



**Pan-Canadian**  
**Joint Consortium for School Health**  
Governments Working Across the Health and Education Sectors  
**Annual Report**  
July 31, 2013



The 2013 JCSH Annual Report is dedicated to the memory of graphic designer Bob Fehr, who created the JCSH logo and designed the Consortium's major documents and the Annual Reports from 2007-2012.



A workshop on Mental Fitness was offered to the students and teachers of École Saint Joseph in Edmunston, the nord-ouest school district of New Brunswick. During this workshop, each participant had to name one quality you need to have in order to be a good friend.

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# Message from the Executive Director



Education is the most powerful weapon which you can use to change the world.

– Nelson Mandela

I am pleased to present the 2013 Annual Report of the Pan-Canadian Joint Consortium for School Health (JCSH). With our 2012-2015 Strategic Plan in place, 2013 has been a year of building and strengthening for JCSH – strengthening cross sector collaboration, building on the research linking student well-being and achievement and strengthening the relationships with like-minded partners. Fostering collaboration across the sectors of health and education

to develop and support healthy schools has been the over-arching aim of the JCSH since its inception in 2005. In 2013, a special cross-sector and cross-jurisdiction meeting of senior level officials from both Health and Education Ministries resulted in foundational discussions: on the value of comprehensive school health to educators, on a definition of student achievement, and on an approach to school health that honours health and education mandates and requirements as well as the voice and involvement of youth.

The Cross Sector Meeting identified the need for further exploration on some key issues. Educators recognize the strong influence of school climate on achievement but neither the Education nor the Health sector clearly defines what is meant by the term student achievement. A JCSH project currently underway with the Social Program Evaluation Group (SPEG) at Queen's University will provide some clarity as researchers work with policy makers and practitioners to develop a set of Core Indicators and Measures (CIM) to allow government ministries, school districts, and schools to measure the effectiveness of Comprehensive School Health (CSH) initiatives on student achievement.

As a consortium, JCSH conducts its work almost universally with partners: not only the health and education policy makers and practitioners who form the JCSH membership, but also researchers and other agencies and associations. In the past year, the Consortium's strategic connections ranged from the work of PREVNet in bullying prevention to collaboration with The Students Commission in the development for JCSH of a youth engagement toolkit. This commitment to partnerships is also reflected in a long standing collaboration with the University of Waterloo which has resulted in a revised and enhanced Healthy School Planner – an online assessment tool for schools.

While the possibilities of initiatives to improve the health and achievement of all children and youth are never ending, the Consortium remains dedicated to its strategic direction: To provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.

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

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

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

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

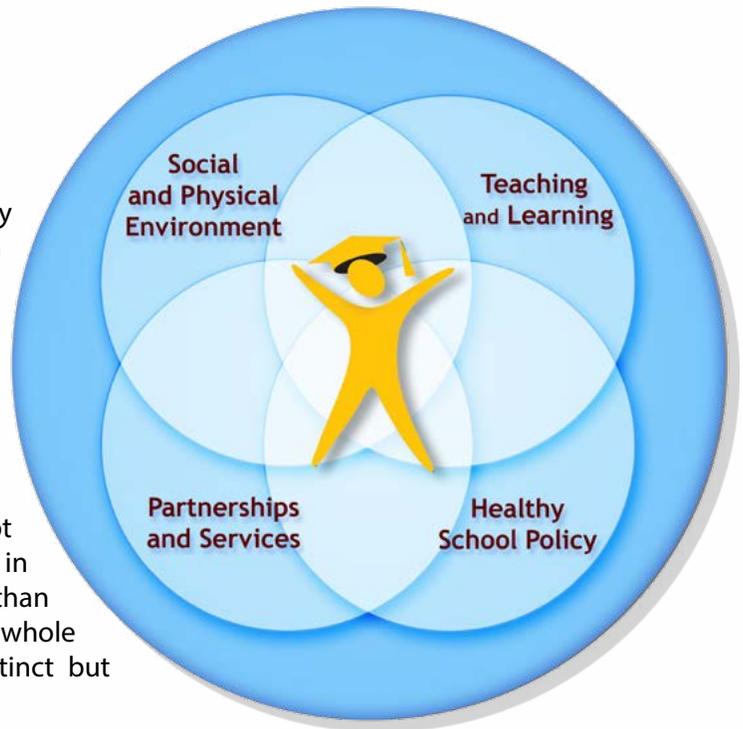
There are also significant long-term rewards for governments working across the health and education sectors. Research shows, and teachers and health professionals know, that healthy learning environments support both student wellness and student achievement. Educators, nurses, nutritionists, and other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

Cooperation for youth health is critical, not just for children and youth, but for Canadian society as a whole. Chronic illnesses such as heart disease and type 2 diabetes afflict families, communities, and the health care system. The spirit of cooperation espoused by the Joint Consortium for School Health supports the growth of healthy environments and positive lifestyles to combat the escalating prevalence of these and other preventable diseases.

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.

# About Comprehensive School Health

Comprehensive school health (CSH) is an internationally recognized framework for supporting improvements in student achievement and wellness while addressing school health in a planned, integrated, and holistic way. This encompassing term reflects the collective commitment to school health in provinces and territories throughout Canada. 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 quality of the relationships among and between school staff and students, the emotional well-being of students, and the buildings, grounds, play space, and equipment in and surrounding the school.
- **Teaching and learning** - curricular and non-curricular education of students and training of teachers in resources, activities, and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and learning outcomes.
- **Healthy school policy** - the management practices, decision-making processes, rules, procedures, and policies at all levels that promote student wellness and achievement, and shape a respectful, welcoming, and caring school environment.
- **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>1</sup>.

In the school, comprehensive school health initiatives improve student achievement and can lead to fewer behavioural problems. In the broader school environment, this approach assists students to develop the skills they need for lifelong achievement as well as physical, social-psychological, and spiritual health<sup>2</sup>.

### Comprehensive School Health in Canada in the 21<sup>st</sup> Century

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

## About the Joint Consortium

### Mandate

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

- strengthen cooperation among ministries, agencies, departments, and others in support of healthy schools;

1 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.

2 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>.

3 Heuveline et al, 2010.



- build the capacity of the health and education sectors to work together more effectively and efficiently; and
- promote understanding of, and support for, the concept and benefits of comprehensive school health initiatives.

## Mission

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

## Strategic Direction

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

## Monitoring and Evaluation

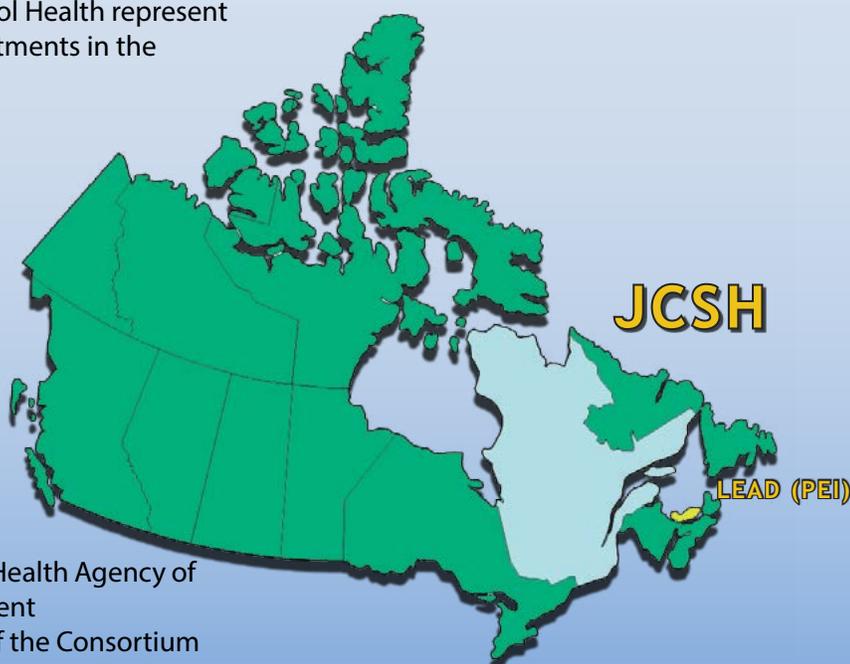
In 2012, the JCSH reviewed and revised its Operating Plan. Monitoring and evaluation of JCSH directions and initiatives are continuous and fundamental to the Consortium's Operating Plan and Logic Model.

In January 2013, the Joint Consortium's member provinces and territories brought together a meeting of Education Ministry and Health Ministry representatives from all 12 jurisdictions, along with the federal government partner the Public Health Agency of Canada, to fulfill collaboration objectives, including exploring the role and operational direction of JCSH in enhancing the work of the two sectors.

## 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.

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

## ACTIVITIES

The 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.

## 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.



## Pan-Canadian Joint Consortium for School Health Organizational Structure



# 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 16**.

## Leadership

The JCSH continuously makes advances in its work to improve student achievement and young people's health outcomes. As a pre-eminent voice of school health, the Consortium, through its membership and Secretariat, work to increase recognition across the sectors of the essential linkages between health and education in the lives and futures of all children and youth. In early 2013, a first-ever meeting of senior level officials from both Health and Education Ministries in the 12 member jurisdictions of JCSH reflected on such fundamental issues as:

- Does the term student achievement mean something more comprehensive than standardized tests and grades: Does it encompass the whole student?
- How does the Joint Consortium for School Health impact the core mandates on which the Ministries of Health and of Education are required to focus?
- What is the impact on policy, programming, and practice of having an authentic and embedded diverse youth voice as part of the stakeholders?
- In what ways does comprehensive school health contribute to the broad system of Education?

In this leadership role, the Consortium is invited regularly to participate in national and international forums, workshops, and dialogues on matters related to school health and, more broadly, on strategies to develop and sustain cross-sector collaboration. Over the past year, JCSH has provided presentations, support, and consultation to provinces / territories, research partners, and national organizations in the area of comprehensive school health knowledge development and exchange.





- Worked with the team at Propel and researchers throughout Canada to develop school health-related proposals for future funding.
- Provided consultation, through the Research Advisory Committee, in helping develop the national questionnaire that will become the 2013-2014 Health Behaviour in School-aged Children (HBSC) study in Canada. Conducted in collaboration with the World Health Organization Regional Office for Europe, the HBSC study is a cross-national, school-based survey conducted every four years to obtain data on the health and well-being of young people (aged 11 to 15) and the social context of their health attitudes and behaviours. The Canadian team is led by Dr. John Freeman and the Social Program Evaluation Group (SPEG) at Queen's University.
- Provided the Board of Directors and Executive of the Canadian Association of Principals (CAP) knowledge and learnings on comprehensive school health, positive mental health, and many initiatives of JCSH during the CAP annual conference – May 24-26 2012 in Montreal QC. Following this, in November, the Consortium met with the CAP executive and partners to discuss the research and practice bridge that is necessary to strengthen comprehensive school health and school wellness approaches in schools.
- Presented to a full conference plenary on Positive Mental Health Toolkit and Comprehensive School Health, held during the 3rd National Symposium on Child and Youth Mental Health, May 30-June 01 2012 in Calgary AB.
- Along with Propel Centre for Population Health Impact, delivered opening remarks and a presentation on evidence from policy and practice during the 4<sup>th</sup> Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity – October 25-26 2012 in Halifax NS.
- Participated in a stakeholder dialogue: Promoting Healthy Weights Using Population-based Interventions in Canada. McMaster Health Forum: September 17 in Hamilton ON.
- Strengthened JCSH's leadership role and the understanding of comprehensive school health by initiating or maintaining partnerships across Canada:
  - Physical and Health Education (PHE) Canada
  - Canadian Association of Principals (CAP)
  - Federal/ Provincial/Territorial Group on Nutrition (FPT GN)
  - PREVNet
  - Health Canada
  - School-Based Mental Health and Substance Abuse (SBMHSA) Consortium
  - Federal Coordinating Committee for School Health (FCCSH)
  - Propel Centre for Population Impact, University of Waterloo, Waterloo ON
  - Health and Education Research Group (HERG), University of New Brunswick, Fredericton NB
  - Social Program Evaluation Group (SPEG), Queen's University, Kingston ON

## Knowledge Development and Exchange

The JCSH's work as a bridge for policy, practice, and research was epitomized in 2012-2013 by the completion of a full revision and pilot testing of the Healthy School Planner. This JCSH tool assists a school community to develop a team, assess the health of the school using the Comprehensive School Health Framework, and make a plan following the recommendations and resources provided. The Planner becomes a resource for a school community, a school district and a province / territory while setting the stage for broader improvements in student wellness.

Knowledge Development and Exchange was an area of dedicated work by the collective JCSH membership. Among the highlights:

- During the 2012 meeting of the Council of Ministers of Education, Canada (CMEC), the Positive Mental Health Toolkit was promoted by the Honourable Alan McIsaac, Minister of Education and Early Childhood Development for Prince Edward Island.
- The 2<sup>nd</sup> edition of the primary Positive Mental Health foundational document: Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives was completed in 2013. W Morrison and Associates updated the existing literature and conducted further consultations with key school health and education leaders throughout Canada on positive mental health approaches.
- The Joint Consortium's commitment to resource development in the area of school health has been a directing force in two major projects that were initiated in the past year: a toolkit on Youth Engagement for Ministries, school districts, schools and community agencies; and a set of Core Indicators and Measures on the connection between Student Achievement and Comprehensive School Health.
- The Consortium contributed to two articles to be featured in a special issue of the CAP Journal dedicated to comprehensive school health. The Journal issue is expected to be published in fall 2013.
- Comprehensive school health, positive mental health, and the success of policy/practice/research collaboration was profiled during the following national conferences and workshops (through presentations, display booths, knowledge pieces in delegate packages):
  - Federal Coordinating Committee on School Health (FCCSH): meeting of this federal body of agencies and organizations related to school health: September 25 2012, Ottawa ON.
  - Canadian Partnership Against Cancer (CPAC), an environmental workshop focused on identifying collaborative research, practice, and policy partnership opportunities – September 25-26 2012, Montreal QC.
  - Alberta School Boards' Association (ASBA) National Conference 2012: Time for a Student Health Revolution Conference – September 30-October 02 2012, Banff AB.
  - Healthy Relationships: The Foundation for Healthy Development: Implications for Policy and Practice. This symposium on healthy relationships, built on findings from the 2009/10 Health Behaviour in School-aged Children (HBSC) study, was hosted by the Division of Children, Seniors and Healthy Development at the Public Health Agency of Canada (PHAC) – October 30 2012, Ottawa ON.





- Ontario School Counsellors' Association (OSCA) Conference 2012: A Healthy School... A Healthy Community! – November 04-06 2012, Toronto ON.
  - Building Momentum: The Wellness Movement in New Brunswick Conference 2012, November 07-08 2012, Fredericton NB.
  - Series of provincial / territorial dialogues on food and beverages: Reducing the Salt Intake of Canadians: A Provincial and Territorial Multi-Sector Sodium Engagement Dialogue; 2nd Provincial/Territorial Engagement Dialogue on the Proposed Best-fit set of Nutrient criteria for foods and beverages: and a Federal Provincial Territorial Group on Nutrition (FPT GN) meeting on learnings from the PT Dialogue on Nutrient Criteria for Foods and Beverages – November 21-23 2012 in Edmonton AB.
  - Ever Active Schools' 4th annual Shaping the Future - Engaging Healthy School Communities – January 24-26th 2013, Kananaskis AB.
  - Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada – February 13-14 2013, Winnipeg MB.
  - Canadian Partnership Against Cancer (CPAC) Workshop: Advancing the Use of Evidence in Nutrition, Physical Activity and Built Environment Policies Promoting Cancer and Chronic Disease Prevention National Workshop - March 19 2013, Montreal QC.
- Distributed the 2012 Annual Report to partners and stakeholders across the country in print format and online at the JCSH website: [www.jcsh-cces.ca](http://www.jcsh-cces.ca).

## Capacity Building

A critical part of the Consortium's work is to build the capacity of the health and education sectors to collaborate more effectively. At the same time, it supports the work of member jurisdictions and the Federal Government to build their respective capacities to design and deliver comprehensive school health programs. In the past year, the JCSH has also grown the level of direct collaboration among the Management Committee and School Health Coordinators' Committee members with other directors and managers in Health and Education Ministries in all provinces and territories.

- Following years of revisions, interviews with key stakeholders, and pilot testing across the country, the Healthy School Planner was newly launched in 2013. This essential tool for assessing the health of a school community has been redeveloped with a key foundational comprehensive school health module, and "express" and "detailed" modules in physical activity, healthy eating, tobacco use and positive mental health. The Planner provides a feedback report for schools along with recommendations and resources, and aggregate reports of the results available to school districts and provinces / territories.
- At the provincial / territorial as well as the pan-Canadian levels, conducted workshops and presentation sessions on the use and potential individual and school-level improvements available from the Positive Mental Health Toolkit and the Healthy School Planner.
- Worked with partner agencies and organizations to assist them in using the Comprehensive School Health Framework and the Healthy School Planner in developing professional development training programs and project funding envelopes.

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



# Highlights of Progress in Member and Supporting Jurisdictions

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

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

Please note: The accomplishments listed in this section reflect progress made during 2012-2013. For more information on any initiatives listed, visit the jurisdictions' respective school health websites. See Appendix D for member and supporting jurisdictions' contact information and web links.



## British Columbia

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 umbrella of the province's broader health promotion strategy. The initiative builds on existing provincial and regional initiatives contributing to the development of healthy schools.

HSBC continues to strengthen health-education partnerships and build the capacity of both sectors to support the implementation of CSH in BC schools. New provincial healthy schools leadership structures, and enhanced regional health authority engagement with school districts support 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 province is in a process of transforming education in BC to better meet the needs of all learners and improve their life-long achievement and well-being. The focus is on providing a more flexible curriculum that prescribes less and enables more, for both teachers and students and a system focused on the core competencies, skills, and knowledge that enables personalized learning and cross-curricular teaching. The focus is less on imparting facts and the information-based details of what needs to be learned and more on the “big ideas” or concepts that students need to master to succeed in their education and their lives.
- An HSBC joint leadership table with health and education sector representation was convened to help guide the provincial healthy schools agenda. At the regional level, health authorities initiated consultations with education partners on how to build on existing relationships and work together most effectively using the CSH approach.

- HSBC introduced the [Healthy Living Youth Council](#) (HLYC), a youth-led initiative that empowers students to develop their voices around CSH and affect change in their school communities and beyond. This year, the HLYC members are developing and implementing student-led, teacher-supported healthy living projects.
- The BC School-Centred Mental Health Coalition expanded its membership to include representation from over 30 organizations. The Coalition continued to promote awareness and capacity building around school connectedness and positive mental health, and played a key role in supporting two provincial knowledge exchange events - the 2012 [Summer Institute](#), which expanded to a 2 day event with 250 attendees from across the province, and the first-ever [Youth Summit 2013: Building a Mindful Community](#) – a “by youth, for youth” mental health workshop.
- In 2012, the BC Ministry of Education launched the [ERASE](#) (Expect Respect and a Safe Education) bullying strategy, a multi-pronged approach to promote positive mental health and prevent bullying and violent behaviors in schools. A key component is a five-year, multi-level training for educators and community partners to foster safe school cultures, prevent bullying and harmful behaviors, identify signs of domestic violence and mental health issues, and undertake violence threat risk assessments. For parents and students, the [ERASE website](#) provides advice on how to address bullying and a confidential online reporting tool for youth to report bullying.

## Knowledge Development and Exchange

New resources were created through HSBC to support CSH knowledge and skill development within the health and education sectors. The [Comprehensive School Health \(CSH\) Knowledge Guide](#) introduces the basic concepts of CSH and the [Healthy Schools BC Resource Guide for Teaching and Learning](#) supports the implementation of healthy schools initiatives through a student-led inquiry model. DASH BC delivered several face-to-face and webinar-based learning sessions to health authority and education sector staff to increase awareness and understanding of CSH and these new provincial resources.

- The Sooke School District piloted a [Nature Kindergarten](#) program which aims to enhance student’s interactions with, and understanding of, their local, natural environment. The pilot will evaluate and provide new evidence on the effects of a Nature Kindergarten program on student’s health and learning, including self-regulation and attention skills, activity level, and motor skill development.
- The McCreary Centre Society conducted the fifth provincial [Adolescent Health Survey](#) (AHS). New survey questions were included to provide information about emerging adolescent health issues. Over 500 schools and 1,700 classes took part in the survey year. The results of the survey will be released in 2014.
- The BC School-Centred Mental Health Coalition [Summer Institute](#) included a presentation on body image and weight bias, including highlighting the Action Schools! BC [Being Me](#) resource. The BC Dairy Association offered workshops for teachers that aimed to shift attitudes around weight bias, and to increase knowledge about risk and protective factors for body image, the Health at Every Size approach, and the importance of positive role modelling.

## Capacity Building

- The [HSBC Toolkit](#) was made available to help schools and districts develop, implement, and evaluate customized healthy schools’ action plans.
- Phase three of the After School Sport Initiative (ASSI) was launched in selected communities where children face barriers to participation in sport and physical



activity. Identified schools received funding to partner with community service providers and local sport organizations, introducing children to fundamental movement and sport skills. Six new communities were added, bringing the total initiative reach to 16 communities. In addition, funds were made available to offer an art/cultural experience for youth participating in the program.

- The [BC School Fruit and Vegetable Nutritional Program](#) (SFVNP) continued to expand to First Nations schools and public schools in the province. The provincial government, in collaboration with the BC dairy farmers, also provided funding to expand the SFVNP to include milk for all K-2 classes in public and First Nation schools. In addition, BC Farm to School and the BC Agriculture in the Classroom Foundation worked together to provide salad bar equipment grants to almost 40 schools across BC. The Farm to School program supports these schools through regional leads and education sessions.
- The [Roots of Empathy Program](#) was expanded to 440 Kindergarten classrooms in BC. [Seeds of Empathy](#) expanded to reach 35 early childhood centres, delivering a total of 46 SOE programs, including 14 Aboriginal programs. The [FRIENDS for LIFE](#) program was enhanced to include an on-line resource for parents, providing information to reinforce coping skills in their children.



## Alberta

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. Ever Active Schools, a provincial program, supports the implementation of comprehensive school health in collaboration with three provincial Ministries: Education, Health, and Tourism, Parks and Recreation.

### Leadership

- Inspiring Education was a province-wide consultation that brought Albertans together to talk about the future of teaching and learning. It provided a vision for an Educated Albertan in 2030 - an Engaged Thinker and Ethical Citizen with an Entrepreneurial Spirit. Curriculum Redesign is one of the initiatives helping to bring the vision of Inspiring Education to life. It is aimed at ensuring Alberta's curriculum (programs of study, assessment, and learning and teaching resources) remains responsive and relevant for students. It reflects the province's commitment to continually improve its work in providing a world-class, student-centered curriculum that is competency-focused built on a foundation of literacy and numeracy for students now and in the future. To learn more about Curriculum Redesign, please visit the Alberta Education website at: <http://education.alberta.ca/department/ipr/curriculum.aspx>
- The Alberta School Boards Association National Conference 2012 was an unprecedented opportunity to discuss issues of student health and wellness. The Alberta School Boards Association hosted the first conference of this kind in Canada from September 30-October 2, 2012 in Banff, Alberta. Time for a Student Health Revolution was designed to provide trustees, administrators, educators, public health officials and parents a chance to think about and discuss student fitness, nutrition and mental health.
- In January 2013, Ever Active Schools hosted the 4th Annual Shaping the Future

Engaging Healthy School Communities Conference, bringing together 350 people from across Alberta and Canada with a vested interest in the assessment, planning, and implementation of comprehensive school health. The Conference focused on promising practices, success stories, research, and opportunities to network, learn, share, and revitalize healthy school communities. Pre-conference sessions included:

- the importance of improving physical literacy; and
- strategies, tools and resources to increase engagement for creating healthy school communities.

## Knowledge Development and Exchange

- Alberta Health hosted an Engagement Dialogue on Improving Consistency of School Food Guidelines for Canadian Schools in November 2012. This engagement dialogue was the second and final targeted dialogue that will result in a set of nutrient criteria that can be used by all jurisdictions and the food industry to create healthier food environments. The criteria are currently being finalized by the Federal Provincial and Territorial Group on Nutrition sub-committee put in place to complete this work.
- Alberta, along with the other provinces and territories, continues to be a strong advocate for reducing sodium in the food supply, and a report on this issue was released by the Provincial and Territorial (P/T) Ministers of Health June 2012. A copy of the report is available at <http://www.health.alberta.ca/documents/Sodium-Report-PTMH-2012.pdf>. In response to this report, Alberta Health held a P/T Multi-Sector Sodium Engagement Dialogue in November 2012. Participants were engaged on three topic areas:
  - Industry incentives for lowering sodium;
  - Sodium research; and
  - Monitoring and evaluating sodium in the food supply.
- Raising Healthy Eating and Active Living Kids (REAL Kids Alberta) is an evaluation of the effectiveness of Healthy Weights Initiatives. Since 2008, the survey has been used to gather information on physical activity, screen time, dietary habits, and nutrient intake, as well as measured heights and weights of more than 3,900 Grade 5 students in 174 randomly selected schools. Results from the REAL Kids Alberta measurements include:
  - Among schools funded by the Alberta Healthy School Community Wellness Fund (Wellness Fund), baseline data from 2008 indicate rates of overweight children were at 17.6 per cent, which was modestly higher than the provincial average of 17.1 per cent. In 2012, the prevalence of overweight children had decreased among Wellness Fund schools to 13.8 per cent, well below the 18.3 per cent prevalence of overweight children observed for the province;
  - In Alberta, a steady increase in behavioural change towards healthier eating and increased physical activity was observed from 2008 to 2012. In 2008 approximately 25 per cent of children reported that they started becoming more physically active and eating healthier compared to almost 50 per cent of students in 2012 reporting the same intentions; and
  - 26 per cent of Alberta's Grade 5 students measured for REAL Kids were overweight or obese compared to 29 per cent in 2008.



## Capacity Building

- Since 2007, the Wellness Fund has supported 200 healthy school initiatives that include 45 of 62 Alberta school jurisdictions and their communities. The 2012/2013 funding supports the following healthy school initiatives:
  - 20 jurisdictional readiness grants to support school districts in developing healthy school communities,
  - 21 healthy relationship grants that can include responsible sexual behaviour;
  - 7 student leadership grants;
  - 18 wellness grants related to healthy eating, active living, and positive social environments; and
  - 6 grants involving seven school jurisdictions to support high schools to embed interdisciplinary/cross-curricular wellness using a comprehensive school health approach.
- Speak Out is an opportunity for Alberta's youth to share their experiences and ideas with provincial and/or local education decision makers to further understand the issues that are important to them. The 5th Annual Speak Out Conference was held on April 12 - 14, 2013. Two of the concurrent sessions focused on wellness including:
  - Over 80 students discussing the future of high school wellness education and providing input into possible future program of study learning outcomes; and
  - 45 teacher and parent chaperones engaging in learning opportunities about comprehensive school health, strategies to become involved in wellness in their school community, and learning about the supports available to take action to create a healthy school community.
- May 2013 marked the kick-off of the next phase of Alberta Health's healthy eating and active living social marketing campaign called the Healthy U 5&1 Experiment - a community-based campaign that offers kids aged 6 - 12 years, 42 unique healthy eating and active living "experiments" to create a sense of discovery and fun for families to experience together. The 5&1 Experiment encourages:
  - Children to eat at least 5 servings of veggies/fruit and be physically active at least 1 hour each day as recommended by national guidelines;
  - School communities to engage in a variety of activities including: assemblies, hosting a Healthy U outreach team, and 5&1 Experiment kits for families; and
  - Parents to get the Healthy U 5&1 Experiment apps for Apple and Android users, sign their kids up, and track their progress online at: [www.healthyalberta.com](http://www.healthyalberta.com).



## Saskatchewan

For the first time in over 40 years, our schools are seeing significant increases in enrolment as our population grows and more families are making Saskatchewan their home. The Government of Saskatchewan believes that ensuring student achievement, encouraging healthy lifestyles, and preparing students for success in both school and life, are all essential elements for sustaining our Saskatchewan Advantage, now and into the future. Highlights of our government's actions in 2013 to encourage using a comprehensive school community health approach include:

## Leadership

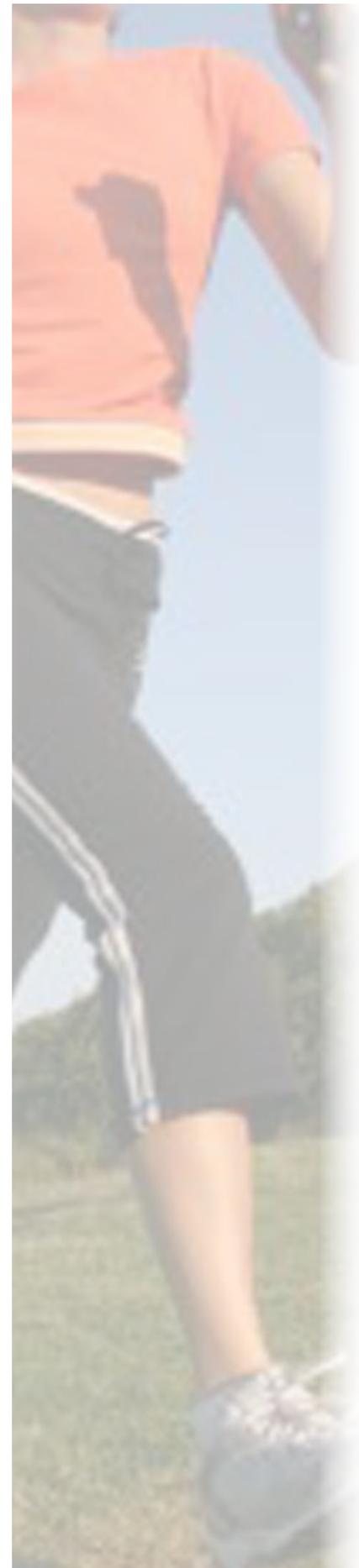
- In March 2013, the Ministries of Health and Education hosted a youth engagement training/leadership session supported by The Students Commission – Centre of Excellence in Youth Engagement. Students engaged in discussions and activities related to critical thinking and positive decisions using data from the 2011 Health Behaviour in School-aged Children (HBSC) Report. Adult allies who also attended the session learned about youth engagement during the event using a youth engagement toolkit drafted by The Students Commission – Centre of Excellence for the Public Health Agency of Canada. We would like to acknowledge Youth Launch, the Saskatchewan Prevention Institute, and young adult facilitators who were instrumental in planning and delivering the event.
- The Ministry of Health and the Ministry of Parks, Culture, and Sport are co-leading a Healthy Weights Strategy that includes representatives from: Ministry of Education, Ministry of Government Relations, and Ministry of Social Services. The strategy will involve working across sectors with partners both in and outside government to promote healthy weights and decrease the proportion of overweight and obese children and youth. The approach will include engaging and partnering with stakeholders to enhance existing initiatives and build a longer-term action plan.

## Knowledge Development and Exchange

- The renewed Wellness 10 curriculum was disseminated to Saskatchewan school divisions in the fall of 2012. The purpose of Wellness 10 is to develop confident and competent students who understand, appreciate, and engage in a balanced, healthy, and active lifestyle.
- To strengthen the partnership between the health and education sectors, the Ministry of Education has reallocated human resources to support two Comprehensive School Community Health consultants. This will allow greater engagement of schools and communities in addressing the health and well-being of their students in a holistic way.
- To support school and school divisions in providing healthy foods in schools, the Ministries of Health and Education will work with provincial Public Health Nutritionists to revise *Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools*.

## Capacity Building

- The Saskatchewan government is in the process of implementing the Tell Them From Me (TTFM) perceptual surveys for students and teachers in all schools. The survey is intended for all Grades 4-12 students and their teachers. Data related to school climate, school safety, student well-being, and social, emotional, and intellectual engagement will be used to inform teacher, school, and community planning and decision making. All schools are expected to be using the surveys by the fall of 2014.
- For the 2013-14 data collection cycle of the HBSC the sample size will be expanded to allow for regional reporting that can be shared among sectors to encourage partnerships and greater alignment of priorities. The HBSC data is intended to complement data that is being collected from the Ministry of Education through the Tell Them From Me Survey and is relevant to cross government initiatives such as healthy weights, the after-school time period, and student achievement.
- A Saskatchewan Anti-bullying Strategy is being developed to reflect a Comprehensive School Community Health approach to healthy relationships



and anti-bullying. The action plan includes: facilitating community consultations, providing online support materials, reviewing existing policies and practices, providing supports and direction to school divisions in their use of TTFM perceptual data, promoting healthy and safe school cultures and environments, providing expectations for and supports to school divisions, and working with school divisions to engage community partners.

### *HBSC Youth Engagement*



## **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 Healthy Living, Seniors and Consumer Affairs, Manitoba Education, and Healthy Child Manitoba. [www.manitoba.ca/healthyschools](http://www.manitoba.ca/healthyschools)

### **Leadership**

- In 2013, Manitoba passed legislation designed to improve the safety of children and youth. Under the Highway Traffic Act, cyclists under the age of 18 are required to wear a bike helmet when they are cycling, riding as a passenger, or being pulled by a bike. As part of the province's commitment to affordability, bicycle helmets are now exempt from provincial sales tax and Manitoba families can continue to access affordable bike helmets through the province's Low Cost Bike Helmet Initiative. Over the past seven years, through the Low Cost Bike Helmet Initiative, more than 82,000 low cost helmets have been purchased by Manitoba families. [www.gov.mb.ca/healthyliving/hlp/bikesafety](http://www.gov.mb.ca/healthyliving/hlp/bikesafety)
- Manitoba hosted the Safe and Caring Schools Leadership Forum which brought together over 300 participants, including students, teachers, school leaders, and bullying prevention experts. The forum was held as part of a provincial anti-bullying strategy and was attended by representatives from every school division. The Minister of Education, Nancy Allan, also attended the conference and had the opportunity to meet with participating students to discuss issues related to safe and caring learning environments. [www.edu.gov.mb.ca/k12/safe\\_schools](http://www.edu.gov.mb.ca/k12/safe_schools)
- Manitoba amended The Public Schools Act, requiring school divisions to establish Community Use of Schools policies. A handbook was also developed to support school divisions in reviewing and developing facility-use policies, procedures, and agreements for schools, school divisions, municipalities, and recreation commissions. [www.edu.gov.mb.ca/k12/docs/reports/use\\_facilities](http://www.edu.gov.mb.ca/k12/docs/reports/use_facilities)

- A share and learn workshop on physical literacy was held for registered **in motion** schools. Healthy Schools **in motion** is a component of Manitoba **in motion**, a provincial strategy to help all Manitobans make physical activity part of their daily lives for health benefits and enjoyment. Healthy Schools **in motion** work towards the goal of 30 minutes of physical activity every day for every student.  
[www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)

## Knowledge Development and Exchange

- A Manitoba released Growing Up OK!, a puberty resource tailored to children aged 9-12. Adapted with permission from Alberta Health, Growing Up OK! is a resource intended to support teachers in delivering the provincial Grade 5 and 7 Physical Education/Health Education curriculum. The resource was also developed to assist school counselors in working with students and to support parents in teaching and discussing this topic with their children.  
<http://www.manitoba.ca/healthychild/publications>
- As part of Manitoba's anti-bullying action plan, the province provided resources and supports to help parents deal with the issue of bullying. Through continued partnership with Safe Schools Manitoba and the Manitoba Association of Parent Councils, the province committed to enhancing the safety of Manitoba's school communities. New parent-friendly supports were developed, including brochures, fact sheets, and a website.  
[http://www.edu.gov.mb.ca/k12/safe\\_schools/bullying.html](http://www.edu.gov.mb.ca/k12/safe_schools/bullying.html)
- Launched the Healthy Schools in motion Physical Literacy Toolkits to support schools in improving students' physical literacy skills. The Physical Literacy Toolkits included both a Recess Toolkit (for Grades K-6) which examines ways to make recess a safe and active time period and a Physical Literacy Toolkit (for Grades 3-12) which supports schools in helping students improve the number of skills in which they are competent. Research has shown that students who develop physical literacy also develop confidence in their abilities and are less inclined to withdraw from physical activity or make unhealthy choices during leisure time.  
[www.manitobainmotion.ca/schools/physical\\_literacy\\_toolkits](http://www.manitobainmotion.ca/schools/physical_literacy_toolkits)

## Capacity Building

- Launched Manitoba's After School Network. The After School Network was created to facilitate the sharing of expertise among government funded youth-serving organizations who develop and deliver after-school programs. One of the key objectives of the After School Network is to support, strengthen, and broaden the capacity of after-school programming across Manitoba by providing opportunities for collaboration, coordination, and professional development.  
[www.gov.mb.ca/cyo/youth/leadership/after\\_school\\_network](http://www.gov.mb.ca/cyo/youth/leadership/after_school_network)
- 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.  
[www.manitoba.ca/healthyschools/hsgrant](http://www.manitoba.ca/healthyschools/hsgrant)
- Provided annual funding to schools through Healthy Schools Provincial Campaigns to undertake projects that support and increase awareness of important health and wellness issues in their school community. In 2012-2013, schools received funding for activities focused on Healthy Eating and Mental Health Promotion.  
[www.manitoba.ca/healthyschools/campaigns](http://www.manitoba.ca/healthyschools/campaigns)
- Invited Manitoba schools to apply for Education for Sustainable Development





(ESD) Grants to help students learn about the environment, nature, and helping others and their communities. A number of schools from across the province were awarded ESD Grants. Grant projects involved hands-on learning and ranged from planting community gardens, developing outdoor classrooms to playground renewal. [www.edu.gov.mb.ca/k12/esd/grant](http://www.edu.gov.mb.ca/k12/esd/grant)

## 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 a healthy, active lifestyle. Since 2006, Ontario has made progress in creating healthier schools. Working with partners in the education and health sectors, as well as other ministries, the Ministry of Education has a number of initiatives to support a comprehensive approach to healthy schools. Ontario's Healthy Schools Strategy focuses on: (1) healthy eating (e.g., School Food and Beverage Policy, Trans Fat Standards Regulation and Healthy Food for Healthy Schools Act); (2) physical activity (e.g., Daily Physical Activity); and (3) injury prevention (e.g., Sabrina's Law, Swim to Survive, Ontario Concussion Strategy). The intended outcomes of the Strategy include improving students': physical health; rates of chronic diseases; and achievement and well-being.

### Leadership

- As part of Ontario's Action Plan for Health Care, Ontario brought together a panel of experts to help take on the challenge of reducing childhood obesity by 20 per cent over five years. On March 4, 2013, the Healthy Kids Panel presented its recommendations, which will help to inform the government's next steps to reduce childhood obesity. The panel's recommendations focus on:
  - Starting all kids on the path to health by enhancing preconception and pre-natal care for families and promoting breastfeeding
  - Changing the food environment to increase the availability of healthy choices and expand nutrition programs in schools
  - Building healthy communities that encourage healthy eating and active living

An inter-Ministerial Working Group on Healthy Kids, chaired by the Ministers of Health and Long-Term Care and Children and Youth Services, will provide advice and oversight on a cross-government approach.

- On January 15th, 2010, the Ministry of Education released the School Food and Beverage Policy (PPM 150) which sets out nutrition standards and requires that school boards ensure that all food and beverages sold on school premises for school purposes meet the requirements by September 1, 2011. The nutrition standards apply to all food and beverages sold in all venues (e.g., cafeterias, vending machines, tuck shops), through all programs (e.g., catered lunch programs), and at all events (e.g., bake sales, sports events).
  - In February 2013, the Ministry of Education distributed teacher resources to all secondary schools to support implementation and encourage integration of healthy eating into classroom teaching ([www.edu.gov.on.ca/eng/healthyschools/policy.html](http://www.edu.gov.on.ca/eng/healthyschools/policy.html))
  - In March 2013, staff from the Ministry of Education, the Ontario Education Leadership Centre and The Students Commission met with students from nine school boards in the Ottawa Region for a Youth Conference to discuss the School Food and Beverage Policy. The intent of the session was to inspire school teams to take action within their school communities on healthier eating choices. One of the most meaningful outcomes of the session was how youth facilitators were able to engage and empower the voices of their peers. The Ministry of Education collected important data on students' perspectives on healthy eating and ideas for improving their school communities.



- In the 2012-13 school year, the Ministry of Education initiated a Healthy Schools Support and Monitoring Plan intended to assess the uptake of student well-being programs within schools. The plan includes three distinct components: (1) school board visits; (2) Adobe Connect Webinars; and, (3) Electronic Bulletin/E-Newsletters.

## Knowledge Development

- *The Ontario Curriculum, Grades 1-8: Health and Physical Education, Interim Edition, 2010 (revised)* is being implemented and is posted on the ministry website at [www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html). Release of the revised secondary Health and Physical Education curriculum (Grades 9-12) is pending.
- The Ministries of Education, Tourism, Culture and Sport and Health and Long-Term Care are working together to help build awareness about concussion prevention, identification and management inside and outside of schools. We are also working with the Ontario Physical and Health Education Association (Ophea) to provide the Ontario Physical Education Safety Guidelines (OSG) free-of-charge to all Ontarians. The OSG includes important information on concussion prevention, identification and management.

## Capacity Building

- To continue to build on the effective work being done by Ontario school boards to support students with mental health and addiction issues, and as a part of the government's comprehensive Mental Health and Addictions Strategy, *Open Minds Healthy Minds*, the Ministries of Education (EDU), Children and Youth Services (MCYS), Health and Long-Term Care (MOHLTC) and Training, Colleges and Universities (MTCU) are working collaboratively with district school boards and others to:
  - further implement mental health literacy and awareness training for all Ontario educators and system leaders;
  - continue the hiring of new mental health workers and nurses to support Ontario students struggling with mental health and addictions issues.
- In 2013-14, all school boards in Ontario will be provided with a mental health and addictions resource guide for educators, Supporting Minds, as well as dedicated leadership in the form of Mental Health Leaders and support through the provincial initiative School Mental Health ASSIST which will provide coaching and implementation support so that all Ontario school boards will develop a board wide mental health and addictions strategy.
- The Ministry of Education continues to work to further enhance the Ontario curriculum to promote healthy development and mental health and well-being.

## 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 creation of healthy, safe, and supportive physical and social environments. Public Health (Public Health Nurses and Dietitians) work primarily with school districts through Health 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 helping to connect 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 delivery, student services, and commitment to community schools.

## Leadership

- An Advisory Committee for the Healthy Learners in School Program (HLSP) was established to provide a forum to facilitate collaboration and sharing among partner organizations (Department of Health, Department of Education and Early Childhood Development, Department of Healthy and Inclusive Communities, and the Regional Health Authorities). This committee will identify and discuss program issues and will make recommendations to the HLSP steering committee aimed at enhancing the Healthy Learners in School program.
- Two provincial anti-bullying coordinators, one for each linguistic sector, have been hired by EECD to oversee and coordinate bullying prevention and awareness across schools and districts. In May 2012, amendments to the Education Act were introduced that place greater emphasis on prevention, reporting, investigating, and taking action when bullying occurs in schools.
- The 2012-13 school year marked year one of a multi-year plan to implement a number of recommendations from the Strengthening Inclusion, Strengthening School report. The overall goal of the recommendations is to support the learning and success of every student in inclusive positive learning environments, within safe and healthy schools. The fostering of such learning environments promotes social cohesion, a sense of belonging, active participation in learning, positive interactions with peers in the school community and a generally richer school experience.

## Knowledge Development and Exchange

- DHIC, in collaboration with the EECD, implemented the third cycle of the Grades 6-12 Student Wellness Survey, through a new partnership with the New Brunswick Health Council. The national Youth Smoking Survey is embedded within this process to minimize survey burden on schools. This partnership will provide enhanced analytic capacity to provide data to schools and communities, districts, and provincial departments and will enhance data sharing with other stakeholders who could support student wellness.
- EECD has compiled the results of the survey distributed to teachers responsible for teaching *formation personnelle et sociale (francophone sector)* from K-10 to gather feedback on the curriculum. These results have been shared with the Learning Specialists from each Francophone School District and, based on those results, priorities were identified. Results of the survey sent to the students from Grades 6 to 10 are in the process of being compiled as well.

## Capacity Building

- The departments of EECD, Health, Social Development, and Public Safety concluded an intergovernmental agreement on the integrated service delivery (ISD) conceptual framework. Two demonstration sites were launched in 2011. ISD is designed to promote the positive development of children and youth, to

enhance system integration and system efficiencies, to enhance client access to needed services in a timely manner, and to address effectively the emotional/behavioural needs of children/youth and their families. The Positive Mental Health (PMH) Indicator framework (JCSH PMH Toolkit) has been used to support action on positive mental health for all students.

- Through the NB Wellness Strategy, new community development grants were offered to support Community Food Action initiatives and After School Hours programs. Schools have participated in these initiatives either as primary applicants or as a partner in a community project. Such initiatives support capacity building by enhancing partnership and engagement between schools and community organizations with similar objectives.
- First Nation schools have been eligible to apply for School Wellness Grants since 2011. In February, a two-day “Bridging the Gap” Forum was hosted to build relationships among delegates and to share successes and challenges in promoting physical activity in communities throughout New Brunswick. A variety of partners from all 15 FN communities plus representatives from the Aboriginal Peoples Council attended, including school personnel, nurses, elders, sports groups, youth, etc.

## Nova Scotia

The Nova Scotia Department of Health and Wellness and the Nova Scotia Department of Education have been working with their partners since 2005 to support the adoption of a health promoting schools (HPS) approach in school communities all across Nova Scotia. Nova Scotia’s HPS approach includes healthy eating, physical activity, sexual health, tobacco reduction, addiction, mental health, injury prevention, and a range of other health issues within the school setting.

### Leadership

- After eight years of encouraging a health promoting schools approach, the provincial Health Promoting Schools co-chair committee, with representatives from Health and Education, gathered to consider an updated vision and strategic plan for comprehensive school health in NS.
- In June 2012, the provincial government announced Thrive! a plan for a healthier Nova Scotia. This strategy uses policy to create environments that support healthier choices with a focus on good nutrition and physical activity. Although the scope of HPS is broader than this plan, many of the actions within Thrive! are supported by the work of HPS. To view some video clips which capture aspects of a health promoting school environment, go to <https://thrive.novascotia.ca/stories>
- The Food and Nutrition Policy for Nova Scotia Public Schools was launched September 12, 2006 with a three year implementation schedule. This policy is intended to increase access to and enjoyment of health promoting, safe, and affordable food and beverages served and sold in all Nova Scotia schools. The NS Departments of Education and Health and Wellness review the policy and food and beverage standards biennially. The policy is currently under review and the revised Food and Nutrition Policy for Nova Scotia Public Schools will be ready for release in the late 2013-14 school year.



## Knowledge Development and Exchange

- During the 2012-13 academic year, HPS schools from the Tri-Country Regional School Board (TCRSB) participated in a data collection process to identify priorities. School based teams create goals specific to their school's needs with complementary action plans that assist schools in achieving their goals in a supportive environment. As a result schools have identified nutrition, physical activity, mental health, safety at school, student engagement, leadership, and healthy fundraising as priorities or areas of concern.
- In an effort to address each area TCRSB HPS, in conjunction with their community partners, has assisted in the development of HPS Student Action Team Workshops. During these workshops students attended various sessions that relate to comprehensive school health and are related to their school's action plan. Sessions included personal hygiene, bullying, nutrition, relationship building, physical activity and "what's in your community" programming.
- The creation of the TCRSB Substance Abuse policy was the result of further partnership work that again brought health, education and the community together to support the health and welfare of students, staff and community. HPS in conjunction with Southwest Health District Health Authority Addiction Services Division and the Tri County Women's Centre worked tirelessly to construct a policy that is based in current research and best practice.



## Capacity Building

- Nourish Nova Scotia was established as a registered society in 2012 by community stakeholders, with support from the NS Departments of Health and Wellness and Education. It was created to facilitate support and collaboration for food and nutrition programming, and to attract funding sources beyond government. The motivation behind the organization is pure and simple: children and youth who eat well-balanced and healthy meals have better health and education outcomes. For more information, [www.nourishns.ca](http://www.nourishns.ca)
- SchoolsPlus believes schools are the hubs of their communities offering convenient and welcoming places for services to be delivered to students and families. As part of the NS Mental Health and Addictions Strategy, 12.5 mental health clinicians have been funded to work in SchoolsPlus sites. The Department of Education worked with Dr. Stan Kutcher to offer a mental health curriculum and GoTo training in all schools. GoTo educators can identify students who have high probability of having a mental health disorder, link students to supports and provide on-going help. For more information, <http://schoolsplus.ednet.ns.ca>
- The Halifax Regional School Board and Capital District Health Authority have expanded Youth Health Centres by supporting the creation of Centres in junior highs. Mental health intervention and promotion has been key work, encompassing teacher professional development and GoTo training with teachers, and the creation of a website to provide school support. The Youth Project - providing support and services to youth regarding sexual orientation and gender identity - worked with guidance counsellors to support students who have identified themselves as lesbian, gay, bisexual, transgendered, queer, or questioning.



## Prince Edward Island

The Department of Education and Early Childhood Development, the Department of Health and Wellness, University of Prince Edward Island researchers, provincial organizations, community groups, school boards, and schools (students, teachers, and

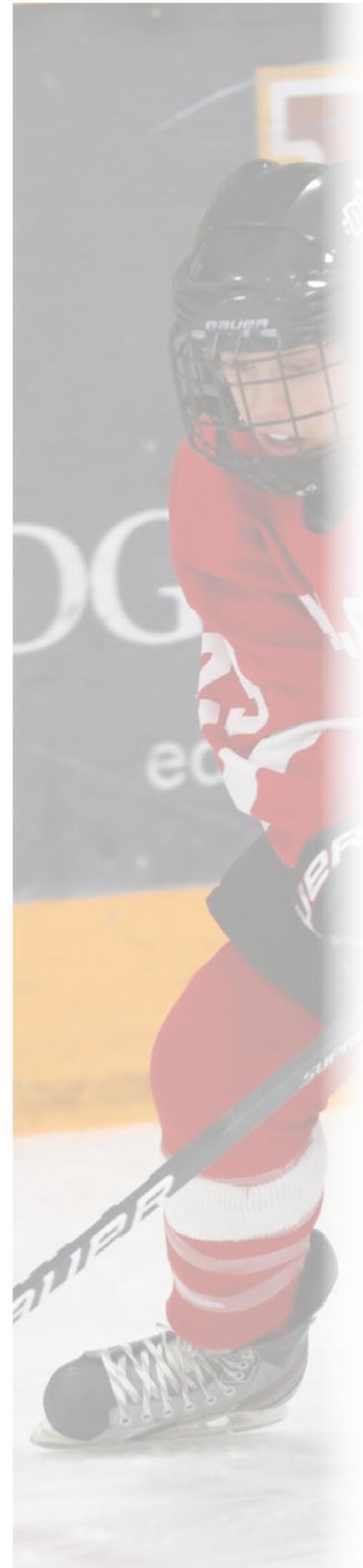
parents) continue to support the health and well-being of Island students. Collective efforts have resulted in a variety of new and strengthened school health initiatives, which support positive health behaviours and contribute to enhanced student achievement.

## Leadership

- Released, in partnership with the Department of Education and Early Childhood Development, the Department of Health and Wellness, and the University of Prince Edward Island, the 2010-11 School Health Action Planning and Evaluation System / Youth Smoking Survey (SHAPES/YSS) - Provincial Student Health Profile. This report reflects a provincial summary of the health behaviours (healthy eating, active living, mental fitness, substance use) of approximately 10,000 students who were surveyed in 2010-11. The provincial launch of this report, attended by over 60 people, provided an opportunity to share provincial summaries of students' lifestyle habits, a comparison of survey results between 2008-09 and 2010-11, as well as how school, school boards, provincial organizations and volunteers are helping to address various needs, which have been identified through this report.
- Implemented a SHAPES/YSS Partner Engagement Strategy, through an on-going partnership with the Department of Health and Wellness and the Comprehensive School Health Research Group at the University of Prince Edward Island. Through the SHAPES/YSS system, schools, school boards, and provincial health profile reports have been created from the 2010-2011 student health behaviour surveys. Individualized presentations were made to a variety of schools, school boards, student classrooms, parent associations, and provincial departments regarding the findings from these reports. This approach has encouraged and supported the use of SHAPES/YSS data to help inform various programs, policies, and learning outcomes. These presentations also provided an opportunity for conversations with students and parents regarding their impressions and responses to the data collected.

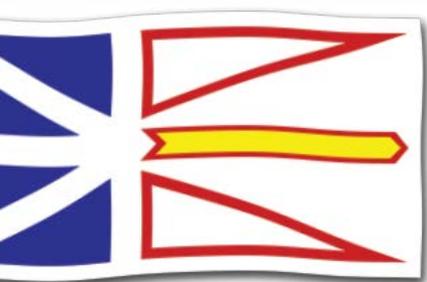
## Knowledge Development and Exchange

- Researched and developed a new Grade 10 physical/wellness education curriculum and supporting resources, as a continuation of the Department of Education and Early Childhood Development's efforts to renew the physical education curriculum. The new Grade 10 curriculum builds on the K-9 physical education curriculum, and aims to develop confident and competent students who understand, appreciate, and engage in a balanced, healthy, active lifestyle. Throughout the Grade 10 physical/wellness education curriculum, opportunities are provided for students to attain and maintain a healthy mind, body and spirit. Students will explore how the physical, social, psychological, spiritual, and environmental dimensions are interconnected and interdependent with each other and how these dimensions should be maintained or improved upon to enhance one's quality of life.
- Implemented the 3<sup>rd</sup> cycle of the School Health Action Planning and Evaluation System / Youth Smoking Survey (SHAPES/YSS) through a partnership between the Department of Education and Early Childhood Development, the Department of Health and Wellness, the University of Prince Edward Island, the University of Waterloo, and Health Canada. SHAPES/YSS consists of a biennial student health behaviour survey, the provision of school, school board, and provincial health profile reports, and an annual School Health Grant to support school level programs. The SHAPES system collects health behaviour data (healthy eating, physical activity, tobacco use, mental fitness) from over 10,000 students in Grades 5-12. For the first time in 2012-13, the survey will collect information from students related to their experiences with bullying and being bullied, which will include types (e.g. physical, verbal, cyber) and duration.



## Capacity Building

- Continued to support the expansion of school based breakfast/snack programs in partnership with the Department of Health and Wellness and the PEI Healthy Eating Alliance (HEA). Since 2008, 24 new programs have been created within various schools and alternative education sites across the province. At the start of the 2012-13 school year, a total of 51 programs were providing food to approximately 6,000 students and being supported by approximately 600 volunteers. Breakfast program evaluation results continue to be shared with program organizers and workshops were hosted for breakfast program volunteers/organizers. The focus of these workshops was to educate programs about results of the evaluation report, school nutrition policy, food safety, volunteer management, keys to success, and school success sharing. School breakfast/snack programs help to encourage healthy eating, to ensure that more students come to class prepared to learn, and they support nutrition habits which positively impact student achievement.
- Distributed funding, through the SHAPES - School Health Grant (SHG), to 24 school based health and wellness projects. Through this grant, students, teachers, parents, and community members are encouraged to examine the results of their SHAPES/YSS school level health profile reports, complete the Healthy School Planner Foundational Module, discuss and identify needs and priorities, propose activities to address these needs within a comprehensive school health framework, and develop an action and evaluation plan. Projects this year include whole school physical activity events, healthy snack programs, resources for student/staff 'fitness' rooms, self-esteem, healthy eating, and physical activity initiatives for girls, as well as leadership and anti-bullying activities. The SHG is funded in part by the Department of Education and Early Childhood Development, the Department of Health and Wellness, and Go!PEI - a new funding partner this year. Since 2009, the SHG has provided funding to 96 different school and school community projects.



## 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 behaviors.

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 and Education have partnered on HSHS since 2004. The Department of Tourism, Culture and Recreation became a partner in 2009 to support this interdepartmental school health promotion initiative.

## Leadership

- Coordinated a one-day planning meeting, in collaboration with NL Youth Excel, for SHPLCs and provincial consultants focusing on new school health promotion projects.

- Coordinated a one-day meeting for SHPLCs and provincial consultants, in collaboration with the University of Waterloo, to provide feedback on the revisions to the Healthy School Planner.
- Coordinated an interdepartmental workshop, in collaboration with Queen's University, for provincial consultants responsible for the health topics highlighted in the Health Behaviour in School-aged Children (HBSC) study, to provide input into the next HBSC study cycle.
- Collaborated with the School Administrators Council and an international school health promotion expert, on the development of a series of conference sessions for principals and other school personnel focusing on social and emotional well-being and learning and using the comprehensive school health approach.
- Collaborated with the Health Promotion Division, Eastern Health and an international school health promotion expert on the development of a one-day comprehensive school health workshop for health promotion personnel from across the province.
- Supported, in schools, inclusive practices that recognize respect and the value of students, regardless of their physical or intellectual capabilities, sexual orientation, race, religious affiliation, or any other characteristic. February 2013 was declared inclusive education month.
- Supported *Roots of Empathy*, an internationally recognized program, to facilitate the programs expansion to additional schools throughout the province. Roots of Empathy focuses on building empathy by engaging children in positive social behaviours to reduce incidents of bullying and aggression.
- Supported the Alliance for the Control of Tobacco in their release of the *Tobacco Reduction Strategy 2013-2017* which focuses on five priority populations, including youth, with several actions targeting schools.

## Knowledge Development and Exchange

- Piloted the *Move to Improve and Passport for Life physical activity* programs in schools throughout the province. Teachers were provided professional learning opportunities.
- Launched the Grade 9 cross-curricular resource *Students' Choice* to provide students with opportunities to discuss and think critically about tobacco use. The launch included professional learning webinars for 170 health teachers across the province.
- Developed a provincial directory for both guidance and mental health counselors on the mental health and addictions services available across the province.
- Released two new resources as part of the Eat Great and Participate Program: *Physical Activities and Healthy Snacks for After School Programs* and *Making the Move to Healthy Choices - A Tool-kit for Food Service Providers in Recreation, Sport and Community Facilities*.
- Actively participated on the F/P/T Group on Nutrition to support the development of a healthier food supply through the establishment of best-fit nutrition criteria for the food and beverage industry.

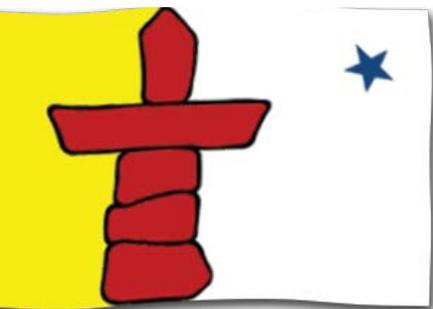
## Capacity Building

- Promoted and supported healthy living projects in schools through both



## Regional Wellness Coalitions and Regional Health Authority Grants.

- Collaborated with partner departments on the implementation of a province-wide *After School Physical Activity Pilot Project* that supports school-community partnerships. These projects provide children and youth with opportunities to be physically active, socialize with peers, and contribute to their community through organized activities.
- Partnered with *Eat Great & Participate* to promote the availability of healthy food and beverages in after-school physical activity programs, recreation, sport, and community facilities, and at community events.
- Collaborated with the Institute on Sexual Minority and Egale Canada to provide professional learning for educators (department and district) on issues faced by lesbian, gay, bisexual, and transgendered people.
- Collaborated with school districts on the school development process of setting goals and objectives for continued improvement. Schools use this opportunity to examine their progress in promoting a culture of wellness and active healthy living.
- Engaged in consultations with health and physical education content experts from both partner departments and external organizations on the development of curriculum framework documents for health and physical education curricula.
- Partnered with School Sport NL to support *Participation Nation (intermediate schools)* and *Participation Nation "Unplugged"* (elementary schools) to offer non-competitive and inclusive opportunities for students to play a sport or be involved in a physical activity.
- Partnered with school districts on *Active School Programs* for students in Grades K-6 to increase their level of physical activity during the regular school day while promoting healthy behaviours and providing a positive environment for learning.



## Nunavut

The Departments of Education and Health and Social Services (HSS) continue to collaborate to advance the school health agenda in Nunavut. This year brought about the creation of the new Department of Family Services, which brings together the service delivery aspect of several departments. Education, Health, and Family Services will work closely over the coming year to create meaningful ways of working together and drawing in other important partners.

## Leadership

- Acknowledging that the school setting is a prime location for the provision of health information to youth, HSS and Education agreed to implement a sexual health framework aimed at improving the sexual health of Nunavummiut. Specifically, the departments focused on increased collaboration for the development and implementation of a school sexual health curriculum. HSS personnel provided support to the Education curriculum development team during the development of the school curriculum. The departments made a commitment to developing a bi-lateral agreement so that community health representatives and nurses across Nunavut would support schools and teachers, when necessary, with the delivery of the sexual health curriculum.
- In 2012, a Summer Youth Action Team was piloted to engage youth from across the territory in grassroots tobacco activism within their communities. Based on

this successful program, School Youth Actions Teams (SYATs) were also piloted this school year. In January, the SYATs program was launched in conjunction with promotion surrounding National Non-Smoking Week. The SYATs have continued to complete monthly awareness building challenges within their school community.

- In keeping with the *Nunavut Education Act*, all Nunavut schools have developed and implemented *Inuuqatigiitsiarniq* (Positive School Environment) policies and programs that focus on proactive strategies to ensure students learn positive behaviours and take responsibility for their actions. The *Inuuqatigiitsiarniq* Resource Manual for schools is under development.

## Knowledge Development and Exchange

- Building positive relationships and behaviours in schools have been a major priority of the Department of Education since 1999. The first curriculum developed for Nunavut schools was the Grade 10-12 *Aulajaaqtut* curriculum, which focuses on development of:
  - Life values and competencies (or skills and knowledge)
  - Healthy relationships between students, and
  - Tolerance, respect, and understanding for others regardless of gender, race, or ability.
- The Department is currently working on *Aulajaaqtut* for Grades 7-9, aimed at teaching adolescents to:
  - Manage relationships, anger and stress and help prevent bullying
  - Be effective leaders and communicators
  - Develop and maintain positive mental health skills
  - Adopt personal health promotion and care as a way of life.
- New made-in-Nunavut Sexual Health Toolkits have been distributed to all Community Health Centres. These kits are designed to be interactive and engaging, and will help educators promote healthy relationships and sexuality among young Nunavummiut.
- In partnership with the Department of Community Government Services, Sport and Recreation Division, Nunavut Physical Activity guidelines were developed to support and encourage physical activity. These resources were tailored towards the education system to provide educators with a resource to support daily physical activity in schools. Students in K-Grade 9 are required to participate in 20 minutes of physical activity each day in addition to their physical education classes.
- Education personnel facilitated presentations on healthy pregnancies in Kugluktuk and in Baker Lake.
- Students in Cambridge Bay developed a bullying-prevention video to build awareness on the issue within their school and community.

## Capacity Building

- Capacity-building initiatives of the Department of Education included:
  - Training for school teams to support students to learn and demonstrate positive relationships and behaviours.
  - Delivering the School Community Counsellor Training Program. The first course was offered in October 2012, and another course was offered in Iqaluit in March 2013.



- Inclusion of Positive School Environment leadership training in the Educational Leadership Program mandated for vice-principals and principals.
- To support school-based breakfast programs, two new bilingual resources were developed. “Ullaakut! The Nunavut Breakfast Programs Cookbook” and “The Nunavut Breakfast Programs Guidebook” were distributed to all schools in March and April 2013. Nutritionists offered in-services on these resources to school breakfast program workers and principals in schools in all Nunavut communities.
- This was the ninth year that the pan-territorial Smoke Screening (SS) program was available to Nunavummiut youth. This program engages youth in tobacco education by watching 12 anti-tobacco ads from around the world and voting on the one they believe to be the most effective. A ‘Teachers’ Kit’ arrived in schools in mid-November containing all necessary program materials, including a Teacher’s Resource Guide to help facilitate in-class discussions. The program ran up until the end of February, when the winning ad was announced and aired on Northern television. For more information, please visit [www.smokescreening.ca](http://www.smokescreening.ca).
- Part of the Tobacco Has No Place Here campaign included a Steps for Change Challenge that was implemented in communities across the territory. Over 2,800 ballots were received from Nunavummiut committing to either reduce their own tobacco use or promote the message in their communities. More than 1,500 of the ballots were received from youth under 18 years old!
- Drop the Pop originated in Nunavut in 2003-2004 and currently runs across all three territories. Schools are encouraged to carry out Drop the Pop-related activities during one week of February. As a school-based initiative, it is designed to increase students’ awareness of the effect of sugary beverages on their health, and to encourage them and their families to make healthier drink, food, and lifestyle choices.



## Northwest Territories

The Healthy Choices Framework (HCF) is a collaboration among the Government of the Northwest Territories (GNWT) departments of Health and Social Services (HSS); Education Culture and Employment (ECE) ; Municipal and Community Affairs (MACA); Justice; and Transportation (DOT), 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 initiatives.

### Leadership

- Local food programs were enhanced through funding support to school and/or community-based organizations in order to address food security and capacity building, such as:
  - The GNWT and Territorial Farmer’s Association worked together on the Indoor School Gardening Project 2013 involving nine schools. In some schools, the produce harvested from the food projects was directly applied in culinary skill development; in others, mobile edible walls or stand-up gardens were created.
  - The NWT Literacy Council helped introduce the concept of family gardens as part of school events and family literacy activities (including family gardening posters and booklet) that extend school garden activities.
  - Ecology North engaged students in local food production and food security and focused on development of youth leaders.
- The Aboriginal Sport Circle of the NWT, in partnership with MACA, coordinated the first Traditional Games School Championship hosted in March 2013 in Yellowknife.

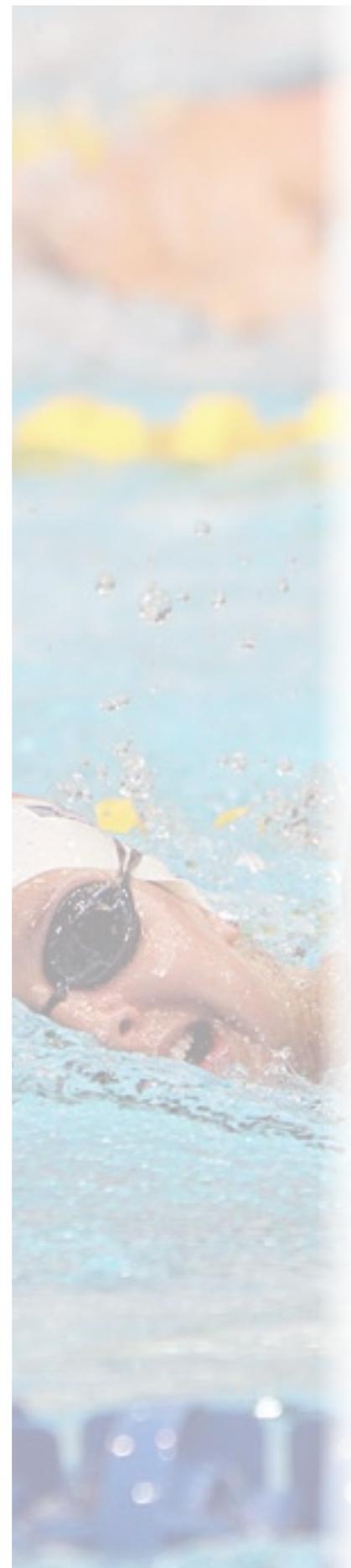
- Under the Drowning Prevention Action Plan, communities with indoor pools such as Hay River, Fort Smith, and Yellowknife have begun to reach out to neighbouring communities to deliver the Lifesaving Society's Water Smart / Swim to Survive programs, and funding is being made available to assist with travel for these initiatives. These efforts complement the existing delivery of the Water Smart / Swim to Survive programs to communities by the Lifesaving Society.
- Responding to a request from emergency room physicians, an awareness program on the risks of intoxication-related poisoning from alcohol and/or drug use aimed at youth has been launched. Twenty information banners were distributed to hospitals, health centres, and youth centres around the territory. The banners convey the importance of seeking medical attention for anyone showing the symptoms of alcohol or drug poisoning.

## Knowledge Development and Exchange

- Within the research gathering phase of the Education Renewal Initiative, a representative literature review in the theme area of "Culture, Health and Well-being" was undertaken and shared with education stakeholders.
- A collection of teaching materials on the topic of residential schools was developed jointly by NWT and Nunavut (NU) in partnership with the Legacy of Hope Foundation in order to help teachers learn about the issues surrounding the history and legacy of residential schools, and to prepare teachers to explore these issues with students. A comprehensive in-service for teachers involving Health Canada, NWT/NU curriculum developers, former residential school students, northern Elders, the Healing Drum Society, and Truth and Reconciliation Commissioner Marie Wilson, was held in October, 2012. Data collected during the use of these materials in the 2012-13 school year indicates that the in-service and the materials have made a highly significant, and positive, impact on teachers and students.
- "Mental Health First Aid for Northern Peoples", a pan-territorial project was developed in partnership with the Mental Health Commission of Canada. It is a northern adaptation of the Mental Health First Aid workshop.
- The report of NWT Health Behaviour in School-aged Children (Grades 6 – 10) survey was tabled in the NWT Legislature in November 2012 and regional reports shared with District Education Councils/Authorities.

## Capacity Building

- Don't be a Butthead, a longstanding tobacco prevention campaign was renewed and re-launched this year. Key new elements of the campaign include: a renewed Butthead website; five online interactive tobacco education modules designed for three grade levels, and a facilitator's manual to assist teachers and HSS Authority staff to implement the campaign. Training was offered for HSS Authority staff to familiarize them with the Butthead campaign and how to promote it in their communities.
- A Sexual Health Education Initiative included a tour of Health Districts and focused on three regions in particular. Thirty-eight meetings were held in twenty-one communities with educators, nurses and youth workers. Participants were given implementation support in the use of three tools – Respect Yourself website, sexual health education lesson plans and the comic book "Kiss Me Deadly". This targeting was to ensure Aboriginal youth in smaller communities (Dene and Inuvialuit) benefited from the initiative.
- A new partnership was developed with HSS, ECE, and the DOT with the national Parachute injury prevention alliance to provide its *Brain Day* program and related helmet-use awareness in schools and communities.
- Partnerships with the NWT Recreation and Parks Association, HSS, and *Collaborative*





*Action Against Childhood* have been formed to work towards healthier foods offered in recreation facilities, using the British Columbia *Healthy Choices Toolkit*. Many recreation facilities in NWT communities are adjacent to schools that already promote healthier beverages on their premises and this initiative was undertaken to create supportive environments for students.

## Yukon

In Yukon, since 2005 the Departments of Education and Health & Social Services have provided support for the development of policy and practices in the areas of health and wellness in the schools. With evidence drawing attention to priority areas with respect to the health and well-being of Yukon students, the Departments of Health and Education, the Wellness Strategy, and other important partners such as the Recreation and Parks Association of the Yukon are exploring new and meaningful ways of working together.

## Leadership

- The team behind the *Wake and Bake* initiative, a 2011/12 theatre-based education and awareness program on the consequences of illicit drug use that engaged young people in conversations about healthy decision making, won the Premier's Award of Excellence. The effective partnering and collective hard work of the Department of Health and Social Services, Health Promotion Unit, Alcohol and Drug Services, and The Department of Education made this initiative a huge success and an example of effective cross-sectoral collaboration.
- The Health Promotion Unit currently sits on the *Healthy Food and Beverage* and *Healthy Beginnings* Committees which are projects funded under the Collaborative Action against Childhood Obesity (CACO) initiative. These projects focus on creating healthier environments for children and youth as well as adults in recreation facilities and in 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.
- Yukon Education has partnered with the Canadian Self-Regulation Initiative to promote self-regulated learners in our schools. Today we are witnessing an increase in the number of children exhibiting what is referred to as self-dysregulation and this is impeding their learning. Self-regulation is the ability to manage your emotions, behaviours and attention in order to problem solve and learn effectively. It is becoming aware of the learning process and the ability to engage in metacognitive activities.

## Knowledge Development

- The Department of Education provided training to over 120 educators on the MindUP program, which is an evidence-based, social emotional learning program that provides students with background information on the brain including brain facts, and basic brain physiology, and also assists children in learning how to calm themselves, focus attention, and thereby regulate themselves. There appears to be a strong link between academic performance and emotional development. Social emotional development, emotional regulation, and the ability to take a step back when emotions such as anger and anxiety arise are precursors to building resiliency, as well as finding academic and social success. The program is available in all Yukon elementary and some of our secondary schools and fosters confidence and a better sense of self and others. The focusing of attention and self-regulation skills that are learned in this program will help children throughout their lives.
- The Department of Education introduced the *Sexual Orientation and Gender Identity Policy* in September of 2012. This policy states that the Department of Education values diversity in its school communities and that it will ensure safe,



welcoming, inclusive, and affirming learning environments for all students. The policy addresses homophobic discrimination or harassment, and how school administrators will respond to such situations as well as key elements that must be included in all school policies that prevent discrimination/harassment within the schools, as well as counseling and support requirements for both students and staff.

- The Health Promotion Unit continues to provide *Teacher Education Bulletins* on a variety of Healthy Eating topics throughout the school year. In 2012, the bulletin focused on using food as a reward in the classroom providing both education and awareness on this issue as well as easy-to-do suggestions on healthier alternatives.

## Capacity Building

- The Health Promotion Unit, in partnership with the Department of Education, Alcohol and Drug Services and the Wellness Strategy, held a *Wake and Bake Professional Development Day* in September of 2012. The day focused on educating teachers on teaching students about potentially difficult or sensitive subjects like sexual health, and alcohol and drugs, using *Wake and Bake Learning Resource* as a focal point. Approximately 20 teachers from across the Yukon from both rural and urban schools at the elementary and high school level attended.
- The Health Promotion Unit piloted *From the Ground Up*, a healthy fundraising initiative, in fall 2012 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. Two Whitehorse schools participated in the pilot project and 50% of the profits went directly to the school and 50% went back to the farmer.

This campaign offered schools the opportunity to get a variety of fresh, local vegetables from a local farmer at or below grocery store prices, support the local agricultural industry, promote healthy eating to Yukon students, and feel good about fundraising for school events such as field trips and graduation. *From the Ground Up* supported healthy messages being taught in the classroom and extended the benefits beyond the classroom by supporting healthy eating at home and in the community. Follow-up surveys revealed an interest from both schools and community members to promote healthy choices and to participate in this healthy fundraising option again in the future.

- *Food For Thought* is a healthy eating program coordinated by the Health Promotion Unit that encourages students, teachers, parents, and daycares to 'Think Outside the Box' to foster and promote healthy eating messages and activities.

The program provides schools and daycares an opportunity to role model and create supportive environments that allow the healthy choice to be the easy choice by having the chance to apply for grants to support healthy eating programs and initiatives.

This program is an extension of the original "Drop the Pop" program, which was expanded into more general healthy eating programming based on feedback from schools around the territory.

## 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

- Collaborated with provincial and territorial governments, NGOs, and communities on the development of the Canadian Sport Policy 2012. This renewed Policy sets direction for the period 2012-2022 for all governments, institutions, and organizations that are committed to realizing the positive impacts of sport on individuals, communities, and society.
- Provided \$45 million in funding over five years through the *Drug Treatment*

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*Funding Program* to support provinces and territories for new and enhanced early intervention treatment services in communities or regions of the country where there is a high proportion of at-risk youth. This initiative provides support to provincial and territorial governments to address critical gaps in treatment services for at-risk youth.

- Funded the *Innovation Strategy (IS)*, consisting of \$27 million in funding over five years, to support the development, adaptation, implementation, and evaluation of promising mental health promotion interventions and just over \$16 million over five years for projects to promote healthier weights to increase and strengthen population health action in Canada. The IS puts a strong focus on the exchange and use of practical knowledge — based on the results of these interventions — and sharing of best or promising practices across the country to reduce health inequalities and deal with public health issues of a complex nature. The strategy has funded unique and innovative mental health and healthy weights projects in multiple settings across Canada, including schools.
- Invested approximately \$50 million in the New Paths for Education Program for projects and activities to improve the quality of education in First Nation schools, and to enhance the educational experiences of students, teachers, administrators, parents, and communities. Within the range of *New Paths for Education Program* eligible activities, the Government of Canada funded the *Right to Play* initiative to deliver the *Hockey for Development Program* on behalf of First Nation communities. The *Right to Play* program uses physical activity and sport to help develop leadership skills for First Nations youth.

## Knowledge Development and Exchange

- Provided \$1.1 million to fund the 2013-14 Health Behaviour in School-aged Children (HBSC) study, a recurring, cross-national study conducted by an international network of research teams from 43 countries in collaboration with the World Health Organization (WHO) Regional Office for Europe. HBSC provides ongoing information on mental health, healthy relationships, healthy eating, physical activity, bullying, injuries, risky behaviours, and social settings (home, school, and peers). Carried out in collaboration with the Joint Consortium for School Health, the HBSC is Canada's only source of national and internationally comparable health data from a school-based sample of over 26,000 young people aged 11 to 15.
- Invested more than \$87 million through the Canadian Institutes of Health Research in child health research. Examples of initiatives related to school health include improving the health and development of mothers, infants, children, youth, and families in Canada and enhancing mental health, neurological health, vision, hearing, and cognitive functioning in youth with Autism and mild traumatic brain injury.
- Collaborated in the production of the Federal/Provincial/Territorial Physical Activity and Recreation Committee's report entitled *Physical Activity Approaches at the Ground Level: Promising Practices Targeting Aboriginal Children and Youth*. E-based tools, resources, and webinar series to disseminate the report were also developed.
- Released the e-report, *Healthy Eating After School: Integrating healthy eating into after-school physical activity initiatives* ([www.healthcanada.gc.ca/children-healthy-eating](http://www.healthcanada.gc.ca/children-healthy-eating)). The report was developed in collaboration with the Federal, Provincial, Territorial Group on Nutrition to share key learnings with governments and other stakeholders from a literature review and key informant interviews on how to support the integration of healthy eating and food skills into after-school physical activity initiatives. The report synthesizes the current evidence on integrating healthy eating into existing physical activity initiatives and profiles four promising after-school initiatives as case studies.

## Capacity Building

- Committed over \$17 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.
- Invested \$5 million over two years in the *Active and Safe* injury prevention initiative. This initiative supports community-based activities that focus on the prevention of serious injuries in sports and recreational activities with high participation rates of children and youth under 19 years of age. It builds on other Government of Canada efforts to promote the health and well-being of children and families.
- Invested over \$50 million through the *Aboriginal Diabetes Initiative* aimed to reduce Type 2 diabetes through health promotion and disease prevention services in more than 600 First Nations and Inuit communities. School-based initiatives included the implementation of the *Just Move it Ontario Fitness Challenge* in twenty First Nations elementary schools.
- Collaborated with provincial and territorial governments to create the Healthy Eating Toolbox (<http://www.hc-sc.gc.ca/fn-an/nutrition/part/tb-bo/index-eng.php>) for health intermediaries in support of the Eat Well Campaign ([www.healthycanadians.gc.ca/eatwell](http://www.healthycanadians.gc.ca/eatwell)). The toolbox gives free access to a wide variety of tools, tips and ideas to promote healthy eating.

## 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
AB	3,906,839	15%	\$2,000	\$32,931	\$34,931
BC	4,638,825	17%	\$2,000	\$39,101	\$41,101
MB	1,270,646	5%	\$2,000	\$10,710	\$12,710
NB	755,346	3%	\$2,000	\$6,367	\$8,367
NL	513,555	2%	\$2,000	\$4,329	\$6,329
NT	43,313	0%	\$2,000	\$0	\$2,000
NS	947,831	4%	\$2,000	\$7,989	\$9,989
NU	34,028	0%	\$2,000	\$0	\$2,000
ON	13,546,112	50%	\$2,000	\$114,181	\$116,181
PE	146,205	1%	\$2,000	\$1,232	\$3,232
SK	1,086,564	4%	\$2,000	\$9,160	\$11,160
YK	36,355	0%	\$2,000	\$0	\$2,000
<b>Federal</b>					\$250,000
<b>Totals</b>	<b>24,066,766</b>	<b>100%</b>	<b>\$ 24,000</b>	<b>\$ 226,000</b>	<b>\$ 500,000</b>

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

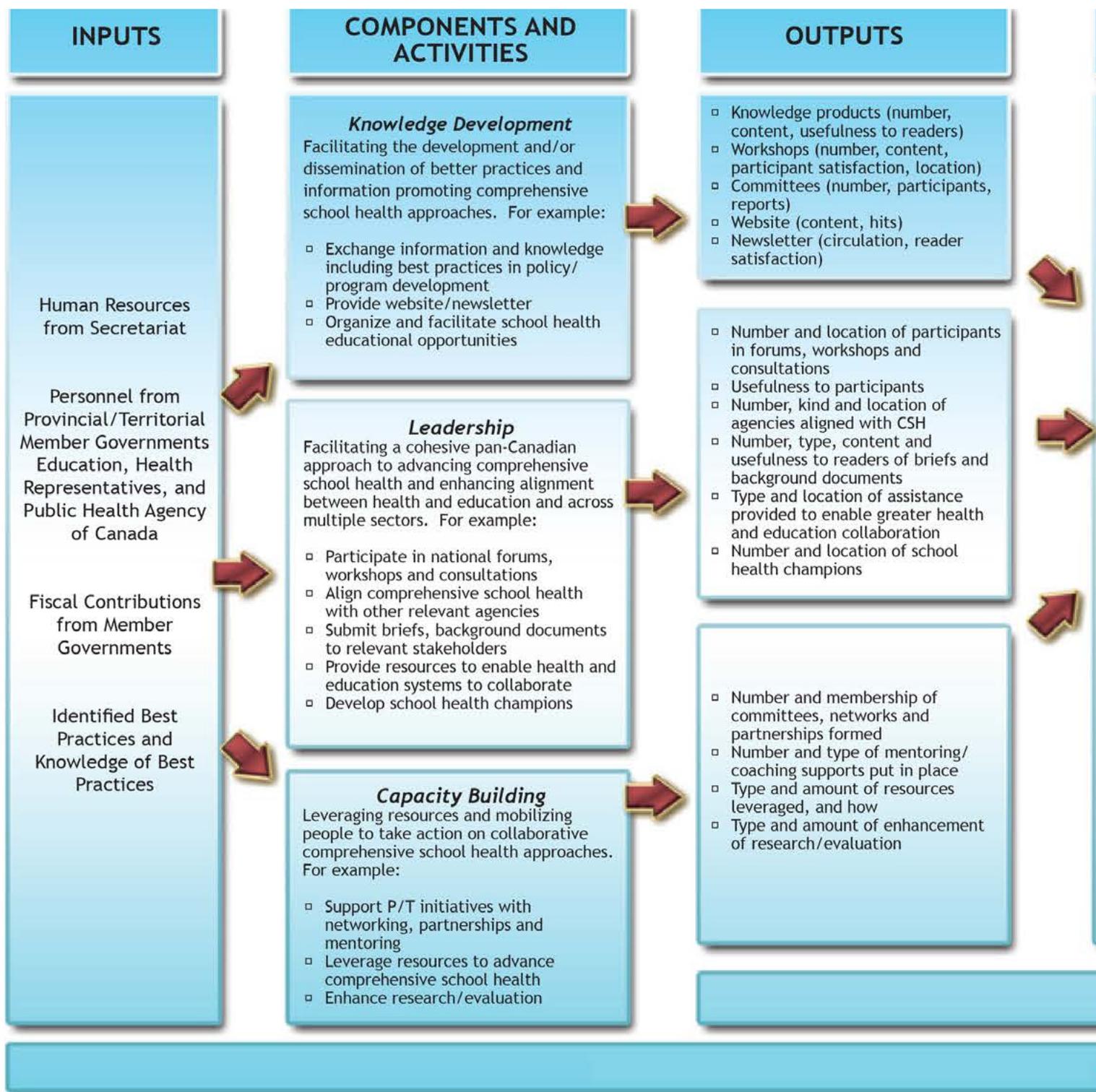
For The Year Ended March 31, 2013

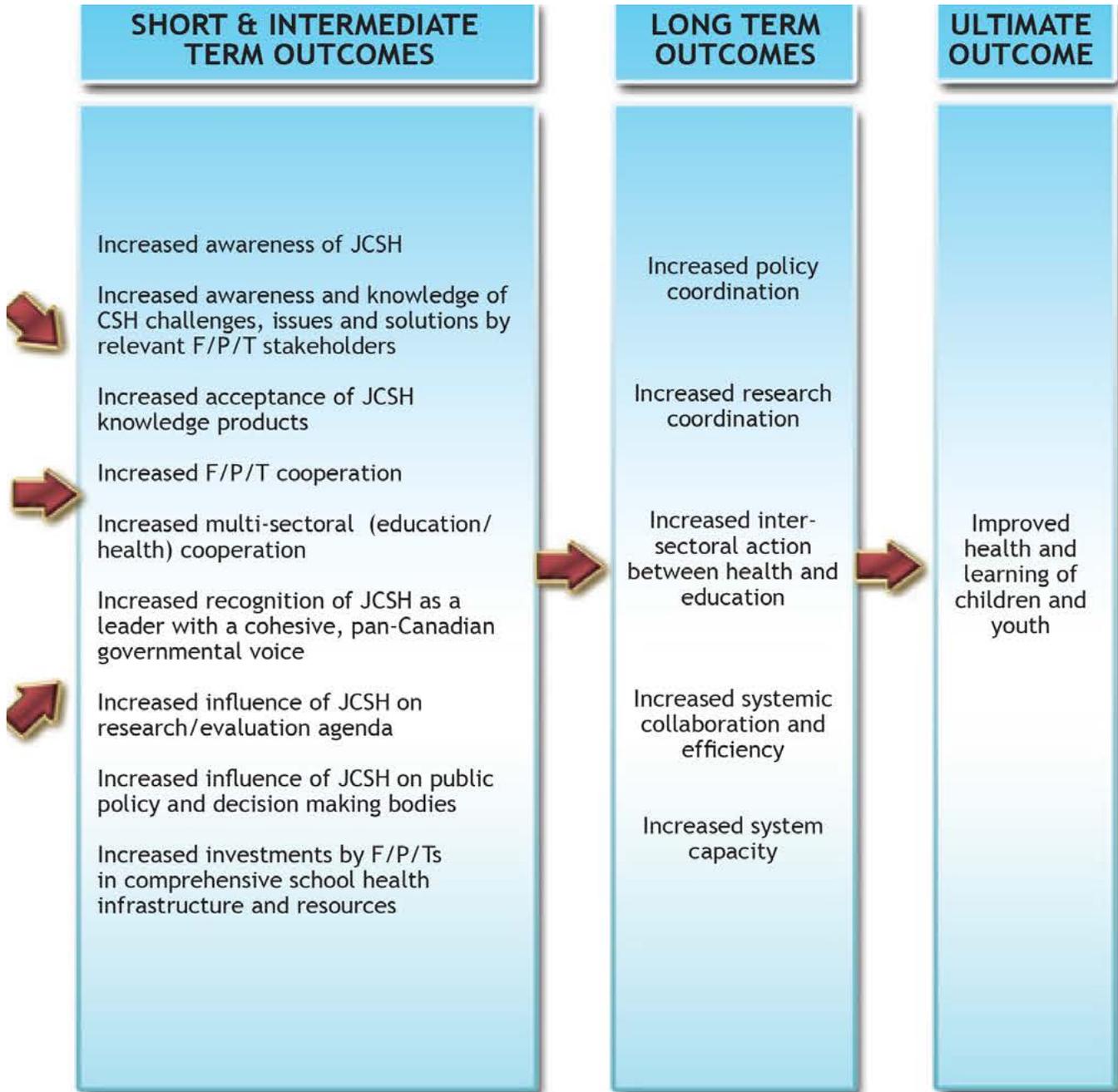
<b>Revenue</b>	<b>2013</b>		<b>2012</b>
Membership Fees	\$250,000		\$250,000
Public Health Agency of Canada	\$250,000		\$250,000
Other Revenue	\$553		\$109,236
<b>Total</b>	<b>\$500,553</b>		<b>\$609,236</b>
<b>Expenses</b>			
Knowledge Development and Exchange	\$56,397		\$116,627
Leadership	\$84,313		\$56,712
Capacity Building	\$73,758		\$165,704
Operations	\$361,637		\$336,603
<b>Total</b>	<b>\$576,105</b>		<b>\$675,646</b>
<b>Operating Surplus/(Deficit)</b>	<b>(\$75,552)</b>		<b>(\$66,410)</b>
<b>Prior Year Operating Surplus/(Deficit)</b>	<b>\$351,942</b>		<b>\$418,352</b>
<b>Total Operating Surplus/(Deficit)</b>	<b>\$276,390</b>		<b>\$351,942</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  
Comprehensive School Health  
Ministry of Education  
PO Box 9161 Stn Prov Govt  
620 Superior St.  
Victoria, BC V8W 9H3  
Tel: 250-893-6954  
Fax: 250-387-6315  
[sanja.ristic@gov.bc.ca](mailto:sanja.ristic@gov.bc.ca)

#### Scott Beddall

Manager, School and Community Health  
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)

### Vacant Position

Health Promotion Branch  
Saskatchewan Ministry of Health  
3475 Albert St  
Regina SK S4S 6X6

### 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

Curriculum Consultant  
Physical and Health Education  
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/physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)  
[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 and Student Well-being Unit  
Learning Environment 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

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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  
[sdccarruthers@edu.pe.ca](mailto:sdccarruthers@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  
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Fax: 867-979-7924  
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#### Paige Marshall

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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  
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Yellowknife NT X1A 2L9  
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Fax: 867-873-0109  
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[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  
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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)

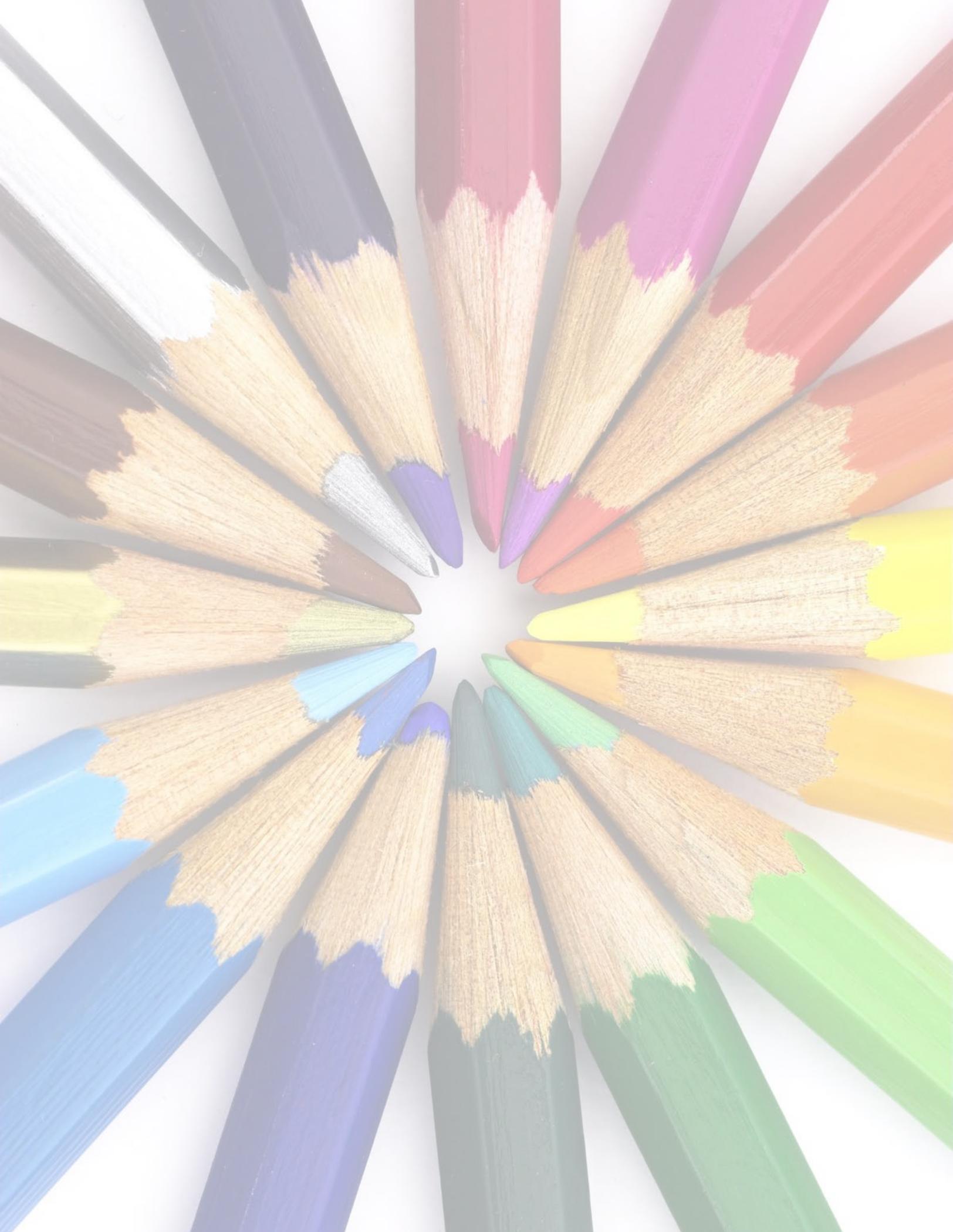
### School Health Links:

[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  
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Fax: 613-960-6987  
[Louise.Aubrey@phac-aspc.gc.ca](mailto:Louise.Aubrey@phac-aspc.gc.ca)







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