



**Pan-Canadian**  
**Joint Consortium for School Health**  
Governments Working Across the Health and Education Sectors  
**Annual Report**  
July 31, 2014





# Table of Contents

Message from the Executive Director.....	5
Introduction.....	6
The Case for Cross-Sector Collaboration.....	6
About Comprehensive School Health.....	7
About the Joint Consortium.....	8
Mandate.....	8
Mission.....	9
Strategic Direction.....	9
Monitoring and Evaluation.....	9
JCSH Membership.....	9
Long Term Outcomes.....	10
Working Horizontally.....	10
Activities.....	10
Pan-Canadian Joint Consortium for School Health Organizational Structure .....	11
Consortium Accomplishments.....	12
Leadership.....	12
Knowledge Development and Exchange .....	14
Capacity Building .....	16
Highlights of Progress in Member and Supporting Jurisdictions.....	17
Yukon.....	17
Northwest Territories .....	19
Nunavut .....	21
Newfoundland and Labrador.....	22
Nova Scotia .....	25
Prince Edward Island.....	26
New Brunswick .....	29
Ontario.....	30
Manitoba.....	32
Saskatchewan .....	33
Alberta.....	35
British Columbia.....	37
Government of Canada.....	39
Moving Forward.....	41
Appendix A: Agreement.....	42
Appendix B: Joint Consortium for School Health Statement of Revenue, Expenses and Operating Surplus.....	47
Appendix C: Logic Model.....	48
Appendix D: Member Contact Information and Web Links.....	50



# Message from the Executive Director



I am pleased to present the 2014 Annual Report of the Pan-Canadian Joint Consortium for School Health (JCSH).

In Canada and elsewhere in countries around the world, educators are engaging more actively with a school health approach as research and practice evidence demonstrates clearly the health-education links. Healthy students learn better; healthy schools foster a sense of commitment and ownership from students, teachers, parents, and community members.

When the JCSH was established in 2005, the focus was on health promotion in the school setting using specific topics including physical activity, healthy eating, tobacco reduction. Since then, considerable research has changed the focus to a 'whole school' approach to health in schools. Educators and health professionals understand that specific topics serve to open the conversation on school health, but that they are not distinct aspects of young people's lives. As a result, the application of comprehensive school health is needed so that students, staff, and the entire school community can understand the benefits and involve themselves in change at a systems level, where the outcomes are felt not only by students in improved achievement and well-being, but among staff, parents, and the entire school community.

The Consortium is working to facilitate the application of comprehensive school health so that all members of the school community have transferable knowledge linking a particular issue or topic, such as positive mental health or youth engagement, to the school's policies and guidelines, and to learning outcomes, the social and physical environment, and school community partnerships and services.

The research and practice-based evidence demonstrates that improvements in health and learning outcomes of Canadian children and youth require a systems commitment at multiple levels. To quote from our recent work on core indicators and measures of comprehensive school health and academic achievement: *"We need to prepare them [students] for their whole life, not just for a job or good academic success."*

A handwritten signature in black ink, appearing to read 'Katherine Eberl Kelly'.

Katherine Eberl Kelly  
Executive Director  
Pan-Canadian Joint Consortium for School Health

## The Case for Cross-Sector Collaboration

Fostering collaboration across the sectors of health and education to support healthy school communities has been the over-arching aim of the Pan-Canadian Joint Consortium for School Health (JCSH) since its inception in 2005. The JCSH brings together education and health ministry officials from nine provinces and three territories with support from the federal government, to work horizontally and collaboratively in order to advance and disseminate research, practice, and policy developed in Canada and around the world to improve learning and health outcomes in children and youth.

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 throughout the country. Their membership in the Consortium enables the jurisdictions to leverage products and knowledge to enhance capacity within their broad school health communities.

Working together across sectors and jurisdictions has resulted in cost savings and efficiencies for the member provinces and territories. By sharing initiative successes, 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. By creating resources that have been developed with the collective skill of research teams throughout the country, JCSH supports provinces and territories with access to products they could not generate individually. While each jurisdiction's needs and strengths are unique, combining forces allows each to progress towards shared goals.

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 student wellness / well-being and student achievement<sup>1</sup>. 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 personalized learning and education transformation: Team learning, problem solving, technological awareness, global appreciation, and critical thinking are enhanced within a whole school community approach to student achievement.

Collaboration for student 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.

Collaboration for student achievement is equally important. The JCSH is founded on the belief that healthy students are better learners and higher education results in healthier individuals. Thus, education and health bring equal roles to the Consortium: Where student wellness is shown through physical activity, healthy eating, and positive mental health, student achievement is shown through learning competencies, autonomy, and connections with school, students, and staff, in addition to standardized test results.

<sup>1</sup>Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of Sch Health*. 81: 650-662.

# About Comprehensive School Health

An internationally recognized framework, comprehensive school health (CSH) addresses school health in a planned, integrated, and holistic way in order to support improvements in student achievement and well-being. In provinces and territories throughout Canada, the links of healthy students with learning outcomes are made and built upon through a comprehensive school health perspective. The outcome from this integrated approach may be known as Healthy Schools, Health Promoting Schools, or Healthy School Communities in individual jurisdictions. The concept in all of Canada's provinces and territories is reflected in school curriculum and class projects but it is broader than what happens in the classroom. Rather, it involves the whole school community with actions addressing four distinct but inter-related pillars:



- Social and physical environment

## **The social environment is:**

- the quality of the relationships among and between staff and students in the school
- the emotional well-being of students
- influenced by relationships with families and the wider community.

The school's social environment supports the school community in making healthy choices by building competence, autonomy, and connectedness.

## The physical environment is:

- the buildings, grounds, play space, and equipment in and surrounding the school
- basic amenities such as sanitation, air cleanliness, and healthy foods
- spaces designed to promote student safety and connectedness and minimize injury.

The physical environment is safe and accessible and supports healthy choices for all members of the school community.

- **Teaching and learning** - Student-centred and professional learning opportunities through resources, activities, and provincial/territorial curriculum. Students gain age-appropriate knowledge and experiences, helping to build skills to improve their health, well-being, and learning outcomes.
- **Healthy school policy** - The management practices, decision-making processes, rules, procedures, policies, and guidelines at all levels that promote student wellness and achievement, and shape a respectful, welcoming, and caring school environment for all members of the school community.
- **Partnerships and services** - Community- and school-based partnerships and services that support and promote student achievement and the health and well-being of everyone in the school; health, education and other sectors working together to advance school health.

Comprehensive school health (CSH) is an approach rather than a program or an initiative. As such, CSH is the mechanism through which issues such as physical activity, positive mental health, or injury prevention are addressed in school. For instance, in using a CSH lens an issue such as healthy weights is not addressed through any one program alone, or a school assignment, or a nutrition class. Rather, work to address healthy weights is reflected in many facets: through a social club in the school, and in the bicycle racks outside the school; as part of the teaching curriculum, as well as through professional development days for teachers and other school staff; through policy on the kinds of foods sold in schools, as well as the school's linkages with parents, community facilities, and groups.

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 competencies, autonomy, and connectedness that last a lifetime<sup>2</sup>.

In the school, comprehensive school health initiatives improve student achievement and can lead to fewer behavioural problems<sup>3</sup>. In the broader school environment, this approach requires more research to support student achievement in terms of self-efficacy, self-regulation, and coping strategies in addition to academic outcomes<sup>4</sup>.

## Comprehensive School Health in Canada: Student Well-being and Student Achievement

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 Canada, the Joint Consortium for School Health, as the partnership of government ministries of education and health, models, supports, and encourages the collaborations between health and education that are essential to comprehensive school health.

Student-centred learning is a widely accepted approach to 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 neighbourhood partners are essential members of the school community<sup>5</sup>.

## About the Joint Consortium

### Mandate

Established in 2005, the Pan-Canadian Joint Consortium for School Health is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the well-being and achievement 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:

<sup>2</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>3</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>.

<sup>4</sup>Hussain, A. Christou, G., Reid, MA, & Freeman, J. (2013) Core Indicators and Measures (CIM) Framework for school health and student achievement in Canada. Summerside, PE: Pan-Canadian Joint Consortium for School Health (JCSH). <http://www.jcsh-cces.ca>

<sup>5</sup>ASCD. [Making the Case for Educating the Whole Child](#). [pdf 1.9M] . Alexandria, VA: ASCD; 2011.



- 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
- 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 for a visual depiction of the strategic framework).

## Monitoring and Evaluation

In JCSH enters its 10<sup>th</sup> year with a just-completed formal evaluation of progress towards its five long-term outcomes. The evaluation was also intended to provide insight and advice about future directions of the JCSH and suggest options for future ongoing monitoring of progress. Among the findings and recommendations are that JCSH needs to:

- build upon the work that is well underway
- support the uptake of existing tools
- continue supporting inter-sectoral action and enabling research.

## 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
- Yukon
- Northwest Territories
- Nunavut

Under the 2010-2015 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.

Although Quebec shares the concerns and objectives of the JCSH and will continue to contribute by sharing information and leveraging best practices, Quebec intends to remain solely responsible for responding to school health needs within its territory.



## Long Term Outcomes

The JCSH has committed to five overarching long-term outcomes in its 2010-2015 mandate. They are defined as follows:

### 1. Increased Intersectoral Action Between Education and Health

The mandate of JCSH is to enhance collaboration between education and health ministries in the area of comprehensive school health, the JCSH four-pillar approach to addressing school health issues through healthy school policy, social and physical environment, teaching and learning, and partnerships and services.

### 2. Increased Policy Coordination

In each jurisdiction, policies around school health in the education and health ministries reflect a comprehensive school health approach.

### 3. Increased System Capacity

JCSH supports the work of member jurisdictions and the federal government in using a comprehensive school health approach in the issues affecting student well-being and achievement.

### 4. Increased Systemic Collaboration and Efficiency

Relationships between education and health ministries and other key stakeholders -- including national and international organizations, non-government organizations, and research centres -- are focused on working together to address comprehensive school health issues and national priorities.

### 5. Increased Research Coordination

The JCSH establishes and maintains relationships with the research community and directs its priorities related to comprehensive school health to advance best evidence development and knowledge exchange.

## 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 Pan-Canadian 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.

## Activities

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

1. Leadership: facilitating a cohesive pan-Canadian approach to advancing comprehensive school health and enhancing alignment between health and education across multiple sectors.

2. Knowledge Development and Exchange: facilitating the development and/or dissemination of better practices and information promoting comprehensive school health approaches.

3. Capacity Building: leveraging resources and mobilizing people to take action on collaborative comprehensive school health approaches.



# Pan-Canadian Joint Consortium for School Health Organizational Structure



The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health.

## Management Committee

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the two Deputy Ministers' committees by:

- exchanging ideas, opportunities, and concerns related to existing and emerging issues
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues
- participating in discussions and making decisions on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward
- offering a forum for discussion on other health and educational issues where appropriate.

## School Health Coordinators' Committee

The School Health Coordinators' Committee serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of student success and wellness.

Through the early identification and analysis of issues, gaps, emerging trends, and areas of interest to the JCSH and its member jurisdictions, the School Health Coordinators' Committee works collaboratively to move forward the work of the JCSH in provinces and territories.

## JCSH Secretariat

The Secretariat is responsible for planning and coordinating activities of the Consortium. It monitors and facilitates progress on outcomes set by the Consortium mandate and organizes the meetings of the Management Committee

and the School Health Coordinators' Committee. It is also the central point of contact for Consortium members and maintains an active communication with other related organizations. The Secretariat promotes the collective voice and the collective impact of Consortium outcomes at meetings, conferences, and consultations across the country. It provides the platform for communications among the membership and with partners and the public.

## Consortium Accomplishments

The goal of student achievement and wellness is one adopted by governments throughout the world. Canada, through the work of the Pan-Canadian Joint Consortium for School Health (JCSH), 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 17.

### Leadership

The fundamental leadership role of the JCSH is to facilitate a cohesive pan-Canadian approach to advancing comprehensive school health and enhancing alignment between health and education and across multiple sectors. As the collective government voice of school health in Canada, the Consortium, through its membership and Secretariat, works to increase awareness across the sectors of the essential linkages between health and education in the lives and futures of all children and youth. The JCSH continuously monitors and reviews its work to ensure it is supporting integrated improvements in school-aged students' achievement and well-being.

On an ongoing basis, the work of the Consortium is undertaken and completed by its member representatives on the Management Committee and the School Health Coordinators' Committee through the Secretariat. The JCSH is seen as a significant contributor to the school health field with an important role in making connections between organizations within and outside of government. The JCSH is perceived as a cost-efficient means of developing resources, creating and sharing knowledge, and increasing the capacity for improving school health. The JCSH is the only mechanism by which the government education and health sectors meet and work collaboratively at a pan-Canadian level. The opportunity of knowledge exchange and collaborative activity provided by this mechanism is valued by members and partners.

Among the key directions of the JCSH in 2013-2014 was a commitment to honour the major recommendations and suggestions from the first-ever meeting of health and education ministries' senior officials held early in 2013:

- Support the priorities in the area of school health:
  - of the education sector and the health sector
  - of the provinces and territories.
- Develop action items to support key directions:
  - comprehensive school health, including application of CSH in schools and school districts
  - student achievement, including student engagement.

These areas focused strategies and initiatives of the Consortium in the months following this cross-sector meeting and continue to guide the work, not only in the Leadership area but in its activities in the areas of Knowledge Development and Exchange, and Capacity Building.

In 2013-2014, the JCSH moved forward on its strategic directions and long-term outcomes with the development, refinement, and / or enhanced dissemination of three important resource areas. The work in these areas support the long term goals of **Increased System Capacity** and **Increased Research Coordination**.

## The Healthy School Planner



Recognizing that schools are a key environment where students attain the knowledge and skills needed for lifelong health and well-being, the JCSH has revised and re-developed the Healthy School Planner (HSP) - an online tool to assist educators in assessing their school's health promoting environment and in making plans for improvements.

With the final revisions to the foundational and topic-specific modules of the Healthy School Planner, the Consortium proceeded to launch and promote this self-assessment tool on school health. In addition, two webinars were delivered in 2014 in French and English to participants across the country; the slides from these webinars are available on the [Healthy School Planner](#) website. Also launched in 2014 was a promotional video, available in English and French, and located on the JCSH website.

A further piece of work on the Healthy School Planner is the development of a district level report with recommendations to be used to inform policy and planning in school districts across the country.

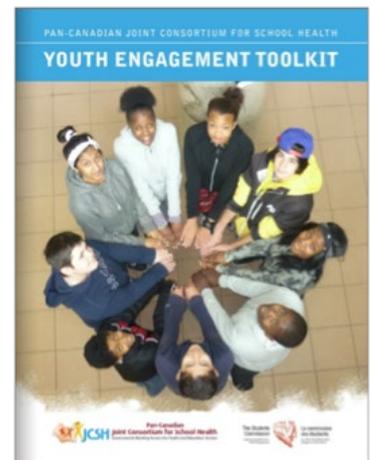
- The Healthy School Planner was developed for the JCSH by the [Propel Centre for Population Health Impact](#) (Propel) at the University of Waterloo, under the guidance of an Advisory Committee formed by the JCSH. The HSP is available in English and French for use by any school in the country, free of charge.
- The Healthy School Planner was extensively piloted by teachers, researchers, and experts in comprehensive school health from across the country.
- The foundational module introduces users to comprehensive school health. In addition, there are four topic-specific modules: healthy eating, physical activity, tobacco reduction, and positive mental health.

## Youth Engagement Toolkit

The [Youth Engagement Toolkit](#) completed its pilot phase late in 2013 and was launched early in 2014. The French version is scheduled to be launched as this Annual Report goes to press.

Meaningful youth engagement is associated with young people's protection from risk, positive health outcomes, and student achievement. When young people are involved in decision-making, they feel connected to their school environment and community, they build relationships with their peers and adults, and they learn new skills. They are more likely to make healthy decisions, have healthy behaviours, and take fewer unhealthy risks. They are also more likely to do well in school and continue learning throughout their lifetime.

Recognizing that youth engagement is an integral component of comprehensive school health, the JCSH has worked with Stoney McCart and her team at [The Students Commission of Canada / The Centre of Excellence for Youth Engagement](#) to develop the JCSH Youth Engagement Toolkit.



The toolkit provides the research and rationale behind youth engagement, and may be of assistance when communicating with stakeholders in healthy school communities, including schools and school boards/districts/divisions, government ministries, health regions, and community organizations.

The toolkit also provides evidence-informed best practices and qualities of youth engagement, as well as tips on how youth engagement can be initiated and sustained.

Produced in an interactive e-book format, the toolkit includes a number of videos, tools, and links to additional resources that can be used in planning for and evaluating youth engagement.

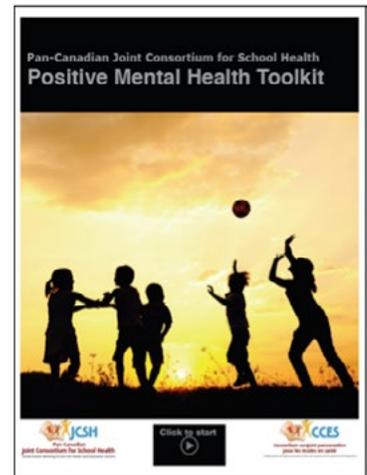
## Positive Mental Health

A number of initiatives were undertaken under the umbrella of JCSH work in positive mental health in the past year.

The valuable information provided in the [Positive Mental Health Toolkit](#) was taken and applied to the format of module development in the Healthy School Planner, providing the fourth of four topics covered by the school health self-assessment tool.

The toolkit remains a significant resource for the work in school communities throughout Canada. It is in an interactive e-book format, and includes a number of videos, links, and resources that can be used by schools to self-assess and plan for positive mental health practices in the school setting using the JCSH's Comprehensive School Health Framework.

The 2nd Edition of the literature review and better practices statements on Positive Mental Health was written and published in 2013. [Schools as a Setting for Positive Mental Health: Better Practices and Perspectives, 2nd Edition](#) presents an updated and elaborated review of relevant research on positive mental health perspectives and practices within a school health context. In addition, educational and school health leaders and service providers provide views on positive mental health approaches with, at the end of the book, convergent better practices emerging from the literature review and the key informant interview findings. The book is available in French and English.



## Knowledge Development and Exchange

The JCSH works as a bridge for policy, practice, and research. At a national level, the member representatives provide input on dialogues on student achievement and well-being outcomes and how these can be improved. At a school and school district level, tools and resources help shape the work of the team gathered to assess the health of the school community, the engagement of students, the positive mental health of all. The resources that have been developed and / or championed by the Consortium all have, as their foundation, a holistic and integrated approach to changing health and achievement outcomes: having a team within the school community to assess the current situation and make a plan for sustained change through a comprehensive school health framework. These areas support the long-term goals of **Increased Intersectoral Action Between Health and Education** and **Increased Research Coordination**.

## Research Coordination Initiatives

JCSH has contributed to numerous research development and dissemination initiatives as part of its commitment to **Increased Research Coordination**. In this past year, three directions have been significant in terms of supporting sustained commitment to comprehensive school health impact research, and to the 2013-2014 survey cycle of the the Health Behaviour in School-aged Children study.

### Core Indicators and Measures on School Health and Student Achievement

The Consortium facilitated the development of an important piece of research in 2013-2014. Ministries of Education and Health in this country and internationally are interested in determining whether comprehensive school health initiatives really do result in improved student achievement. Partnering with Dr. John Freeman and his associates at the [Social Program Evaluation Group \(SPEG\)](#) in Queen's University, a study was conducted to look at the education-health connections. Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada was completed in the fall of 2013. The research developed a framework of academic, success, and environmental indicators. Among the challenges of the research were:

- lack of literature on comprehensive, integrated, and holistic approaches to school health (most research studies focused on a single aspect of school health, commonly, healthy eating and physical activity)

- lack of research in the unique Canadian context (much research was conducted in the United States)
- lack of a broad-based understanding in the research on student achievement (researchers tended to see student achievement as individual academic achievement).

Next steps for this work include expanding the research into comprehensive school health within the Canadian context in line with the four-pillared framework approach championed by JCSH.

### **2013-14 Canadian Health Behaviour in School-aged Children (HBSC) Survey**

The HBSC survey is an important source of information about the health and well-being of young people, aged 11 to 15, from Canada and over 40 other countries. It is currently the only national level school-based health promotion database for this age group. The JCSH actively supports this survey in Canada by leading the Research Advisory Committee developing the national questionnaire, and by communicating with the provincial and territorial ministries on survey samples. This 2013-14 survey represents the second time that a sample size of more than 25,000 students will be conducted, yielding provincial and territorial level data; prior to the 2009-10 survey, national reports were developed based on a survey sample of 9,000 students across the country. In addition, this is the first time that students from all provinces and territories spanning Grades 6 to 10 will participate.

In Canada, the HBSC survey is coordinated by Queen’s University, and conducted by the Social Program Evaluation Group at that university, with primary funding and support from the Public Health Agency of Canada.

### **Proposal for a Knowledge Dissemination Platform Connecting Research, Policy, and Practice – Canadian Institutes of Health Research (CIHR)**

The Consortium’s work towards its long term outcome of **Increased Research Coordination** has two targets: (1) working with partners in the research community on links between comprehensive school health and student achievement, and (2) the creation of opportunities to bring together research, policy, and practice stakeholders to build capacity for implementation and action on the comprehensive school health approach. To this end, the Secretariat submitted a proposal to CIHR for a \$25,000 Dissemination Grant entitled “Healthy students are better learners – A knowledge dissemination platform to connect research, policy, and practice on student achievement and health.” The application was based on dissemination of the core indicators and measures on school health and student achievement study by John Freeman and the SPEG team at Queen’s University. While the proposal was not successful, CIHR made the decision that JCSH is eligible for CIHR funding awards. In addition, the review by CIHR was instructive on moving this proposal or others forward on future funding submissions.

## **Presentations and Partnerships**

JCSH staff and members made presentations to a wide variety of workshops and conferences over the past year, and represented the collective voice of education and health ministries on school health in meetings of national organizations, research groups, and agencies. The presentations address JCSH’s long-term goal of **Increased Intersectoral Action Between Health and Education**.

Comprehensive school health, positive mental health, and the success of policy/practice/research collaborations were profiled during the following national conferences and workshops (through presentations, display booths, knowledge pieces in delegate packages). JCSH Secretariat and members participated in these events, with the purpose of engaging in knowledge transfer and exchange with key stakeholders in Canada and internationally working in the inter-connected fields of youth and child health and education / school health:

- Ever Active Schools’ 5th annual Shaping the Future conference – Kananaskis, AB: January 23-25 2014.
- 46th Banff International Conference on Behavioural Science: Preventing Bullying through Promoting Healthy Relationships – Banff, AB: March 16-19 2014.
- CDPAC 2014 Conference: New Partnerships and New Approaches for Chronic Disease Prevention – Ottawa, ON: April 08-11 2014.

As well, JCSH was asked to provide feedback and consultation as a stakeholder in a number of dialogues taking place in 2013-2014:

- Canadian Centre for Substance Abuse: (1) Pan Canadian Meeting for Sport and Recreation and Youth Substance Abuse Prevention – Ottawa, ON: December 03 2013. (2) Canadian Centre on Substance Abuse (CCSA) consultation on school-based standards: Halifax, Toronto, Saskatoon, and Vancouver in the spring of 2014. The consultations were attended by the Executive Director and School Health Coordinators.
- PREVNet (Promoting Relationships and Eliminating Violence Network). Meeting of the Networking, Partnerships and Knowledge Exchange working group – Toronto, ON: January 16 2014. JCSH has submitted a letter of support of PREVNet’s Networks of Centres of Excellence (NCE) application. PREVNet was one of 10 organizations chosen following the submissions of Letters of Intent received to be invited to submit Full Applications as a new NCE network.
- Canadian Partnership Against Cancer (CPAC): Accelerating Evidence Informed Action on Tobacco – Knowledge Transfer and Exchange (KTE) Workshop – Ottawa, ON: March 26-27 2014.

The 2013 Annual Report was distributed to partners and stakeholders across the country in print format and online at the [JCSH website](#).

## Capacity Building

In keeping with the long term outcomes of Increased **Intersectoral Action Between Health and Education** and **Increased Systemic Collaboration and Efficiency**, a critical part of the work of JCSH is to improve the capacity of the health and education sectors for efficient collaboration. At the same time, the Consortium supports the work of member jurisdictions and the Federal Government to build their respective capacities to design and deliver comprehensive school health initiatives. In the past year, the JCSH has leveraged resources to identify the challenges to implementation of comprehensive school health as a pathway to student success through improved achievement and well-being. The identification of the challenges is a necessary precursor to developing supports so schools and school districts reach measurable and sustainable goals.

- JCSH members are enthusiastic about the potential for new JCSH resources such as the Youth Engagement Toolkit and Positive Mental Health Toolkit for supporting coordinated and comprehensive improvements in student engagement, well-being, and achievement in schools. The toolkits are seen as practical, user friendly, and accessible in a number of formats. The work for the next year is to increase awareness and use of these resources so rates of use and benefit can be measured.
- JCSH continues to seek out new and innovative ways to promote and support implementation and uptake of the Healthy School Planner around the country.
- A number of jurisdictions are working with the collective knowledge and experience found in the Consortium membership to develop implementation strategies for measurable and sustainable use of comprehensive school health within a school and school community.
- The JCSH commitment to education and health sector collaboration across the jurisdictions continues to be felt in the benefits expressed by members from the four pan-Canadian face-to-face meetings and 12 teleconferences of the member and supporting jurisdictions held over the past year. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provide opportunity for cross-jurisdictional connections and resources sharing. This benefit is substantial and ongoing and measurable: the development of formal and informal relationships among the Management Committee members, the School Health Coordinators’ Committee members, and the Secretariat staff over the life of the Consortium has impacted changes in school health in Canada.

# 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 2013-2014. 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.

## Yukon

Since 2005, Yukon Education and the Department of Health & Social Services have provided support for the development of policy and practices in the areas of health and wellness in the schools.

The desire for Health and Education to work in partnership is reflected by the formation of the Healthy Living Steering Committee. This committee is made up of health and educational professionals, representing the Departments of Health, Education, and Community Services. The mandate of the steering committee is to coordinate Yukon responses to a number of Federal/Provincial/Territorial, Provincial/Territorial, and non-government health and wellness commitments. The Healthy Living Steering Committee facilitates information sharing, expertise, joint planning, and research on healthy living amongst Yukon Government departments towards joint comprehensive school health.

## Leadership

- The Health Promotion Unit continues to participate in the *Healthy Food and Beverage* and *Healthy Beginnings* Committees - projects funded under the Collaborative Action against Childhood Obesity (CACO) initiative. These projects focus on creating healthier environments for children, youth, and adults in recreation facilities, daycare, and other early childhood settings. Specifically, the committees will be looking at ways to introduce healthier options for food sold and served at recreation facilities throughout Yukon, and creating healthy food guidelines for daycare and early childhood facilities.
- The Health Promotion Unit has developed a new sexual health teaching resource: SHARE – Sexual Health and Relationship Education for Grades 4-7 which will be piloted in Yukon schools in 2014/15.
- Yukon Education has a Yukon Self-Regulation Initiative to support children in building the capacity to ensure they have adequate energy, alertness, or calmness to deal with everyday life stress. A group of educational specialists provides advice on classroom adaptations to reduce environmental stressors, and introduce sensory and movement breaks, as well as down-regulatory and calming breaks. More intensive interdisciplinary supports are provided to individual students.
- Yukon Education is undertaking a preventative approach to supporting comprehensive school health in students through a safe and caring schools policy. Support for the policy includes collaboration on response to bullying behaviours, and social-emotional classroom based support.



- Yukon Education has partnered with Health Promotion to engage students in collaborative conceptual mapping on issues such as bullying and safe schools.

## Knowledge Development and Exchange

- Yukon Education publishes a monthly newsletter, *Wellness Perspectives*, for school staff. Topics highlighted include comprehensive school health, self-regulation, health and wellness, social-emotional learning, and inclusive educational practices. Strategies and tips are provided to promote wellness and resiliency in students, educators, and parents.
- The Health Promotion Unit continues to provide an annual Teacher Education Bulletin on healthy eating topics such as using food as a reward, energy drinks, and healthy celebrations in the classroom.
- Yukon Education offers healthy living programming including experiential science and outdoor educational courses, sports programming, culture camps, culturally relevant programming options, individualized programming and transition support, and rural educational opportunities.

## Capacity Building

- Yukon Education is participating in the 2013-14 cycle of the Health Behaviour in School-aged Children survey to complement the results from the 2009 cycle to guide educational programming decisions for students.
- Training opportunities are being offered to Yukon educators to support students in safe and caring school communities to support health and wellness. Training includes Nonviolent Crisis Intervention and Violence Threat Risk Assessment training. Health and Education departments work in partnership to offer Mental Health First Aid and ASIST, suicide prevention training, to our school personnel and community members to support students who struggle with mental well-being.
- The Health Promotion Unit implemented youth/student engagement processes including:
  - The Knowledge Xchange and Next Steps with Yukon Youth – returning the data from the Health Behaviour in School-aged Children survey to students across the Territory and providing opportunities for students to develop and implement their own projects in response to health issues they identified as important in their communities. This project will be renewed in the new HBSC cycle when data becomes available.
  - Partnering with Yukon Education and other organizations (NGOs, Yukon First Nations) to provide engagement and evaluation services.
- Healthy eating habits in schools were promoted and supported by the Health Promotion Unit:
  - *From the Ground Up*, a healthy fundraising initiative, was expanded to include all Whitehorse schools and one rural pilot school (Carcross) in collaboration with the Yukon Grain Farm Ltd. Schools sold 20-pound boxes of fresh local vegetables (potatoes, cabbage, carrots, beets, turnips) for \$35.00. Eight Whitehorse schools and one rural school participated in 2013. Fifty percent of the profits went directly to the school and fifty percent went back to the farmer.
  - *Food For Thought* - a healthy eating program that encourages students, teachers, parents, and daycares to 'Think Outside the Box' to foster and promote healthy eating messages and activities. Twenty Yukon schools and daycares participated in 2013.

- A *Snack Circus* event to educate parents on the merits of cooking with their children and to engage pre-school and school-aged students in creating their own healthy snacks was piloted in 2013.

## Northwest Territories

The Healthy Choices Framework (HCF) is a collaboration among the Government of the Northwest Territories (GNWT) departments of Health and Social Services, Education, Culture and Employment, Municipal and Community Affairs, Justice, and Transportation, with other GNWT departments and agencies contributing to activities. Through the HCF and its public identifier, the 'Choose' logo, partner departments coordinate their efforts on many new Northwest Territories (NWT) health promotion and student success initiatives.



## Leadership

- The Department of Health and Social Services entered into a five-year block funding agreement (2013-18) with Health Canada's First Nation and Inuit Health Branch for the delivery of community based wellness programs. All NWT communities have developed wellness plans, many of which involved youth in the consultation process. Funding for community plans focus on three priority components: targeting children and youth, addressing mental health and addictions, and preventing chronic disease and injuries.
- The NWT invested in the creation of supportive environments for children and youth through the development of new national food guidelines and healthy food policies in recreation facilities, and by examining ways to reduce the marketing of unhealthy food products to children.
- The Department of Health and Social Services staff visited communities and schools in all regions in the NWT to raise awareness about sexual health and prevention of sexually transmitted infections (STI). The target audience consisted of youth, health professionals, education professionals, and community members. The following resources were highlighted during these sessions:
  - a youth-oriented sexual health website [Respect Yourself](#), where youth can access information on many relevant topics and seek confidential expert advice through a dedicated email portal;
  - a graphic novella/comic book entitled [Kiss Me Deadly](#), that explores many of the challenges of coming of age, not just STIs;
  - a sexual education lesson plan kit that may be delivered in NWT schools.
- The Aboriginal Sport Circle of the NWT, in partnership with the Department of Municipal and Community Affairs, hosted the 2nd annual Traditional Games Championship in March 2014. Over 200 youth from 19 communities participated in three days of fun cultural competition in games from both Dene and Inuit cultures.
- The Department of Health and Social Services is working in collaboration with Dehcho Health and Social Services Authority and community stakeholders to develop an on-the-land pilot program which could serve as a territorial model for youth-specific addictions intervention. The pilot program is slated to take place in the summer of 2014. The pilot project will focus on youth ages 12 – 15. Participant recruitment and referrals will take place in consultation with health and education staff in Dehcho communities. Up to 25 youth from around the region will be invited to participate.



## Knowledge Development and Exchange

- The Department of Education, Culture and Employment published *Directions for Change*, a ten-year comprehensive framework that provides nine commitment areas addressing improvements in the K-12 education system in the NWT. The approach taken in this initiative understands health and wellness to be foundations for improved student success. The development process included participation of interdepartmental staff, teachers, administrators, elders, and aboriginal governments.
- In partnership with the University of Alberta, the Department of Municipal and Community Affairs and Deh Gah School in Fort Providence are engaged in a three-year project aimed at increasing the overall physical activity levels of, and general health awareness in, the student population. A full-time physical literacy coordinator has been hired in the school to design and implement physical fitness activities intended to enhance healthy lifestyles and achieve sustainable results.
- Youth created videos to document their experiences with on-the-land activities, which involved working with elders, families, educators, and others with expertise in hunting and fishing. Youth learned to preserve fish and meats, and gained respect for lands and waters.
- Tlicho youth with their region's Community Action Research Team, created a video, "Breaking the Silence" to start the dialogue on healthy sexual relationships and preventing violence.
- The Department of Health and Social Services is currently implementing *My Voice, My Choice* - a social marketing campaign that aims to reduce the harmful impacts of alcohol and other drug use among NWT youth ages 13-18. A main project associated with *My Voice, My Choice* is a radio program called "Feel Real Radio". Feel Real Radio is a for youth/by youth program that broadcasts on Thursday evenings on CKLB-FM radio and is available as a podcast on the [My Voice My Choice](#) website. The website is also a resource where NWT youth can find factual information on alcohol and drugs. Facebook, Twitter, and Instagram are being used to engage NWT youth in *My Voice My Choice*. Discussion on these social media platforms aim to get NWT youth talking about their choices when it comes to alcohol and drugs as well as all of the positive things they can do individually, and in groups, to make everyone's NWT a better place.

## Capacity Building

- Teaching resources addressing the history and legacy of residential schools have been developed and are part of a course that is mandatory for graduation. A commitment to in-service all NWT teachers in the issues of residential schools was made, and three-quarters of all NWT teachers have participated in this in-service to date. Two pieces of research related to the impact of this work have been completed showing significant impact on student and teacher understanding, empathy, and improved relationships between teachers and the communities in which they serve.
- As part of the GNWT's ongoing commitment to reduce preventable collisions involving young people, Drive Alive, a program of the Department of Transportation, is introducing *Project Gearshift*, a peer-based program from Parachute Canada, into NWT schools. With this initiative, teen drivers promote road safety in their own communities, identifying their own priorities, solutions, and actions.
- Several schools developed and delivered programs and projects with financial support from the Health Promotion Fund. These programs included the

promotion of traditional food knowledge and preparation skills, improving oral health, aboriginal dance and games, planting indoor gardens, and achieving certification in standard first aid.

## Nunavut

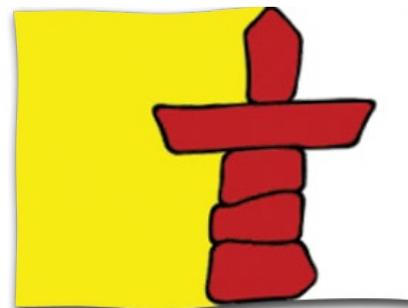
During the past year, the Government of Nunavut's Departments of Education and Health continued to collaborate on their joint goals for the wellness of Nunavut's children and youth. In [Building on our Strengths: Aboriginal Youth Wellness in Canada's North](#) (Conference Board of Canada, January 2014), Aboriginal wellness is described as a concept that "focuses on balancing the factors that shape the physical, mental, spiritual, and emotional dimensions of an individual's life (p.8)." Comprehensive school health nurtures this balance of factors; this congruence between comprehensive school health and Aboriginal wellness is central to Nunavut's vision for healthy communities.

## Leadership

- Education and Health held a consultation on a comprehensive school health framework that involved Nunavut's Student Support Working Group, Aulajaaqtut/Health Curriculum Coordinators, and Department of Health. A collateral benefit of this consultation was to increase the presence of health education across the territory.
- Health and Education also worked to increase awareness of comprehensive school health through an increased presence at territorial conferences, such as the Kivalliq Regional Teacher's conference. Presentations were given around strengthening the relationship between community and school, as well as providing information regarding 'Made-in-Nunavut' health education resources.
- Education launched its **Safe Schools Strategy**. As part of this strategy, it partnered with the Canadian Red Cross and the Nunavut Embrace Life Council to provide leadership and training aimed at providing Nunavut's children and youth with the skills needed to stay safe and protect themselves from harm. Through the [10 Steps Workshop and Support Development Initiative](#), the Department of Education helped community agencies set up community based action teams to plan and address support for children and youth at risk.
- As part of its commitment to the [Nunavut Suicide Prevention Strategy and Action Plan \(2011- 2014\)](#), the Government of Nunavut continues to develop its interdepartmental networks and sharing protocols to better identify and support children demonstrating behaviours that put them at risk.

## Knowledge Development and Exchange

- As part of its Safe Schools Strategy, Education completed the *Emergency Prevention, Preparedness and Crisis Response Manual for Nunavut Schools*. This was a revision and extension of a previous document. For this, Education collaborated with the **Safe Schools and Anti-Violence Committee** consisting of representatives from the Nunavut Teachers' Association and the Government of Nunavut.
- **Aulajaaqtut/Health Grades 7-9 curriculum** development continued during 2013-14. A group of Inuit educators from across Nunavut reviewed and refined three instructional modules on stress, anger management, and suicide prevention. The modules focus on helping students understand and recognize life's challenges and seek solutions that will strengthen their caring and connecting skills.
- Education partnered with Kamatsiaqtut Help Line and Lakehead University with funding from the Canadian Institutes of Health Research to lead an inter-sectoral



symposium on **Containing Suicide Contagion in Youth**. The outcomes included recommendations for handling suicide postvention in schools and communities and identified areas for further research.

- Education collaborated with the Nunavut Embrace Life Council and the Canadian Red Cross and launched the use of the [Be Safe! kits](#) and the **RespectEd curriculum** in Nunavut schools.

## Capacity Building

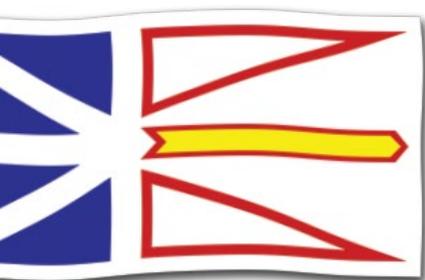
- Education and Health partnered on the creation of a Teacher's Resource to accompany *Choices*, a made for and by Nunavummiut youth graphic novel that walks students through the topics of STIs and pregnancy, peer pressure and healthy relationships, importance of delaying sexual intercourse and communicating with partners, sexual orientation, and the resources available. This resource is accompanied by an awareness-building DVD that showcases Nunavummiut youth discussing sexual health issues in Nunavut and features the creators of the graphic novel discussing the creation process of *Choices*. The graphic novel, Teacher's resource, and DVD are set to be launched in schools September, 2014.
- Substance use has been identified as a priority area for Health and Education. An environmental scan was completed for the territory, and while community resources exist through the Aboriginal Shield Program, as well as resources for parents through the Kids and Drugs program, it was realized that resources to supplement current substance use curriculum were lacking. Thus, a Teacher's resource was developed that covers alcohol use, gas sniffing/huffing, prescription drug use, marijuana, and gambling with a focus on the link to mental health built in throughout. Health and Education plan to launch this resource and accompanying toolkit in schools during the 2014/15 school year.
- The **Applied Suicide Intervention Skills Training (ASIST)** program was adapted for Nunavut and renamed [Uqaqatigiiluk!/Talk About It!](#). It was offered in 23 of Nunavut's 25 communities to front-line workers, teachers, school community counsellors, and support staff. By March 2014, 700 educators had received the [Uqaqatigiiluk!/Talk About It!](#) training and there were seven [Safe Talk](#) trainers.
- To continue to build capacity under the **Safe Schools Strategy**, Nunavut's Student Support Working Group, which serves in an advisory capacity, received training in de-escalating violence and in debriefing critical incidents in schools. The group examined and adapted the training for Nunavut's context.

## Newfoundland and Labrador

Healthy Students Healthy Schools (HSHS), a priority in the Provincial Wellness Plan, supports and promotes the creation and maintenance of healthy school learning environments and fosters healthy behaviours for life. Using a comprehensive school health approach, HSHS promotes healthy eating, physical activity, living smoke-free, injury prevention, mental health promotion, environmental health promotion, and positive social behaviours.

Across the health regions and school districts, School Health Promotion Liaison Consultants (SHPLCs) strengthen partnerships, build capacity for school health, and facilitate health promotion initiatives in the school community. School health promotion is supported through the HSHS provincial website, regional/school district healthy living newsletters, health promotion workshops, and support for healthy living research, policies, and practices.

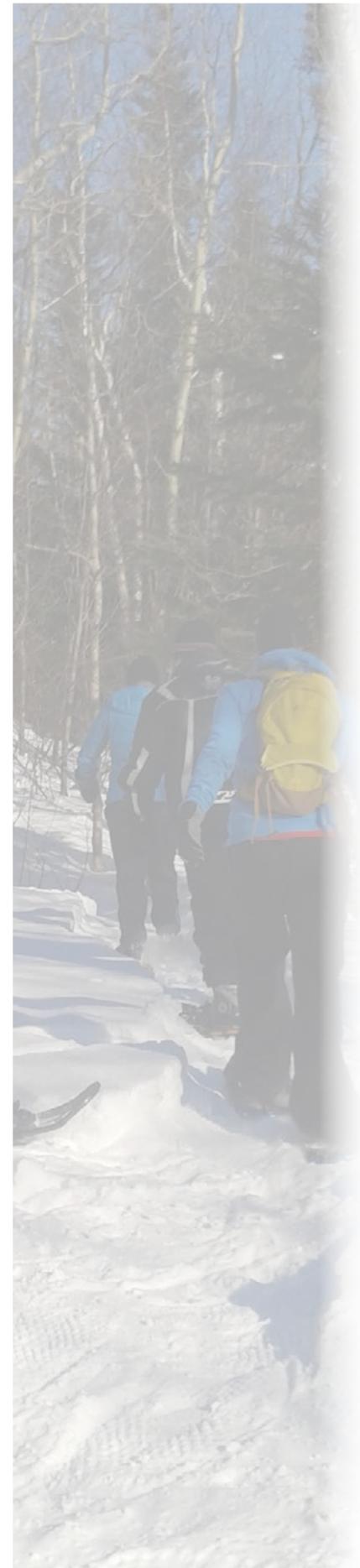
The Departments of Health and Community Services (HCS) and Education (DOE) have partnered on HSHS since 2004. The Department of Tourism, Culture and Recreation (TCR)



became a partner in 2009 to support this interdepartmental school health promotion initiative.

## Leadership

- The three departments, together with the school district and regional health authorities met to discuss provincial planning for [Healthy Students Healthy Schools](#).
- School District Healthy Living Policy recommendations were developed through consultation and collaboration with the SHPLCs, provincial and regional consultants, and partner organizations. The policies include Healthy Eating, Physical Activity, and Tobacco-Free Living.
- Health and Education contributed to the development of the Provincial Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013.
- The Healthy School Planner was promoted to DOE and school district officials.
- The DOE and HCS participated in an Atlantic Canada Advisory Committee for Scaling Up Social and Emotional Learning, a critical element of mental health promotion.
- A provincial Safe and Caring Schools Policy was implemented to provide guidance to schools and districts on the development and maintenance of safe, caring, and inclusive learning environments.
- The Violence Awareness Week [Find Your Voice, Not Violence](#) campaign was coordinated in all schools.
- The Eastern Regional SHPLCs led the following:
  - Developed the Promoting Healthy Schools Action Plan
  - Awarded Healthy Schools Grants for 10 schools
  - Participated in the PHAC project Communities, Schools and Families Working Together to Support Healthy Living with 740 students in Grades 7 - 9
  - Developed the document Promoting Healthy Schools: from Idea to Action
  - Developed and distributed the fall and spring Living Healthy News and Living Healthy News Parent Edition to 116 schools in the region
  - Created a mandatory menu review process for food service in schools
  - Developed healthy holiday celebration resources for schools
  - Helped schools establish partnerships for school-based healthy living initiatives.
- The Central Regional SHPLC led the following:
  - Organized Family Fun Nite in eight communities
  - Developed and coordinated the Wellness Café pilot project on mental health promotion in three schools
  - Coordinated the Peter's River Raid Outdoor Adventure Race for 60 Grade 6 - 12 students
  - Organized the Trek Terra Nova Adventure Race for 80 Grade 6 - 12 students
  - Coordinated Active After Schools Champions with 40 school clubs formed to promote physical activity
  - Coordinated Healthy Hundreds Health Challenge with students from 25 schools (walk 100k, eat 100 fruits, and eat 100 vegetables)
  - Presented LGBTQ Stars to 2,500 students, staff, and parents





- Coordinated the School Teleprompter Project highlighting health promotion messages in 60 schools.
- The Western Regional SHPLC led the following:
  - Coordinated the Life Is Better Smoke Free radio ad contest with 17 schools participating
  - Organized regional training sessions for Students Working against Tobacco (SWAT) for 30 school teams
  - Implemented a Student Nutrition Survey in 52 Schools with 2,300 students participating
  - Awarded 30 school grants for Nutrition Month to promote Crunch & Sip
  - Promoted the 5210 Campaign in 17 schools
  - Promoted the Healthy Beverage and Healthy Snack campaigns in 14 schools.
- The Labrador Regional SHPLC led the following:
  - Presented Healthy Body presentations during Stop ... to Stop Bullying day to 50 participating students
  - Promoted the Re -Think your Drink during parent school visits
  - Promoted the Health Programs Inventory to the 15 schools in the region
  - Developed and presented Worms Composting at schools
  - Developed healthy eating at school information for the provincial Francophone newspaper
  - Coordinated and distributed the Living Healthy monthly newsletter to the 15 schools in the region.

## Knowledge Development and Exchange

- A provincial workshop and webinar was coordinated to promote Health Canada's Healthy Eating resources with 60 participants from across the province.
- The [Eat Great and Participate](#) resources were promoted with after school programs and recreation, sport, and community facility food service providers.
- Nutrition Month was promoted in Grades 7 - 12 in collaboration with Dietitians of Canada NL and the Food Security Network NL.
- The [Agriculture in the Classroom](#) NL website has new online resources for Grades K-12. The website also includes local farm tours and career profiles.
- The NL 2012 Student Drug Use Survey Highlights Report and the Atlantic Student Drug Use Survey Report were developed in collaboration with Nova Scotia and New Brunswick.
- School educators received train the trainer and professional learning opportunities on suicide intervention and nonviolent crisis intervention.
- School district staff, principals, guidance counsellors, and educational psychologists received training on the revised [Safe and Caring Schools Policy](#).

## Capacity Building

- Healthy living school projects were supported through Provincial Health and Wellness, Regional Wellness Coalition, and Regional Health Authority Grants.

Projects included school gardens, healthy living sessions (body image, bullying, physical activity, healthy eating) and the purchase of class snow shoes, yoga mats, and archery bows.

- The three partner departments participated in the After School Physical Activity Pilot Project provincial evaluation.
- DOE contributed to the development and implementation of a provincial strategy for Agriculture in the Classroom NL.
- Agriculture in the Classroom NL implemented the Little Green Thumbs pilot program for Grade 3 students to plant, grow, eat, and share fresh produce.
- DOE supported teacher participants to attend an international Agriculture in the Classroom conference.
- HCS developed a directory of mental health and addictions clinicians and guidance counsellors across the province available to support the school system.
- Schools and graduating students were presented with awards for the establishment and maintenance of safe, caring and inclusive school environments.

## Nova Scotia

Health Promoting Schools (HPS) was initiated in Nova Scotia in 2005 and is a partnership between the Nova Scotia Department of Education & Early Childhood Development, Nova Scotia Department of Health & Wellness, District Health Authorities, and School Boards. Funding is provided to eight public School Boards and the Mi'kmaw Kina'matnewey. The Boards work with their District Health Authorities and other partners to enhance student learning and health outcomes by strengthening school communities, as school communities provide an important setting for students to realize their potential. Partnership between the education and health systems is essential to ensure the areas for alignment between the two departments are identified and worked on collaboratively.



## Leadership

- Members of school board-based HPS teams as well as provincial staff co-created the first HPS Guidelines document for NS. This document will guide the work of HPS at the school, school board, and provincial levels and is based on international evidence and provincial context. The Guidelines provide a common direction and proven elements of the HPS approach and include a vision, a mission, and guiding principles. These elements are meant to guide the work so that, no matter what “level” of work is taking place, there is a common way of working, a common direction to strive for, and an intentional approach.
- Each year funds are distributed to school boards to support HPS. The need to develop a funding formula was identified by the provincial HPS co-chair committee to ensure the funding supports HPS work in a way that is connected to current context and is based on evidence. A working group of HPS leaders across the province was struck to develop the funding formula. This work should be complete in the spring of 2015.
- Early in March, mid and senior level leaders from the NS Department of Education & Early Childhood Development and the NS Department of Health & Wellness came together for the first time to gain a greater understanding of HPS and Continuous School Improvement (CSI). A second meeting is scheduled to explore how these departments can more fully support the work of HPS and specifically how HPS and CSI can be integrated and mutually reinforcing.

## Knowledge Development and Exchange

- The Tri-Country Regional School Board became a partner/subject in a two-year comprehensive evaluation (funded by the Canadian Institutes of Health Research) designed to assess and describe the process of implementation, as well as the impacts on the school culture and student health and well-being, using the following objectives: 1) To examine how HPS implementation influences health supporting school culture; 2) to assess the influence of the implementation of HPS on student well-being and health behaviour; and 3) to quantify the cost associated with implementation of HPS. Data gathering and other components are well underway and year one is complete.
- The [Atlantic Hub of the Canadian Prevention Scientific Cluster](#) is a partnership with a mandate to raise awareness of effective violence prevention and health promotion strategies. Through surveys, literature reviews, and analysis they have authored a review of Social and Emotional Learning Programs often offered to schools to help school community determine the effectiveness and appropriateness for use with their students. Their next project is an evaluation of the evidence regarding bullying programs.

## Capacity Building

- [SchoolsPlus](#) is a collaborative interagency approach supporting the whole child and their family with the school as the center of service delivery. SchoolsPlus offers various after-school, March Break, and summer activities in collaboration with community partners. Some examples include: Open Gym on Saturdays for families, after-school Zumba, Active Healthy Eating Camps, the Art of Yoga, skateboarding, and cooking. There are currently 130 schools supported by SchoolsPlus. The program had recently received extra funding for expanding the program.
- [Nourish Nova Scotia](#) was launched in November 2013—a new registered charity that supports school breakfast programs in Nova Scotia and food literacy in school communities. This year the organization supported 360 programs province wide, serving more than 4 million healthy meals.

Nourish is the culmination of five years of planning and preparation by a dedicated group of stakeholders, long concerned and associated with child nutrition. Nourish supports programs and policies, including Health Promoting Schools, to help make the school setting the healthiest environment possible—one where students and parents can feel assured that food served and offered at school promotes health and learning, and where making the healthy choice is the easy choice.

As Nourish grows it will help Nova Scotians to invest in a healthier future for the province by providing for school programs that support healthy eating, food knowledge, and food skill development including snack & lunch programs, school gardens, farm to school, fruit & vegetable campaigns, and cooking skills.

## Prince Edward Island

Multi-sectoral partnership and collaboration are critical to helping improve the health, well-being, and achievement of Island students. Collective efforts have resulted in a variety of new and strengthened school health initiatives which support positive health behaviours and contribute to enhanced student success. Partners include Department of Education and Early Childhood Development (DEECD), Department of Health and Wellness (DoHW), University of Prince Edward Island (UPEI) researchers, provincial organizations, community groups, school boards, students, teachers, and parents.



The evidence base used in 2013-2014 to inform policy, practice, and program development comes from the **2012-13 School Health Action Planning and Evaluation System / Youth Smoking Survey (SHAPES / YSS)**. SHAPES/YSS is a biennial student health behaviour survey and is a partnership of DEECD, DoHW, and UPEI.

## Leadership

- The province used a student engagement approach to improve children’s knowledge and leadership regarding healthy relationships. A **2014 Elementary Student Leadership Conference** brought together approximately 100 Grade 5-6 students from across the Island to provide information regarding healthy relationships and to engage them in creating student-led action plans. Sessions included
  - team-building exercises to learn about cooperation and develop friendships
  - presentations by various community organizations on healthy relationships
  - a workshop on provincial data including school connectedness, help-seeking behaviours, mental fitness, and bullying.

Student teams were then tasked with developing a Healthy School Action Plan to implement upon returning to their schools.

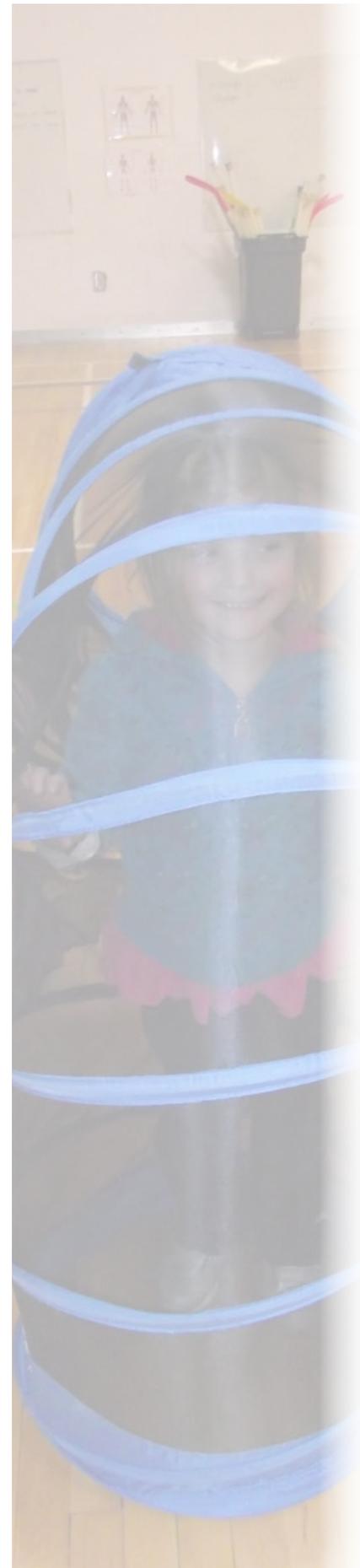
Partners in the event were PEI Physical Education Association, DEECD, Women’s Network PEI, Premier’s Action Council: Youth Engagement Working Group, and UPEI.

- The 2012-13 SHAPES - [P.E.I. Student Health Profile](#) was [launched](#) in February 2014 and it reported the healthy eating, active living, and mental fitness levels of 8,500 students in Grades 5-12. The event provided
  - an opportunity to share a provincial summary of students’ lifestyle habits
  - a comparison of survey results between 2008-09, 2010-11, and 2012-13
  - examples of how school, school boards, and provincial organizations are helping to address needs identified through this report.

The profile results are actively being used to develop a variety of programs, resources, and partnerships using a comprehensive school health approach. This has contributed to the development of new school / community based physical activity opportunities and curriculum resource materials.

## Knowledge Development and Exchange

- The **Partner Engagement Strategy** is a knowledge mobilization initiative of the SHAPES/YSS data collection system. It has a number of responsibilities:
  - research linkages between comprehensive school health and student achievement
  - use of a community development approach to build and enhance partnerships to respond to student health behaviour data
  - to conduct consultations with provincial education and health experts to improve uptake and use of provincial health data
  - to present health data to students, teachers, parent associations, provincial alliances, and government departments to encourage capacity building and the development of action plans.
- A curriculum renewal process in 2013 has resulted in a new **Grade 10 physical education / wellness** course. This curriculum aims to develop confident and competent students who understand, appreciate, and engage in a balanced, healthy, active lifestyle and to help students create their own personal plan for wellness.





- The curriculum renewal was informed by a Grade 9 student physical education survey conducted by DEECD
- The survey asked students their perception of physical education, including factors that would affect their choice to enroll, activities they would enjoy, and their thoughts regarding a course that combines health, wellness, and physical activity.
- DEECD launched the [Healthy School Communities](#) website to communicate the application of comprehensive school health on PEI. The website highlights
  - multi-sectoral partnerships and collaborations
  - provincial, school board, and school level programs and initiatives
  - JCSH resources and links.
- [Help My Child](#) is a new website developed by the [PEI Home and School Federation](#). It provides a resource for parents and students regarding cyber bullying, substance abuse, mental health, physical health, and many other topics.
- [The Schools Against Cancer: Using a Knowledge to Action Process \(SACK\)](#) project is an initiative designed to support school communities in interpreting school-based data and implementing change. The [Healthy School Planner](#) is being used to assess school health and to develop sustainable action plans using the Comprehensive School Health Framework. SACK is led by the [Comprehensive School Health Research Group](#) at UPEI and funded by the Canadian Cancer Society.

## Capacity Building

- Schools, school boards, and the province have received student health profile reports targeted to their settings in all three SHAPES data collection cycles. The reports are used to inform a comprehensive school health approach to policy, practice, and program development.
- The [School Health Grant](#) (SHG) provides funding to support school-level programs and initiatives addressing physical activity, healthy eating, substance use, and mental fitness. The grant process requires school teams to:
  - examine their SHAPES/YSS school level health profile reports
  - complete a minimum of the [Healthy School Planner Foundational Module](#)
  - identify needs and propose activities within a comprehensive school health framework
  - develop an action and evaluation plan.

Since 2009, the SHG has provided funding to 112 different school community projects and is funded by the DEECD and DoHW.

- Two new programs were launched that support physical activity within school communities.
  - [Go! Play](#) is a movement based, non-competitive physical activity program to help encourage children and youth to increase their physical activity and provide opportunities from the time children leave home to go to school until they arrive back home
  - [Go! Walk/Run Club](#) is designed to provide students with a fun, free, and non-competitive program that supports additional physical activity in their day.

These programs have been developed in partnership with DoHW, Recreation PEI, Go!PEI, DEECD, and the Medical Society of PEI.

## New Brunswick

The New Brunswick Healthy Learners in School Program, initiated in 2000, is a Public Health program delivered by the Regional Health Authorities. It is aimed at promoting student health and wellness through the creation of healthy, safe, and supportive physical and social environments. Public Health Nurses and Dietitians work with school districts to implement comprehensive school health initiatives with the support of Health Advisory Committees that include educators, parents, and community groups and program representatives. Their efforts are supported by the Department of Healthy and Inclusive Communities' (DHIC) Wellness Strategy which focuses on physical activity, healthy eating, tobacco free living, and mental fitness and resilience in schools, communities, workplaces, and homes. A key component of this Strategy is the multi-year data collection initiative, which monitors progress and includes support for schools in efforts to use their own results to take action on wellness. DHIC also funds two School Wellness Consultants who collaborate with and facilitate the work of education wellness champions. They support comprehensive school health approaches through the distribution of grants and resources, providing training to school and district employees, provision of a School Wellness Newsletter, and in connecting schools to other resources in their communities such as Wellness Networks. The Department of Education and Early Childhood Development (EECD) reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools with many initiatives supported by collaboration with partner departments of Health and Healthy and Inclusive Communities.



### Leadership

- The provincial government, in partnership with *Active at School* and Canadian Tire Corp., launched the Premier's Challenge which commits to a goal of ensuring children across the province have one hour of physical activity before, during, or after school every day. This year, 20 pilot schools that have had past success as well as demonstrating leadership in this area took part in a six-week project.
- A comprehensive evaluation of the provincial Wellness Strategy revealed that considerable progress had been realized in taking a comprehensive approach to wellness within the school setting. There was evidence of stronger partnership and collaboration among school, community, and districts on wellness initiatives, students and parents were more involved, and provincial data such as the Student Wellness Survey was used to design and implement targeted programming in schools. *"The use of data is a perfect fit for schools – when they have their local data they can plan, create and implement actions based on wellness results. Then the School Wellness Grants make these plans become a reality."*<sup>6</sup> A renewed wellness strategy that will build on what has been achieved is in development.
- EECD signed a MOU with the Canadian Centre for Child Protection to provide further protection to children and adolescents against potential risks using the Internet. Under this agreement the curricula in public schools will incorporate new resources to raise awareness among children and teens about the potential dangers of exploitation when they go online. The agreement outlines collaboration on a range of initiatives which are part of a co-ordinated effort by the Internet Child Exploitation Task Force which includes representatives from government departments as well as from the New Brunswick Association of Chiefs of Police and the RCMP.



### Knowledge Development and Exchange

- DHIC, in collaboration with the EECD, implemented the third cycle of the Elementary Student Wellness Survey administered by the NB Health Council (NBHC). Parents of

<sup>6</sup>NB Wellness Strategy Evaluation, 2013

students in Grades K-5 as well as students in Grades 4-5 were surveyed regarding wellness related knowledge, attitudes, and behaviors. Data from this survey is a key contributor to the recently launched NB Community Profiles initiative of the NBHC.



- “Together anything is possible” was the theme of the third annual Anti-Bullying Awareness week celebrated in November. The purpose of this Week is to promote dialogue among students, staff, parents, and community members about bullying and ways they can work together to reduce and prevent incidents in their schools. Through dialogue, healthy relationships are fostered, intolerance is discouraged, and acceptance and inclusion is encouraged so that each individual feels safe and respected. In advance of the week, each school planned anti-bullying activities for students and staff with support from its respective school district and EECD’s Coordinator for anti-bullying awareness. The activities reflected themes such as Healthy Relationships, Internet Safety, National Child’s Day, Celebrating Diversity, and Pay It Forward/Kindness Day.

## Capacity Building

- [My Community at a Glance](#) (NBHC community health profiles) provides customized data to 33 communities with a goal to empower individuals with information that will stimulate interest in building healthier communities. Data includes demographics, information on health behaviors, socio-economic factors, and use of health services. More community partners engaging in action on wellness can help reinforce school efforts, and support establishment of new partnerships between schools, communities, workplaces, and homes.
- At the request of schools, DHIC School Wellness Grants have moved from paper application process to an online application. This provides the opportunity to embed additional resources to support schools as part of the grant application process; for example, the Healthy School Planner promotion video has been included to encourage use of this JCSH resource as a tool in the grant application process.
- As a further support to Education Policy 711 (Healthier Foods and Nutrition in Schools), an increasing number of schools and communities of schools are opting to provide community-led food services to schools. Incorporating more local food onto the menus is part of this movement. For example, the Francophone South school district and a co-operative of 30 producers in southeastern New Brunswick have joined together to put more local food on the menu in school cafeterias this year. This pilot project was supported by a grant from the Department of Aquaculture, Agriculture and Fisheries and the goal is to be self-sustainable in three years.

## Ontario

The health and well-being of children and youth is a priority in Ontario. We know that the well-being of young people depends on helping them develop the knowledge and skills to make effective choices to support healthy growth and development and active living.

## Leadership

- Ontario is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential preconditions for effective learning. In Fall 2013, the [Ontario’s Healthy Kids Strategy](#) was launched. The strategy takes a whole child approach to foster healthy child and youth development, recognizing that healthy kids need healthy schools and communities. The Healthy Kids Strategy is focused on three pillars:



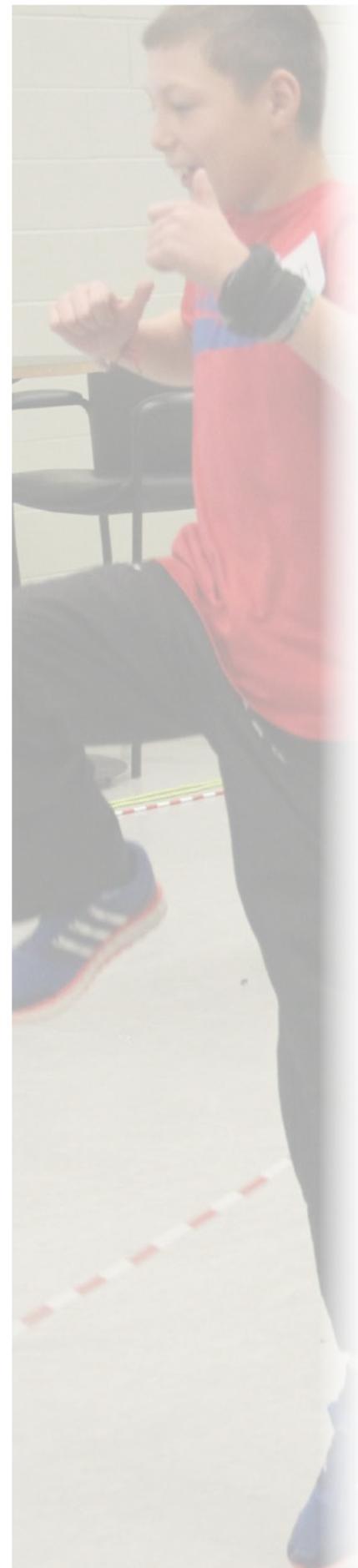
- Healthy Start - supporting healthy pregnancy and early years to build the foundation for healthy childhood and beyond
- Healthy Food - initiatives to promote healthy eating, achieving healthy weights, and healthy childhood development
- Healthy Active Communities - building healthy environments for kids in their communities.
- In March 2014, Ontario introduced [School Board Policies on Concussions](#) which outlines the expectations for school boards in developing and maintaining a policy on concussion awareness, prevention, identification, management, and training. When implemented, the policy will help ensure that students who have suffered a possible concussion are not returning to play or school too soon and risking further complications.
- Ontario has provided funding to support the development and implementation of a new school-based tobacco use prevention pilot program in 24 schools (elementary and secondary) across Ontario during the 2013/2014 and 2014/2015 school years. This program uses a healthy schools approach with a focus on youth engagement to address tobacco use prevention in schools and the greater community.
- As of February 2013 all school boards in Ontario are required to conduct anonymous school climate surveys of their students, parents, and staff at least once every two years and to share the results with their Safe and Accepting Schools Teams. School boards may choose to make use of surveys developed by the Ministry of Education or use surveys already in use or currently being developed locally.

## Knowledge Development and Exchange

- In June 2013, Ontario released [Stepping Up: A Strategic Framework to Help Ontario's Youth Succeed](#). Stepping Up was developed by 18 ministries and is a first-of-its kind roadmap for Ontario youth, bringing together existing research, policy, and insights from ongoing youth engagement.
- In 2013-14, all school boards in Ontario were provided with a draft mental health and addictions resource guide for educators called [Supporting Minds](#), as well as dedicated leadership in the form of Mental Health Leaders and support through the provincial School Mental Health ASSIST initiative, which provides coaching and implementation support to help boards develop a board wide mental health and addictions strategy.

## Capacity Building

- During the 2012-13 school year, Ontario's Student Nutrition Program helped provide nutritious breakfasts, snacks, and lunches to over 695,000 school-aged children and youth across over 4,200 programs. As part of Ontario's Healthy Kids Strategy, an additional \$3 million was invested in Ontario's Student Nutrition Program in 2013-14. The increased investment will support over 200 new breakfast or morning meal programs in higher-needs schools and some First Nations communities.
- In Fall 2013, Ontario partnered with the Dietitians of Canada and the Ontario Fruit and Vegetable Growers Association to pilot the [Fresh from the Farm: Healthy Fundraising for Ontario Schools](#), a program designed to offer a new approach to fundraising for schools by selling Ontario grown fruits and vegetables. The program was piloted in 10 of the 72 school boards in 2013-14. The program generated over \$115,000 in total revenue for participating farmers and schools by selling over 52,000 kg of fresh Ontario grown fruits and vegetables, including apples, carrots, potatoes, parsnips, and onions.





- In 2013-14, Ontario has continued to work with partners in education to develop tools and resources to support the important role that parents play in the health and well-being of their children. The tools and resources are designed to assist parents and educators to foster and enhance parent involvement in their children's education in support of student success. For example:
  - [We All Belong](#) (COPA – released in 2013) – includes animations, discussion guides, and a resource book for parents and schools. The series of short, original animated film vignettes and accompanying discussion guides are designed to jumpstart parent engagement and home-school collaboration, to support learning and a whole school approach to safe, inclusive, and accepting schools.
  - Further to the release of the resource called [Building Parent Engagement - Parent Tool Kit, Teen Edition and Planning Parent Engagement Guidebook](#) (CODE – released in 2012), a second Tool Kit was released in 2014. [Building Healthy Relationships – Parent Tool Kit](#) and Guidebook for parents and schools is designed to support the role of parents in a whole school approach to safe, inclusive, and accepting schools by providing tips on being informed and being a good listener, coach, mentor, learner, and guide for their children.
- In January 2014, Ontario announced a new community grant program, [The Healthy Kids Community Challenge](#), to develop healthy communities for kids.
- In January 2014, Ontario announced two grants: the Physical Activity in Secondary Schools Grant to increase the number of secondary students participating in physical activities outside of instructional time, and the Healthy Eating in Secondary Schools Grant to support innovative projects that encourage students to eat healthier. Seventy Physical Activity in Secondary Schools Grants (one-time grants of up to \$20,000 per project, \$10,000 per year for two years) were provided to secondary schools and school boards to implement innovative and sustainable activities that addressed an identified need. Ninety Healthy Eating in Secondary Schools Grants (one-time grants of up to \$50,000 per project) were provided to secondary schools, school boards, postsecondary institutions, and non-profit organizations that promote healthy eating.



## Manitoba

First introduced in 2000, [Healthy Schools](#) is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. The Healthy Schools Initiative recognizes that good health is important for learning and that schools are uniquely positioned to have a positive influence on the health of children, youth, and their families. Healthy Schools reflects the province's commitment to support progress towards enhanced health and education outcomes for all students. Healthy Schools is a partnership of Manitoba Health, Healthy Living and Seniors, Manitoba Education and Advanced Learning, and Children and Youth Opportunities – Healthy Child Manitoba.

## Leadership

- Manitoba, in partnership with the Canadian Centre for Child Protection, hosted the 2<sup>nd</sup> annual Safe and Caring Schools Leadership Forum: *Prevention of and Response to Cyberbullying* on May 9, 2014.
- [The Public Schools Amendment Act \(Safe and Inclusive Schools\)](#) was proclaimed on October 10, 2013, revising the definition of bullying and requiring adults in schools to report cyberbullying. The legislation also requires school boards to expand their policies regarding appropriate use of the Internet and to establish a respect for human diversity policy.

## Knowledge Development and Exchange

- PHE Canada and the Manitoba Physical Education Teachers' Association (MPETA) hosted the 2013 PHE National Conference, Fields of Plenty, Fields of Play! in October 2013 in Winnipeg with about 700 delegates attending.
- A share and learn workshop on physical literacy was held for registered [Healthy Schools in motion](#). Healthy Schools *in motion* work towards the goal of 30 minutes of physical activity *every day for every student*.
- Healthy Schools continued to keep school communities up to date on the latest news via the Healthy Schools eNews, a free electronic subscription service.

## Capacity Building

- Manitoba Education and Advanced Learning, in conjunction with EGALE Canada, developed [Safe and Caring Schools – A Resource for Equity and Inclusion in Manitoba Schools](#) (MB MYGSA), an adaptation in both English and French of the kit previously developed by EGALE for Ontario schools in support of gay straight alliances. Workshops were offered in the spring of 2014 for Grade 9-12 schools to increase awareness about LGBTQ (lesbian, gay, bisexual, transgender, two-spirit, queer and questioning) issues and to introduce participants to the new document.
- Manitoba provided funding to schools for the online *Tell Them From Me* (TTFM) survey and to partner organizations in support of the [Youth Health Survey](#) (YHS). Both provided current evidence related to bullying and cyberbullying in school communities. The YHS also included an online survey for Principals so that data on school characteristics could be collected to explore their relationship with the health behaviours of youth in Manitoba.
- Manitoba provided annual funding through [Healthy Schools Grant](#) to school divisions and Independent and First Nations schools to assist with Healthy Schools plans and priorities. The *Healthy Schools Grant* is available to support school divisions and schools as they work together with their community partners (including local regional health authorities) to build healthy school communities.
- Through the Premier's Healthy Living Award for Youth, Manitoba continues to recognize the achievements of youth who are positive role models and have made outstanding healthy living contributions to their school communities. Award recipients receive a commemorative medal at a public recognition ceremony with the Premier.

## Saskatchewan

The Government of Saskatchewan is committed to establishing Saskatchewan as the best place to live, work, and raise a family. Encouraging healthy lifestyles and preparing students for success in both school and life are essential elements for sustaining [The Saskatchewan Plan for Growth – Vision 20/20 and Beyond](#). The [Saskatchewan Child and Family Agenda](#) represents a commitment by our government to respond to the needs of our province's children, youth, and families. This multi-ministry approach focuses on the critical areas of education, health, family support, and community safety, including strategic priorities such as Student First, Positive Parenting Program (Triple P), pre-kindergarten, student success, and actions supporting mental well-being.

## Leadership

- One of the key strategies within the Child and Family Agenda is the *Building Partnerships to Reduce Crime* (BPRC) initiative being lead by the Ministry of





Justice. The 'Hub' model, as exemplified in Prince Albert, is an example of a multi-partner approach to improving community safety and wellness. It is through our work with the Hub model that one of the most significant opportunities for collaboration toward better outcomes has been highlighted – appropriate and efficient sharing of information.

- The government continues to facilitate a province-wide Student First engagement process, both in person and online, which asks students, teachers, parents/caregivers, and others in the education system what is working, what isn't working, and what needs to change. The Student First approach aims to improve education outcomes by putting the needs of the student at the forefront of the education system. Student First will evolve from the engagement process and the future work of the ministry will reflect this lens.
- The [Community Safety Education Strategy](#) (CSES), developed by Safe Saskatchewan and the CSES Steering Committee for the Saskatchewan Ministry of Education, is a provincial strategic framework that focuses on injury prevention, safety resources, and supports for Saskatchewan children and youth in the K-12 education system. This collaborative strategy is aimed at schools, with a focus on students at all grade levels. Schools are not the only influence on the lives of children and youth. Therefore, the CSES recognizes the importance of community support, participation, and engagement. The intended outcome is well-informed students, surrounded by healthy physical and social environments in a community that supports living injury-free.

## Knowledge Development and Exchange

- The Ministry of Education continues to identify existing and potential areas for incorporation of Education for Sustainable Development (ESD) into English, French Immersion, and Fransaskois provincial K to 12 curricula. The ESD framework will guide new curriculum development and renewal activities to ensure that provincial curricula reflect the social, economic, and environmental aspects of sustainability.
- View and Vote 5 provided Saskatchewan students with the opportunity to choose an anti-tobacco ad to be aired province-wide online and at cinemas in advance of age appropriate movies. Participating teachers were also given an opportunity to win one of three classroom prizes to support Comprehensive School Community Health. The partnership between the Ministries of Health and Education supported transitioning View and Vote to the first online process in Canada. To view the winning ad visit [View and Vote](#).
- [Smokestream](#) is a website for Saskatchewan teens and pre-teens to talk about smoking and voice their opinions with each other, with special focus on ages 11-14, the group most likely to experiment with tobacco. Participants are encouraged to invite their friends to come to the website and join in on the conversation. The initiative was implemented in two phases. Phase One consisted of a variety of activities designed to facilitate conversations about tobacco use among youth and to collect their opinions about tobacco. Activities included the creation of a website, in-school interactive sessions, and paid advertising to attract youth to the website. Youth opinions were used in the creative content of Phase Two, which ran for seven weeks, from January 14 to February 25, 2013. Smokestream messages were on television, the Internet (including YouTube), movie theatres, and school posters.

## Capacity Building

- Saskatchewan's government is taking action against bullying in its provincial *Action Plan to Address Bullying and Cyberbullying*. The government has begun to
  - update policies and procedures in the education sector to ensure consistency in prevention, rapid response, and intervention in bullying incidents
  - develop an anonymous online reporting tool for the reporting of bullying incidents
  - assess the implications for Saskatchewan of upcoming federal cyberbullying legislation
  - support students to develop appropriate and responsible online behaviour
  - provide a stand-alone website for anti-bullying tools and resources for students, families, and educators
  - engage youth in building solutions to address bullying.
- The Ministry of Education began working with schools and school divisions to implement the *Tell Them From Me* survey during the 2012-13 school year, with full implementation by all provincially funded schools scheduled for the 2014-15 school year. *Tell Them From Me* is a survey tool that provides indicators of student and teacher engagement, wellness, safety, and school climate which helps guide schools and communities to develop and implement policy, to improve practice, and to plan for improving student learning and well-being.

## Alberta

The Government of Alberta is committed to supporting “healthy Albertans” by encouraging schools to adopt a comprehensive school health approach to increase levels of physical activity, healthy eating, and positive mental health. Healthy Alberta School Communities, a joint initiative supported by the Ministries of Education and Health, has been designed to strengthen the development of healthy school communities in Alberta. The commitment to Healthy Alberta School Communities is integral to addressing the health and learning outcomes for Alberta students through a comprehensive school health approach.

## Leadership

- In 2013, the [Ministerial Order on Student Learning](#) (MO) was legislated in Alberta, providing education stakeholders with a common framework for understanding the goals and standards applicable to education. The MO supports all students to achieve success and reach their full potential by developing the competencies of engaged thinkers and ethical citizens with an entrepreneurial spirit. The competencies included in the MO will be embedded through each of the subject/discipline areas in the new Kindergarten to Grade 12 curriculum, including wellness education.
- As Albertans identified in the [Inspiring Education](#) public consultations, every student in Alberta should benefit from an engaging, relevant, and personalized learning experience. [Curriculum Redesign](#) is building on the success of Alberta's current education system and the many innovative educational practices already underway in schools to make the vision of Inspiring Education a reality for all students. The redesign process is collaborative and involves teachers, school authorities, students, parents, and employers. Building on the strengths of our existing provincial curriculum, Alberta Education and its [Curriculum Development Prototyping](#) partners





will be working together to develop aspects of new curriculum that includes the basics and weaves 21st century competencies, such as innovation, creativity, and collaboration, with core skills of numeracy and literacy. As a result of these changes, students will have the attitudes, skills, and knowledge to be successful in their learning, work, and other aspects of their lives.

- The [\*2013 International Wellness Symposium\*](#), held in Lake Louise, brought together almost 400 diverse stakeholders from 175 organizations. Participants learned about a health-determinants approach to wellness and the new policy framework, [\*Alberta's Strategic Approach to Wellness\*](#). Four strategic directions set the theme for the symposium:
  - Creating supportive environments
  - Creating built environments
  - Developing innovations in wellness research
  - Rebuilding healthy communities after devastation.

## Knowledge Development and Exchange

- [\*Alberta's Strategic Approach to Wellness\*](#) is a new guiding policy framework developed by government and released in October 2013. The objective of this policy is to provide a high level, compelling vision for wellness in the province that is driven by cross-ministry and inter-sectoral collaboration, a social determinant of health approach, community and citizen engagement, and strong public policy.
- Alberta school communities are using the Healthy School Planner (HSP), developed by the Joint Consortium for School Health, to support the implementation of comprehensive school health. Provincial initiatives, Ever Active Schools, and Alberta Health Services' Health Promotion Coordinators promote the use of HSP as an integral part of the strategic planning and supports offered to Alberta school communities. Schools funded by the Alberta Healthy School Community Wellness Fund are required, as part of their planning process, to complete the Foundational Module. Since April 1, 2013, 311 Alberta schools completed the foundational module of the HSP tool.
- In 2013, data from the 2012 Tell Them From Me student survey was analyzed by the Alberta Healthy School Community Wellness Fund to identify correlations between academic achievement and the indicators used to measure health. The analysis was comprised of 208 middle/high schools from 24 Alberta school jurisdictions that currently receive support from the Alberta Healthy School Community Wellness Fund. The analysis demonstrated a positive correlation between academic achievement and physical activity, positive social engagement, and positive school context as well as a negative correlation between academic achievement and depression.

## Capacity Building

- In 2013/14, the Alberta Healthy School Community Wellness Fund provided funding to 42 projects. Since 2007, 239 projects have been funded, supporting more than 1,000 schools in 54 of 61 school districts. Since 2007, 123 projects have focused on healthy eating, 126 projects addressed physical activity, and 107 projects addressed positive social environments. Since 2012, 34 projects have included healthy relationships. Also in 2012, high school curriculum grants were offered to school communities. Six school jurisdictions, including 29 high schools, created five projects with the vision to embed wellness outcomes across the curriculum using a comprehensive school health approach.
- Why Act Now? is a new intervention program to improve the health and wellness of urban Aboriginal youth, with key partners such as Amiskwaciy Academy, Inner

City Youth Development Association, and Boys & Girls Club Big Brothers Big Sisters. Information, collected from more than 300 Aboriginal and new immigrant youths, is guiding the development of programs addressing physical activity, nutrient intake, and access to health services.

- [Ever Active Schools](#), a provincial program that supports the implementation of comprehensive school health, is funded by three provincial ministries: Education, Health, and Tourism, Parks and Recreation. Ever Active Schools provides strategic provincial supports to school communities in Alberta. These supports include the annual *Shaping the Future* Conference, other professional learning opportunities that support improved health and learning outcomes, as well as a provincial website for school communities to access resources and information on promising practices. Ever Active Schools also supports Healthy Active School Symposia events to provide Alberta students with the knowledge, skills, and resources to plan and implement healthy school initiatives.

## British Columbia

In British Columbia, the ministries of Education and Health have worked in partnership since 2005 to facilitate cross-sector collaboration and promote policy development and practice that reflects a [Comprehensive School Health](#) (CSH) approach. Building on the successes of this shared leadership model, [Healthy Schools BC](#) (HSBC) was introduced in 2011, under the province's broader health promotion strategy. The initiative aligns existing provincial healthy schools programs and policies, supports the long term goals of the BC Education Plan and BC's Guiding Framework for Public Health, and involves a partnership between the ministries of Health and Education, DASH BC, health authorities, education partners, and other key stakeholders.

HSBC continues to strengthen health-education partnerships and build the capacity of both sectors to support the implementation of CSH in BC schools. Regional planning sessions between health authorities and school districts, and new CSH resources for educators and health professionals supported greater cross-sector collaboration across the province. On the ground, HSBC supports schools and districts in a step-by-step process to complete healthy schools assessments, and develop and implement customized action plans across the pillars of CSH.

## Leadership

- The revised [Guidelines for Food and Beverage Sales in BC Schools](#) were released in December 2013, reflecting new nutrition standards for food and beverages sold to students in school and at school-sanctioned events. The Guidelines support healthy eating at school by increasing access to healthy choices while limiting access to products high in sodium, sugar, and fat.
- In its second year, the HSBC [Healthy Living Youth Council](#) (HLYC) continued to implement student-led healthy school projects around the province, with some members also creating school-level HLYCs in their local communities. The HLYC also collaborated with DASH BC and the ministries of Health and Education to begin the development of a provincial healthy schools student engagement strategy – the first of its kind in Canada.
- As part of the [ERASE Bullying](#) strategy, the Ministry of Education developed a comprehensive training program for school administration, educators, and community partners to help prevent bullying behaviours and promote positive mental health in schools. To date, over 8,000 people have been trained. An online Reporting Tool was also implemented for youth to anonymously report bullying and other safety concerns.





- The [BC School-Centred Mental Health Coalition](#) continued to expand its membership to include representation from over 38 organizations, and co-led the 4th annual [Summer Institute](#) for Promoting Mental Health in BC Schools.

## Knowledge Development and Exchange

- The HSBC website launched a new [Stories Map](#), showcasing over 100 inspiring healthy school stories from across the province on topics such as school gardens, after school sport and arts clubs, school-community partnerships, and much more. The website also added a new [Healthy School Grants](#) section, which features healthy school related funding opportunities from all over BC.
- The McCreary Centre Society released the [results](#) of the fifth provincial Adolescent Health Survey (AHS), which was completed by close to 30,000 BC students in Grades 7-12. The survey provides valuable information on the health of BC youth, health trends over time, and risk and protective factors that can influence young people's healthy transitions to adulthood.
- DASH BC hosted the 7<sup>th</sup> Annual Healthy Schools Leadership Symposium in May 2013, under the theme "Working together to create healthy schools". The Symposium showcased amazing healthy schools work from across the province and identified some shared actions for moving forward. Attendees included students, educators, school district and government representatives, community organizations, and researchers.

## Capacity Building

- The [Healthy Schools Network](#) (HSN) provided 158 grants to schools to support healthy living and [inquiry projects](#) with a focus on engaging students in the CSH process. Building on their administrative and management role within the HSN, DASH provided additional coaching and mentoring to educators to enhance their capacity to engage students in the [Healthy Schools Process](#).
- The Ministry of Community, Sport and Cultural Development's After School Sport and Arts Initiative (ASSAI) doubled its annual funding in 2013 by expanding the arts and culture programming which was piloted in 2012. The inclusion of arts and culture programming expanded the number of children participating, and engaged children that typically aren't interested in sport and physical activity. The Initiative helps participants gain physical movement and arts skills, develop their ability to cooperate and follow instructions, build self-confidence, and become more engaged in their schools and communities. The ASSAI is also funding an adaptive after school pilot program for children with disabilities.
- The BC School Fruit and Vegetable Nutritional Program expanded in 2013/14 to include milk deliveries in Grades K-2 this year – of the 1,433 public schools registered in the program, 739 schools also receive milk. Students in over 90 elementary, middle, and high schools enjoyed a fresh crunch in their school lunch thanks to BC's Farm to School program, which also provided 28 grants for school salad bar equipment last year.
- The [FRIENDS for LIFE on-line parent program](#) was enhanced and expanded to include the early years FRIENDS program, Fun FRIENDS, for parents with children ages 4 to 7. This resource equips parents to reinforce the [classroom-based FRIENDS program](#) skills at home.
- DASH BC provided train-the-trainer style HSBC learning sessions for regional health authority staff that focused on building the tools and skills necessary for fostering meaningful engagement with schools and school districts. Complementing these sessions, the new [CSH Resource for Health Professionals](#) was created to provide information on how front-line staff can support schools in promoting optimal health and learning outcomes using a CSH lens.

## Government of Canada

The Federal Government is represented by the Public Health Agency of Canada and supports the JCSH work in an advisory and funding capacity.

### Leadership

- Over the past 18 months, the Public Health Agency of Canada has implemented a multi-sectoral partnership approach to promote healthy living by addressing the common risk factors (e.g., physical inactivity and unhealthy eating) that underlie childhood obesity and the major chronic diseases (e.g., diabetes, etc.). Through the [Multi-sectoral Approach to Promoting Healthy Living and Preventing Chronic Disease](#), the Government of Canada is investing approximately \$20 million per year, used to leverage private sector capital and provide increased focus on accountability for results. As of spring 2014, the Government has leveraged \$11 million in private sector investments through this approach.
  - A recent example of this new way of working was the recently launched Canada-wide competition called [The Play Exchange](#). In collaboration with Canadian Tire, Lift Philanthropy Partners, and the CBC, the Public Health Agency of Canada announced a call to action to hear about new and innovative ideas Canadians have that would get everyone “off the couch”, eating better, and living longer, healthier lives. The winning innovation will be eligible for up to \$1 million in funding from the Government of Canada to implement their best idea.
  - [The Play Exchange](#) also includes a special component exclusively for schools. [The Active At School Challenge](#) is looking for the best idea in each province and territory that helps children achieve one hour of physical activity every day. Schools could receive \$3,000 to support students to be active. These actions are expected to contribute to positive outcomes for children and youth impacting their social and emotional development, student achievement, and healthy, active living.
- Statistics Canada is undertaking consultations with key stakeholders, including national, provincial, and territorial ministries of health to develop a long term content plan to address data needs on children and youth aged 1 to 17 related to a wide range of children’s health topics such as mental health, nutrition, physical activity, bullying, injuries, chronic conditions, and various other topics.

### Knowledge Development and Exchange

- The Health Behaviour in School-aged Children (HBSC) Trends Report 1990-2010 was released by the Public Health Agency of Canada. This report provides national and international trends data over two decades on the health attitudes and behaviours of Canadian youth related to mental health, injuries, bullying, physical activity, healthy eating, sedentary behaviour, sexual health, substance use, and their social settings such as school, home, and peers. The HBSC study is a cross-national study conducted every four years by an international network of researchers from 43 countries with the World Health Organization Regional Office for Europe.
- [OurHealthSystem.ca](#) is an interactive website designed to help Canadians understand how well their health system is performing—province by province, region by region and, for some information, hospital by hospital. It was developed by the Canadian Institute for Health Information. The website explored five areas of performance measurement that Canadians indicated were most important to them and displayed comparative results on 15 performance indicators within these areas. There is a section on [Healthy Child Development](#).



- The [\*HIV/AIDS and other sexually transmitted and blood borne infections among youth in Canada\*](#) was released by the Public Health Agency of Canada. This status report presents current Canadian information about the impact of HIV/AIDS and other sexually transmitted and blood borne infections (STBBI) among youth in Canada. The report includes a demographic profile of the population; epidemiological data about HIV/AIDS and other STBBIs among youth; information on the social, economic, and cultural factors that increase this population's vulnerability to, and resilience against, HIV and other STBBIs.
- A new edition of the resource entitled [\*STI: Sexually Transmitted Infections\*](#) was released by the Public Health Agency of Canada. This booklet is targeted to youth and discusses signs and symptoms of STIs, how to get tested, and how to prevent STIs. It also provides messages for making healthy decisions. The new edition of the booklet includes updated language, testing and treatment information, and a focus on the risk of co-infection among STIs.
- The results of the Seventh Cycle of the Youth Smoking Survey (YSS) 2012-2013 were jointly released by Health Canada and Propel Centre for Population Health Impact at the University of Waterloo in spring 2014. The YSS provides timely, reliable, and continual data on tobacco, alcohol, and drug use. The survey monitors youth substance use by collecting information from students in Grades 6 to 12 on tobacco use, while students in Grades 7 to 12 were also surveyed on alcohol and drug use. The illicit use of emerging substances, such as "synthetic marijuana" and "bath salts" (i.e., synthetic stimulants), are also covered.

## Capacity Building

- The *Aboriginal Head Start in Urban and Northern Communities (AHSUNC)* program provided \$29.1M in funding to Aboriginal community-based organizations to deliver culturally-appropriate, early childhood development (ECD) programming to 133 AHSUNC sites serving 4,800 children and their families across Canada. The AHSUNC program has had a positive effect on Aboriginal children specifically in improving children's language, social, motor, and academic skills contributing to school readiness and successful transitions to school. In addition, approximately \$600K of an AHSUNC strategic fund was invested in Nunavut Arctic College to build early childhood development capacity in several communities across the territory.
- The Public Health Agency of Canada's Innovation Strategy funded the Health Promoting Schools Program in Saskatchewan and British Columbia. The program supports children, youth, and their families to achieve healthier weights, improve student health and learning, and promote mental well-being in communities, including schools in Métis, First Nations, and Francophone communities using a comprehensive approach. The program aims to develop innovative ways to share best and promising practices in school health among partners, engage diverse stakeholders, deliver school based activities, and evaluate the overall effectiveness of the program for the improved health and learning of students and their families.
- Health Canada's Drug Strategy Community Initiatives Fund launched a call for proposals and successfully approved 34 health promotion and prevention projects that will contribute to reducing illicit drug use among youth. In addition, Health Canada's Drug Treatment Funding Program provides \$13.2 million annually to provincial/territorial governments and key stakeholders to assist in strengthening treatment systems to facilitate the implementation of evidence-informed practices, increase capacity for planning and evaluating, and enhance opportunities for knowledge sharing.
- Through the *Aboriginal Diabetes Initiative*, over \$50 million is invested by Health Canada yearly to reduce Type 2 diabetes through health promotion and disease prevention activities and services in more than 600 First Nations and Inuit communities. Between

April 1, 2013 and June 30, 2014 this included investments in school-based physical activity and nutrition initiatives such as Action Schools in BC, the Youth Empowerment Through Exercise programs in over 55 schools in Saskatchewan, as well as the Just Move It Ontario Fitness Challenge in over 20 schools in Ontario.

- Sport Canada committed over \$15 million to support a variety of sport participation projects and activities targeted primarily at youth through bilateral agreements with provinces and territories as well as through contributions to national sport organizations, multisport service organizations, and other non-governmental organizations such as ParticipACTION.

## Moving Forward

The Pan-Canadian Joint Consortium for School Health celebrates another year of commitment to all the initiatives across the country building healthy school communities and enhancing alignment between health and education. We will continue our between-sector and cross-jurisdictional collaboration and further develop our partnerships to serve as a bridge for researchers, policymakers, and practitioners to work across the health and education sectors, to create and disseminate tools that foster awareness, and facilitate planning and action for school health improvements in Canada.

We continue to emphasize three key areas of activity – leadership, knowledge development and exchange, 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 celebrates the launch of the newly revised Healthy School Planner; the 2<sup>nd</sup> edition of the *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives*; the evolution of a set of Core Indicators and Measures of Student Achievement and Comprehensive School Health; a toolkit on Youth Engagement; and the next round of the Health Behaviour in School-aged Children study.

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 expired on March 31, 2010.

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

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

## 2.0 Purpose of the Consortium

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

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

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

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

- Policy coordination
- Research coordination
- Inter-sectoral action between education and health
- Systemic collaboration and efficiency
- System capacity

## 3.0 Commencement and Duration of Agreement

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

## **4.0 Governance Structure**

### **4.1 Consortium Lead**

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

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

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

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

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

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

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

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

Meetings are not required to be held in person. Business may be conducted in any manner determined to best meet the needs of the Committee members.

Decisions of the Deputy Ministers' committees shall be communicated by the Liaison Deputy Minister to the Chair of the Management Committee.

## **5.0 Consortium Secretariat**

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

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

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

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

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

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

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

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

## **8.0 Funding**

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

- Deputy Ministers' Committees; and
- Management Committee

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

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

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

## **9.0 General Provisions**

### ***9.1 Schedules***

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

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

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

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

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

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

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

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

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

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

#### ***9.5 Evaluation***

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

## Schedule 1: Cost-Sharing Agreement

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

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

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

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

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

Province / Territory	Total Population	Pop %	Fixed	Variable	Total Contribution
<b>AB</b>	4,060,719	15%	\$2,000	\$33,983	\$35,983
<b>BC</b>	4,606,375	17%	\$2,000	\$38,550	\$40,550
<b>MB</b>	1,268,915	5%	\$2,000	\$10,619	\$12,619
<b>NB</b>	755,710	3%	\$2,000	\$6,324	\$8,324
<b>NL</b>	527,464	2%	\$2,000	\$4,414	\$6,414
<b>NT</b>	43,523	0%	\$2,000	\$0	\$2,000
<b>NS</b>	940,567	3%	\$2,000	\$7,871	\$9,871
<b>NU</b>	35,945	0%	\$2,000	\$0	\$2,000
<b>ON</b>	13,585,887	50%	\$2,000	\$113,697	\$115,697
<b>PE</b>	145,295	1%	\$2,000	\$1,218	\$3,218
<b>SK</b>	1,114,170	4%	\$2,000	\$9,324	\$11,324
<b>YK</b>	36,390	0%	\$2,000	\$0	\$2,000
<b>Federal</b>					\$250,000
<b>Totals</b>	<b>27,121,260</b>	<b>100%</b>	<b>\$ 24,000</b>	<b>\$ 226,000</b>	<b>\$ 500,000</b>

# Appendix B: Pan-Canadian Joint Consortium for School Health Statement of Revenue, Expenses and Operating Surplus

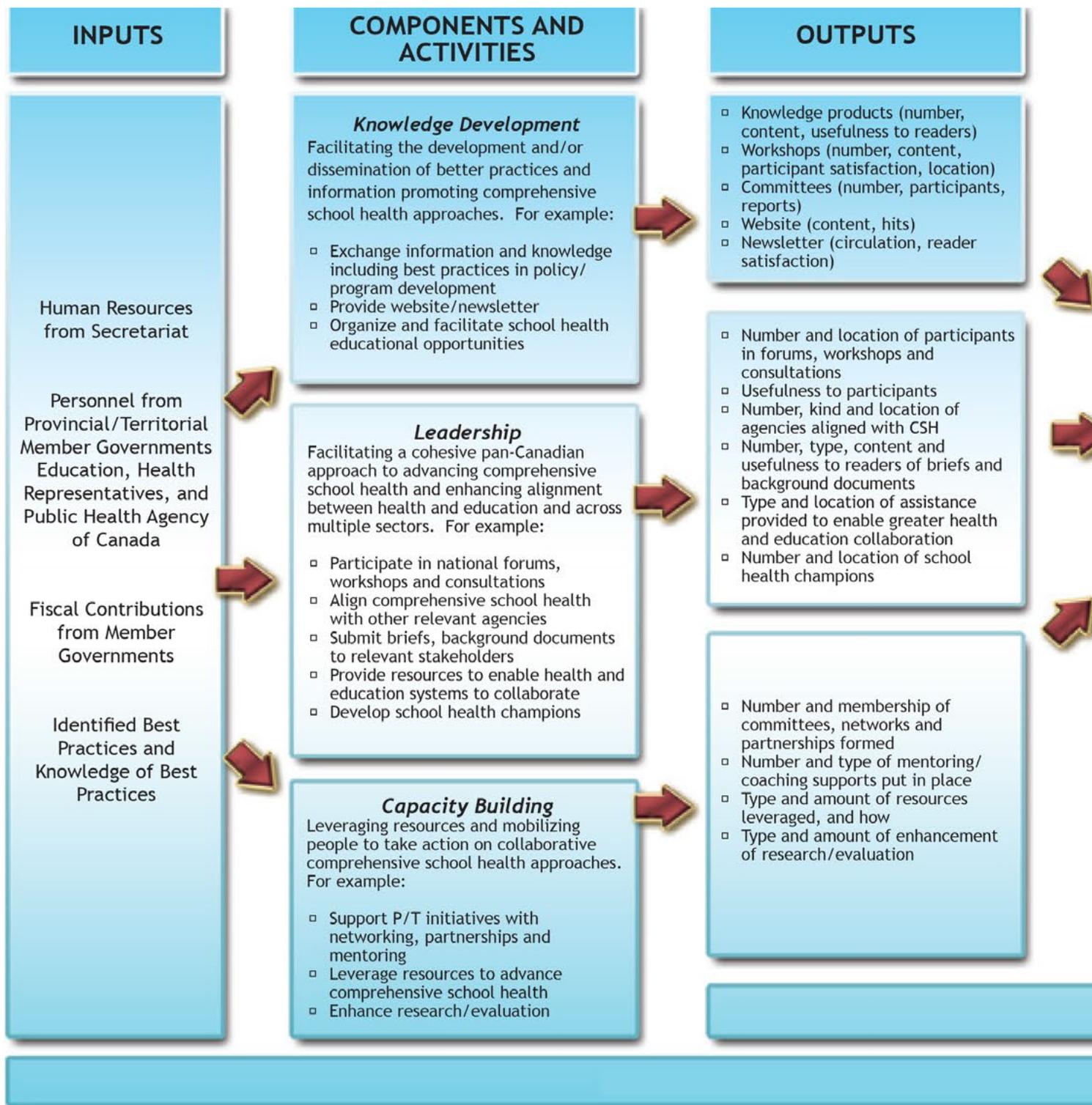
For The Year Ended March 31, 2014

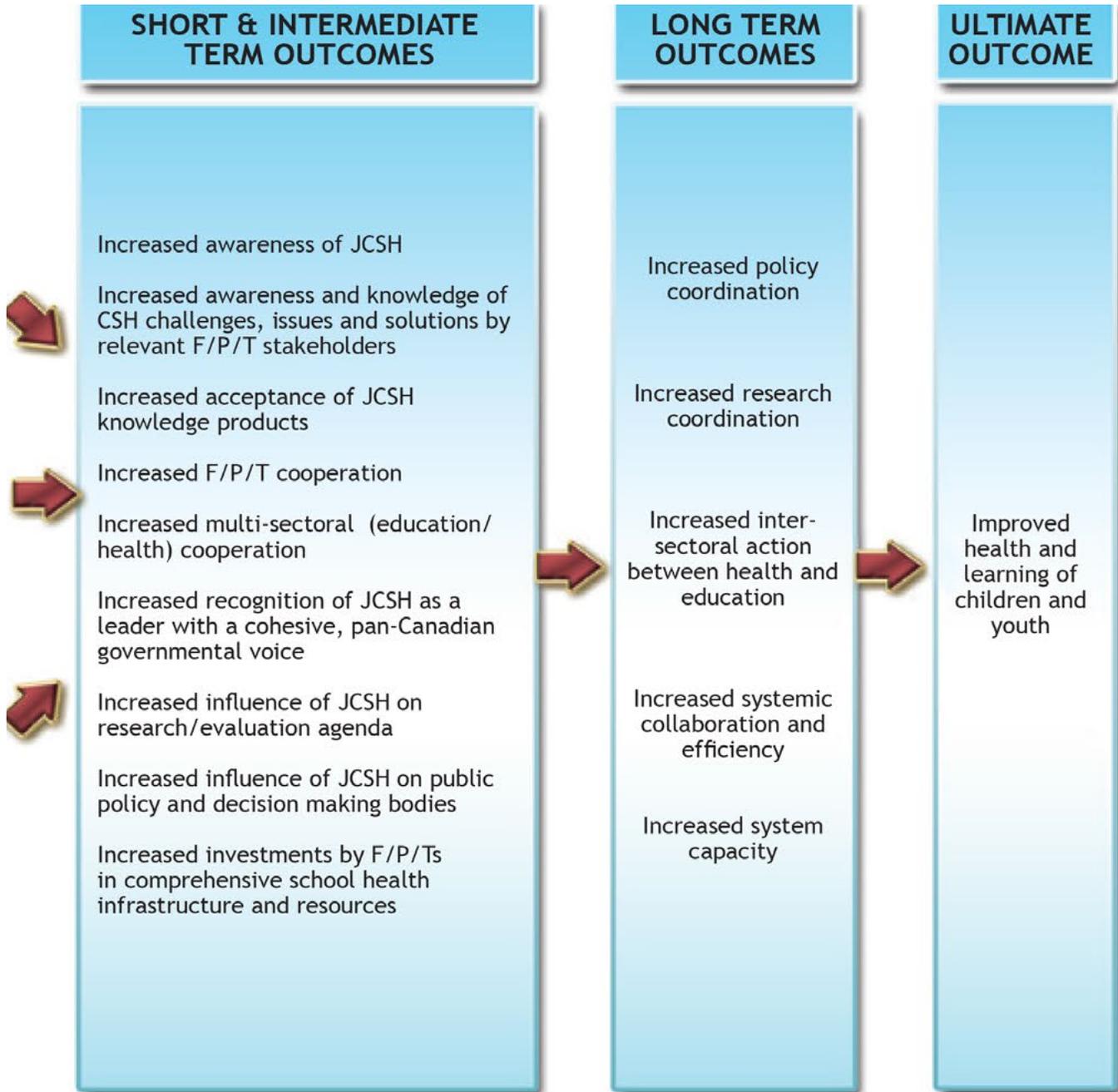
<b>Revenue</b>	<b>2014</b>		<b>2013</b>
Membership Fees	\$250,000		\$250,000
Public Health Agency of Canada	\$250,000		\$250,000
Other Revenue	\$1,538		\$553
<b>Total</b>	<b>\$501,538</b>		<b>\$500,553</b>
<b>Expenses</b>			
Knowledge Development and Exchange	\$45,368		\$56,397
Leadership	\$52,713		\$84,313
Capacity Building	\$173,890		\$73,758
Operations	\$335,470		\$361,637
<b>Total</b>	<b>\$607,441</b>		<b>\$576,105</b>
<b>Operating Surplus/(Deficit)</b>	<b>(\$105,903)</b>		<b>(\$75,552)</b>
<b>Prior Year Operating Surplus/(Deficit)</b>	<b>\$276,390</b>		<b>\$351,942</b>
<b>Total Operating Surplus/(Deficit)</b>	<b>\$170,487</b>		<b>\$276,390</b>

- The surplus is a result of the transition year of the Secretariat from BC to PE in which there was minimal staffing and project activity.

# Appendix C: Long Term Strategic Framework

## LOGIC MODEL





## Monitoring and Evaluation

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

# Appendix D: Member and Supporting Jurisdiction Contact Information and Web Links

## British Columbia

### School Health Coordinators:

#### Sanja Ristic

Senior Policy Analyst  
Safe and Healthy Schools  
Ministry of Education  
PO Box 9161 Stn Prov Govt  
620 Superior St.  
Victoria, BC V8W 9H3  
Tel: 250-893-6954  
Fax: 604-660-2124  
[sanja.ristic@gov.bc.ca](mailto:sanja.ristic@gov.bc.ca)

#### Scott Beddall

School and Community Health Manager  
Ministry of Health  
1515 Blanshard St, 4-2  
Victoria, BC V8W 3C8  
Tel: 250-952-2110  
Fax: 250 952-1570  
[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)

#### Lauren Wallace

Manager, School Health  
Ministry of Health  
1515 Blanshard St,  
Victoria, BC V8W 3C8  
Tel: 250-952-2187  
Fax: 250 952-1570  
[Lauren.Wallace@gov.bc.ca](mailto:Lauren.Wallace@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)  
[www.healthyschoolsbc.ca](http://www.healthyschoolsbc.ca)  
<http://www.healthyfamiliesbc.ca/your-community/health-and-learning>

## Alberta

### School Health Coordinator:

#### Gail Diachuk

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

### School Health Links:

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

## Saskatchewan

### School Health Coordinators:

#### Kyla Christiansen

Comprehensive School Community  
Health Consultant  
Student Achievement and Supports  
Branch  
Saskatchewan Ministry of Education  
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

Comprehensive School Community  
Health Consultant  
Saskatchewan Ministry of Education  
2220 College Avenue  
Regina, SK, S4P 4V9  
Tel: 306-787-6367  
Fax: 306-787-2223  
[flo.woods@gov.sk.ca](mailto:flo.woods@gov.sk.ca)

#### M. Naomi Shanks

Public Health Nutrition Consultant  
Health Promotion Unit, Primary Health Services  
Branch  
Saskatchewan Ministry of Health  
3475 Albert St  
Regina, SK, S4S 6X6  
Tel: 306-787-3079  
[naomi.shanks@health.gov.sk.ca](mailto:naomi.shanks@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_hlthbook.pdf)  
<http://www.education.gov.sk.ca/cschr/> (Comprehensive School Community Health)  
<http://www.education.gov.sk.ca/health-ed> (Health Education)  
<http://www.education.gov.sk.ca/CurriculumGuides> (French)  
<http://www.health.gov.sk.ca/healthy-living> (Health information and a link to available services children and youth - English)

## Manitoba

### School Health Coordinators:

#### Kaley Pacak

Healthy Schools Consultant  
Manitoba Healthy Living, Seniors and  
Consumer Affairs  
2097 – 300 Carlton Street  
Winnipeg, MB R3B 3M9

Tel: 204-788-6394

Fax: 204-948-2366

[Kaley.Pacak@gov.mb.ca](mailto:Kaley.Pacak@gov.mb.ca)

#### Paul Paquin

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

### School Health Links:

[www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools)  
[www.gov.mb.ca/healthyschools/index.fr.html](http://www.gov.mb.ca/healthyschools/index.fr.html)  
[www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)  
[www.edu.gov.mb.ca/k12/cur/physhlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)  
[www.edu.gov.mb.ca/k12/esd/](http://www.edu.gov.mb.ca/k12/esd/) (English)  
[www.edu.gov.mb.ca/m12/dev\\_durable/index.html](http://www.edu.gov.mb.ca/m12/dev_durable/index.html) (French)

## Ontario

### School Health Coordinator:

#### Jennifer Munro-Galloway

Senior Policy Analyst  
Healthy Schools Unit, Safe Schools  
and Student Well-Being Branch  
Ministry of Education  
Tel: 416-325-2678  
[Jennifer.Munro-Galloway@ontario.ca](mailto:Jennifer.Munro-Galloway@ontario.ca)

### School Health Links:

[www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools)  
(English)  
<http://www.edu.gov.on.ca/fre/parents/healthyschools.html>  
(French)  
[www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html) (English)  
<http://www.edu.gov.on.ca/fre/curriculum/elementary/health.html>  
(French)  
[www.edu.gov.on.ca/eng/curriculum/secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html)  
(English)  
<http://www.edu.gov.on.ca/fre/curriculum/secondary/health.html>  
(French)

<http://www.health.gov.on.ca/en/public/programs/concussions/>  
(English)  
<http://www.health.gov.on.ca/fr/public/programs/concussions/default.aspx>  
(French)

## New Brunswick

### School Health Coordinator:

#### Marlien McKay

Manager, Wellness  
Department of Healthy and Inclusive  
Communities  
Place 2000  
250 King St  
Fredericton, NB E3B 5H1  
Tel: 506-444-4633  
Fax: 506-444-5722  
[marlien.mckay@gnb.ca](mailto:marlien.mckay@gnb.ca)

### School Health Links:

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

## Nova Scotia

### School Health Coordinators:

#### Sharon Young

Coordinator, Health Enhancement  
Department of Health and Wellness  
PO Box 488  
1894 Barrington Street  
Halifax, NS B3J 2R8  
Tel: 902-424-2046  
Fax: 902-424-3135  
[sharon.young@gov.ns.ca](mailto:sharon.young@gov.ns.ca)

#### Helen Pitman

Coordinator, Health Enhancement  
Department of Health and Wellness  
PO Box 488  
1894 Barrington Street  
Halifax, NS B3J 2R8  
Tel: 902-424-2753  
Fax: 902-424-3135  
[helen.pitman@gov.ns.ca](mailto:helen.pitman@gov.ns.ca)

### School Health Links:

<http://nshps.ca/>

## Prince Edward Island

### School Health Coordinator:

#### Sterling Carruthers

Healthy Schools Specialist  
Department of Education and  
Early Childhood Development  
250 Water Street, Suite 101  
Summerside, PE C1N 1B6  
Tel: 902-438-4134  
Fax: 902-438-4062  
[sdcaruthers@edu.pe.ca](mailto:sdcaruthers@edu.pe.ca)

### School Health Links:

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

## Newfoundland and Labrador

### School Health Coordinators:

#### Carol Ann Cotter

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

#### Ellen Coady

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

### School Health Links:

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

## Nunavut

### School Health Coordinators:

#### Charlotte Borg

Manager, Student Support Services  
Department of Education  
Government of Nunavut  
PO Box 1000, Station 960  
Iqaluit, NU X0A 0H0  
Tel: 867-975-5679  
Fax: 867-979-7924  
[cborg@gov.nu.ca](mailto:cborg@gov.nu.ca)

#### Paige Marshall

Health Promotion Specialist  
Department of Health  
Government of Nunavut  
PO Box 1000, Station 1000,  
Iqaluit, NU X0A 0H0  
Tel: 867-975-5779  
Fax: 867-979-8648  
[pmarshall@gov.nu.ca](mailto:pmarshall@gov.nu.ca)

### 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 Coordinator:

#### Elaine Stewart

Coordinator, Early Childhood and  
School Services  
Department of Education, Culture and  
Employment

Government of the Northwest Territories  
PO Box 1320  
Yellowknife, NT X1A 2L9  
Tel: 867-873-7676  
Fax: 867-873-0109  
[elaine\\_stewart@gov.nt.ca](mailto:elaine_stewart@gov.nt.ca)  
[Elaine\\_Stewart@learnnet.nt.ca](mailto:Elaine_Stewart@learnnet.nt.ca)

### School Health Links :

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

## Yukon

### School Health Coordinators:

#### Anne Aram

Health Promotion Coordinator  
Department of Health and Social Services  
305 Jarvis St  
Whitehorse, YT  
Y1A 2H3  
Tel: 867-667-8392  
Fax: 867-456-6502  
[Anne.Aram@gov.yk.ca](mailto:Anne.Aram@gov.yk.ca)

#### Stacey Burnard

Social-Emotional Learning Consultant  
Department of Education  
Box 2703,  
Whitehorse, YT Y1A 2C6  
Tel: 867-456-6060  
Fax: 867-393-6339  
[Stacey.burnard@gov.yk.ca](mailto:Stacey.burnard@gov.yk.ca)

### School Health Links:

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

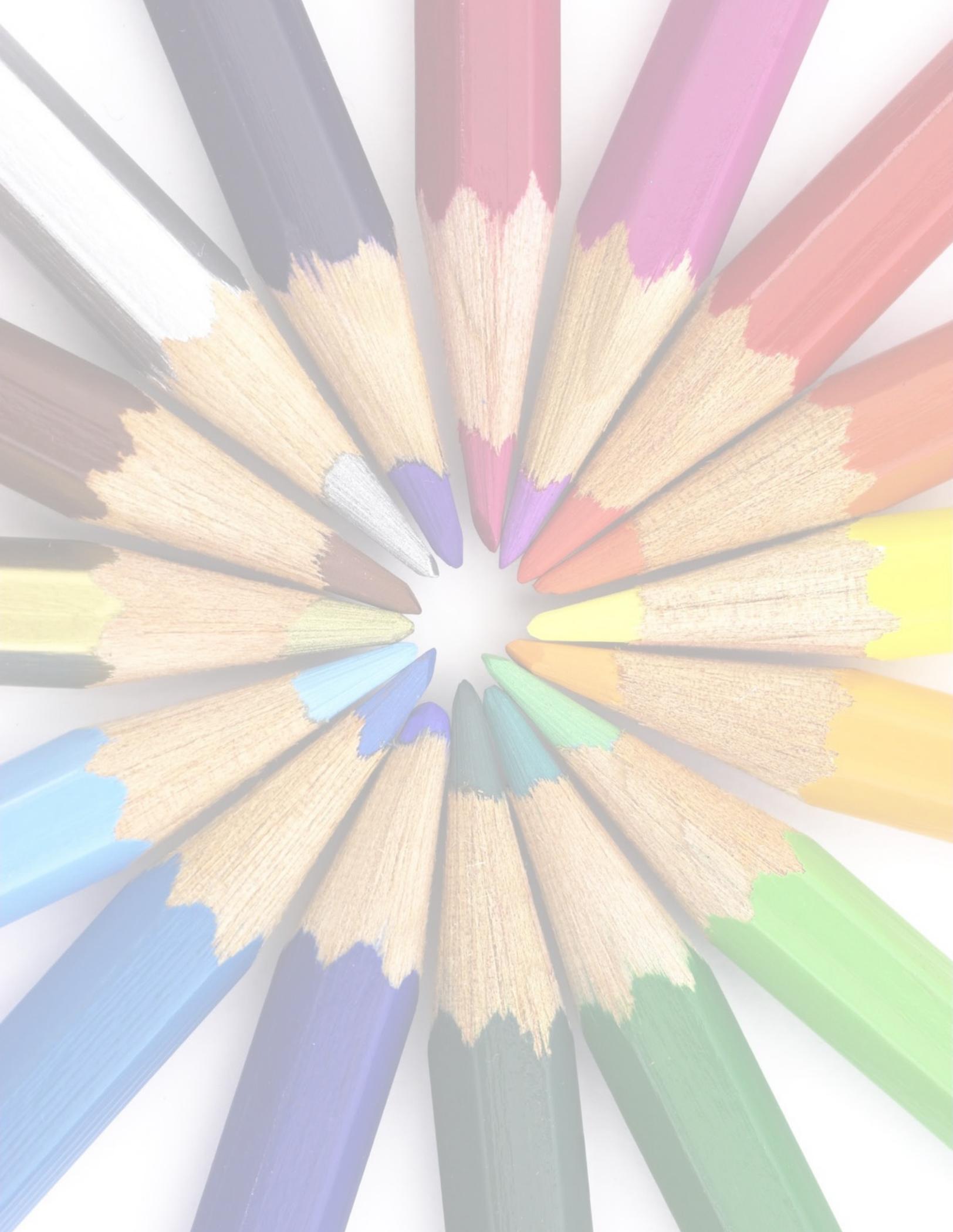
## Public Health Agency of Canada

#### Louise Aubrey

Senior Policy Analyst  
Youth Policy Unit  
Division of Children, Seniors and Healthy  
Development  
Centre for Health Promotion  
Health Promotion and Chronic Disease  
Prevention Branch  
Public Health Agency of Canada  
785 Carling Avenue, AL 6804B  
Ottawa, ON K1A 0K9  
Tel: 613-960-0542  
Fax: 613-960-6987  
[Louise.Aubrey@phac-aspc.gc.ca](mailto:Louise.Aubrey@phac-aspc.gc.ca)

### PHAC's website:

<http://cbpp-pcpe.phac-aspc.gc.ca/>







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

Pan-Canadian Joint Consortium for School Health  
Holman Centre , Suite 101  
250 Water Street  
Summerside PE C1N 1B6  
Tel: 902-438-4895  
Fax: 902-438-4889  
[www.jcsh-cces.ca](http://www.jcsh-cces.ca)  
[inquiry@jcsh-cces.ca](mailto:inquiry@jcsh-cces.ca)