Population Health Impact, University of Waterloo
  - \* Health and Education Research Group, University of New Brunswick
  - \* Canadian Partnership Against Cancer (CPAC)
  - \* Chronic Disease Prevention Alliance of Canada (CDPAC)
  - \* National School-Based Mental Health and Substance Abuse Consortium (SBMHSA)
  - \* Canadian Association of Principals (CAP)
  - \* Physical and Health Education (PHE) Canada
  - \* Federal/ Provincial/ Territorial Group on Nutrition (FPTGN)

## Capacity Building

A critical part of the Consortium's work is to build the capacity of the health and education sectors to collaborate more effectively. At the same time, it supports the work of member jurisdictions and the federal government to build their respective capacities to design and deliver comprehensive school health programs.

- Involved practitioners and researchers in teams with policymakers, in ways that reached from small groups moving forward youth health agendas between two national roundtables to facilitating relationships of health sector, researchers, and educators on minimal data sets (MDS).
- Engaged educators, administrators, and other stakeholders in a cross-Canada evaluation of the Healthy School Planner. Introduced in 2009, this free, publicly available (in both English and French) tool was developed by the JCSH in partnership with the University of Waterloo. The Planner is currently being upgraded to reflect the feedback provided, including a new look and feel and intuitive navigation.
- Enhanced JCSH communication with members, supporting governments, and community, national, and international partners and supporters through strategic work on website, knowledge products, and tools.
- Established a Process Monitoring and Evaluation system to enact due diligence and ensure the work of JCSH is in keeping with its Logic Model and its Operating Plan.

- Strengthened opportunities for federal / provincial / territorial health and education collaboration by managing four pan-Canadian face-to-face meetings and 12 teleconferences of our member and supporting jurisdictions. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provided opportunity for cross-jurisdictional connections and resources sharing.

## Highlights of Progress in Member and Supporting Jurisdictions

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

Highlights of progress in member and supporting jurisdictions are included here to illustrate the range of activities underway across Canada during the year, and to demonstrate the work being done at all levels to advance comprehensive school health.

Please note: The accomplishments listed in this section reflect progress made during 2010/2011. For more information on any initiatives listed, visit the jurisdictions' respective school health websites. See Appendix D for member and supporting jurisdictions' contact information and web links.

### British Columbia

British Columbia's Healthy Schools initiative was established in 2005, as a partnership between the ministries of Education and Health. The core mandate of the initiative is to facilitate cross-sector collaboration between health and education stakeholders, and promote policy development and practice that reflects a comprehensive school health approach. Healthy Schools 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 framework for a Healthy Schools Portal - an online resource for education stakeholders to help them understand what school health programs and tools are available, and how these supports can work together in a coordinated way using a comprehensive school health approach to improve student health. The provincial launch for the portal is anticipated in September 2011.
- Created and disseminated [fact sheets](#), drawing from B.C. student data (2009-2010 School Satisfaction Survey responses), demonstrating the link between academic performance (improvements in reading, writing, and math) and health behaviours (physical activity, healthy eating, and tobacco use).



- Developed a provincial inventory of community activities in B.C. schools, as part of the [Neighbourhood Learning Centres](#) initiative. The inventory will be used to inform the development and support of community services/programs in schools, and identify stakeholder concerns related to community use of school space.
- Created a [School Meal and School Nutrition Program Handbook](#) to support school meal coordinators, school administrators, and caterers in providing healthy food and beverages at school to vulnerable students. The handbook includes nutrition charts, tips and recipes, and promising practices.

## Leadership

- Released [Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia](#). The cross-ministry plan utilizes a holistic, comprehensive approach and encompasses the full spectrum of mental health and substance use issues – from positive mental health and beneficial substance use, to treatment of severe disorders and problematic substance dependency.
- The Education Partners’ Healthy Schools Committee continued to provide leadership for B.C.’s school health agenda, exploring issues ranging from positive mental health to school meal programs and recommending measures to support increased implementation of [Daily Physical Activity](#) (DPA) and the [Guidelines for Food and Beverage Sales in BC Schools](#). Committee members include representatives from key health and education stakeholder groups including school trustees, teachers, principals, public health nurses, and the Ministry of Education.
- Working with a cross-sector committee representing a broad range of government and non-government perspectives, implemented the first phases of a multi-phase evaluation of the [British Columbia Anaphylactic and Child Safety Framework](#) that included a provincial review of board of education anaphylaxis policies, and focus groups with school community stakeholders to identify barriers and facilitators to implementation.
- Conducted evaluations of the province’s [Daily Physical Activity policy](#) and the [Guidelines for Food and Beverage Sales in BC Schools](#); two key provincial school health policies. The reviews assessed the impact of the policies, identified facilitators and barriers to implementation, and the use and utility of existing school health resources. The evaluations will inform the development of new school and community-based resources that can support students in making healthy choices.



## Capacity Building

- Now in its fifth year, the [Healthy Schools Network](#) puts comprehensive school health into practice and embraces the interrelatedness of health and education. Supported by the Directorate of Agencies for School Health ([DASH BC](#)), a key partner, this learning community network increased to 175 schools in 16 regions this year, enhancing the capacity for B.C. students and school communities to commit to life-long healthy living. Updated school health resources, a new website and online learning community, increased opportunities for regional leadership development, and tools like the [JCSH Healthy School Planner](#) and the [BC Healthy Living Performance Standards](#), provided additional support to network schools.
- Launched an [Afterschool Sport initiative](#) targeting schools in communities where children and youth are less likely to participate in sport and physical activity, and

students can benefit most in from the associated positive social, academic, and health outcomes. The initiative is funded by the 2010 Sport Legacy, a Vancouver 2010 Olympic legacy fund, and is being piloted in five communities in 2010-2011, with expansion to follow over three years. This provincial initiative is led by an inter-ministry committee representing a wide spectrum of interests including health (children's physical, mental, and emotional health), education, children and families, public safety, Aboriginal, rural communities in transition, community development, and post-secondary education.

- Provided funding and in-kind resources for the development of the JCSH Positive Mental Health Toolkit, a resource for schools in B.C. and across the country, in support of *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*.

## Alberta

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, a provincial program that supports the implementation of health promoting schools, is funded by three provincial ministries: Education, Health and Wellness, and Tourism, Parks and Recreation.



## Knowledge Development

- The Government of Alberta is committed to promoting healthy eating and healthy weights for children and youth in Alberta. Because many meals and snacks are consumed outside the home, it is important to ensure that children and youth are able to access healthy food choices wherever they go. Released in June 2008 and updated in October 2010, the goal of the *Alberta Nutrition Guidelines for Children and Youth* is to equip facilities and organizations with the tools they need to provide healthy food choices for children and youth.
- The Healthy U Food Checker and three easy-to-read implementation resources: (1) *Healthy Eating for Children in Childcare Centres*; (2) *Healthy Eating for Children and Youth in Schools*; and (3) *Healthy Eating in Recreation and Community Centres* have been developed to make it easier to select the healthy choice for food and beverages using the Choose Most Often, Choose Sometimes, or Choose Least Often categories. The implementation resources provide detailed explanations on how to read a Nutrition Facts Table. [The Healthy U Food Checker](#) application provides the user with the ability to input the nutrition information from a Nutrition Facts Table.
- School nutrition education resources have been designed, reviewed, and/or revised by Alberta Health Services to help school teachers, child educators, parents, and health professionals teach and encourage young Albertans to make healthy food choices and live a healthy lifestyle. An approved list of school nutrition information and education resources is available at [www.albertahealthservices.ca/2925.asp](http://www.albertahealthservices.ca/2925.asp).

## Leadership

- Speak Out - the Alberta Student Engagement Initiative has created both a space and a means to allow students aged 14 to 19 from across Alberta to reflect on and discuss their education with other students and key stakeholders. In February, 2011, the *Speak Out* website featured a discussion forum on healthy students and healthy schools along with a survey asking students questions about their health and



lifestyle choices. The 3<sup>rd</sup> Annual Speak Out Conference, held April 15 to 17, 2011, featured a session in which 44 students from across Alberta discussed how they can contribute to healthy school environments and what students think schools should do to support healthy lifestyle choices. Asking for students' input and taking action on students' ideas will help to create more actively engaged citizens and a stronger education system.

- 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. Comparison of the 2008 and 2010 survey and measurements using the REAL Kids Alberta survey has been completed. The report includes 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. In March 2011, REAL Kids was translated to French and used to gather information on the Grade 5 students in the Francophone schools.
- In January 2011, [Ever Active Schools](#) partnered with Physical and Health Education (PHE) Canada and hosted *Shaping the Future 2011*. Over 200 delegates attended this national Health Promoting Schools Conference in Kananaskis, Alberta. The conference brought together people and organizations working in the area of healthy schools to share ideas, promote promising practices, network with each other, and “Shape the Future” of healthy schools in Canada. Everyone’s commitment to school health was evident and the conference was filled with a contagious energy.

## Capacity Building

- In 2010/2011, the [Alberta Healthy School Community Wellness Fund](#) was extended to continue its work promoting and supporting the development of healthy school communities through the implementation of comprehensive school health (CSH). Originally established in 2007 by a partnership among Alberta Health and Wellness, Alberta Coalition for Healthy School Communities, and the University of Alberta, the Wellness Fund aims to promote health and wellness around healthy eating, active living, and positive social environments. After four years of work, the Wellness Fund has funded 102 projects across Alberta. These projects have impacted over 200,000 students in 605 school communities across 40 school districts.
- In the spring of 2010, Alberta Education provided funding for the evaluation of comprehensive school health in Alberta focusing on the healthy school community initiatives supported by the Wellness Fund. This evaluation has enabled the identification of emerging practices that support wellness and the development of tools, such as a Healthy Schools Matrix, and a model that outlines the process for implementing comprehensive school health in healthy school communities.
- The [Healthy School Communities Award](#) announced in October 2010 by Alberta Health and Wellness celebrates individual, school, and community champions who work together to achieve positive health outcomes for children and youth. The deadline for nominations for the awards was March 1, 2011 and successful recipients were announced in spring 2011.

## Saskatchewan

For the first time since 1992, the provincially-funded student enrolment increased in 2009-2010 by 361 students (or 0.23%) over the previous school year. This growth signifies the importance of broadening the scope of existing partnerships in the province in order to create healthy school communities that will best support Saskatchewan children and youth to reach their full potential and enjoy a high quality of life now and in their futures.



### Knowledge Development

- The Ministry of Education is pleased to provide links to the renewed Elementary Level (Grades 1-5) Health Education and the Elementary Level (Grades 1-5) Physical Education curricula. The renewed curricula invite teachers and students to learn within meaningful contexts that relate to the well-being of self, family, and community. 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 the Ministry of Tourism, Parks, Culture and Sport, developed a provincial physical activity policy framework and guidelines as well as related supports for physical activity. As part of the Government of Saskatchewan's mandate, this work is intended to support school boards to ensure that children and youth engage in 30 minutes of moderate to vigorous physical activity daily. Please see <http://www.education.gov.sk.ca/physical-activity/>.
- Resources continue to be developed to support comprehensive school community health (CSCH). The following, developed in partnership, are due to be released shortly:
  - \* *The Lung Squad: I'm Tobacco-Free Because I Choose to Be*, to support the Grades K-3 health education curricula. An additional resource package has also been developed for community educators and teachers when working with students Grades 6 and older;
  - \* *Healthy Foods for My School* has been revised and the Healthy Eating Guidelines Poster, a visual, low-literacy tool has been developed. Both are intended to support the implementation of *Nourishing Minds*.

### Leadership

- In Saskatchewan, we have formally adopted a "Comprehensive School Community Health" framework. As a result of this adoption, the Ministries of Health and Education purposefully work together to support and inspire children and youth to realize their full potential as learners and as healthy, productive members of society while recognizing that the health of the community, as a whole, may also be strengthened. Both ministries are co-chairs of inter-ministerial committees that focus on the health of children, youth, and communities.
- In June 2010, the Saskatchewan Population Health Council (SPHC) was formed to guide population health strategic direction in the province through multi-sector collaboration. The comprehensive school community health (CSCH) approach plays a pivotal role within the theme area "Healthy Communities" in order to broaden the scope beyond the health and education sectors and to invite cross government support of Saskatchewan children and youth while recognizing the influences of the adults in their lives.

## Capacity Building

- The Ministry of Education, in partnership with the Ministry of Health, planned and facilitated a number of professional learning opportunities for both health and education professionals. School divisions and community health professionals were invited to attend one of four regional curriculum workshops that focused on learning about health education and physical education through a comprehensive school community health lens. A similar condensed version of this workshop was provided to all school division curriculum leaders. In addition, telehealth sessions with dental health educators and population health promotion practitioners were provided to further promote how CSCH encourages collaborative efforts at the local level.
- In October 2010, the *Building a Healthier Saskatchewan: Tobacco Symposium* included a keynote address on **Tobacco-Free Schools – A Comprehensive Approach** that highlighted how New Brunswick was able to reduce youth tobacco misuse rates using a comprehensive school health approach. In addition, participants learned about the experiences with youth-led initiatives from Ottawa. What was learned at these sessions is influencing the Saskatchewan approach to implementing the 2010 *Tobacco Control Act* amendment to prohibit tobacco use on school grounds.



## Manitoba

**Healthy Schools** is Manitoba's provincial school health initiative and is a partnership among Manitoba Healthy Living, Youth and Seniors, Manitoba Education, and Healthy Child Manitoba (a partnership of all departments connected to children, led by the Healthy Child Committee of Cabinet which is comprised of eight cabinet ministers). Healthy Schools is consistent with a comprehensive school health approach. Healthy Schools reflects Manitoba'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.

[www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools)

## Knowledge Development

- **Healthy Schools E-news** is a free electronic subscription service. E-news subscribers receive the latest information and updates about the Healthy Schools Initiative. Via the E-news, Healthy Schools sends information about resources and workshops available to school communities that support school health priorities in the areas of healthy eating, mental health promotion, physical activity, safety and injury prevention, sexual health, and substance abuse and addictions. The Healthy Schools E-news supports the sharing of information with school communities and community partners. [www.gov.mb.ca/healthyschools/subscribe.html](http://www.gov.mb.ca/healthyschools/subscribe.html)
- Expanded the **Food in Schools website** to include information on developing Healthy School food policies, guidelines for foods available in schools, trans fat legislation, and the Manitoba School Nutrition Information Line. This new website features tips and tools on food from home, special events, fundraising, canteens, cafeterias and vending machines, school nourishment, and Manitoba's *Student Leadership Awards: Taking Action on Healthy Eating in Schools*. [www.gov.mb.ca/healthyschools/foodinschools](http://www.gov.mb.ca/healthyschools/foodinschools)

## Leadership

- In February 2011, Healthy Schools hosted its second provincial conference. *Taking Action: Moving Evidence into Practice* was a free conference for school communities and partners to share their stories of how they have moved theory and evidence into practice. Over 260 participants attended from a variety of sectors including school divisions, schools, First Nations communities, government, regional health authorities, health professionals, and researchers.
- **Manitoba in motion**, in partnership with the Federal/Provincial/Territorial Physical Activity and Recreation Committee (PARC), hosted an *Active Start* workshop. Dr. Colin Higgs, Memorial University of Newfoundland and member of the Canadian Sport for Life Expert Group, facilitated the full-day train-the-trainer workshop to support professionals and volunteers working in Early Childhood Education, recreation, and other related disciplines. Participants learned how to integrate physical literacy principles and approaches into their work. [www.manitobainmotion.ca](http://www.manitobainmotion.ca)
- Manitoba expanded the *Child Fitness Tax Credit* to include young adults up to age 24. [www.gov.mb.ca/finance/pcredits.html](http://www.gov.mb.ca/finance/pcredits.html)
- A share and learn workshop was hosted for all **in motion** schools. **Healthy Schools in motion** is a component of **Manitoba in motion**, Manitoba's Physical Activity Strategy. [www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)
- Manitoba Education issued a policy requiring school divisions to review or update their facility use policies and procedures. A handbook was developed and directed at school divisions and municipalities to support community use of schools and school use of community facilities and is based in part on the results of a related survey of Manitoba school divisions and municipalities. The policy statement, handbook and survey report are available at: [www.edu.gov.mb.ca/k12/docs/reports/use\\_facilities/index.html](http://www.edu.gov.mb.ca/k12/docs/reports/use_facilities/index.html)

## Capacity Building

- Annual funding was provided through *Community-based Funding* to school divisions and independent and First Nations schools to support them in working with their local regional health authorities and other local partners to develop and implement Healthy School plans and activities.
- 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 in their school community. In 2010-2011, schools were eligible to receive funding for activities that focused on mental health promotion and safety and injury prevention.
- Introduced the *Farm to School Healthy Choice Fundraiser* initiative. Manitoba school fundraising groups now have the option of selling healthy, Manitoba-grown veggies to help them reach their fundraising goals. The Province of Manitoba, Peak of the Market, and the Manitoba Association of Home Economists collaborated to launch this new healthy choice fundraiser in 35 northern, rural, and urban schools across Manitoba. The initiative was expanded province-wide to all schools. The *Farm to School Healthy Choice Fundraiser* is an opportunity to get fresh, local vegetables at or below supermarket prices, offer healthy food choices, support local producers, and support school nutrition policies. [www.farm2schoolmanitoba.ca](http://www.farm2schoolmanitoba.ca)

- Launched seventh installment of the *Review and Rate* program in schools across Manitoba during *National Non-Smoking Week*. *Review and Rate* is a program that discourages teens from starting to smoke and teaches them to make informed decisions about tobacco. Students review, rate anti-smoking television ads, and vote for those they believe are most effective in communicating the consequences of tobacco use. The winning ad airs on television in Manitoba. This year Manitoba added a new program, *Back Off Tobacco*, designed to help teachers include age-appropriate lessons about the consequences of tobacco use.  
[www.gov.mb.ca/healthyliving/rr7.html](http://www.gov.mb.ca/healthyliving/rr7.html)  
[www.gov.mb.ca/healthyliving/bot/index.html](http://www.gov.mb.ca/healthyliving/bot/index.html)
- Expanded the *Students Working Against Tobacco (SWAT)* program to schools across the province. As part of this program, high-school students make presentations to younger students about the health risks of tobacco use and encourage them not to start smoking.  
[www.mbswat.com](http://www.mbswat.com)
- As part of Manitoba's Youth Suicide Prevention Strategy – *Reclaiming Hope*, piloted the *Signs of Suicide (SOS)* program through a randomized controlled trial in Manitoba schools including First Nations schools. *Signs of Suicide* is an evidence-based, school-based prevention program incorporating curricula to raise awareness of suicide and its related issues, and a brief screening questionnaire for depression and other risk factors associated with suicidal behaviour. An evaluation of the pilot is underway to determine the program's effectiveness in Manitoba. [www.gov.mb.ca/health/mh/hope](http://www.gov.mb.ca/health/mh/hope)
- Expansion of the *Roots of Empathy* program in Manitoba. *Roots of Empathy* is a province-wide, evidence-based classroom program for students in Grades K-8 which focuses on building capacity for caring and compassionate citizenship and parenting. The program is based on the award-winning Canadian program that has shown to have a dramatic effect in reducing levels of aggression among school children by raising social/emotional awareness and increasing empathy.  
[www.gov.mb.ca/healthychild/roe](http://www.gov.mb.ca/healthychild/roe)  
[www.rootsofempathy.org](http://www.rootsofempathy.org)



## Ontario

Since 2006, the Foundations for a Healthy School framework has guided the Healthy Schools strategy.

The aim of the Healthy Schools strategy is to:

- reinforce the messages taught in the curriculum through school practices
- develop learning environments for students to be able to reach their full potential
- create linkages and partnerships with families and community agencies, and,
- meet the needs of the whole child.

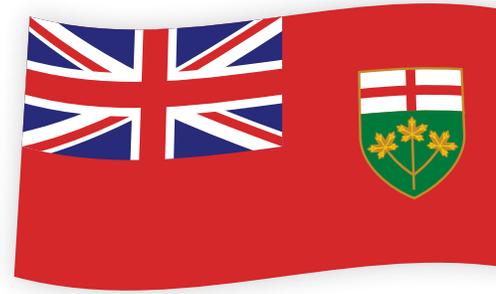
The Ministries of Education and Health Promotion and Sport continue to work together and with other ministry partners and other agencies to address the health of children and youth through schools.

### Knowledge Development

- The Ontario Curriculum, Grades 1-8: Health and Physical Education, Interim Edition, 2010 (revised) was posted on the ministry website at [www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html) in June 2010. Implementation began in the fall 2010.
- The secondary Health and Physical Education curriculum (Grades 9-12) is currently in the editing stage of the review process.
- 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 assist in raising awareness of anaphylaxis in schools and to assist in implementing the law, the Ministry of Education contracted with Anaphylaxis Canada to develop an Anaphylaxis Resource Kit and web-based e-learning module for boards and schools to use. Kits have been provided to every publicly funded school in the province. The web-based e-learning module is for boards, principals, and other school staff to access to learn more about anaphylaxis. This site includes emergency procedures and online videos on how to administer medication through the use of the epinephrine auto-injectors. For more information about the Anaphylaxis web-based e-learning module, please visit <http://www.eworkshop.on.ca/edu/anaphylaxis/>

### Leadership

- On January 15th, 2010, 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 November and December of 2010, the Ministry of Education held 11 regional training sessions for elementary teachers and school board staff on the School Food and Beverage Policy. The Ministry of Education has developed teacher resource guides, online modules for teachers, and interactive tools for students



that make connections between the requirements of the School Food and Beverage Policy and the information taught in the elementary curriculum. 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 <http://www.ontario.ca/healthyschools>

## Capacity Building

- Funding is being provided for the development of online resources for topics that can be challenging to teach.
- Follow up support for curriculum implementation continues to be provided via an electronic community sharing website.
- Launched in December 2006, the Healthy Schools Recognition Program is designed to promote and celebrate healthy behaviours and practices in Ontario's schools. To accept the challenge, the school principal, school council chair, and a student representative must identify at least one activity — in addition to any current activities — to undertake to make their schools healthier places to learn. Over the last four years, more than **2,200** schools participated.
- 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 80,000 Grade 3 students benefit annually from this program.
- In October 2009, the Ontario Government launched the \$10 million After-School Program to provide Ontario's young people in Grades 1 to 12 with access to safe, active, and healthy activities during the after-school time period (between 3 pm and 6 pm). As a critical component of Ontario's Poverty Reduction Strategy, these programs target priority neighbourhoods such as low-income, First Nation, and northern/rural communities to help decrease childhood obesity, increase healthy eating and physical activity, improve student achievement, and help reduce youth violence and child poverty. Programs are unique to the needs of the participants and communities, but each must dedicate time as follows:
  - \* 30% - Physical activity (such as recreation, dance, sport);
  - \* 20% - Healthy food choices and nutrition (such as food label reading, cooking classes);
  - \* 20% - Wellness and personal health (such as tobacco, substance abuse, bullying and violence prevention);
  - \* 30% - Programming to reflect local needs and capacity such as cultural programs, homework assistance, and arts and crafts.
- Communities and organizations across Ontario have been very receptive to the government's After School Initiative; as of December 15, 2010:
  - \* 323 sites currently deliver after-school programs in the province;
  - \* 123 organizations funded, including 11 First Nation communities;



- \* More than 18,000 children and youth aged 6 – 18 years are enrolled;
- \* 56% of the programs are operating in school sites; the remaining vary from community centres, resource centres, churches, housing complexes.

## 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 School 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 New Brunswick Department of Wellness Culture and Sport also provides two staff members who collaborate closely with the nurses working in the Healthy Learners in School Program. They support comprehensive school health through the distribution of grants and resources, providing training to school and district employees, provision of a School Wellness Newsletter, and helping to connect schools to other resources in their communities such as Wellness Networks. The Department of Education reflects a comprehensive school health approach through policy, curriculum delivery, student services, and commitment to community schools.



## Knowledge Development

- Hosted a contest for schools to share their wellness story as part of the provincial social marketing campaign. By submitting stories, photos, and videos to [www.boomboomclap.ca](http://www.boomboomclap.ca), schools were able to share their initiatives with others. Of 64 participating schools, four schools each won a \$1000 grant to host a wellness learning event.

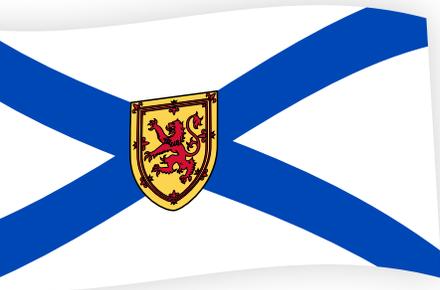
## Leadership

- Organized a networking meeting for the Healthy Learners in School program to celebrate the program's 10<sup>th</sup> year anniversary. The networking meetings gave an opportunity to participants to network, share successes and challenges, and discuss program issues in an Open Space forum. Workshops and presentations were offered on the second day on a variety of subjects related to school health.
- Re-administered the Student Wellness Survey with students in Grades 4-5 and their parents, to gather information on student knowledge, attitudes, and behaviours related to wellness; participant schools will receive a consolidated feedback report of key results.
- Partnered with Department of Education to reduce burden on schools by integrating the Student Wellness Survey with the existing annual Perception survey (Anglophone sector)



## Capacity Building

- Implemented the new School Wellness Grant program: 327 schools (almost all eligible schools including First Nations schools) applied for and were granted funding. Schools chose what aspect of wellness they wanted to work on (healthy eating, physical activity, tobacco free living, or mental fitness and resilience). The majority of schools (51%) chose to work on physical activity, and healthy eating was the second most common choice (25%). Many schools (20%), especially those with multiple wellness concerns, chose to work on mental fitness (autonomy, competency, and relatedness) because they saw it as being foundational to all the other wellness behaviours.
- Supported development of closer ties among schools, school districts, and communities through Community Wellness Networks, a complementary and ongoing initiative supported by the Provincial Wellness Strategy. For example, the South East New Brunswick Wellness Network planned and executed the **Crunch & Move Challenge** in the Moncton area in March. This three-day challenge encouraged students, parents, and school staff to eat a minimum of five portions of vegetables and fruits and try to get their 90 minutes of daily physical activity for three days. Several school districts, including both Anglophone and Francophone districts as well as many community partners, were engaged in planning, implementing, and promoting this challenge within their schools.



## Nova Scotia

Nova Scotia has continued to maintain its 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 that impact the whole child.

## Knowledge Development

- The Healthy Eating in Recreation and Sport Settings Provincial Gathering held in Halifax was organized to provide recreation, sport, and healthy eating stakeholders the opportunity to come together to learn more about the potential for collaboration, address issues and challenges, and provide comments and advice on how to make the healthy choice the easy choice in recreation and sport settings throughout Nova Scotia.
- One of the greatest strengths of the Strait Regional School Board's Health Promoting School (HPS) team is in the partnerships that have been created and nurtured over the last six years. In 2010-2011, there were many key stakeholders, including the Department of Health and Wellness, public health services, municipal recreation departments, St. Francis Xavier University, addiction services, mental health agencies, community services, and community health boards that played a big part in the enhancement of school and community health.  
<http://www.hps.srsb.ca>

- Nova Scotia Department of Education's African Canadian Services Division (ACSD) continued to work during the past year toward creating an awareness of the importance of providing supportive environments for all students. The current focus is centered around three initiatives: (1) Restorative Practices - training opportunities for board and school staff in an approach utilized to create a safe and healthy school environment. (2) Professional Development-Questioning our Practice Inservice - The African Canadian Studies 11 and English 12: African Heritage courses ensure that African Canadian students are being presented with a history reflective of their experiences locally and on a global basis. The goal is to enhance their self efficacy and further solidify their social and emotional well being to create an awareness of the necessity of providing supportive environments for all students. (3) Resiliency Parenting Workshops - The primary purpose of the Raising Resilient African Nova Scotian Children Program is to provide parents and adult participants with a practical and effective model to understand the emotional/ social development in assisting young people as they reach their full potential.

## Leadership

- SchoolsPlus is a collaborative interagency approach to supporting the whole child and family. It has promoted an integrated service delivery model through the co-location and/or partnership of services within a school such as: Community Services, Justice, Health and Wellness, and other community organizations. The vision of SchoolsPlus in 2010-2011 was for schools to become centres of service delivery, enabling enhanced access to services and programs. Four of the eight school boards in Nova Scotia have SchoolsPlus sites and SchoolsPlus will be expanding to the remaining boards. Each board has a SchoolsPlus facilitator who is the liaison and link between the school and the community.
- New comprehensive regulations and standards for child care centres were announced in April 2011, and ensure nutritious food for the pre-schoolers who attend the centres. These regulations model the food and nutrition guidelines of the K-12 schools, and also give the child-care centres more support and flexibility in preparing healthy meals and snacks. The new regulations allow centres to develop and change menus based on a clear set of standards for nutrition: The regulations and standards ensure that menus are based on food groups identified by Health Canada; Clean drinking water and food safety are ensured; Special dietary considerations can be met; Nutrition education is provided; Breast milk is labeled and stored correctly. With the July 01 effective date, training began for child care operators in June.
- The 2011 launch of the new tobacco strategy will re-ignite efforts to decrease smoking rates across the province. Moving Toward a Tobacco-Free Nova Scotia builds on the successes Nova Scotia achieved with the 2001 tobacco control strategy that banned smoking in public establishments. As a result of the strategy, the province will: (1) focus on the behaviour of the tobacco industry in Nova Scotia by looking at advertising and sales-to-minors compliance rates; (2) aim to reduce from 15 % to 10 % the number of teens (15 to 19) smoking; and (3) explore treatment options and legislation to help smoking reduction efforts. A key part of the strategy is the tobacco anti-smoking social-marketing campaign, launched in January, to change the way teens think about smoking. Nine-foot-tall dinosaurs and artifact boxes have visited more than 70 locations, including schools, arenas, and places where youth frequent, to demonstrate to youth that smoking is a thing of the past. <http://www.gov.ns.ca/hpp/cdip/tobacco-control.asp>

- The Department of Health and Wellness, in partnership with the district health authorities, has built on strategies and approaches aimed at increasing awareness of youth gambling and youth problem gambling to develop and implement measures designed to mitigate their impacts on youth. Many stakeholders have expressed concern over the risk that youth and young adults present for developing gambling problems.

## Capacity Building

- A Health for All: Networking Day was held for school and community health leaders at the Port Hawkesbury Civic Centre on March 2. With over 75 participants from around the Strait Region, the day was spent sharing information about initiatives and projects targeted to enhance the health and wellbeing of the students in our communities. The afternoon was focused on reviewing case studies that allowed time for partners from specific counties to sit together and work through challenges or build programs to support the need presented in each case. <http://www.hps.srsb.ca/>
- Cape Breton-Victoria Regional School Board (CB-VRSB), in April 2011, hosted a “Thank-you Breakfast” to recognize, celebrate, and highlight the outstanding leadership and dedication of hundreds of volunteers. The Nutrition for Learners Program provides a universal free breakfast to the board’s 60 schools and has been operating since 1999. More than 540 individuals volunteer over 145,800 hours each year. These individuals are dedicated to ensuring all students get a healthy start to the school day by eating a nutritious breakfast. The program helps cultivate community involvement, and gets students excited about eating healthy foods.



## 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 variety of new and strengthened supports for healthy school communities, using a comprehensive school health approach.

## Knowledge Development

- The Department of Education and Early Childhood Development, in consultation with the Department of Health and Wellness and other key stakeholders, developed and implemented a new physical education curriculum for Grades K-6. This new curriculum provides opportunities for students to develop knowledge, skills, and positive attitudes toward active living. There is an emphasis on fundamental movement skills and teaching games for understanding, and a de-emphasis on competition and traditional organized sports. The curriculum is aligned with the Long-Term Athlete Development (LTAD) model that provides a framework for athlete development. The first three stages of this model are the basic building blocks for the overall development of physical literacy and should be achieved by the end of Grade 6.
- The Department of Education and Early Childhood Development, in partnership with the Department of Health and Wellness, the University of Prince Edward Island, the University of Waterloo, and Health Canada, has implemented the second cycle

of the *School Health Action Planning and Evaluation System / Youth Smoking Survey* (SHAPES/YSS-PEI). The SHAPES system collects health behaviour data (healthy eating, physical activity, tobacco use, mental fitness) from over 10,000 students in Grades 5-12. School Health Feedback reports are provided to all schools, using their students' survey results, and aggregated data is used to produce school board and provincial level reports as well. Using the Provincial Profile Report from 2008-2009, 'data-use' discussions have been initiated with a variety of provincial partners to explore the use and usefulness of the provincial data-set and to help support its application.

- A collaborative effort between the PEI Healthy Eating Alliance (funded by the Department of Education and Early Childhood Development and the Department of Health and Wellness) and the *School Nutrition and Activity Project* (a research project led by Dr. Jennifer Taylor) resulted in an evaluation of breakfast programs in PEI schools. The purpose of the evaluation was to assess the extent to which school breakfast programs meet the "keys to success" program standards established by Breakfast for Learning and to determine whether foods and beverages offered are consistent with school nutrition policies in terms of nutritional quality. Results of this evaluation are being reviewed and plans will be put in place to help address the needs of breakfast programs identified through this evaluation.

## Leadership

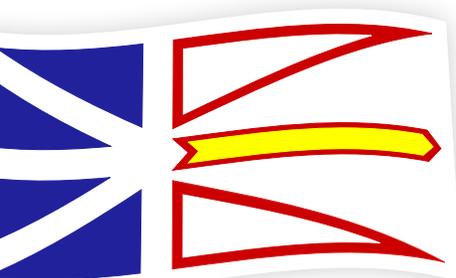
- Through a partnership between the Department of Education and Early Childhood Development, the Comprehensive School Health Research Group at the University of Prince Edward Island, and the Youth Excel (*Youth Health Collaborative: Excelerating evidence-informed action*) project, a *Provincial Comprehensive School Health Forum* called "*Youth Health in the School Setting*" was held in the fall of 2010. The goal of this forum was to build relationships, collaborations, and networks amongst policy, program, and research leaders in PEI - all in support of youth health programs and policies in school settings. The forum provided over 30 participants with background information about the Youth Excel project, presentations from current projects and programs here on PEI and their link to school health, and discussions regarding next steps for working together, how to build on what is working, and how to address gaps and needs.
- The Department of Health and Wellness - Mental Health and Addictions hosted the second annual "Stakeholder Forum on Community-Based Prevention, Education, and Early Intervention of Youth Substance Abuse and Addictions". This forum, which supports the engagement of system and community 'stakeholders' in prevention, education, and early intervention, explored a variety of programs and initiatives including: anti-bullying programs, best practices in early intervention, outreach and community linkages for youth with substance use problems, as well as an update from the "Strength Program" - the province's new youth day treatment program for youth and families. Through on-going collaboration and partnerships, a very positive relationship among Mental Health and Addiction staff, school boards, and schools has been formed to support the prevention, education, and treatment of addictions, and the overall health and well-being of individual youth.

## Capacity Building

- The Department of Education and Early Childhood Development, with support from the Department of Health and Wellness, implemented the second year of the SHAPES-PEI "*School Health Grant*". This program supports schools in using their SHAPES school health feedback reports. Through this grant, students, teachers, parents, and community members are encouraged to examine the results contained within their school feedback reports, discuss and identify needs and

priorities, propose activities to address these needs within a comprehensive school health framework, and develop an action and evaluation plan. In 2010-2011, 30 different projects have been conducted in schools related to healthy eating, active living, and the promotion of positive mental health.

- Multiple partners, including the Department of Education and Early Childhood Development, the Department of Health and Wellness, Recreation PEI, and the City of Summerside, have come together to initiate a "School Travel Planning (STP)" pilot project on PEI. This pilot project, with participation from urban and rural schools, is part of a national project funded through "Coalitions Linking Action and Science for Prevention (CLASP)". STP projects explore how schools can increase the number of students using active transportation to and from the school and strive to improve students' physical fitness and mental well-being - as well as goals related to safety and the environment. The STP projects bring together school/community stakeholders to help make active travel a safe and realistic choice for children at individual schools. School Travel Plans are based on travel demand management principles and benefit not only the schools they are designed for, but also the municipalities that surround them.



## Newfoundland and Labrador

In 2004, the Departments of Health and Community Services and Education partnered on the development and implementation of the provincial school health initiative, *Healthy Students Healthy Schools* (HSHS). Since 2009, the Department of Tourism, Culture and Recreation has become a partner to support this interdepartmental initiative. *Healthy Students Healthy Schools* is a priority in the Provincial Wellness Plan supporting and promoting the creation of healthier school environments for students to learn and fostering healthier behaviours for life. Based on a comprehensive school health approach, HSHS supports and promotes policies, programs, and initiatives around healthy eating, physical activity, and living smoke-free in both the school and the larger school community. HSHS also promotes injury prevention, mental health promotion, environmental health, positive social behaviours, and support for vulnerable populations.

### Knowledge Development

- Collaborated with school districts to promote and support policy development and implementation around healthy eating, tobacco control, and physical activity (e.g. Smoke-Free School Grounds policies, Healthy Eating/Nutrition policies, and Active School policies).
- Promoted and supported school health promotion initiatives through the Healthy Students Healthy Schools provincial website ([www.livinghealthyschools.com](http://www.livinghealthyschools.com)), regional/school district living healthy newsletters, and health promotion workshops and presentations.
- Disseminated the *Smoking Profile for Newfoundland and Labrador Youth Report* (2008-2009 Youth Smoking Survey) to principals in intermediate and senior high schools.
- Reviewed and revised the provincial School Food Guidelines in collaboration with the regional health authorities and school districts.
- Incorporated comprehensive school health (CSH) and the new Canadian Physical Activity Guidelines for children and youth into new and existing physical education curricula.

- Implemented and resourced new Kindergarten and Grade 1 health curricula. In addition, a new Grade 2 health curriculum was developed and pilot tested.
- Developed and implemented the provincial school initiative *Find Your Voice, Not Violence* to promote positive social behaviours (e.g. collaborative cultures, violence prevention, injury prevention, gender equality, diversity, and sexual orientation).

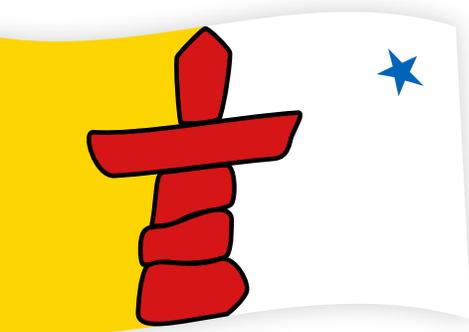
## Leadership

- Provided funding 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 larger school community.
- Partnered with Memorial University to host the Newfoundland and Labrador Youth Excel Roundtable "*Moving Evidence to Action and Deriving Evidence from Action*," providing an opportunity for policy makers, researchers, and practitioners to collaborate on common priorities to advance youth health policies and programs in the province.
- Promoted the integration and alignment of the Canadian Sport for Life principles and the Long Term Athlete Development model in all school districts.
- Developed and implemented an on-line professional learning site for teachers to support new physical education and health curriculum implementation: <http://www.k12pl.nl.ca/>

## Capacity Building

- Partnered on school health promotion initiatives with the regional health authorities, school districts, regional wellness coalitions, Alliance for the Control of Tobacco, Memorial University, Public Health Agency of Canada, Safe and Caring Schools, School Development, Environmental Health, sport and recreation associations, food service providers, and the food and beverage industry.
- Collaborated with the Federal/Provincial/Territorial Group on Nutrition (FPTGN) to enhance nutrition criteria and the implementation of School Food Guidelines.
- Engaged in consultations with design and construction personnel to enhance school structures and equipment for healthy eating/nutrition.
- Provided funding to the Kids Eat Smart and School Milk Foundations to promote healthy eating opportunities in schools.
- Partnered with the school districts and regional health authorities to fund and promote *Living Healthy Commotions* highlighting the creation of healthier school environments.
- Partnered with school districts and the regional health authorities to fund and promote physical activity opportunities in primary and elementary schools through Active Schools and Quality Daily Physical Activity programs.
- Promoted 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.

- Developed, through an interdepartmental collaboration, a provincial After School Physical Activity initiative to increase opportunities for children and youth ages 9–15 (Grades 4 to 9) to be physically active. The initiative, which supports the goals and objectives of the *Provincial Recreation and Sport Strategy*, receives funding through a bilateral agreement with the Public Health Agency of Canada.
- Collaborated with recreation, school sport, and community youth organizations to increase the integration of consistent healthy living messages into their programs and policies (e.g. Eat Great and Participate program).



## Nunavut

*Tamapta, Building Our Future Together* states the vision of the Government of Nunavut in this way:

“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)

In 2010-2011, 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 of School Health.

## Knowledge Development

- In Spring 2010 and Fall 2010, two consultations were held with 70-100 students in Grades 7-10 about the core content of the Aulajaaqtut Curriculum and about students’ relationship with school.
- A number of modules of the Aulajaaqtut Health and Wellness Curriculum for Grades 7-9 are currently in development and are slated for field-testing next year. The modules are: Relationships, Stress Management, Adolescent Health Part 1 and 2, Suicide Prevention, and Interpersonal Communication.
- As part of a broad environmental scan of opportunities and barriers related to the provision of nutritious and culturally appropriate foods in community based programs and services in Nunavut, Department of Education administrators in Iqaluit and school staff in nine communities were consulted about foods served in their programs/facilities. This work will help inform future food- related policy development for school settings.

## Leadership

- In October 2010, an interdepartmental consultation was jointly planned, facilitated, and attended by the Department of Education and the Department of Health. The Department of Culture, Language, Elders and Youth also participated in the consultation which focused on key health and wellness messages for the new Grades 7-9 Aulajaaqtut (Health, Wellness and Cultural Identity) Curriculum currently in development. The consultation included key messages from the areas of Wellness Injury Prevention, First Aid and Brighter Futures; Maternal and Child Health; Chronic Disease & Prevention; Sexual Health; Nutrition; Physical Activity; Community Health;

Mental Health; Suicide Prevention; Addiction Prevention; Fetal Alcohol Spectrum Disorder; Dental Health and Tobacco Prevention.

- An Interdepartmental Planning Committee was convened in Fall 2010 to work on developing an Action Plan to implement the long-awaited Nunavut Suicide Prevention Strategy tabled on October 26, 2010 in the Nunavut Legislature after two years of research by the territorial government (<http://www.cbc.ca/news/health/story/2010/10/27/nunavut-suicide-prevention-strategy.html>).
- The Action Plan proposes a comprehensive interdepartmental and grass-roots approach to Nunavut-wide knowledge and skill development, leadership, and capacity building in a multi-disciplinary approach to reducing suicide in Nunavut.

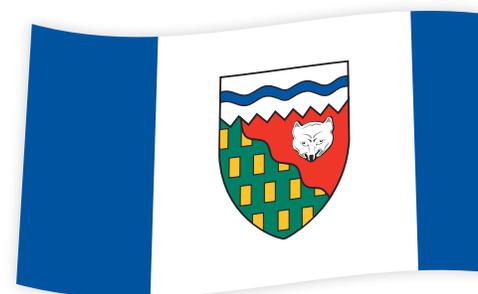


## Capacity Building

- This year the Department of Health and Social Services has undertaken a process to revise the Nunavut Food Guide. All schools were sent a pdf survey for teachers about their use of the Food Guide, and how it could be improved. Interested teachers were consulted on the final drafts of the new Guide to ensure it is a tool that will meet their needs. Teachers have also been asked what companion education materials would be valuable to them, which will be considered for future resource development.
- Initial steps are underway to lay the foundations of a Nunavut-wide Early Childhood Development Program. The Department of Education is in the process of hiring two Early Childhood Development coordinators to develop resources for existing early Childhood Development Centres across Nunavut and to establish a loaning program for parents in communities where these centres do not yet exist. In addition, education has allotted funds to hire a researcher to summarize the evidence-base on the benefits that well-designed and implemented Early Childhood Development programs can provide to individuals and communities as well as the best practices in implementing those programs, especially in small Arctic communities as well as options for Early Childhood Development in communities that wish to have them.

## Northwest Territories

Initiated in 2005, the Government of the Northwest Territories' (GNWT) "Healthy Choices Framework" (HCF) is a collaboration among the Departments of Education, Culture and Employment, Health and Social Services, Municipal and Community Affairs, Justice, and Transportation. As a result of the HCF, most GNWT programs that focus on schools and/or school-aged children are implemented in a collaborative fashion.



## Knowledge Development

- Adaptation of "Sip Smart" (B.C.) for northern context. Lessons in making healthy beverage choices for Grades 4 – 6. Pilot teachers trained for small scale implementation.
- New on-line sexual health lesson plans for Grades 6 -9 that are part of "Respect Yourself" website. This resource provides health educators with access to lesson plans and activities for use in the school or community based settings. It offers activities for educators to consider their own values around teaching sexuality and presents strategies for increasing comfort when teaching sexual health.

- A review of youth tobacco prevention programs undertaken to provide direction for future programming.
- Completed the report “Approaches to Developing Food Policies in Schools in the NWT” to guide next steps of policy development in schools and align with principles of childhood obesity prevention.

## Leadership

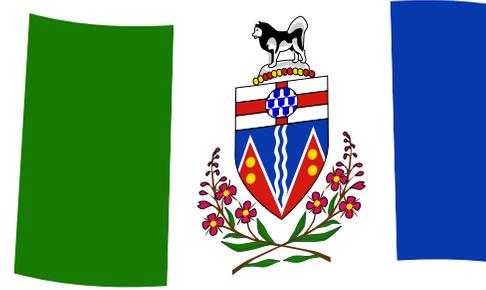
- Public promotion and launch of the HCF “Choose” brand including public awareness campaign. The “Choose” brand links all GNWT departments’ health promotion programs.
- Active and safe routes to school project initiated. Three schools within one region will form the pilot group.
- Knowledge exchange meeting regarding the root causes of unintentional injuries and increase collaboration in developing evidence-supported injury prevention programs and services.
- Development of Addictions social marketing campaign targeted to youth. Pilot program in three communities provided youth with supports to develop video recorded peer messages which will be used in an expanded territory wide media/marketing campaign.

## Capacity Building

- Launch of the new “Regional Youth Sport Events” program that provides resources to support school authorities and sport and recreation organizations to organize and host regional youth sport events that encourage youth to participate in physical activities that lead to positive lifestyle choices and strengthen northern Aboriginal traditions and culture.
- The “Active After-School Physical Activity” program provides children and youth with new opportunities to be physically active in the important after-school time period when supervision and structure are important. In 2010-2011 the program was expanded to include 54 projects in 32 communities.
- Revitalization of “Get Active NWT”, a physical activity promotions program that provides small grants of \$750 to schools and local groups interested in delivering community orientated physical activity events. The program was delivered in cooperation with the NWT Recreation and Parks Association.
- “Healthy Food for Learning”, new funding for school nutrition programs. Fund parameters included meal and snack programs, skill building programs, support for staffing, or kitchen infrastructure.
- Through the funding program, Youth Mental Health Resiliency, community organizations are supported in programming initiatives that promote mental health through activities that address protective factors such as connection to culture and coping skills.

# Yukon

The Health Promotion Unit of the Department of Health and Social Services continued to play a leadership role in advancing the school health agenda in Yukon. With new evidence drawing attention to priority areas with respect to the health and well-being of Yukon students, the Departments of Health, Education, Community Services, and other important partners such as the Recreation and Parks Association of the Yukon are exploring new and meaningful ways of working together.



## Knowledge Development

- The *Department of Education released its Strategic Plan 2011-2016: Our Commitment to New Horizons*. The document lists a number of graduating gifts we want our students to have when they leave the public school system. These were informed via the collaboration of over 100 education partners and include emotional, social, intellectual and physical strengths.
- The *Health and Health-Related Behaviours Among Young People in Yukon* study uncovered important information about the self-reported health and well-being of students in Grades 6 through 10. This information will lead to new and renewed collaborative action and will inform future activities intended to improve the health and learning outcomes for all Yukon students with an emphasis on rural students in Grades 8-10.
- Health Promotion, in partnership with Alcohol and Drug Services, developed a *teacher education bulletin on the topic of energy drinks* that was distributed to all Yukon teachers in winter 2011. The bulletin outlines what e-drinks are, what they contain, potential harmful effects, marketing influences, and what teachers can do to address the issue with students.
- With funding from Health Canada's Drug Strategy Community Initiatives Fund an original play was developed to raise awareness about the consequences of illicit drug use and engage young people in conversations about healthy decision making. Scheduled to tour Yukon schools in fall 2011, the play was inspired by insights gathered at focus group discussions with Yukon youth in several communities.
- "Streetwise to Sex-wise" training was provided for youth workers, educators, and allied health professionals on sexuality education for high-risk youth. This event inspired the formation of a comprehensive sexual health learning collaborative in Yukon.

## Leadership

- Work on the Department of Health and Social Services' *Wellness Initiative* started in 2011. The framework will set out broad action for achieving wellness among different groups in Yukon such as children, young adults, and persons with disabilities, and in different settings such as the workplace, schools, and the community at large. The strategy itself will focus initially on children, youth, and families. The strategy will reflect the best available evidence coupled with the vision and priorities of Yukoners and will be complementary to the Social Inclusion Strategy, the Healthy Aging Strategy, and the renewed Active Living Strategy.
- *Yukon Active Travel to School* was initiated by the Recreation and Parks Association of the Yukon with support from Green Communities Canada. A stakeholders' group was formed as part of the process to increase activity levels in children as they make

their way to and from school. The School Travel Planning Coordinator will continue working with stakeholders and schools who choose to participate to develop and implement individual School Travel Plans.

- *Renewal of the Yukon Active Living Strategy* occurred over the year and was based on significant consultation and engagement of Yukoners and stakeholders. The renewed strategy places an emphasis on supporting active lifestyles of children and youth during the after-school time period as well as in the school setting.

## Capacity Building

- *RHEAL* (Rural Healthy Eating Active Living) *Leaders* is a program of the Recreation and Parks Association of the Yukon that supports rural opportunities to participate in active and healthy lifestyles. Most recently, the program targeted school-aged children and youth through delivery of an international after-school program, CATCH (Coordinated Approach to Child Health) Kids Club, and by providing opportunities to build physical literacy through cross country skiing in collaboration with Cross Country Yukon, rural schools, and several Yukon First Nations.
- *Feet on the Street* encouraged all Yukon elementary school students to use active transportation for travel to and from school for one week. To support safe travel, an in-class and on-bike cycle training was held on host school playgrounds from May 24<sup>th</sup> to May 31<sup>st</sup> for Grade 4 and 5 students in Whitehorse. From May 30<sup>th</sup> to June 3<sup>rd</sup>, in conjunction with the Community Commuter Challenge, the Feet on the Street Cross Canada Challenge tracked the distance traveled with goal being for Yukon elementary school students to collectively walk/bike across Canada.
- The *Snackivities* component of the *Healthy Living Menu* offered by the Recreation and Parks Association of the Yukon offered five workshops promoting healthy eating, physical activity, and gardening suited to delivery within schools and after-school settings. Two additional workshops promoted healthy living and healthy eating in the classroom through teacher training. All workshops were interactive and available free of charge to all Yukon community schools.



## Government of Canada

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

- Supported the development of two supplementary issues of the Canadian Journal of Public Health. *Supportive Environments for Learning: Healthy Eating and Physical Activity Within Comprehensive School Health* profiles the importance of advancing healthy eating and physical activity policy within a broader comprehensive school health framework. *Taking a Social Determinants Perspective on Children's Health and Development* explores patterns of health within and between population groups to develop a better understanding of factors that affect the health of individuals and communities with a focus on social determinants approaches to children's health and development.

- Published a Healthy Living E-Bulletin on *Healthy Eating in School*. 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.
- Supported the development of an online course *Linking Mental Health to Delinquency and Criminal Activity* which provides context for understanding how a population health lens can be applied to the themes of mental health and resilience. The course is designed for those working in the areas of mental health promotion, delinquency prevention, healthy child and youth development, school-based health, and the justice/corrections system.
- Completed the expanded data collection for the 2009/10 cycle of the Health Behaviour in School-Aged Children (HBSC) study in collaboration with the JCSH and the HBSC Canada research team at Queen's University. This collection will provide representative data for a number of provinces and territories. Reports are currently under development and the National Report is expected to be completed in fall 2011.
- Supported the Canadian Fitness and Lifestyle Research Institute (CFLRI) in managing a comprehensive surveillance system for physical activity and sport. CFLRI conducts the Canadian Physical Activity Levels Among Youth (CANPLAY) survey and the Physical Activity Monitor (PAM) survey to provide evidence on children and youth and adult physical activity levels as well as the conditions which influence their participation in physical activity opportunities. These data serve as a means of monitoring progress toward physical activity targets.

## Leadership

- Led an FPT process to develop the *Declaration on Prevention and Promotion and the Curbing Childhood Obesity: A Federal, Provincial, Territorial Framework for Action to Promote Healthy Weights* which were endorsed in September 2010 by FPT Ministers of Health and/or Health Promotion/Healthy Living and in February 2011 by FPT Ministers responsible for Sport, Physical Activity and Recreation.
- Launched a childhood obesity engagement strategy entitled *Our Health Our Future: A National Dialogue on Healthy Weights* in March 2011 as part of the *FPT Framework for Action to Promote Healthy Weights*. By engaging Canadians in a dialogue on this issue, all sectors of society have a role to play in addressing childhood obesity.
- Secured political support from provincial and territorial Ministers of Education to collaborate on addressing inactivity among children and youth, with the support of the JCSH and in partnership with provincial and territorial ministries responsible for sport, physical activity and recreation. The *Joint Policy Statement: Intersectoral Action on Children and Youth Physical Activity* aims to align policy activities that help improve health and learning opportunities for children and youth through regular physical activity. With assistance from the JCSH, Education officials will collaborate across government sectors to contribute to this issue and to help achieve FPT physical activity targets by the year 2015.
- On behalf of the Pan-Canadian Public Health Network, coordinated the development of the *2009 Report on the Integrated Pan-Canadian Healthy Living Strategy (PCHLS)* for 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 education sector has been identified as a key area in this report.



## Capacity Building

- Launched the second cycle of the Innovation Strategy entitled *Achieving Healthier Weights in Canada's Communities* which focuses on the design, development, adaptation, implementation, and evaluation of promising interventions, including school-based, focused on the needs of children and youth in diverse communities across Canada.
- Supported Physical and Health Education (PHE) Canada in the development of a Pan-Canadian after-school program delivery framework which aims to increase capacity among after-school program delivery leaders by improving access to resources and tools as well as supporting the use of promising practices.
- Provided \$15 million in annual funding to support participation in sport. 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 included:
  - \* ParticipACTION launched the *Sport Day in Canada* campaign to get Canadians of all ages, with particular emphasis on children and youth in the school settings or community, to be more physically active. Various public elementary schools across Canada participated in *Canada Games Day* in celebration of Sports Day in Canada as a result of the partnership among ParticipACTION, Canada Games, and PHE Canada;
  - \* Motivate Canada managed the Esteem Team program which enlisted high performance athletes to encourage youth to participate in sport through interactive presentations in classrooms.

# Moving Forward

As the Joint Consortium moves forward in its second mandate, the comprehensive school health approach to health and learning outcomes in children and youth continues to gain momentum. Between-sector and cross-jurisdictional collaboration is a signature contribution of the JCSH to youth health. The Consortium will further develop linkages and partnerships, serving as a bridge for researchers, policymakers, and practitioners to work together, for the goals of each, to create and disseminate tools that foster awareness and facilitate planning and action for school health initiatives across the country.

We continue to emphasize three key areas of activity – 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 continues working to increase its effectiveness and national presence with partners working in school health both within Canada and around the world.

As this annual report goes to print, the Consortium is happy to advise that the first jurisdictional reports from the Health Behaviour in School-aged Children survey will soon be available. As well, new toolkits for Positive Mental Health and updates to the Healthy School Planner tool will be piloted before the end of 2011.

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

# Appendix A: Agreement

## Pan-Canadian Joint Consortium for School Health Agreement 2010-2015

### 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
- 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
Totals	24,066,766	100%	\$ 24,000	\$ 226,000	\$ 500,000
<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: Financial Statement

## Joint Consortium for School Health Financial Statement

2010 - 2011

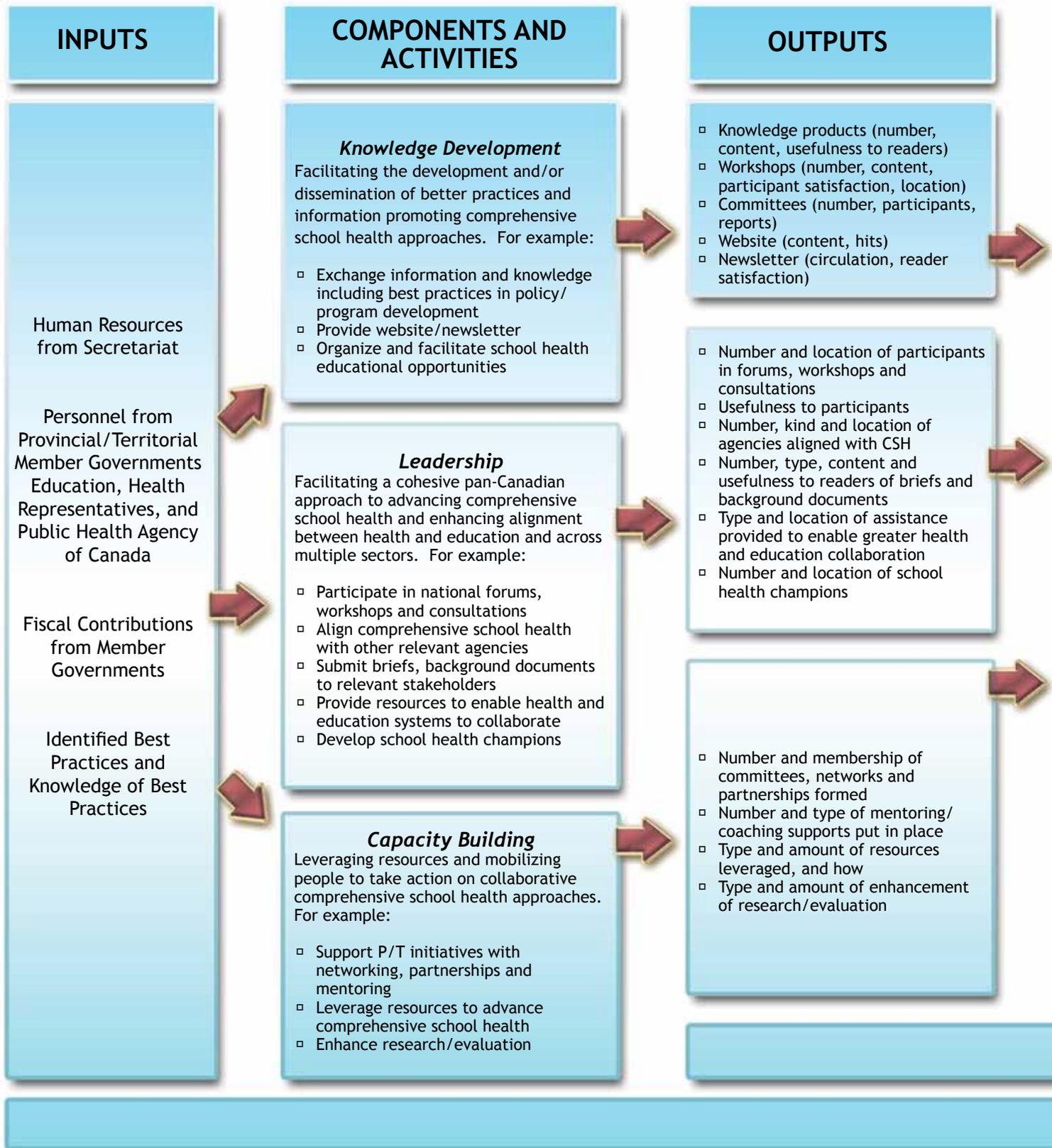
<b>Revenue</b>	
Membership Fees	250,000
Public Health Agency of Canada	250,000
Project Revenue	111,522
<b>Total</b>	<b>\$611,522</b>
<b>Expenses</b>	
Knowledge Development	68,173
Leadership	13,000
Capacity Building	79,992
Governance and Operation	240,075
<b>Total</b>	<b>\$407,840</b>
<b>Surplus/(Deficit)<sup>1</sup></b>	<b>\$203,682</b>
<b>Prior year Surplus/(Deficit)<sup>2</sup></b>	<b>\$214,670</b>
<b>Total Surplus/(Deficit)<sup>3</sup></b>	<b>\$418,352</b>

<sup>1,2</sup> Surplus generated due to transition from BC secretariat to PE secretariat resulting in minimal staffing and project activity.

<sup>3</sup> Surplus allocated to current project work.

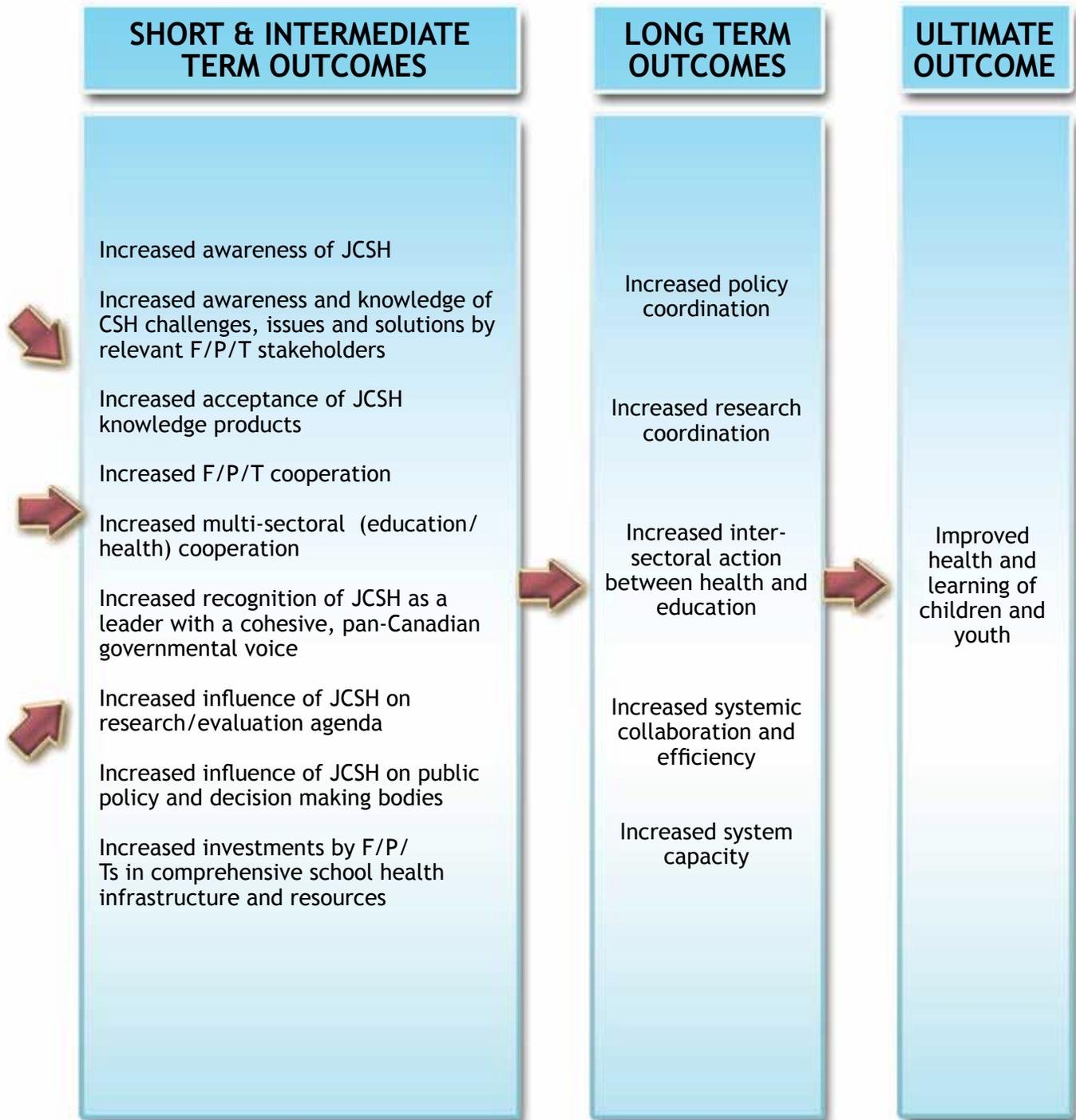
# Appendix C Long Term Strategic Framework:

## 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 Supporting Jurisdiction Contact Information and Web Links

## British Columbia

### School Health Coordinator:

Kim Weatherby  
Senior Policy Analyst  
Families First and Community  
Partnerships  
Ministry of Education  
PO Box 9161 Stn Prov Govt  
Victoria, BC V8W 9H3  
Tel: 250-387-5479  
[kim.weatherby@gov.bc.ca](mailto:kim.weatherby@gov.bc.ca)

### School Health Links:

[www.bced.gov.bc.ca/health/](http://www.bced.gov.bc.ca/health/)  
[www.healthyschoolsnetwork.org](http://www.healthyschoolsnetwork.org)

## Alberta

### School Health Coordinator:

Gail Diachuk  
School Health and Wellness Manager  
Curriculum Sector  
Alberta Education  
8th Fl., 44 Capital Boulevard  
10044-108 Street NW  
Edmonton, AB T5J 5E6  
Tel: 780-644-5274  
Fax: 780-422-0576  
[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/<br/>program/health.aspx)

## Saskatchewan

### School Health Coordinator:

Kyla Christiansen  
Health Education Consultant  
Curriculum and E-Learning Branch  
Saskatchewan Learning  
2220 College Avenue  
Regina SK S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2223  
[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 St  
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.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)  
<http://www.education.gov.sk.ca/cschr/>  
(Comprehensive School Community  
Health)  
[http://www.education.gov.sk.ca/  
health-ed](http://www.education.gov.sk.ca/<br/>health-ed) (Health Education)  
[http://www.education.gov.sk.ca/  
CurriculumGuides](http://www.education.gov.sk.ca/<br/>CurriculumGuides) (French)  
[http://www.health.gov.sk.ca/healthy-  
living](http://www.health.gov.sk.ca/healthy-<br/>living) (Health information and a link to  
available services children and youth  
- English)

## Manitoba

### School Health Coordinators:

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### School Health Links:

[www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools)  
[www.gov.mb.ca/healthyschools/index.  
fr.html](http://www.gov.mb.ca/healthyschools/index.<br/>fr.html)  
[www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)  
[www.edu.gov.mb.ca/k12/cur/  
physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/<br/>physlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/  
epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/<br/>epes/index.html) (French)  
[www.edu.gov.mb.ca/k12/esd/  
\(English\)](http://www.edu.gov.mb.ca/k12/esd/<br/>(English))  
[www.edu.gov.mb.ca/m12/dev\\_  
durable/index.html](http://www.edu.gov.mb.ca/m12/dev_<br/>durable/index.html) (French)

## Ontario

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### School Health Links:

[www.ontario.ca/healthyschools](http://www.ontario.ca/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)  
[www.mhp.gov.on.ca/en/healthy-  
communities/afterschool](http://www.mhp.gov.on.ca/en/healthy-<br/>communities/afterschool)

## New Brunswick

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### School Health Links:

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

## Nova Scotia

### School Health Coordinator:

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Fax: 902-424-0820  
[provoda@gov.ns.ca](mailto:provoda@gov.ns.ca)

### School Health Links:

<http://nshps.ca/>

## Prince Edward Island

### School Health Coordinator:

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### School Health Links:

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

## Newfoundland and Labrador

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### School Health Links:

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

## Nunavut

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### School Health Links:

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

## Northwest Territories

### School Health Coordinators:

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Fax: 867-873-0109  
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### School Health Links :

[www.ece.gov.nt.ca/Divisions/kindergarten\\_g12/indexk12.htm](http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/indexk12.htm)

## Yukon

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### School Health Links:

[www.hss.gov.yk.ca/programs/health\\_promotion/](http://www.hss.gov.yk.ca/programs/health_promotion/)

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