



**Pan-Canadian
Joint Consortium for School Health**

Governments Working Across the Health and Education Sectors

Annual Report

September 30, 2015



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Message from the Executive Director



Any organization, in order to survive and achieve success, must have a sound set of beliefs on which it premises all its policies and actions."

-- Thomas Watson Jr.

I am pleased to present the 2015 Annual Report of the Pan-Canadian Joint Consortium for School Health (JCSH), summarizing the latest achievements of our member and participating jurisdictions as well as our collective progress.

We are excited to have received a third five-year mandate from the FPT Ministers of Health/Healthy Living and PT Ministers of Education to facilitate a comprehensive approach to health promotion in the school setting. In this new mandate, Prince Edward Island continues the role of lead jurisdiction and host of the Secretariat.

Since its inception in 2005, the JCSH has made remarkable progress and begins this 2015-2020 mandate with strong strategic priorities such as: Advancing the principles of comprehensive school health through policy, practice, and research; Developing a comprehensive research and knowledge exchange strategy; and Promoting provincial and territorial efficiencies and effectiveness by developing and adapting tools and resources that support use of a comprehensive school health approach.

In the year ahead, as we build on our progress, we will also ensure that our key directions are maintained: Leadership, Knowledge Development and Exchange, Capacity Building, and Evaluation. These four areas directly support our three long-term outcomes: Increased Inter-Sectoral Action between Education and Health; Increased System Capacity, Collaboration, and Efficiency; and Increased Research Coordination. To these outcomes are directed our work in the areas of positive mental health, youth engagement, and the links between comprehensive school health and student achievement.

The collaboration and collective initiatives of the JCSH are founded on evidence-based practice, collaboration, diversity and inclusion, equity, and innovation. As has been the case for the past 10 years, the JCSH member provinces and territories remain committed to these values and to the learning, health, and well-being outcomes of all children and youth in Canada.

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

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

Introduction

The Case for Cross-Sector Collaboration

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

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

Working together across sectors and jurisdictions has resulted in cost savings and efficiencies for the member provinces and territories. By sharing initiative successes, working with practice and research experts, exchanging knowledge, and coordinating strategies, member and supporting jurisdictions can reduce the human and financial costs of the silo effects of overlap and duplication. By creating resources that have been developed with the collective skill of research teams throughout the country, JCSH supports provinces and territories with access to products they could not generate individually. While each jurisdiction's needs and strengths are unique, combining forces allows each to progress towards shared goals.

There are also significant long-term rewards for governments working across the health and education sectors. Research shows, and teachers and health professionals know, that healthy learning environments support both student wellness / well-being and student achievement¹. Educators, nurses, nutritionists, and other school experts in JCSH member and supporting jurisdictions are able to share evidence and best practices from Canada and around the world. The Consortium engages with national and international leaders in policy, practice, and research to work toward shared outcomes so that all students are able to reap the benefits of new educational and wellness directions. For example, our focus on comprehensive school health aligns directly with the national and international attention being paid to personalized learning and education transformation: Team learning, problem solving, technological awareness, global appreciation, and critical thinking are enhanced within a whole school community approach to student achievement.

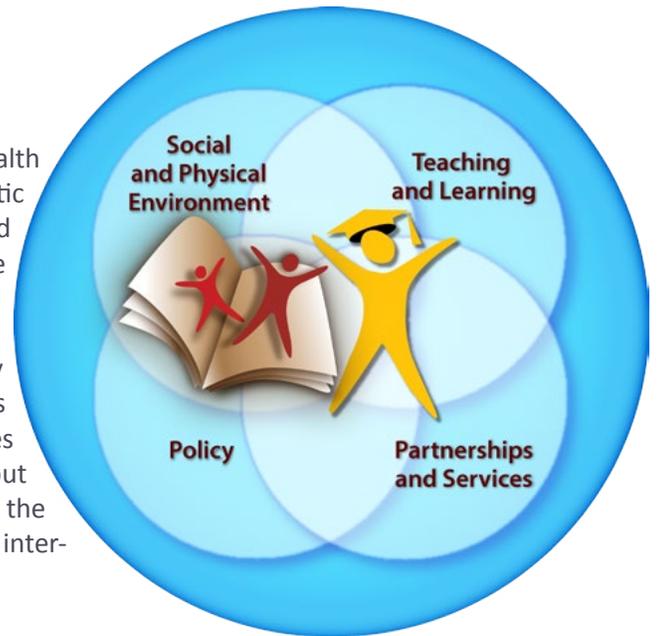
Collaboration for student health is critical, not just for children and youth, but for Canadian society as a whole. Chronic illnesses such as heart disease and type 2 diabetes afflict families, communities, and the health care system. The spirit of cooperation espoused by the Joint Consortium for School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

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

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

About Comprehensive School Health

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



• Social and physical environment -

The social environment is:

- The quality of the relationships among and between staff and students in the school
- The emotional well-being of students
- Influenced by relationships with families and the wider community
- Supportive school community in making healthy choices by building competence, autonomy, and connectedness.

The physical environment is:

- The buildings, grounds, play space, and equipment in and surrounding the school
- Basic amenities such as sanitation, air cleanliness, and healthy foods
- Spaces designed to promote student safety and connectedness and minimize injury
- Safe, accessible, and supportive of healthy choices for all members of the school community.

• Teaching and learning -

- Formal and informal provincial / territorial curriculum, resources, and associated activities
- Knowledge, understanding, and skills for students to improve their health and well-being and enhance their learning outcomes
- Professional development opportunities for staff related to health and well-being.

• Healthy school policy -

- Policies, guidelines, and practices that promote and support student well-being and achievement and shape a respectful, welcoming, and caring school environment for all members of the school community.

• Partnerships and services -

Partnerships are

- The connections between the school and students' families
- Supportive working relationships among schools, and among schools and other community organizations and representative groups
- Health, education, and other sectors working together to advance school health.

Services are

- Community and school-based services that support and promote student and staff health and well-being.

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 components 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 lifetime².

In the school, comprehensive school health initiatives improve student achievement and can lead to fewer behavioural problems³. In the broader school environment, this approach requires more research to support student achievement in terms of self-efficacy, self-regulation, and coping strategies in addition to academic outcomes⁴.

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

Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors. The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools. In Canada, the Joint Consortium for School Health, as the partnership of government ministries of education and health, models, supports, and encourages the collaborations between health and education that are essential to comprehensive school health.

Student-centred learning is a widely accepted approach to fostering a generation of young people who are healthy, happy, educated, and productive members of society. This approach applies the education of students to real-world issues. It celebrates technology, and global and cultural awareness as well as student mental fitness and student learning communities. The curriculum will be interdisciplinary, project-based, and research-driven. In this model, families and neighbourhood partners are essential members of the school community⁵.

²Murray, 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.

³Stewart-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>.

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

⁵ASCD. *Making the Case for Educating the Whole Child*. [pdf 1.9M]. Alexandria, VA: ASCD; 2011.



About the Joint Consortium

Mandate

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

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

In 2015, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness agreed to continue the JCSH for the next five years. With a renewed mandate, the Consortium members have begun to consider and set the strategic priorities moving forward.

Vision

Children and youth in Canada thriving in school communities committed to optimal learning, health, and well-being.

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 continues to support the purpose of the JCSH: to be a catalyst to strengthen cooperation and capacity among the health and education ministries to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

Goals

With the renewed mandate, the JCSH has adopted four goals to guide the strategic and operating plans.

1. Leadership

To advance the principles of comprehensive school health through policy, practice, and research.

2. Knowledge Development and Exchange

To build, share, and leverage knowledge to support the learning, health, and well-being of children and youth in Canada.

3. Capacity Building

To enable member jurisdictions to advance a comprehensive school health approach to support optimal learning, health, and well-being.

4. Monitoring, Evaluation, and Accountability

To develop and implement a comprehensive evaluation framework for the goals, strategies, and action plans of the JCSH 2015-2020 Strategic Plan.

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 not a member of the Consortium but serves in a funding and advisory capacity.

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

Long Term Outcomes

The JCSH has committed to three overarching long-term outcomes. They are defined as follows:

1. Increased Intersectoral Action between Education and Health

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

2. Increased System Capacity, Collaboration, and Efficiency

JCSH supports the work of member jurisdictions and the federal government in using a comprehensive school health approach in the issues affecting student well-being and achievement. Relationships between education and health ministries and other key stakeholders -- including national and international organizations, non-government organizations, and research centres -- are focused on working together to address comprehensive school health issues and national priorities.

3. Increased Research Coordination

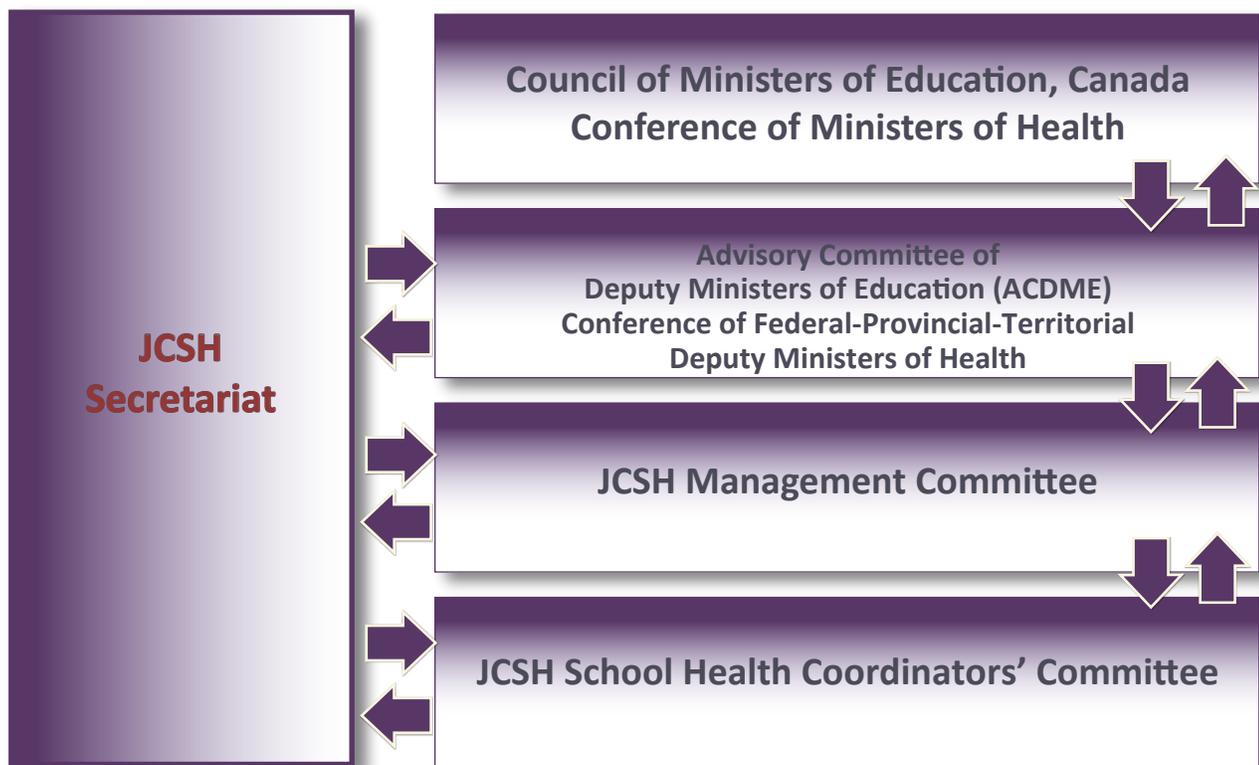
The JCSH establishes and maintains relationships with the research community and directs the priorities related to comprehensive school health to advance best evidence development and knowledge exchange.

Working Horizontally

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

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

Pan-Canadian Joint Consortium for School Health Organizational Structure



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

The two committees of the JCSH responsible for the strategic direction and work agenda are

- the Management Committee
- the School Health Coordinators' Committee.

Management Committee

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

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

School Health Coordinators' Committee

School Health Coordinators are drawn from senior policy analysts, consultants, managers, and specialists in the Ministries of Education and Health. The School Health Coordinators' Committee serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of student success and wellness.

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

JCSH Secretariat

The Secretariat is responsible for planning and coordinating activities of the Consortium. It monitors and facilitates progress on outcomes set by the Consortium mandate and organizes the meetings of the Management Committee and the School Health Coordinators' Committee. It is also the central point of contact for Consortium members and maintains an active communication with other related organizations. The Secretariat represents the collective voice and the collective impact of Consortium outcomes at meetings, conferences, and consultations across the country. It has a helpdesk function and maintains the website.

Consortium Accomplishments

The goal of student achievement and wellness is one adopted by governments throughout the world. Canada, through the work of the Pan-Canadian Joint Consortium for School Health (JCSH), advances this goal in health and education ministries and departments in provincial and territorial jurisdictions throughout the country. Because of this measure of cooperation, the JCSH is able to develop and maintain enduring partnerships, and is recognized as a leader in the area of comprehensive school health.

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

Highlights of progress in member and supporting jurisdictions are reported beginning on page 17.

Leadership

The fundamental leadership role of the JCSH is to facilitate the development and enhancement of the collective impact of education and health collaboration and of a comprehensive school health approach in every member province and territory. As the collective government voice of school health in Canada, the Consortium through its membership and Secretariat works to increase awareness across the sectors of the essential linkages between health and education in the lives and futures of all children and youth. The JCSH continuously monitors and reviews its work to ensure it is supporting integrated improvements in school-aged students' achievement and well-being.

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

The JCSH continues to follow the key recommendations and suggestions from the first-ever meeting of health and education ministries' senior officials held early in 2013:

- A comprehensive, whole student approach to student achievement and the contribution of comprehensive school health to the system of education
- The approaches to implementing authentic youth voice in a comprehensive school health approach
- The impact of JCSH on the core mandates of the ministries of health and education.

With its renewed mandate, the JCSH has adopted a goal of Leadership: To advance the principles of comprehensive school health through policy, practice, and research. Its work continues to support its long-term outcomes, in particular **Increased System Capacity, Collaboration, and Efficiency** and **Increased Research Coordination**.

JCSH advances and engages in the use, monitoring, and evaluation of three important resource areas:

The Healthy School Planner

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



In the past year, an evaluation process was developed by the [Propel Centre for Population Health Impact](#) (Propel) at the [University of Waterloo](#), with data collection to take place in autumn 2015 and results anticipated in early 2016.

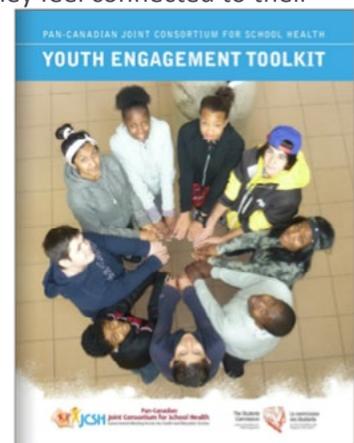
- The Healthy School Planner was developed for the JCSH by the Propel Centre together with a JCSH Advisory Committee. The HSP is available in English and French for use by any school in the country, free of charge. A promotional video is also available in English and French.
- The Healthy School Planner was extensively piloted by teachers, researchers and experts in the field of comprehensive school health from across the country.
- In addition to the foundational module, the Healthy School Planner consists of four modules (healthy eating, physical activity, tobacco reduction and positive mental health).
- Using the HSP, school health is assessed by examining a school's overall wellness environment using the four components of comprehensive school health (CSH): social and physical environment, teaching and learning, healthy school policy, and partnerships and services.
- The Healthy School Planner recommends a school develop a team composed of educators and school administrators along with parents, students, public health experts, and community members to ensure a broad, informed assessment of the school and school community is conducted. This makes the assessment and planning more meaningful, more widely accepted, and much easier to implement.
- Upon completion of any one of the Healthy School Planner modules, schools receive results specific to their responses, tailored recommendations based on their results, and a list of action-oriented and jurisdiction-specific resources. Schools can share their results and achievements with staff, students, parents, and the broader community.
- School boards and districts can request an aggregate report of data generated by schools that use the Healthy School Planner. Approval must be sought from school superintendents or a designate. A data application form is available by following links to the "Frequently Asked Questions" or "Contact Us" pages on the Healthy School Planner website.

Youth Engagement Toolkit

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

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

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



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

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

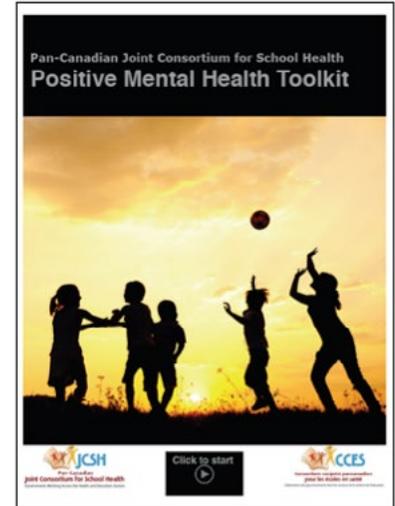
Positive Mental Health

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

The [Positive Mental Health Toolkit](#) remains a significant resource for the work in school communities throughout Canada. It is available in English and French in an interactive “e-book” format, and includes a number of videos, links, and resources used by schools to self-assess and plan for positive mental health practices in the school setting through a comprehensive school health approach.

In less than two years following adaptation of the Positive Mental Health Toolkit into a module of the Healthy School Planner, schools are showing increasing interest in this perspective in their healthy school assessment and planning for improvement. The valuable information provided in the JCSH toolkit was converted in 2013 to the format of the Healthy School Planner, providing the fourth of four topics covered by the school health self-assessment tool.

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



Knowledge Development and Exchange

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

With the renewed mandate, the JCSH has adopted a goal of Knowledge Development and Exchange: To build, share, and leverage knowledge to support the learning, health, and well-being of children and youth in Canada. This goal will assist the Consortium in maintaining focus on this area.

Research Coordination Initiatives

JCSH contributes to numerous research development and dissemination initiatives as part of its commitment to Increased Research Coordination. In 2014-2015, work continued in a key area:

Core Indicators and Measures of School Health and Student Achievement.

Table 1: Freeman-Hussain-JCSH Healthy Schools Framework

	COGNITIVE	BEHAVIOURAL	AFFECTIVE
ACADEMIC INDICATORS	<i>Achievement test scores:</i> standardized tests, GPA, report cards	<i>Attendance:</i> absences, lates, suspensions / expulsions	<i>Academic motivation:</i> academic self-concept / self-efficacy, self-regulation, self-confidence, intrinsic/extrinsic motivation, coping strategies
SUCCESS INDICATORS	<i>High school progression:</i> graduation rates, graduating with Honours, credit attainment, drop-out rates, post-secondary plans	<i>Student participation:</i> number of activities in which students participate, type of participation (e.g., leadership; on-task/off-task), variety of participation (in-class, extra-curricular, community), quality of participation (student engagement, peer relationships)	<i>Mental health:</i> well-being, ill-being, suicidal tendencies, depression, school connectedness
HEALTH INDICATORS	<i>Understanding of health:</i> physical activity guidelines, screen time limits, nutritious eating, dangers of substance use	<i>Health and health behaviours:</i> physical activity, screen time, eating patterns, body composition, substance use, sexual behaviour	<i>Motivations toward optimal health:</i> attitudes, perceived behavioural control, subjective norms
ENVIRONMENTAL INDICATORS	<i>Understanding of Comprehensive School Health:</i> student, teacher, school administrator, parent, community	<i>Adult engagement:</i> parent and family member authentic engagement in school, teacher and administrator professional development, community partnerships	<i>Inclusive school environment:</i> safety, accepting environment, positive school culture, healthy school “buy-in”

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The JCSH collaborates with Dr. John Freeman and his research team at Social Program Evaluation Group, Queen’s University, to disseminate and develop next steps for the major research work begun in 2013 on links between comprehensive school health and student achievement. Ministries of education and health in this country and internationally are interested in determining whether comprehensive school health initiatives really do result in improved student achievement. The JCSH commissioned Dr. Freeman and his team to conduct research in this area. In this work, entitled [Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada](#), a framework was developed of academic, success, health, and environmental indicators. Among the findings of the research:

- Lack of literature on comprehensive, integrated, and holistic approaches to school health (most research studies focused on a single aspect of school health, commonly, healthy eating and physical activity);
- Lack of research in the unique Canadian context (much research was conducted in the United States);
- Lack of a broad-based understanding in the research on student achievement (researchers tended to see student achievement as individual academic achievement).

In the past year, the original framework was revised to incorporate health indicators with the initial academic, success, and environmental indicators. This revision begins the next steps of knowledge exchange and consultation on this work. Future work plans include expanding the research on comprehensive school health within the Canadian context.

Presentations and Partnerships

Further to its work in the goals of Leadership and of Knowledge Development and Exchange, the JCSH 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, the JCSH has worked in an advisory and consulting capacity with a number of partners:

The Mental Health Commission of Canada's National Strategy: Development of Progress Indicators. Among the data sources are responses from the Healthy School Planner Foundational Module.

Canadian Centre on Substance Abuse: a one-day, pan-Canadian meeting in Ottawa to address illicit and recreational substance use among youth who participate in sport.

Planning committee for 2015 National Healthy School Communities Forum, hosted by Physical and Health Education (PHE) Canada.

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

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

- During the 2014 meeting of the Advisory Committee of Deputy Ministers of Education (ACDME), the Executive Director made a presentation on the work of JCSH and the proposal for mandate renewal.
- New Brunswick's 2014 Provincial Wellness Conference – Moncton NB: May 14-15 2014.
- 9th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity – Time to Focus on Strengths: Addressing Obesity in Indigenous Youth – Winnipeg MB: September 24-26 2014.
- Ever Active Schools' 6th annual Shaping the Future Conference – Kananaskis AB: January 29-31 2015.
- Physical and Health Education (PHE) Canada Health Promoting Schools Project – series of workshops across Canada: Spring 2015.
- Interdepartmental Working Group on Children's Rights (IWGCR) presentation – via teleconference: April 28 2015.
- Healthy Schools BC 9th Annual Symposium – Vancouver BC: May 4-5 2015.
- Canadian Public Health Association (CPHA) annual conference, Public Health 2015 – Vancouver BC: May 25-28 2015.
- Canadian Council on the Social Determinants of Health presentation – via teleconference: June 5 2015.
- Canadian School Boards Association (CSBA) Annual Congress / National Trustee Gathering on Aboriginal Education – Saskatoon SK: June 30 – July 5 2015.

The 2014 Annual Report was distributed to partners and stakeholders across the country in print format and online at the JCSH website: www.jcsh-cces.ca.

The JCSH website underwent a major renewal and redesign in 2014 and is now able to provide greater interactive capabilities and a platform for sharing resources of interest to a wide range of audiences: from teachers and health professionals, to government officials and researchers, to families and school communities. The resources comprise those developed by JCSH as well as provincial / territorial, national, and international communications.

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 initiatives. In the past year, the JCSH has leveraged resources to identify and challenges to implementation of comprehensive school health as a pathway to student success through improved achievement and well-being. The identification of the challenges is a necessary precursor to developing supports so schools and school districts reach measurable and sustainable goals.

With the renewed mandate, the JCSH has adopted a goal of Capacity Building: To enable member jurisdictions to advance a comprehensive school health approach to support optimal learning, health, and well-being. This goal will support JCSH's work within and among the provinces and territories in Canada.

- JCSH continues to promote and share its tools and resources, such as the Youth Engagement Toolkit and the Positive Mental Health Toolkit, supporting coordinated and comprehensive improvements in student engagement, well-being, and achievement in schools. In the coming year, these resources will be monitored for use and adaptation to complementary formats, such as short description documents.
- A new evaluation of the Healthy School Planner will be carried out in the coming year to determine the extent of its use in Canadian schools and to document feedback on ways to improve its implementation in and benefits to schools.
- The JCSH continues to work with partner agencies and organizations to assist them in using comprehensive school health and the Healthy School Planner in developing professional development training programs and project funding envelopes.
- The JCSH commitment to education and health sector collaboration across the jurisdictions continues to be felt in the benefits expressed by members from the four pan-Canadian face-to-face meetings and 12 teleconferences of our member and supporting jurisdictions held over the past year. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provided opportunity for cross-jurisdictional connections and resources sharing. This benefit is substantial and ongoing and measurable: the development of formal and informal relationships among the Management Committee members, the School Health Coordinators' Committee members, and the Secretariat staff over the life of the Consortium has impacted changes in school health in Canada.

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

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 2014-2015. For more information on any initiatives listed, visit the jurisdictions' respective school health websites. See Appendix D for member and supporting jurisdictions' contact information and web links.



Yukon

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

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

There is also a renewed emphasis and recognition of the positive impacts that the creation of health promoting environments has in school communities.

Leadership

- **Sexual Health and Relationship Education** – SHARE is a state of the art, comprehensive sexual health education program for Grades 4 – 7, designed by Yukon educators and the Health Promotion Unit. SHARE includes
 - Detailed step-by-step lesson plans that teachers can read word for word, depending on their experience in a particular topic, linked to the BC Prescribed Learning Outcomes
 - Student Activity pages for every lesson that can also be printed as a complete booklet
 - Assessment tools for teachers and students.

SHARE is designed as a roadmap, with a variety of routes provided to teachers to reach the same health outcomes for students. Grade 4 SHARE is complete and available for immediate use. Teacher lesson plans and student workbooks for Grade 5 – 7 are available by year end 2015. Although sexual health has always been taught in Yukon schools, SHARE provides a single, comprehensive resource for educators that is relevant in the modern digital age (significant focus on internet safety).



- Yukon Education has a Yukon Self-Regulation Initiative to support children in building the capacity to ensure they have adequate energy, alertness, or calmness to deal with everyday life stress. A group of educational specialists provide advice on classroom adaptations to reduce environmental stressors, and introduce sensory and movement breaks, as well as down-regulatory and calming breaks. More intensive interdisciplinary supports are provided to individual students.
- Yukon Education is undertaking a preventative approach to supporting comprehensive

school health in students through a safe and caring schools policy. Support for the policy includes collaboration on response to bullying behaviours and social-emotional classroom based support.

- Creation of Healthy Food Environments:
 - Vending machines in schools – Health Promotion has supported the introduction of a Healthy Foods vending machine at Vanier Secondary School as part of the creation of healthy food environments. The cafeteria contractor is mandated to fill the machine with fresh, healthy foods at low cost to students. This project will undergo an evaluation in spring 2015.
 - Health Promotion continues to be an active participant in the Healthy Food and Beverage and Healthy Beginnings Committees to provide healthy food guidelines in early childhood education and recreation facilities.
 - [From the Ground Up](#) Health Choice Fundraiser for schools underwent a significant expansion in 2014, to incorporate 2 Yukon farmers and a total of 49,510 lbs of fresh vegetables being sold to support school endeavors, many of which included self-regulation items such as bikes. This program will continue in 2015.
 - The Health Promotion Unit continues to provide Teacher Education Bulletins on healthy eating topics such as using food as a reward, energy drinks, and healthy celebrations in classrooms.

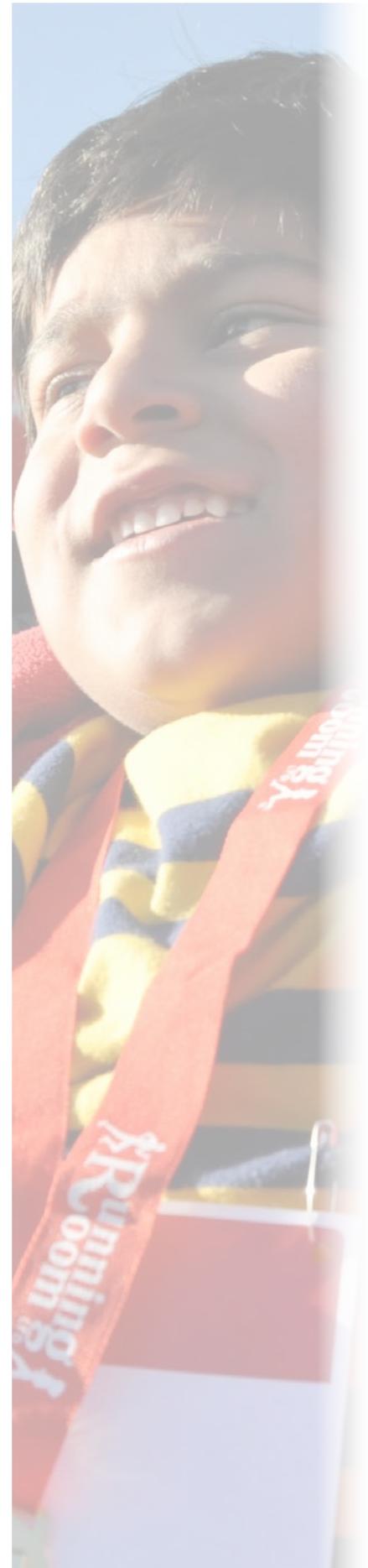
Knowledge Development and Exchange

- Yukon Education and the Health Promotion Unit have partnered on the 2014/2015 cycle of The Health Behaviour in School-aged Children survey in Yukon. This has become both a financial and philosophical partnership to guide programming and policy development for youth across Yukon. Health Promotion has contracted to gain access to the [Yukon report](#) in early spring 2015.
- Yukon Education publishes a monthly newsletter, Wellness Perspectives, for school staff. Topics highlighted include Comprehensive School Health, self-regulation, health and wellness, social-emotional learning and inclusive educational practices. Strategies and tips are provided to promote wellness and resiliency in students, educators, and parents.
- Yukon Education offers healthy living programming including experiential science and outdoor educational courses, sports programming, culture camps, culturally relevant programming options, individualized programming and transition support, and rural educational opportunities.

Capacity Building



- [KICKIN' ASH](#) is a new tobacco prevention resource available in the spring of 2015 for NGOs and community groups and, by September, schools. This is a community-based program intended to build the capacity of youth serving agencies to prevent/delay tobacco use amongst young people. This will be a “living” document where groups can amend and add to program ideas as well as create a dialogue of support.
- Training opportunities are being offered to Yukon educators to support students in safe and caring school communities to support mental health and wellness. Training includes restorative practices, Nonviolent Crisis Intervention, suicide prevention training and Violence Threat Risk Assessment training.



Northwest Territories

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



Leadership

- NWT teachers' conference - The NWT Teachers' Association in partnership with the Department of Education, Culture and Employment hosted a three-day conference attended by all NWT educators. Sessions that focused on teacher and student wellness included topics such as Mental Health First Aid, gender diversity, self-regulation, and restoring balance in adult-child relationships.
- Healthy Food for Children and Youth – 2014-15 was the first year of new, sustained funding for three programs impacting the nutrition of children and youth. Funds will support the school-based *Healthy Food for Learning Program*, after school snacks within the *After School Physical Activity Program*, and *Healthy Food Kitchen/Collective Kitchen* supports for families.
- “Weaving Our Wisdom” – A three-day conference that included delegates from every NWT community and representatives of Aboriginal governments, non-governmental organizations, and health professionals focused on exploring ways to work together to improve the overall well-being of northern residents and close the health status gap between Aboriginal and non-Aboriginal people. Youth delegates participated in plenary sessions and held concurrent youth-focused sessions that culminated in a presentation of their wellness priorities.
- Regional Mental Health Anti-stigma Youth event – With support from the Mental Health Commission of Canada, a delegation of 10 youth attended a five-day national anti-stigma event and then worked with a coordinator to host a regional *Headstrong* event attended by student representatives from five high schools. Three speakers, including two northern youth, shared their hope-filled stories of journeying through mental health challenges.

Knowledge Development and Exchange

- Injury prevention – A seminar on March 7, 2015 brought together NWT educators, medical and recreation professionals, coaches, and parents to learn, discuss, and share information on concussion education tools and the policies/procedures required for students who are returning to learn and play after a concussion.
- Physical activity - A renewed partnership with the University of Alberta, the Department of Municipal and Community Affairs, and Deh Gah School in Fort Providence is engaged in a multi-year project aimed at increasing the overall physical activity levels of, and general health awareness in, the student population. A full-time physical literacy coordinator has been hired in the school to design and implement physical fitness activities intended to enhance healthy lifestyles and achieve sustainable results. Initial results will be available in 2016.
- Action Research – Departments of Health and Social Services and Education, Culture and Employment participated in a learning event to explore how action research/participatory research might be embedded within school-based programs of study. Action research kits to support classroom pilots were purchased in all education regions.

- Self-regulation strategies - A group of seven Aboriginal cultural/language “knowledge keepers” was assembled to share indigenous self-regulation strategies with Dr. Stuart Shanker, researcher, and education professionals. The session was recorded with audio equipment and by a graphic illustrator in order to develop resources that will enable sharing with NWT educators and community members.

Capacity Building

- Resilience grants – A new grant program provided funds to seven schools for resiliency projects. Each project is based on individual school/community contexts.
- Safe and Caring Schools supports –Resources and training for the *Fourth R* and *WITS* programs were provided to half of schools in NWT. A new grant program provided funds to 13 schools for School-Community based projects which focused on strengthening the foundation of healthy relationships amongst our schools and communities.
- Talking About Mental Illness (TAMI) – Using an evidence-informed approach to promote mental health and reduce stigma, TAMI uses contact-based education and school-based activities to educate, empower and engage youth in the exploration of mental health. The most powerful aspect of the 5 module program is when Northerners who are successfully living with or have recovered from a mental illness share their stories of recovery with the grade 8 students taking the program. Research has shown that it is the speaker module that has been the most critical for youth in reducing stigma. TAMI is currently offered in Yellowknife. A phased approach is being taken to expand to additional regions of the NWT.
- Self-Regulation (SR) – Support was provided to all schools in the form of grants, resource distribution, and access to online courses. Health and education staff at the headquarters and authority/board levels worked in partnership to host a territorial conference on whole-classroom and targeted SR support strategies.
- Residential schools - Teaching resources addressing the history and legacy of residential schools have been developed and are part of a course that is mandatory for graduation. The commitment to in-service all NWT teachers in the issues of residential schools was achieved. Two pieces of research related to the impact of this work have been completed showing significant impact on student and teacher understanding, empathy, and improved relationships between teachers and the communities in which they serve.



Nunavut

In *Sivumut Abluqta: Stepping Forward Together* (March 2014), the Government of Nunavut describes its 2014-2018 mandate and its vision of Nunavut in 20 years as

“...a place where physical and mental health has improved and where we are optimistic about our future. The rate of addiction and suicide has dropped dramatically...In the near term, community-based solutions must be supported to improve health, social well-being and local economies. In the long term, education and employment are key to addressing many of these issues. Education increases the options available to an individual.”

During the past year, the Departments of Education and Health continued to collaborate on their joint goals for the wellness of children and youth using a comprehensive school



health approach that is compatible with and promotes Aboriginal wellness (*Building on our Strengths: Aboriginal Youth Wellness in Canada's North*, Conference Board of Canada, January 2014).

Leadership

- Education completed a **review of inclusive education in Nunavut**. Guided by an advisory committee of educators, the objective of the review was to provide a guide for a practical model of inclusive education in Nunavut after identifying the gaps in services and the challenges of delivering appropriate programming. The review offered the Department of Education evidence-based recommendations that address the challenges of teaching and reaching all students in K-12.
- Education and Health moved forward on the **Healthy for Life Comprehensive School Health Strategy** by co-developing a **School-Based Positive Mental Health Framework** in consultation with health and education regional leads and Nunavut Tunngavik Incorporated. Phase 1 of this project aimed at providing universal and targeted socio-emotional teaching, intensive socio-emotional support, and crisis intervention is being completed.
- Education, Health, the Embrace Life Council and the Canadian Red Cross continued to provide leadership and training aimed at providing Nunavut's children and youth with personal safety skills. Through the **10 Steps Training Initiative**, three communities set up action teams to plan and address support for children and youth.
- As part of its renewed commitment to the **Nunavut Suicide Prevention Strategy**, the Government of Nunavut led an evaluation of the *2011-2014 Action Plan* and drafted the *2015-2018 Action Plan* with eight main commitments including strengthening the continuum of culturally-relevant mental health services; teaching children and youth the social-emotional and coping they need to respond to life's challenges; and fostering healthy development opportunities in early childhood.

Knowledge Development and Exchange

- In collaboration with the Nunavut Teachers' Association, Education finalized its comprehensive and practical **Crisis Response Guidelines for Nunavut Schools Staff Manual (2015)** detailing school protocols for emergency preparedness and responding to critical events, medical emergencies, cyber threats and bullying. The manual also provides a directory of networking and training opportunities related to comprehensive school health in the school, community and on the land.
- Education and Health produced a video documentary called *The Making of Choices* which explores the sexual health issues raised in the graphic novel *Choices* from the perspective of youth who were involved in its creation. Besides the documentary, the **sexual health education resource kit** available in English, Inuktitut, Inuinnaqtun, and French, contains the *Choices* graphic novel; a teacher's resource guide; an information letter for parents and guardians; evaluation surveys for teachers and students; and suggestions about how schools and health care providers may engage parents/ guardians and other community members in discussions about sexual health and sexual health education. Electronic versions of the graphic novel may be found on the Government of Nunavut's sexual health website: www.irespectmyself.ca.

Capacity Building

- Health and Education collaborated to create a **health promotion book series** for Grade 1 focusing on key health messages integrated with literacy programs. Topics in the book series include: physical activity, preventing the spread of germs, nutrition, and oral health. This story book series is to be launched in the 2015/16 school year.
- Further collaboration resulted in a **substance abuse prevention tool kit** containing lesson plans for teaching children aged 10-14 the risks of using marijuana, alcohol, inhalants, prescription drugs, and gambling. The lesson plans are accompanied by ready-to-use activities and resources that will be provided to Nunavut's educators in the 2015/16 school year.

Newfoundland and Labrador

Healthy Students Healthy Schools (HSHS), a priority in the Provincial Wellness Plan, supports and promotes the creation and maintenance of healthy school learning environments and fosters healthy behaviours for life. Using a comprehensive school health approach, HSHS promotes healthy eating, physical activity, living smoke-free, injury prevention, mental health promotion, environmental health promotion, and positive social behaviours. Across the health regions and school districts, School Health Promotion Liaison Consultants (SHPLCs) strengthen partnerships, build capacity for school health, and facilitate health promotion initiatives in the school community. School health promotion is supported through the HSHS provincial website, regional/school district healthy living newsletters, health promotion workshops, and healthy living research, policies, and practices.

The Departments of Health and Community Services (HCS) and Education and Early Childhood Development (EECD) partnered on HSHS since 2004. The Department of Tourism, Culture and Recreation (TCR) became a partner in 2009 to support this interdepartmental school health promotion initiative. Based on a departmental reorganization in 2014, the responsibility for HSHS on the health side is now with the Department of Seniors, Wellness and Social Development (SWSD).

Leadership

- The EECD provided training for all guidance counsellors and educational psychologists on the Diagnostic and Statistical Manual of Mental Disorders and the Safe and Caring Schools Policy. The 134 Guidance Counsellors and 43 Educational Psychologists play a lead role in mental health promotion and prevention supporting students, parents, and educators.
- The EECD promoted the *Find Your Voice, Not Violence* Contest during Violence Awareness Week and collaborated with the Canadian Centre for Child Protection to provide students in Grade 7-10 with information on building healthy relationships and on the prevention of sexual exploitation, self/peer exploitation, cyberbullying and building healthy relationships.
- Information sessions were provided to community organizations on the Safe and Caring Schools Policy and Bullying Prevention and Intervention.
- EECD collaborated with Newfoundland and Labrador English School District (NLESD) to provide a professional learning session for Intermediate Home Economics teachers.
- [Eat Great and Participate](#) organized a [Nutrition Month Youth Photo Contest](#) in March 2015. Youth were encouraged to submit photos of themselves, friends, and





family completing weekly healthy eating and physical activity challenges. Several Community Youth Network afterschool programs participated and highlighted fun ways to incorporate healthy eating including a healthy Easter egg hunt!

- EECD, HCS, and the Canadian Mental Health Association, Newfoundland and Labrador division (CMHA NL) participated in the development of a pilot project as part of the Atlantic Canada Collaboration on Scaling up Social and Emotional Learning.
- Engaged in monitoring and evaluation efforts such as reviewing and updating health promotion materials, adjusting tracking mechanisms, and recognizing exemplary school food environments.
- Supported healthy sexuality through collaboration on the Sexual Health Clinic Project, development of LGBTQ classroom materials, and recognition of LGBTQ Stars.

Knowledge Development and Exchange

- The EECD released [Guidelines for Diabetes Management in Schools](#) in the fall 2014. This resource provides basic information for schools that have students with diabetes in their care. The guidelines clarify the roles and responsibilities of parents/guardians, educators, school administrators and other school-based personnel to ensure students with diabetes are provided a safe learning environment.
- In September 2014, schools and school communities in NL gained access to the new online program, [Anaphylaxis in Schools: What Educators Need to Know](#). The program is designed to inform educators and others about the management of anaphylaxis, a severe allergic reaction on the rise in communities across Canada. The EECD contributed \$10,000 to partner with Anaphylaxis Canada to promote and use the program to help the school community learn more about how to protect young people at risk of suffering a major allergic reaction.
- The EECD released the [Guidelines for Anaphylaxis Management in Schools](#) in Winter 2015. This resource provides basic information for schools that have students at risk for anaphylaxis. The guidelines clarify the roles and responsibilities of the school community to ensure students at risk for anaphylaxis are provided a safe learning environment. Schools received an anaphylaxis resource kit in April 2015.
- The EECD is developing a best practice document focused on violence prevention and social-emotional learning for school personnel.
- EECD partnered with Sexual and Reproductive Health Consultants to develop professional learning video clips to support Grade 3 Health teachers.
- Enhanced communication with the school community using publications such as Living Healthy Newsletters, Healthy Relationships Banners, Rethink Your Drink Banners, and Healthy Holiday Recipe Celebration Collection.

Capacity Building

- Healthy living school projects were supported through Provincial Wellness, Regional Wellness Coalition, and Regional Health Authority Grants. Projects included school gardens, healthy living sessions (body image, bullying, physical activity, healthy eating), and the purchase of class snow shoes, yoga mats, and archery bows.
- Supported Participation Nation Unplugged with \$300,000 in addition to annual

funding of \$225,000 to provide school-aged children with recreational options that promote active lifestyles and overall wellness in the after-school time period. Participation Nation (PN) is a non-competitive recreational sport and physical activity program that encourages active and healthy living among all students and compliments the province's physical education and health curriculum.

- The EECD partnered with Egale Canada and the NLESD to provide train-the-trainer workshops to District personnel to prepare them to deliver LGBTQ Awareness workshops to all teachers in the province.
- The EECD provided \$5,000 funding to support mental health awareness for a student event at Holy Heart of Mary High School in St. John's.
- Agriculture in the Classroom NL expanded the number of classroom gardens in the Little Green Thumbs program to 70 classrooms, directly impacting 70 teachers, 25 mentors, and 1600 students.
- Funded and supported Living Healthy Commotions and associated online materials.
- Provided regional opportunities for students to be physically active through events such as outdoor physical activity days, Peter's River Raid Outdoor Adventure Race (Grades 4-12), Trek Terra Nova Adventure Race (Grades 6-12), Active After School Clubs and Community Champions, RBC Learn to Play, Running Coach seminars, and the Upper Lake Melville Jamboree.
- Implemented regional pilot projects and programs such as Wellness Café on Mental Health Promotion, SWAT (Student Wellness Action Teams) training sessions and programs, Life is Better Smoke Free Radio Ad Contest, Crunch and Sip Program, Queen of Peace School Seedling Program and Fresh Fruits Pilot Project.

Nova Scotia

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

Leadership

- Each year funds are distributed to school boards to support HPS. The need to develop a funding formula was identified by the provincial HPS co-chair committee to ensure the funding supports HPS work in a way that is connected to current context and is based on evidence. A working group of HPS leaders across the province has developed the first HPS funding formula to come into effect for the 2015-16 school year. The formula is based on evidence, guiding principles, and the Nova Scotian context.
- A new interdepartmental committee was struck to support HPS and other initiatives where the education and health systems work together. The Department of Education and Early Childhood Development and Department of Health and Wellness Partnership Committee on Education and Health is composed of senior leaders in both departments. Its mandate includes



- providing leadership and coordination for joint initiatives related to student health and wellness
- providing recommendations to Deputy Ministers and Ministers on issues such as priority setting, stakeholder engagement, partnership development, and issues management.

Among its objectives is to champion and build on successful collaboration models such as Health Promoting Schools.

Knowledge Development and Exchange

- [Marketing to Children and Youth: A Public Health Primer](#) was developed by the Department of Health and Wellness to:
 - increase understanding of the impacts of marketing on children and youth
 - identify common marketing strategies
 - support efforts to address marketing to children and youth in communities.

Capacity Building

- The departments of Education and Early Childhood Development and Health and Wellness introduced seven lesson plans on drug and alcohol prevention for Grades 7 to 9. The lesson plans are available as part of the current health education curriculum. Teachers, mental health clinicians, guidance counsellors, and school board administrators from across the province were invited to participate in training sessions to help them implement the lesson plans. So far, more than 300 teachers and counsellors have attended sessions. The province will provide ongoing support and coaching as needed. This resource for the Healthy Living curriculum is the first of its kind in Canada. It has been tested with youth in the province, is voluntary, and will help teachers meet mandatory learning outcomes for health education. Feedback on student engagement and response to the lessons from classrooms around the province has been positive.
- The Department of Education and Early Childhood Development released the [Guidelines for Supporting Transgender and Gender-nonconforming Students](#) to support schools and school boards in protecting and respecting students as they assert their gender identity and right to gender expression. The guidelines complement the amendments made to the Human Rights Act in December 2012 that protect transgender people from discrimination. They will help schools and school boards to create a culture that is safe, respectful, and supportive of transgender and gender-nonconforming students.
- The guidelines identify seven areas of support that include using the student's preferred name and pronoun, providing easy access to gender neutral washrooms and private change rooms, and providing all students with full access to physical education classes and extracurricular activities, including competitive sports, in a safe, inclusive, and respectful environment.



Prince Edward Island

Multi-sectoral partnerships have been critical in supporting the health, well-being, and achievement of students. Collaborative efforts have resulted in a variety of new and strengthened school health initiatives which have supported positive health behaviours and contributed to enhanced student success. Partners included the Department of Education Early Learning and Culture (DEELC), Department of Health and Wellness (DHW), Chief Public Health Office (CPHO), University of Prince Edward Island (UPEI)

researchers, provincial organizations, community groups, school boards, students, teachers, and parent volunteers.

Leadership

- The DEELC updated the [Senior High School Graduation Requirements](#) which will help ensure that physical education is recognized as a critical component of a student's academic program. The Minister's Directive outlined that PED401A ([Grade 10 Wellness Curriculum](#)) was added as a required credit for graduation. The new Wellness Curriculum helps develop confident and competent students who understand, appreciate, engage, and sustain a balanced, healthy, and active lifestyle.
- [ParaSport and Recreation PEI](#) and the DEELC hosted a **Physical Education Inclusion Summit**, the first of its kind in Canada. Grades K-12 physical education teachers, school board, and Department staff came together to discuss how to provide opportunities for all students to participate in physical education programs and to develop professional, inclusive, and accessible practices. As a follow up, a **ParaSport Festival** was held to educate people (including teachers, educational assistants, parents, and students) on the benefits of physical activity / sport and how to get involved.
- The DHW launched a new [Wellness Strategy](#) to support the physical and mental health of Islanders within a variety of settings. The five pillars of the Strategy include mental wellness, being physically active and reducing sedentary time, living tobacco-free, healthy eating, and responsible drinking behaviours. As a key setting to support the health and well-being of students through a comprehensive school health approach, the 'education system' is a key collaborative partner within the Strategy.

Knowledge Development and Exchange

- The DEELC, DHW, UPEI, the University of Waterloo, and Health Canada partnered to implement the 4th cycle of the [School Health Action Planning and Evaluation System / Canadian Student Tobacco, Alcohol, and Drug Survey](#) (SHAPES/CSTADS). The SHAPES/CSTADS system collected health behaviour data (healthy eating, physical activity, tobacco/alcohol/drug use, mental fitness) from over 10,000 students in Grades 5-12. This biennial survey provides schools, school boards, and the Province with student health profile reports which summarize key findings from the surveys. The 2014-15 data collection cycle included new funding partners such as [go!PEI](#) and the [PEI Healthy Eating Alliance](#) that utilize the SHAPES results to inform their work.
- Since 2008, the [SHAPES-PEI](#) system has supported knowledge exchange activities to encourage uptake and use of the survey results. The DEELC and UPEI hosted a Provincial Stakeholder Consultation to engage partners (volunteers, community organization, provincial alliances, and departments) that utilize the survey results to inform policy, practice, and programs. The consultation gathered suggestions of ways to improve the SHAPES-PEI system – both in the type of data collected and how the data is shared.
- Through an on-going partnership with the DEELC and UPEI, the **SHAPES-PEI Partner Engagement Strategy** continued to support the dissemination of survey results to help inform various policies and programs. Individualized presentations of the [most recent findings](#) were provided to multiple partners, for example
 - *Youth and Cyber-bullying: Creating a Collaborative Community Response* conference hosted by the Women's Network, PEI
 - Provincial Home and School Federation Semi-annual meeting
 - Intermediate Student Leadership Conference hosted by the PEI Physical Education Association.





Capacity Building

- The [PEI Tobacco Reduction Alliance](#) (PETRA), with collaborative support from the DEELC, DHW, and UPEI, developed two new curriculum and service resources:
 - [Revealing the Truth – A Tobacco Media Awareness Resource for Teachers](#) , a cross-curricular resource, aims to educate high school students about the harmful effects of tobacco products, the marketing tactics used by the tobacco industry, and education campaigns organized by public health organizations.
 - [Supporting Island Students to Quit Smoking – A PEI High School Resource](#) aims to inform high school staff of the variety of cessation services available for students.
- Through a new partnership of the Provincial Government, [go!PEI](#), and the Canadian Tire [Active at School](#) initiative, the [School Health Grant](#) (SHG) provided 61 schools with \$2,000 of physical activity equipment in support of one hour of daily quality physical activity. The SHG has provided annual support for school-level health promotion programs and initiatives. School teams (students, teachers, parents) were asked to
 - examine their SHAPES-PEI student health profile reports
 - use the [Healthy School Planner](#) to assess their school health environment
 - identify school specific needs and priorities, and
 - develop action and evaluation plans all using the comprehensive school health framework.

A new *Teen After School Program* was launched for intermediate and senior high students. Healthy snacks and activities for teens of all physical abilities were provided, including Walk & Run Club, Aquatic Bootcamp, Learn to Skate, Land Circuit Training, 5 Pin Bowling, Aquatic Circuit Training, Roller Hockey, and Lifesaving Training. The program was made available free of charge, through a partnership with [go!PEI](#) and the City of Summerside's [Credit Union Place](#).



New Brunswick

The New Brunswick Healthy Learners in School Program, initiated in 2000, is a Public Health program delivered by the Regional Health Authorities. It is aimed at promoting student health and wellness through the creation of healthy, safe, and supportive physical and social environments. Public Health Nurses and Dietitians work with school districts to implement comprehensive school health initiatives with the support of Health Advisory Committees that include educators, parents and community groups, and program representatives. Their efforts are supported by the Department of Social Development (DSD) which champions New Brunswick's Wellness Strategy and focuses on supporting physical activity, healthy eating, tobacco free living, and mental fitness and resilience in schools, communities, workplaces, and homes. The Department also undertakes a 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. DSD funds two School Wellness Consultants who collaborate with and facilitate the work of education wellness champions. They support comprehensive school health approaches through the distribution of grants and resources, providing training to school and district employees, provision of a School Wellness Newsletter, and in connecting schools to other resources in their communities such as Wellness Networks. The Department of Education and Early Childhood Development (EECD) reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools.

Leadership

- Following a successful pilot the **Premier's Challenge**, a partnership with Active at School and Canadian Tire Corp., was implemented province-wide by EECD. The goal is to ensure children across the province have one hour of physical activity before, during, or after school every day. In 2014-2015 a total of 140 schools (94 Anglophone, 41 Francophone, and 5 First Nations) registered for the Challenge. To streamline the process, applications were accepted in conjunction with the School Wellness Grants Application Process.
- [New Brunswick's Wellness Strategy 2014-2021, The Heart of our Future](#), was released in August 2014. It provides a framework that enables communities, schools, workplaces, organizations, families, or individuals to see how their goals, activities, or mandates are supported by improved wellness and how they can contribute to enhancing wellness within the province. A key recommendation from the evaluation was to broaden the focus of the Wellness Strategy, to encourage action on all the dimensions of wellness and on all the determinants of health rather than limiting it through the four previous healthy lifestyle goals. This renewed focus recognizes that in order to achieve sustained population level improvements on wellness, the goals must be broader in scope than only addressing healthy lifestyle behaviours. The Wellness Strategy focuses on two key goals:
 - to Increase the number of New Brunswickers with the capacity to support healthy development and wellness, and
 - to Increase the number of settings with conditions to support wellness.

Knowledge Development and Exchange

- DSD continues to partner with the NB Health Council on implementation of the **Student Wellness Survey** initiative. Following two years of data collection, the focus of effort this year was on knowledge translation and mobilization, supporting schools as well as numerous community organizations and health professionals to understand and act on the data. These efforts are contributing to a common picture and language among all partners, including schools, which is helping to bridge school and community contexts and actions.
- **NB PLAYS!** is an after school initiative for children and youth ages 5 to 19 led by Recreation NB in collaboration with Department of Social Development. It highlights positive mental health, physical activity, healthy eating, community strengths, and learning experiences as key elements in balanced after school programming. After school has been identified as a critical time frame to promote health and wellness among children and youth. NB PLAYS! is supported by a broad based advisory committee composed of representatives from government, non-profit and private sectors, as well as First Nation organizations and includes champions of recreation, health, wellness, education, quality childcare, parks, and sport. This year the NB PLAYS! Playbook was launched – a comprehensive resource for front line leaders of after school hours programs.
- Development of a new curriculum for Grade 3-5 Healthy Living/Career Planning is underway. This revised curriculum for the Anglophone sector will incorporate outcomes from the current separate Health Curriculum and the Personal Development and Career planning curriculum. This curriculum maintains the commitment of the Department of Education and Early Childhood Development to comprehensive school health and to the Comprehensive and Developmental Guidance Program.





Capacity Building

- The **Wellness Movement** is a multi-year social marketing initiative in support of the Wellness Strategy. This year the theme is “Start your Story” which features wellness stories of individuals, families, community groups, schools, and workplaces from all across our province shared through various promotional channels including television, [The Wellness Movement website](#), digital displays online, as well as on social media. School stories can be viewed at <http://www.wellnessnb.ca/start-your-story/#>
- In January 2015, the **Take Action on Tobacco Use Grant Program** was launched. Grants support community-led initiatives to increase tobacco-free living and strengthen community action with an emphasis on youth-led initiatives, partnerships, and comprehensive actions. Eligible applicants (including schools) can receive up to \$5,000 in grant funding for tobacco-free living projects.
- DSD hosts **annual Sharing Circles** to engage First Nation communities and Aboriginal organizations in asset-based community development approach to share promising wellness practices across communities. Four out of nine First Nation schools participated in this year’s Sharing Circle where school initiatives and lessons learned were shared with representatives from other communities.
- Four schools from one School District have participated in PHE Canada’s Pilot Project – Health Promoting Schools. The purpose of this project is to assist schools establish a more sustainable framework to guide their healthy school community efforts by using a process that will help them develop or enhance a comprehensive school health vision, build an environment for collaborative learning and support, as well as promote healthy schools in their jurisdiction. The initiative utilized existing tools and resources already in use in NB including Student Wellness Survey data and JCSH Healthy School Planner.

Ontario

Promoting well-being is one of four goals in Ontario’s renewed vision for education, [Achieving Excellence](#). Under this goal, Ontario aims for all children and students to develop enhanced mental and physical health, a positive sense of self and belonging, and the skills to make positive choices. These objectives emphasize the need to focus on the whole child and student – their cognitive, emotional, social, and physical development. Elevating well-being as a goal for education recognizes its fundamental importance to learners and their futures.

Leadership

- In November 2014, Ontario released a revised and expanded version of its healthy schools framework, [Foundations for a Healthy School](#), as a result of research and input from education and school-based health experts and multiple ministries. The Foundations for a Healthy School resource supports the integration of healthy schools policies, programs, and initiatives into school and school board planning and implementation processes.
 - The resource provides sample strategies and activities to foster a positive school climate, take an integrated approach, and address six curriculum-linked, health-related topics: Physical Activity; Healthy Eating; Personal Safety and Injury Prevention; Growth and Development; Mental Health; and Substance Use, Addictions, and Related Behaviours.
 - The new resource closely aligns with the components and indicators of school effectiveness from the [K-12 School Effectiveness Framework](#) by including five interconnected areas: Curriculum, Teaching, and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; and Home, School, and Community Partnerships.



- The Ministry of Education and the Ministry of Tourism, Culture and Sport along with other partners established the [Pan Am/Parapan Am Kids](#) (PPAKids) initiative to encourage participation in a variety of sports/parasports and recreational and cultural activities inspired by the 2015 Pan Am/Parapan Am Games over the 2013-14 and 2014-15 school years.
- As part of the Local Food Act, 2013, the Ontario Minister of Agriculture, Food and Rural Affairs established aspirational goals to help improve food literacy in respect of local food, as well as access to and use of local food.
 - In 2014, [Ontario Agri-food Education Inc. Teacher Ambassadors™](#) provided free agriculture and food themed lessons, student tours and educational exhibits and workshops across Ontario. The interactive lessons helped encourage students and teachers to think critically about agri-food issues, stimulated interest in agricultural innovations and encouraged careers in the agri-food sector.
 - The **Northern Fruit and Vegetable Program** (NFVP), led by the Ontario Ministry of Health and Long-Term Care, increases awareness and consumption of fruit and vegetables for elementary and intermediate school-aged children in three northern regions by providing no cost fresh fruit and vegetables in combination with healthy eating and physical activity education. The NFVP was expanded in 2014 to support [Ontario's Healthy Kids Strategy](#), doubling the program's reach to over 190 schools, including First Nations schools on-reserve along the James Bay Coast.
- Through Ontario's [Equity and Inclusive Education Strategy \(2009\)](#), schools and school boards are identifying and addressing discriminatory biases and systemic barriers to help foster healthy, safe, equitable and inclusive social environments that support the success and well-being of all students.
 - Implementation of the Strategy is guided by Ministry-developed resources including [Equity and Inclusive Education in Ontario Schools: Guidelines for Policy Development and Implementation](#) and a reflective tool entitled [How do we know we are Making a Difference?](#), which were released in 2014, as well as a range of other tools and resources developed through diverse stakeholder partners.

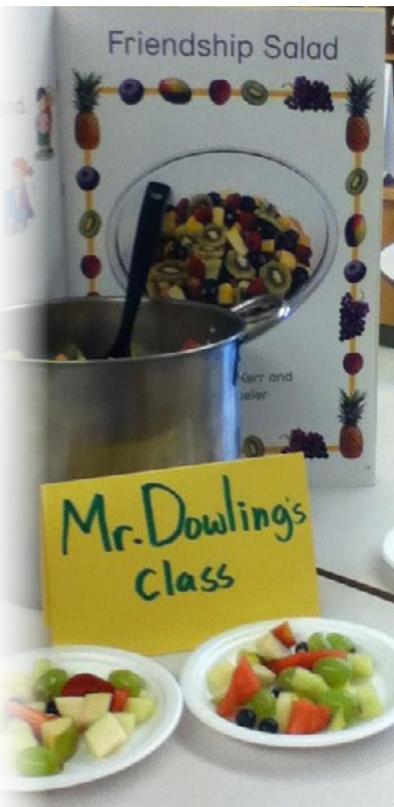
Knowledge Development and Exchange

- In February 2015, the Ministry of Education released [The Ontario Curriculum, Grades 1-8: Health and Physical Education, 2015](#) and [The Ontario Curriculum, Grades 9 to 12: Health and Physical Education, 2015](#). The Ministry also released materials to support parents in understanding the revised [elementary](#) and [secondary](#) school curriculum. Implementation of the curriculum will begin in September 2015.
- In March 2015, the Ministry of Education held meetings with stakeholders to discuss a review conducted by the Ophea on how prevalent medical conditions are managed in schools.
 - As a result of discussions, Ontario convened a Prevalent Medical Conditions Committee consisting of members from disease-based charities, all four publicly funded systems of education, and the Ministries of Education and Health and Long-Term Care to provide input on the development of an overarching provincial approach to prevalent medical conditions in schools.

Capacity Building

- In September 2014, Ontario announced the communities selected to participate in the [Healthy Kids Community Challenge](#), a program under [Ontario's Healthy Kids Strategy](#) that will provide resources including funding, training, guidance and social





marketing tools to help promote healthy eating, physical activity and healthy lifestyle choices for children. The program will involve collaboration with local partners, including schools.

- In November 2014, the Ontario Software Acquisition Program Advisory Committee launched a [Digital Citizenship resource](#) to support educators as they guide students in a digital world.
 - During the 2014-2015 school year, e-Learning Ontario and 21st Century Teaching and Learning supported the well-being of Ontario youth by facilitating sessions for classroom educators and school leaders about the responsibilities of a digital citizen through the Digital Citizenship resource.
- In November 2014, Ontario announced a partnership with the **ACTIVE AT SCHOOL** initiative and the Ontario Physical and Health Education Association to help provide access and opportunity for students to get [60 minutes of physical activity](#) connected to the school day.
 - The partnership has worked to achieve this goal by creating a Physical Activity Advisory Committee; developing a formal recognition program, [Heroes of Play](#); and establishing pilot sites through a [Healthy Schools Certification](#) initiative to help support school communities in joint planning, action and celebration.
- The [Student Nutrition Program](#), led by Ontario’s Ministry of Children and Youth Services, helps provide nutritious breakfasts, lunches and snacks in schools and community locations across Ontario to support learning and healthy child and youth development.
 - As part of the Poverty Reduction Strategy (2014), an additional \$10.3M was invested in the Student Nutrition Program, bringing the province’s total annual funding to over \$31M. The new investment is supporting an expansion of 340 new breakfast programs in higher needs schools and enhancements to existing programs.
 - The Ministry of Children and Youth Services is working with First Nations partners to develop and implement Student Nutrition Programs in on-reserve educational settings
- The Ministry of Children and Youth Services’ [Youth Opportunities Fund](#) (YOF) provides grants and capacity building supports to grassroots, youth-led initiatives and community-based organizations to support youth (aged 12-25) who face barriers to economic and social well-being.
 - In the 2014-15 school year, the YOF funded the grassroots innovation project Toronto’s [Success Beyond Limits](#) (SBL) among other projects. SBL brings social, recreational and academic supports to middle-school youth in order to better prepare them for high school and connect them to opportunities that will foster new skills and relationships and expand their horizons.

Manitoba



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

Leadership

- In February 2015, the [Manitoba High Schools Athletic Association](#) passed a ground-breaking policy allowing transgender student athletes to participate in gender-separated interscholastic sports activities in accordance with their gender identity.
- [Manitoba's Policy for Recreation Opportunities](#), a new provincial recreation policy, was released in February 2015 and reflects the shared values expressed by stakeholders, including the importance of recreation and recreation leadership, sustainable investment, and accessibility for all.
- In February 2015, the Manitoba government released [Starting Early, Starting Strong: Manitoba's Five-Year Plan for Early Childhood Development](#) (ECD). Two sets of province-wide indicator data serve as key "check points" to show us how our children are doing at birth and as they start school in kindergarten. The plan commits to supporting sustainable and strong communities through investments in community capacity building and training, partnership development, public education, and knowledge sharing.
- Winnipeg, Manitoba hosted [OUTShine 2015](#), Egale Canada's 2nd National Gay-Straight Alliance (GSA) Summit, from May 15 to 17, 2015. About 500 youth and educators gathered to discuss LGBTQ inclusion in schools, creating and sustaining GSAs, and sharing LGBTQ and Allied experiences.
- 2015 marked the 10th year of delivering the [Low Cost Bike Helmet Initiative](#) and a milestone in delivering over 100,000 helmets to children, youth, and parents across Manitoba. To celebrate this occasion, a public event including a Guinness World Record Attempt was held in June 2015.

Knowledge Development and Exchange

- Manitoba hosted the first Provincial Physical Literacy Conference, [Physical Literacy: the Gateway to Active Participation](#), in March 2015 in Winnipeg with over 370 delegates attending from across the health, education, recreation, sport, and early childhood sectors.
- The [Manitoba Youth Health Survey](#) 2012-2013 Report was released in November 2014, providing provincial data on the health behaviours of Manitoba youth. The survey, conducted by Regional Health Authorities with 64,000 Grades 7-12 students from 476 schools, looked at physical activity, healthy eating, body mass index, tobacco use, alcohol and drug use, school and community connectedness, hopelessness and mental wellbeing, as well as sun/UV safety, bullying, injury prevention, and healthy sexuality.
- Manitoba introduced the [Best Practices in School-based Suicide Prevention: A Comprehensive Approach](#), a guide intended to help school administrators and their partners develop comprehensive planning for suicide prevention and postvention support. It includes checklists, sample policies, self-assessment tools and introduces a model for understanding prevention efforts from universal mental health promotion to targeted approaches.
- Manitoba released the [Moving Forward with School Nutrition Guidelines](#) to replace the 2006 Manitoba School Nutrition Handbook: Getting Started with Guidelines and Policies. It is divided into six areas of focus where schools often provide food for students and is designed to assist schools as they make plans to improve school nutrition environments.
- Healthy Schools continued to keep school communities up to date on the latest news via the Healthy Schools eNews, a free electronic subscription service.



Capacity Building

- Manitoba provided annual funding through [Healthy Schools Grant](#) to school divisions, Independent, and First Nations schools to assist with Healthy Schools plans and priorities as they build healthy school communities.
- The Manitoba Association of School Superintendents and Manitoba Education and Advanced Learning, in collaboration with a number of educational partner organizations, held the [Mental Health and Wellness: Education for Action Conference](#) in Winnipeg November 13-14, 2014 to increase understanding amongst educators, health partners, and students.
- The Winnipeg Jets True North Foundation's [Project 11](#) was inspired and created in honor of Rick Rypien #11, a hockey player who suffered from clinical depression and died by suicide. It was developed locally to support students in Grades 5-8 with virtual tutorials on positive mental health in English Language Arts and Physical Education/Health Education. About 2000 Grades 5-6 students participated in a pilot with support from Healthy Child Manitoba.
- Manitoba continued to support youth-friendly primary health care through its network of 36 Teen Clinics in the province, 19 of which are located in Manitoba schools. Teen Clinics provide youth 13+ with accessible, confidential services and operate from a pro-choice and harm reduction perspective. The province funded 10 Teen Clinic programs directly and provides resources and professional support to the entire network.
- Manitoba increased support to the [Child Nutrition Council of Manitoba](#) to expand nourishment programs, particularly in high-needs schools.



Saskatchewan

In Saskatchewan, the Ministries of Health and Education, along with other provincial ministries and organizations, work together to promote the health and well-being of children and youth. Using a Comprehensive School Community Health approach to guide and coordinate government actions, Saskatchewan's priorities include ensuring equitable outcomes and improved student achievement for First Nations and Métis students; supporting safe, caring and respectful learning environments; promoting mental health; and consulting with stakeholders.

Leadership

- The Ministry of Education committed to the collaboration with school divisions and First Nation education jurisdictions to develop processes and resources to respond to Tell Them From Me (TTFM) data and improve the engagement and achievement of all Saskatchewan students.
- The Government of Saskatchewan committed to ensuring that Treaty education is mandatory in K-12 curricula. To support this mandate, the Office of the Treaty Commissioner was contracted to develop instructional resources to create awareness and understanding that all Saskatchewan residents are beneficiaries of Treaties.
- Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan was released in December 2014. The report was a culmination of extensive public consultations which took place between August 2013 and April 2014. The Government has endorsed the Mental Health and Addictions Action Plan which will guide efforts to improve mental health and addictions service provision over the next 10 years.

Knowledge Development and Exchange

- Student First advisors travelled across the province in 2013-2014, meeting with students, parents/caregivers, and teachers at 120 engagement sessions. The engagement process was based on the principle that every student wants to achieve, every teacher wants each student to achieve, and the role of the education system is to support them with that goal. Four themes were [reported](#) and they include
 - Shared Responsibility
 - Relationships
 - Engaging the Student/ Learner
 - Learning Environment and Student/Teacher Supports.
- View and Vote 5 is an educational program for schools that encourages young people to think critically about tobacco and make healthier choices. The program gives students in Grades 6 to 12 an opportunity to view 12 of the world's best anti-tobacco TV ads. Teachers guide students as they watch the ads, and encourage them to discuss the consequences of using tobacco. Students select the ad they feel is the most effective in helping them stay tobacco-free or make them think about quitting. Over 3200 students across Saskatchewan participated in View and Vote 5 in 2014. Participating teachers were also given an opportunity to win one of six classroom prizes to support Comprehensive School Community Health.
- [Smokestream](#) is a website for Saskatchewan teens and pre-teens to talk about smoking and voice their opinions with each other, with special focus on ages 11-14, the group most likely to experiment with tobacco. Participants are encouraged to invite their friends to come to the website and join in on the conversation. An advertising campaign featuring the words and voices of Saskatchewan youth was launched in January 2013 and re-ran in early 2015.

Capacity Building

- Saskatchewan's [Comprehensive School Community Health](#) framework was updated to reflect the importance of engaging family, of a more explicit focus on First Nations and Métis perspectives, and of the significance of policy and procedures in creating safe and healthy learning environments.
- A [Grade 6 Sample Unit on Tobacco](#) was developed collaboratively by the Saskatchewan Ministries of Health and Education. This online resource includes current information about tobacco, related topics, and provides learning activities for Saskatchewan teachers to use in classroom settings. The key objective of this sample unit is to introduce the health and social issues related to tobacco for youth. Complete with links to other resources, this online unit promotes healthy lifestyles and encourages youth to further explore health behaviours. This resource is designed to be used after outcomes 6.1 and 6.8 in the Grade 6 provincial health education curriculum have been addressed.
- The Government of Saskatchewan has updated the Healthy Foods For My School resource in collaboration with the Public Health Nutritionists of Saskatchewan Working Group. This guide helps schools choose and provide healthy food and beverage options for students. This resource is used to assist in reading food labels and selecting foods and beverages to be served or sold in schools in Saskatchewan.





Alberta

The Alberta government is committed to supporting healthy Albertans by encouraging schools to adopt a comprehensive school health approach to increase levels of physical activity, healthy eating and positive mental health. Since 2000, Alberta school communities have been supported through joint initiatives by Alberta Education and Alberta Health to improve student health and learning outcomes. New strategic directions and legislation in Alberta continues to strengthen opportunities for supporting student success and well-being in healthy school communities.

Leadership

- In support of [Alberta's Strategic Approach to Wellness](#), Alberta Health has been working cross ministry with over 15 other ministries to lead a range of activities designed to support the development of a provincial Wellness Action Plan. The cross ministry activities included the development of a whole of government outcome map for wellness, review of all government expenditures on the wellness line of business, development of recommendations for future directions and preparation for public engagement on wellness.
- Alberta Education is working with education partners on the development of future programs of study. [Curriculum Development Prototyping](#) ended in January 2015, which provided publicly funded school authorities and other educational partners the opportunity to contribute earlier in the development process. The process used by provincial partners and the ideas generated from Prototyping will be used by the Ministry to help inform future provincial programs of study development.
- Alberta Education's [High School Completion Strategic Framework](#) addresses the challenges students face in completing high school and helps to ensure all students are given opportunities to succeed. One initiative of this framework is the [Moving Forward with High School Redesign](#). This is an innovative, grassroots approach that supports high schools to focus on research and 'next practice' thinking when implementing strategies and approaches aimed at transforming the high-school experience for students and teachers. This initiative supports changes to school structure, culture, pedagogy and leadership.



Knowledge Development and Exchange

- The Healthy Active School Symposia (HASS), coordinated by Ever Active Schools (EAS), provides a platform for relationships to be formed between teachers, students, parents, and community partners. In 2014, EAS hosted 12 HASS events in communities across Alberta engaging 267 schools in 55 of 61 school authorities. The focus of this year's HASS events was to foster student voice and increase student involvement in creating healthy school communities.
- A preconference session focused on mental health was hosted by Alberta School Boards Association (ASBA) in partnership with EAS at the annual Shaping the Future Conference. This session brought school trustees and other invited guests from health and education together to consider a more collaborative approach to improve student mental health in school communities. A student health and well-being task force has been established by ASBA to develop initiatives to support the health of students.
- Alberta's First Nations Communities continue to implement resiliency strategies in school communities through the implementation of a comprehensive school health approach with support from EAS. For example, Kainai Board of Education demonstrated further commitment to student health and learning through the employment of wellness coordinators for school communities. These coordinators will engage with community stakeholder to produce culturally relevant and locally sustained initiatives in support of healthier school communities

Capacity Building

- The Mental Health Capacity Building in Schools Initiative (MHCB) works to strengthen the capacity of schools and communities to create healthy cultures, promote mental health and wellness in its children, youth and families using schools as hubs. Working together to implement integrated mental health promotion, prevention, and early intervention requires different approaches based on the unique needs of individual communities and schools. MHCB projects were initially funded in 2006, beginning with five pilot sites and have now grown to include 70 communities throughout Alberta. MHCB is led by Alberta Health Services in collaboration with Alberta Education, and funded through grants from Alberta Health.
- The Alberta Healthy School Community Wellness Fund (Wellness Fund) was created in 2007, and has managed 21 different grant calls, supporting 274 school community projects to infuse wellness into the culture of their schools through the implementation of a comprehensive school health approach. Supports have been provided at the district level to 56 of Alberta's 61 public, separate and Francophone school authorities. The Wellness Fund continues to gather data from schools implementing a comprehensive school health approach to inform decisions related to improved student health and learning outcomes.
- The Healthy School Communities Award was held on January 29, 2015 at the annual Shaping the Future Conference. The awards celebrated individual, school, school district and community champions who work together to achieve positive health outcomes for children and youth.

British Columbia

Within British Columbia, many schools, districts, and community partners have developed innovative ways to support the health and learning of students. Introduced in 2011, [Healthy Schools BC](#) (HSBC) is a key initiative under the Province's broader health promotion strategy. HSBC supports health, education, students, and community partners to work together to create healthier schools using a [Comprehensive School Health](#) (CSH) approach. Strengthened health-education-community partnerships, meaningful student engagement, coordination of existing school-based healthy living programs, and new tools and resources combine to support improvements in students' health and learning. The initiative supports the long term goals of the [BC Education Plan](#) and [BC's Guiding Framework for Public Health](#). HSBC is a partnership of the ministries of Health and Education, DASH BC, health authorities, education partners, and other key stakeholders.



Leadership

- Over 10,000 educators and community partners received training to identify and address threats as a part of the [ERASE Bullying](#) strategy. Safe School Coordinators responded to more than 500 student safety issues through an anonymous [online student reporting tool](#). ERASE Student Advisory released social media guidelines and are developing a positive mental health resource for elementary students.
- The ministries of Health and Education worked together to facilitate cross-sector input on the draft K-12 Physical and Health Education [curriculum](#).
- Students from the [BC Student Healthy Living Network](#) developed and implemented student-led healthy school initiatives addressing a range of topics, including positive mental health, physical activity, and healthy eating.
- Lessons learned from the After School Sport and Arts Initiative (ASSAI) were presented at the [2014 Global Summit on the Physical Activity of Children](#) and ASSAI's adapted



pilot program for children with disabilities was presented at the [International Physical Literacy Conference 2015](#).

- The McConnell Foundation announced the creation of a Social Innovation Lab, which will focus on schools as a setting for advancing child and youth wellbeing, with BC being the first province to launch.
- The [BC School Centred Mental Health Coalition](#) (BCSCMHC) finalized a strategic plan which provides a 5 year vision for promoting student mental health, connectedness, and engagement in school.
- [Provincial standards, guidelines, training materials and supports](#) were developed to support safe diabetes management and enable training and monitoring school staff to administer insulin for students not yet independent in the task. Glucagon administration training was provided and emergency care plans for students with type 1 diabetes were developed.

Knowledge Development and Exchange

- DASH BC hosted the 8th Annual Healthy Schools Leadership Symposium in May 2014. Headlined by a keynote from Paul Born of the [Tamarack Institute](#), the theme of this year's Symposium was collective impact. In November 2014, the Healthy Schools BC Community Leadership Workshop provided a unique opportunity for community-based organizations involved in healthy schools work to explore opportunities for collaboration, innovation, and integration.
- Following the release of the provincial results of the [2013 BC Adolescent Health Survey](#), which was completed by almost 30,000 youth, the McCreary Centre Society released [16 regional reports](#) showcasing the health profile, risk and protective factors for youth age 12 to 19.
- The [School Connectedness Capacity Building Initiative](#) provided grants to four schools and two districts with demonstrated success in improving school connectedness, supporting them to share their expertise with other school communities.
- The BCSCMHC, in partnership with BC Mental Health and Substance Use Services, co-led the 5th annual [Summer Institute for Promoting Mental Health in BC Schools](#).
- A two year evaluation of a full-day [Nature Kindergarten](#) program was initiated. Preliminary findings showed a beneficial effect on children's motor skills, self-control, social skills, and psychological adjustment.
- The Ministry of Health, in partnership with the [BC Injury Research and Prevention Unit](#) and [Child Health BC](#) developed the [Concussion Awareness Training Tool](#), which supports educators, school support staff, parents, coaches and health professionals to prevent, assess and manage concussions.
- A two year evaluation of the [Tools of the Mind](#) program was initiated. Preliminary evaluation demonstrated positive results on objective measures of academic performance and students' excitement to learn, joy in coming to school, and social-emotional development.

Capacity Building

- HSBC provided 17 [grants to school districts](#) to support healthy schools planning and action with health sector partners. In addition, 305 [Healthy Schools Network](#) (HSN) grants were provided to schools to support healthy living initiatives with a focus on engaging students. Training was provided to HSN Leaders on how to coach and mentor new HSN participants.

- DASH BC continued train-the-trainer style HSBC learning sessions across all regional health authorities. The new [Cross-Sector Engagement Rubric](#) was created as a tool for all healthy schools stakeholders to support relationship building across sectors.
- The [ASSAI](#) funded sport, physical activity, arts and culture programs in 181 schools in 14 districts. This included enhanced funding to support new and/or expanded adapted programming for children with disabilities.
- The BC Friends for Life [online parent website](#) was enhanced to include video vignettes of FRIENDS being used at home with BC children and youth and their parents.
- [BC School Fruit and Vegetable Nutritional Program](#) delivered fresh BC fruit and vegetables and learning opportunities to nearly 500,000 students every second week throughout the school year, reaching 90% of public and First Nations schools.
- The Fresh to You Fundraiser, which sells bundles of fruits and vegetables with 40% profit going back to the school, was launched with 60 schools participating in the inaugural delivery in May 2015.
- [Farm to School](#) was expanded to over 30 new schools, focusing on schools with vulnerable students. New Farm to School Regional Hubs were established, helping inspire regional connections between schools, farms and community partners.

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

- In November 2014, the Canadian Institutes of Health Research Institute of Human Development, Child and Youth Health hosted the first [Innovating Child and Family Health Conference](#). Close to two hundred invited researchers, clinicians, patients, families and caregivers, hospital and community foundations, philanthropists, private sector representatives, politicians and key opinion leaders joined together in Ottawa, Ontario to debate, discuss and network in hopes of building a renewed vision for advancing the health and well-being of Canadian children and families into the 21st century.
- In February 2015, the [Health Portfolio announced](#) up to \$10 million in annual funding to support victims of violence from a health perspective. The Public Health Agency of Canada will administer \$7 million annually to improve the public health response to violence and support community programs. Health Canada will administer up to \$3 million annually to enhance access to mental health counselling and improve services for First Nations and Inuit victims of family violence and their children.
- The federal and provincial/territorial governments continue to work together to implement the [Canadian Sport Policy](#) (CSP). All governments have prepared jurisdiction-specific action plans for implementation of the CSP.
- The Governor General of Canada has proclaimed that 2015 is the [Year of Sport in Canada](#). It is a proactive pan-Canadian communications initiative to celebrate the role that sport plays in our country and to encourage Canadians to participate in and seek the benefits of sport.
- The RCMP hosted two [RCMPTalks](#) sessions in November 2014 & March 2015 on Bullying and Cyberbullying. “RCMPTalks” is a series of live, interactive videoconferences in schools across the country. Each RCMPTalks conversation



allows students from up to six different Canadian classrooms per session to hold a discussion via videoconference and social media, and to pose questions to designated guests during a 90 minute live session.

- The [National Youth Advisory Committee \(NYAC\)](#) (Sept. 2014 to June 2015) discusses important youth issues and assists in the development of strategies to prevent youth crime and victimization. Through the NYAC, the RCMP and its partners are able to learn about new trends happening in various communities and to identify any gaps in education and awareness resources.
- The Public Health Agency of Canada collaborated with high profile partners to launch [The Play Exchange \(TPX\)](#), a national competition seeking out transformative ideas to promote healthier active living. Canadians had the opportunity to vote on their favourite idea, and finalists were profiled nationally on a CBC special. The winner, Trotibus Walking School Bus, is a pedestrian bus service, providing elementary school children with a safe and fun way to get to school every day all the while being active. TPX is an innovative example of shared leadership between various sectors, including the private sector, with the intent to advance multi-sectoral action on healthy living. Through initiatives like TPX, the Agency has been successful brokering new partnerships and broadening its stakeholder base.

Knowledge Development and Exchange

- The [Health Behaviour in School-aged Children \(HBSC\)](#) data collection for 2013/14 was completed. The HBSC study is a cross-national, school-based survey conducted by an international network of research teams in collaboration with the World Health Organization (WHO) Regional Office for Europe. Primarily funded by the Public Health Agency of Canada, it is administered in Canada every four years by the HBSC Canada research team at Queen's University, as well as in 42 other countries in Europe and North America.
- Health Canada's 2014-15 [Preventing Drug Abuse campaign](#) focused on raising the awareness with parents of the harmful health effects of marijuana use specifically on the developing brain of teens, and the harmful effects of teens abusing prescription drugs. It provided parents with information and tools to talk with their teens about these issues.
- The Public Health Agency of Canada's Canadian [Best Practices Portal](#) provides a comprehensive repository of community and population health interventions, strategies, guidance, systematic reviews and data relevant to chronic disease prevention and health promotion. In addition, the Portal includes resources for policy making and professional development in Public Health. School Health has been a Public Health Topic on the Portal, the data and guidance sections of this topic feature several of the Pan-Canadian Joint Consortium for School Health documents.
- The Public Health Agency of Canada released five fact sheets on key determinants of [sexually transmitted and blood borne infections \(STBBIs\)](#) among street-involved youth. The fact sheets provide considerations for community organizations, public health professionals and federal, provincial and territorial governments of ways to address determinants of vulnerability to and resilience against STBBIs among street-involved youth in Canada. The fact sheets in the series include: mental health and mental illness, unstable housing and homelessness, education and employment, experiences with the criminal justice system, and access to health services.
- The Public Health Agency of Canada developed and launched a [pilot antimicrobial resistance awareness campaign](#) focusing on improving knowledge and awareness of responsible antibiotic use and good infection prevention and control behaviours

among Canadians. The Agency also developed an infographic specifically for youth entitled *Germes & Antibiotics* to help teach youth between the ages of 8 and 12 about antibiotics, antibiotic resistance, and good infection prevention and control behaviours.

- The Public Health Agency of Canada's Innovation Strategy continued to provide funding using a population health intervention research approach for the implementation and evaluation of evidence based programs for children, youth, and their families to achieve healthier weights and promote mental well-being in communities. This included funding for the [Fourth R](#) which is a comprehensive school-based prevention program for younger adolescents, parents, teachers and teacher candidates. The Fourth R's programming with Aboriginal youth was associated with positive impacts on relationships, confidence and school success. Other Innovation Strategy initiatives engaged schools in community-based approaches to food security such as active educational games developed by youth for youth, promoting traditional foods through school curriculum, and growing gardens at school.
- In April 2014, the Canadian Institutes of Health Research Institute of Human Development, Child and Youth Health organized a *Café Scientifique* in Fredericton, New Brunswick about child and youth mental health. The purpose of a *Café Scientifique* is to provide insight into health-related issues of popular interest to the general public, and in turn provoke questions and provide answers through the interaction between the public and experts in a given field.
- CIHR also helped support the [WITS Program \(Walk away, Ignore, Talk it out, Seek help\)](#), an anti-bullying program designed to support children who are responsive and proactive when they seek help for bullying which is being implemented by 290 schools across the country.
- The Canadian Institute for Health Information has prepared [Children Vulnerable in Areas of Early Development: A Determinant of Child Health](#) which looks at how Canada measures the health and well-being of 5-year-olds. An overview of provincial and territorial initiatives to improve early child development is also included. Children who are exposed to optimal environments early in life have the best opportunities to grow up healthy and happy. Understanding how children are developing allows policy-makers to make informed decisions about investments in programs and policies that support children and families.
- Every year, hundreds of thousands of children and youth in Canada are injured at home, school and play. In 2013-2014, around 17,500 of them were hospitalized for injuries, and approximately 3,000 of these hospitalizations were for an intentional injury—self-inflicted or caused by others. Info sheets and data tables on this issue can be found on the website for the Canadian Institute for Health Information at *Self Harm and Assault: A Closer Look at Children and Youth*.
- The [Centre for Youth Crime Prevention \(CYCP\)](#) provides youth, adults working with youth and police officers with fact sheets, ready-to-use presentation resources, and best practices on various youth crime prevention issues. The CYCP includes the information and engagement tools required to influence youth behaviour, notably: factual information, opportunities for skill building and information that motivates youth to take action.

Capacity Building

- The Public Health Agency of Canada coordinates and leads the federal Family Violence Initiative, which connects the work of 15 federal departments to prevent and respond to family violence. On behalf of the Family Violence Initiative, the Agency hosts the

[Stop Family Violence](#) webpages. The pages provide information and resources for professionals and the public, including addressing risk factors for youth violence and promoting healthy relationships for youth.

- The Justice Canada component of the federal [Family Violence Initiative](#) has funded two projects that will address the issue of forced marriages in Canada as a form of family violence in a school setting. The first project involves the delivery of a high school curriculum in Toronto on issues of citizenship, identity and youth agency in a multicultural context, including issues such as forced marriage. The second project involves the development of legal information on forced marriage and to raise awareness among students attending francophone schools in Ottawa.
- In September, 2014, the Canadian Institutes of Health Research [Institute of Human Development, Child and Youth Health Talks](#) launched its first video competition, a unique funding opportunity inviting researchers, knowledge-users to produce a short video to share their research and ideas in the area of reproductive, child and youth health. The objective of this competition is to encourage the production of videos that present evidence-based research to a lay audience and that incorporate a message designed to have a positive impact on the health of children, youth and families.

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. In 2015, we are particularly pleased to celebrate a renewed mandate and commitment to school health. As we move through these next five years, we maintain our commitment to between-sector and cross-jurisdictional collaboration. As well, we will 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 to 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 works towards evaluation of the revised Healthy School Planner, development of companion learning pieces for our toolkits, and next research and dissemination pieces for our work on the Core Indicators and Measures of Student Achievement and Comprehensive School health.

These are just a few examples of how the JCSH supports and influences 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

Background

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers of Health and the federal Minister of Health established the Pan-Canadian Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH received a second five-year mandate from the federal, provincial, and territorial deputy ministers of Health on June 19, 2009 and from the provincial and territorial deputy ministers of Education on September 03, 2009.

AND WHEREAS by virtue of this agreement (“the Agreement”) being entered into by provincial and territorial Ministers of Education and the provincial and territorial Ministers of Health and/or Wellness, hereinafter collectively called “the Parties”, the Pan-Canadian Joint Consortium for School Health (“JCSH”) is continued (2015-2020).

THE PARTIES AGREE that the terms and conditions of their relationship are as follows:

1.0 Purpose of the Consortium

1.1 The purpose of the JCSH 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.

1.2 Recognizing that every province and territory has initiatives in place to foster healthy school environments, the JCSH provides a forum for key representatives of government ministries responsible for health and education to:

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

1.3 Three long-term outcomes associated with achieving the JCSH’s Vision are:

- Increased System Capacity, Collaboration, and Efficiency
- Increased Research Coordination
- Increased Inter-Sectoral Action between Education and Health.

2.0 Commencement and Duration of Agreement

2.1 This Agreement commences April 1, 2015 and remains in force until March 31, 2020.

3.0 Governance Structure

Consortium Lead

3.1 British Columbia was the lead jurisdiction and hosted the JCSH Secretariat for

the first five years (2005-2010). Prince Edward Island served as the lead jurisdiction and Secretariat host for the second five-year mandate (2010-2015). The Parties agree that Prince Edward Island will be the lead jurisdiction and Secretariat host for the duration of this Agreement.

Advisory Committee of Deputy Ministers of Education and Conference of Deputy Ministers of Health

3.2 The JCSH will be governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

3.3 The CDMH shall invite the Public Health Agency of Canada to appoint a similarly senior representative to participate in discussions related to the JCSH in an advisory capacity.

3.4 The deputy minister of Health and the deputy minister of Education in the lead jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables. These liaison deputy ministers in the lead jurisdiction may name another deputy minister within the same sector in another jurisdiction to provide the leadership function.

3.5 As the governing bodies, the ACDME and the CDMH will provide strategic direction for the JCSH by:

- establishing a Management Committee as the operational committee of the JCSH;
- providing strategic information and direction to the Management Committee;
- approving the five-year strategic plan, submitted by the Management Committee to the ACDME and the CDMH;
- 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.

3.6 Decisions of the ACDME and the CDMH shall be communicated by the respective liaison deputy ministers to the chair of the Management Committee.

4.0 JCSH Committees

Management Committee

4.1 The Management Committee provides the main forum for executive-level discussion and decisions affecting the work of the JCSH. Its members are appointed by the deputy ministers in each member jurisdiction and are generally positioned at the executive management level from the Health and/or Education department/ministry.

4.2 The Management Committee is chaired by a Management Committee member from the lead jurisdiction.

4.3 The roles and responsibilities of the Management Committee are outlined in the Management Committee Terms of Reference, attached as Schedule 2.

School Health Coordinators' Committee

4.4 The School Health Coordinators' Committee (SHCC) works collaboratively to move forward the work of the JCSH and its member provinces and territories through

the early identification and analysis of issues, gaps, emerging trends, and areas of interest.

4.5 School Health Coordinators' Committee members are appointed by each JCSH member jurisdiction.

4.6 The SHCC is co-chaired by a school health coordinator from the lead jurisdiction and a school health coordinator from another member jurisdiction. The co-chairs provide updates on the work of the SHCC to the Management Committee.

4.7 The SHCC is accountable to the Management Committee. Individual school health coordinators are accountable to their respective jurisdictions in the manner determined by individual jurisdictions.

4.8 The roles and responsibilities of the SHCC are outlined in the SHCC Terms of Reference, which are approved by the Management Committee.

5.0 JCSH Secretariat

5.1 The Parties agree to continue the operation of a JCSH Secretariat ("the Secretariat").

5.2 The Secretariat coordinates the activities of the JCSH, and provides administrative, policy, planning, logistical, and communication support to the JCSH and its members under the direction of the executive director.

5.3 The Secretariat is the central point of contact for JCSH members and maintains an active communication with other related organizations.

5.4 In collaboration with the JCSH member provinces and territories, the Secretariat promotes the collective voice and the collective impact of JCSH outcomes at meetings, conferences, and consultations across the country.

5.5 The lead jurisdiction hosts the JCSH Secretariat and is responsible for hiring, supervising, and evaluating the Secretariat executive director.

5.6 The executive director is responsible for hiring, supervising, and evaluating the Secretariat staff.

5.7 The executive director, following the financial policies of the lead jurisdiction, manages the budget of the JCSH.

6.0 Addition of a Provincial/Territorial Jurisdiction to the JCSH

6.1 A government entity may be invited to join the JCSH on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of the amount in accordance with the formula as set out in the Cost-Sharing Agreement⁷.

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the JCSH

7.1 Any party can withdraw from the Agreement by providing 90-day written notification to the liaison deputy ministers in the lead jurisdiction.

⁷See Schedule 1.

7.2 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 JCSH.

8.0 Funding

8.1 The Parties agree to fund the salary, benefits, travel, and program costs associated with the obligations of their respective representatives serving on the Management Committee.

8.2 The Parties agree to fund the salary, benefits and program costs associated with the obligations of SHCC 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 SHCC co-chair.

8.3 The Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations by parties are contingent each year upon federal government funding being provided for that year as specified in Schedule 1. The lead jurisdiction will invoice for member contribution fees by April 15th of each year of this Agreement; fees are due within thirty days of receipt of invoice, and are to be accounted for separately by the lead jurisdiction.

8.4 Notwithstanding any other provision of this Agreement, the payment of money by any Party is subject to:

(a) there being sufficient monies available in an appropriation, as defined in the applicable legislation of the jurisdiction of the relevant Party (the “Appropriation Legislation”), to enable the applicable Party, in any fiscal year or part thereof when any payment of money falls due under this Agreement, to make that payment; and

(b) the treasury board or other similar decision body of the applicable party, not having controlled or limited, under the Appropriation Legislation, expenditure under any appropriation referred to in paragraph (a).

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

9.0 General Provisions

Schedules

9.1 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.

Variation of the Agreement

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

Termination of the Agreement by Mutual Agreement

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

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

9.5 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.

Legal Rights and Responsibilities

9.6 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).

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

Evaluation

9.8 The Parties agree to further evaluation of the JCSH, 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, 2015.

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	4,145,992	15%	\$2,000	\$34,294	\$36,394
BC	4,657,947	17%	\$2,000	\$38,529	\$40,529
MB	1,268,323	5%	\$2,000	\$10,640	\$12,640
NB	754,643	3%	\$2,000	\$6,242	\$8,242
NL	526,837	2%	\$2,000	\$4,358	\$6,358
NT	43,795	0%	\$2,000	\$0	\$2,000
NS	943,932	3%	\$2,000	\$7,808	\$9,808
NU	35,687	0%	\$2,000	\$0	\$2,000
ON	13,730,187	50%	\$2,000	\$113,571	\$115,571
PE	146,524	1%	\$2,000	\$1,212	\$3,212
SK	1,129,899	4%	\$2,000	\$9,326	\$11,346
YK	36,758	0%	\$2,000	\$0	\$2,000
Federal					\$250,000
Totals	27,439,524	100%	\$ 24,000	\$ 226,000	\$ 500,000

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

For The Year Ended March 31, 2015

Revenue	2015	2014
Membership Fees	\$250,000	\$250,000
Public Health Agency of Canada	\$250,000	\$250,000
Other Revenue	\$1,729	\$1,538
Total	\$501,729	\$501,538
Expenses		
Knowledge Development and Exchange	\$17,242	\$45,368
Leadership	\$49,266	\$52,713
Capacity Building	\$79,908	\$173,890
Operations	\$328,050	\$335,470
Total	\$474,466	\$607,441
Operating Surplus/(Deficit)	\$27,263	(\$105,903)
Prior Year Operating Surplus/(Deficit)	\$170,487	\$276,390
Total Operating Surplus/(Deficit)	\$197,750	\$170,487

- The accumulated surplus is a result of reduced expenses in project initiatives during the period of planning for the JCSH mandate renewal for 2015-2020.

Appendix C: Member and Supporting Jurisdiction Contact Information and Web Links

British Columbia

School Health Coordinators:

Sanja Ristic

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Safe and Healthy Schools
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PO Box 9646 Stn Prov Govt
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School Health Links:

www.healthyschoolsnetwork.org
www.healthyschools.bc.ca
www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/school-health
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

School Health Links:

www.healthyalberta.com/HealthyPlaces/282.htm
www.education.alberta.ca/teachers/program/health.aspx

Saskatchewan

School Health Coordinators:

Jillian Code

Program & Policy Consultant
Health Promotion, Primary Health
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Jocelyn MacLeod

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Malinda Strueby

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Fax: 306-787-2223
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School Health Links :

<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing>
(Comprehensive School Community Health, Caring and Respectful Schools, Anti-Bullying, Digital Fluency, Healthy Foods for School)
<http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education>
(Improving education outcomes for First Nations and Métis Students)
<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration>
(Saskatchewan School Curriculum Link – English and French)
<http://www.saskatchewan.ca/residents/education-and-learning/anti-bullying>
(Anti-Bullying)
<http://www.saskatchewan.ca/residents/health>
(Health and Healthy Living)

Manitoba

School Health Coordinators:

Kaley Maksymyk

Healthy Schools Consultant
Manitoba Health, Healthy Living

and Seniors
4089 – 300 Carlton Street
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Paul Paquin

Curriculum Consultant
Physical and Health Education
Manitoba Education and Advanced
Learning
1181 Portage Avenue, Suite 509
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Fax: 204-945-1625
Paul.Paquin@gov.mb.ca

School Health Links:

www.gov.mb.ca/healthyschools
www.gov.mb.ca/healthyschools/index.fr.html
www.manitobainmotion.ca/schools
www.edu.gov.mb.ca/k12/cur/physlth/index.html (English)
www.edu.gov.mb.ca/m12/progetu/epes/index.html (French)
www.edu.gov.mb.ca/k12/esd/ (English)
www.edu.gov.mb.ca/m12/dev_durable/index.html (French)

Ontario

School Health Coordinator:

Jennifer Munro-Galloway

Senior Policy Advisor
Healthy Schools Unit
Safe Schools and Student Well-Being Branch
Ministry of Education
Tel: 416-325-2678
Jennifer.Munro-Galloway@ontario.ca

School Health Links:

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 (English)
<http://www.edu.gov.on.ca/fre/curriculum/elementary/health.html> (French)
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

Director, Wellness
Department of Social Development
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Tel: 506-453-2280
Fax: 506-444-5722
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School Health Links:

http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/school.html

Nova Scotia

School Health Coordinators:

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Department of Health and Wellness
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Helen Pitman

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School Health Links:

<http://nshps.ca/>

Prince Edward Island

School Health Coordinator:

Sterling Carruthers

Healthy Schools Specialist
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250 Water Street, Suite 101
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sdcaruthers@edu.pe.ca

School Health Links:

<http://www.gov.pe.ca/healthyschoolcommunities/>

Newfoundland and Labrador

School Health Coordinators:

Carol Ann Cotter

Health Promotion Consultant
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Fax: 709-729-1400
ellencoady@gov.nl.ca

School Health Links:

www.gohealthy.ca
www.livinghealthyschools.com

Nunavut

School Health Coordinators:

Charlotte Borg

Manager, Student Support Services
Department of Education
Government of Nunavut
PO Box 1000, Station 960
Iqaluit, NU X0A 0H0
Tel: 867-975-5679
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Sue Peterkova

Health Promotion Specialist
Department of Health
Government of Nunavut
PO Box 1000, Station 1000
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School Health Links:

www.gov.nu.ca/education/eng/css/progstudies7_12.htm

Northwest Territories

School Health Coordinator:

Elaine Stewart

Coordinator, Instructional and
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and School Services
Department of Education, Culture
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Fax: 867-873-0109
elaine_stewart@gov.nt.ca
Elaine.Stewart@learnnet.nt.ca

School Health Links :

www.ece.gov.nt.ca/Divisions/kindergarten_g12/indexk12.htm

Yukon

School Health Coordinators:

Anne Aram

A/Manager, Health Promotion Unit
Department of Health and Social Services
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Stacey Burnard

Social Emotional Educational Psychologist
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1000 Lewes Boulevard
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School Health Links:

www.hss.gov.yk.ca/programs/health_promotion/

Public Health Agency of Canada

Louise Aubrey

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PHAC's website:

<http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/school-health/>





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

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