



# Pan-Canadian Joint Consortium for School Health

Governments Working Across the Health and Education Sectors

## Annual Report

September 30, 2017



This 2017 Annual Report of the Pan-Canadian Joint Consortium for School Health is dedicated to the memory of our friend and colleague, Dr. John Freeman.

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# Message from the Executive Director



*One of the most important roles of school is to help kids find their spark.  
-- Australian psychologist Dr. Mark Carr-Greg*

I am pleased to present the 2017 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.

This has been a year of moving forward, both in new directions and on paths we have already formed. The 25 ministries of Health and Education continue to collaborate for our vision of children and youth in Canada thriving in school communities committed to optimal learning, health, and well-being.

To that end, we have seen many successes in the past year, at the collective JCSH level and in individual provinces and territories. From an evaluation framework that incorporates innovations and change to an experiential meeting of JCSH representatives to learn about and consider the education and health realities of the Canadian north, the Consortium continues to commit to sustained improvements in school health. Comprehensive school health is a whole-of-school approach to student learning and well-being, and it encompasses the well-being of all members of the school community. This is a feature of the revised Positive Mental Health Toolkit (2017). It is reflected in the construction of the Core Indicators Model of Comprehensive School Health and Student Achievement (2016). It is featured in the Stories Map of the JCSH website.

This mandate (2015-2020) for the JCSH may be defined by improvements and intentionality in equity areas as the health and education ministries in the 12 member provinces and territories move forward on emerging work to support safe schools for all, youth engagement practices, and curriculum revisions to support student well-being. The dedication from the health and education ministries' staff continues to exemplify JCSH values: Collaboration, Diversity and Inclusion, Equity, Evidence-informed practice, and Innovation.

In the year ahead, the Consortium looks forward to building on its progress, and to continuing action on the research, policies, and practices of comprehensive school health in Canada

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

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



# Executive Summary



The Pan-Canadian Joint Consortium for School Health (JCSH) is a formal partnership of Ministries of Education and Ministries of Health/Health Promotion in Canada, with representatives from various government levels who come together to share knowledge and to work with researchers throughout the country to create new knowledge, as well as tools and resources, to improve the health, well-being, and success of every student in the country. JCSH has been active in this work since its inception in 2005. In 2017, the commitment of provinces, territories, with support from the federal government through the Public Health Agency of Canada, remains as strong; the priorities have broadened to move comprehensive school health (CSH) from a focus on specific behaviours, such as healthy eating, to holistic approaches such as whole child, whole school wellness.

The Truth and Reconciliation Commission’s 94 Calls to Action have been studied and considered as JCSH provides ongoing review and additions to its Operational Plan. In 2017, both the Management Committee and the School Health Coordinators’ Committee had sessions with Kevin Lamoureux, Assistant Vice-President of Indigenous Affairs, University of Winnipeg, to increase understanding of the legacy of residential schools and consider steps moving forward. For example, as identified in Call to Action 63.ii, JCSH members have shared information and best practices on teaching curriculum related to residential schools and Aboriginal history.

In the past year, JCSH worked with development evaluator Jamie Gamble to complete a framework using an emergent approach to support the complex nature of JCSH, including diverse jurisdictions with different needs, the Consortium’s role as an intermediary, and the multifaceted nature of capacity building.

In support of JCSH’s commitment to supporting the needs of school health in all provinces and territories, the newly-revised Positive Mental Health Toolkit was completed in 2017. Available free of charge, this online series of modules is in English and French. New with this toolkit is a module on staff wellness. Diversity, inclusion, and equity lenses are featured through the toolkit. JCSH had an Advisory Committee that maintained dedication to this project as they worked throughout with the researchers who developed the Positive Mental Health Toolkit, Dr. Bill Morrison and Dr. Patti Peterson of University of New Brunswick.

Work also moved forward on the Core Indicators Model of Comprehensive School Health and Student Achievement in the past year, as the JCSH's Research Advisory Committee worked steadily with the research team lead by Dr. John Freeman of the Social Program Evaluation Group (SPEG) at Queen's University. The passing in August 2017 of Dr. Freeman will mean the loss of his considerable expertise in this area, as JCSH continues to advance, disseminate, and improve the practice-based elements of this work.

Since 2009, JCSH has been a key member of the Health Behaviour in School-aged Children Canadian research team, linking the research leads to schools in all provinces and territories in Canada. In this current survey round, JCSH assists the principal investigators in developing both the national questionnaires and those specific to individual provinces and territories. Along with youth advisory group members, the Public Health Agency of Canada, and researchers, the advisory committee provides feedback to questionnaire wording and selection.

Much of the work of JCSH is in disseminating and exchanging knowledge with member provinces and territories, and with stakeholders and partners throughout the country. The Secretariat has represented JCSH at meetings such as the Federal/Provincial/Territorial Concussions and Head Injuries in Sport Working Group, and conferences, including the Canadian Conference on Promoting Healthy Relationships for Youth.

In the 12 member provinces and territories, school health has featured in numerous ways: some are specific to geographic and jurisdictional context; others are repeated in other parts of the country. Among the highlights in the past year are the initiatives and accomplishments outlined below. More detail is provided in the jurisdictional accounts later in this report.

#### **Yukon: SHARE (Sexual Health and Relationship Education)**

SHARE is a new resource to support Grade 4-7 teachers deliver the Sexual Health Learning Standards. SHARE is set to be released in Fall 2017. To prepare teachers, in the Spring of 2017 Yukon Education and the Health Promotion Unit partnered with Options for Sexual Health to conduct teacher training.

#### **Northwest Territories: Health and Wellness Curriculum Renewal**

Within the framework of Education Renewal and Innovation, our curriculum renewal efforts seek to maximize opportunities for student agency/engagement, use of collaborative inquiry guided by the use of action research, development of wellness-related competencies, and providing opportunities to access the wisdom within communities.

#### **Nunavut: Moving Forward from Residential Schools Impact**

Building cultural competence, promoting discussion, and forging healthy and positive relationships in our communities and schools are essential in promoting the quality of life for children and youth. Awareness and sensitivity training for educators helps in addressing the legacy of Residential Schools and in supporting reconciliation.

#### **Newfoundland and Labrador: The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador.**

Commitments that impact schools include adopting a Health-in-All Policies approach, initiating a Premier's Task Force on Improving Educational Outcomes, implementing multi-year Community Grants, engaging schools to create settings that support healthy living and learning, and implementing Child Health Risk Assessments for School-Aged Children.

**Nova Scotia:**

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.

**Prince Edward Island: Local foods in schools**

A new local food pilot, funded by the Department of Agriculture and Fisheries through a “*Food Security and Food Education Program*”, will provide an opportunity for schools to provide fresh, local food within their breakfast, snack, or lunchtime menus.

**New Brunswick: Everyone at their best / Donnons à nos enfants une longueur d’avance**

The Department of Education and Early Childhood launched 10-year education plans for the Anglophone and Francophone sectors which identify objectives for the early learning and education systems and establish clear expectations for standards and performance.

**Ontario: Achieving Excellence**

Under this goal, Ontario’s aim is 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.

**Manitoba: Cross-departmental, multi-year Child and Youth Mental Health (CYMH) Strategy**

The Strategy provides enhanced mental health supports for whole communities, selective programs for children and youth who need additional supports, and intensive programs for the most vulnerable.

**Saskatchewan: Truth and Reconciliation Commission’s Calls to Action**

In response to the Truth and Reconciliation Calls to Action, the Ministry of Education has developed a new online resource to support educators in learning and teaching about the legacy of residential schools and reconciliation called “Supporting Reconciliation in Saskatchewan Schools.”

**Alberta: School Nutrition Program**

This program was first rolled out in 2016-2017 with \$3.5 million in funding to 14 school boards and will be expanded to every school board in the province in the 2017-2018 school year.

**British Columbia: New Physical and Health Education (PHE) curriculum**

Launched in Kindergarten to Grade 9 classrooms across the province in the 2016/17 school year, this new curriculum aims to empower students to develop a personalized understanding of what healthy living means to them as individuals and members of society in the 21<sup>st</sup> century.

**Public Health Agency of Canada: Innovation Strategy**

Support and programming for children, youth, and their families to achieve healthier weights and positive mental health and wellbeing throughout life are priorities for the Innovation Strategy, a national program that funds the delivery and testing of evidence-based population health interventions.

## The Case for Cross-Sector Collaboration

The achievement of equitable learning and well-being outcomes for all children and youth in Canada is a complex issue requiring large system change. The JCSH is able to provide tools, resources, and a national forum for health and education professionals throughout the country to share knowledge, discuss priorities, and support jurisdictional and collective initiatives to advance student health, well-being, and learning.

Our commitment to work collaboratively means, by definition, that we are not competing. Each jurisdiction's needs and strengths are unique; combining forces allows each to reach the goals that are shared. When member and supporting jurisdictions partner with practice and research experts to exchange knowledge and coordinate strategies, the human and financial costs of the silo effects of overlap and duplication are reduced. When resources are developed by research and practitioner teams brought together by JCSH, provinces and territories access products they might not produce individually.

The outcome sought by this cross-sector collaboration is enhanced student well-being and learning – student success. Healthy students are better learners: better educated individuals are healthier<sup>1</sup>: “school health efforts that are high quality, strategically planned, and effectively coordinated are one of the best investments for influencing the health, as well as the minds, of the nation’s youth.”<sup>2</sup>

## About JCSH

### Mandate

Established in 2005, the Pan-Canadian Joint Consortium for School Health is a partnership of federal, provincial, and territorial governments, 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 committed to the current five-year JCSH mandate (2015-2020). This past year has seen ongoing work on strategic priorities by Consortium members in areas such as equity and diversity, including exploration of how JCSH might engage with new partner organizations in northern and remote communities, and increasing knowledge of comprehensive school health within the contexts of First Nation, Métis, and Inuit peoples.

<sup>1</sup>Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health*. 81 (10), 593-598.

<sup>2</sup>Basch (2011), p. 597.



## JCSH Membership

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

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



Under the 2010-2015 mandate, the Public Health Agency of Canada, representing the federal government at the JCSH table, is no longer a member of the Consortium alongside provinces and territories, but serves in a funding and advisory capacity.

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

## Vision

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

## Mission

To work collaboratively across the education and health systems to support the learning, health, and well-being of children and youth in school communities.

## Strategic Direction JCSH

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<sup>3</sup>.

The broad direction is set out in the JCSH Strategic Plan (see Appendix C).

## Monitoring, Evaluation, and Accountability

The JCSH Strategic and Operating Plans place monitoring, evaluation, and accountability as a key

<sup>3</sup> JCSH Agreement 2015-2020.

direction, establishing regular assessment of progress towards the three long-term outcomes and fulfilling the recommendations of the 2014 external evaluation:

- Build upon the work that is well underway
- Support the uptake of existing tools
- Continue supporting inter-sectoral action and enabling research.

## 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 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 priorities.

### 3. Increased Research Coordination

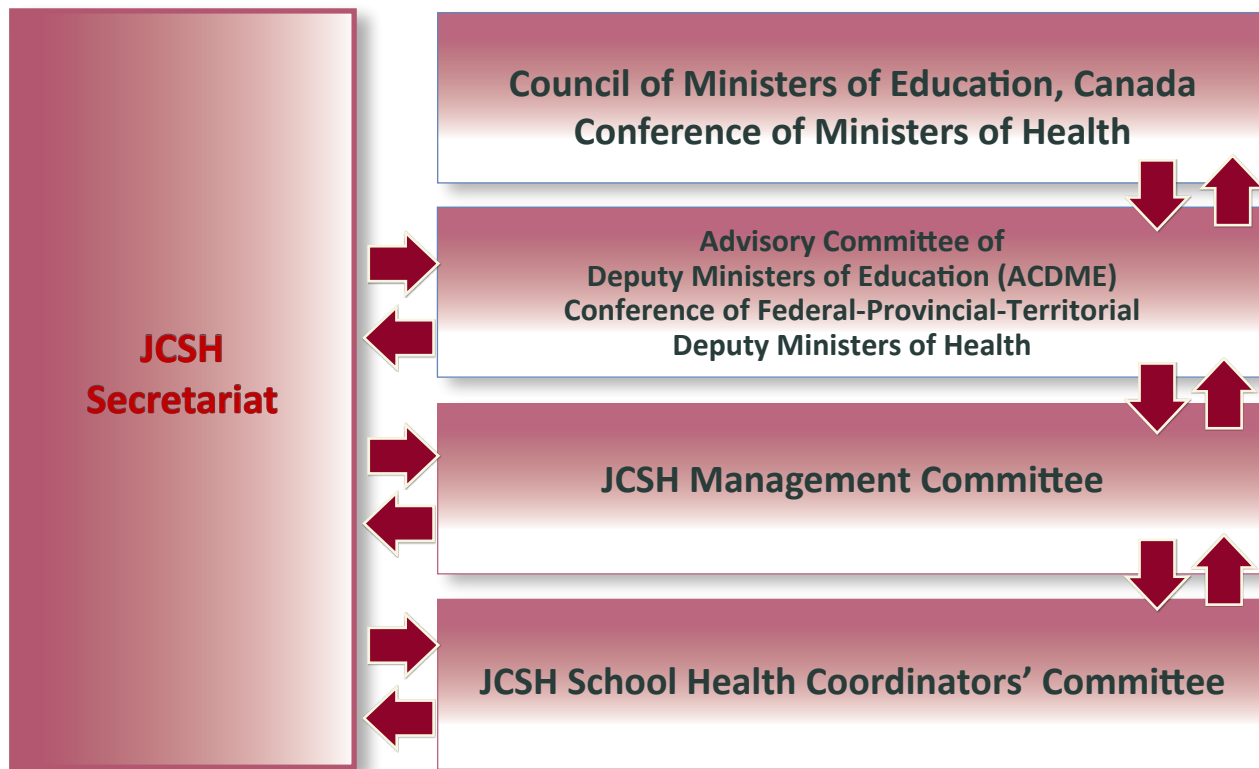
The JCSH establishes and maintains relationships with the research community and directs the priorities related to comprehensive school health to advance best evidence development and knowledge exchange.

## 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 JCSH continues to champion horizontal governance as it bridges and works to improve collaboration between the health and education sectors and among a dozen individual provinces and territories – 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
- 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 and the 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 stakeholder 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.

## About Comprehensive School Health

An internationally recognized approach, 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 between healthy students and learning outcomes are made and built upon through a comprehensive school health perspective. In individual jurisdictions, the outcome may be known as healthy schools, health promoting schools, or healthy school communities. The concept in 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 of the school community in making healthy choices by building competence, autonomy, and connectedness.

The physical environment is

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

- **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 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 approach 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; and in 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 lifetime<sup>4</sup>.

In the school, comprehensive school health initiatives improve student achievement and can lead to fewer behavioural problems<sup>5</sup>. In the broader school environment, this approach requires more research to show links with student achievement, and to demonstrate associations between self-efficacy, self-regulation, and coping strategies with academic outcomes<sup>6</sup>.

<sup>4</sup>Murray, N.D., Low, B.J., Hollis, C., Cross, A., Davis, S. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77(9), 589-599.

<sup>5</sup>Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Health Evidence Network Report. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.

<sup>6</sup>Hussain, A. Christou, G., Reid, MA, & Freeman, J. (2013) Core Indicators and Measures (CIM) Framework for school health and student achievement in Canada. Summerside, PE: Pan-Canadian Joint Consortium for School Health (JCSH). <http://www.jcsh-cces.ca/>



## 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 JCSH models and encourages the collaborations between health and education essential to comprehensive school health.

Student-centred learning is the next step in fostering a generation of young people who are healthy, happy, educated, and productive members of society. This approach applies the education of students to real-world issues. It celebrates technology, global and cultural awareness, and student mental fitness and student learning communities. The curriculum is interdisciplinary, project-based, and research-driven. In this model, families and neighbourhood partners are essential members of the school community<sup>7</sup>.

## Consortium Accomplishments

The goal of student achievement and wellness is one adopted by governments throughout the world. Canada, through the work of the 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 21**.

### Leadership

The fundamental leadership roles of the JCSH are to facilitate the development and enhancement of the collective impact of this education and health collaboration and to champion 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.

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 among 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 from the first-ever cross-sector 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

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<sup>7</sup>ASCD. Making the Case for Educating the Whole Child [pdf 1.9M] . Alexandria, VA: ASCD; 2011.

- 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.

The purpose of the leadership goal for JCSH is to advance the principles of comprehensive school health through policy, practice, and research. Work in this area supports all three long-term outcomes, in particular **Increased System Capacity, Collaboration, and Efficiency; Increased Inter-sectoral Action between Education and Health;** 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 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. The Healthy School Planner has been [recognized](#) by Accreditation Canada.

A 2015 evaluation of the HSP was developed and conducted by the [Propel Centre for Population Health Impact](#) (Propel) at the [University of Waterloo](#). Among the results of this evaluation are suggestions by Planner users and non-users that more promotion of this tool is necessary to enhance its use in assessment of, and planning for, healthier school communities.

The following represent key features of the Healthy School Planner:

- Developed for the JCSH by the Propel Centre for Population Health Impact 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.
- Extensively piloted by teachers, researchers, and experts in the field of comprehensive school health from across the country.
- Composed of a foundational module and four topic-specific modules (healthy eating, physical activity, tobacco use, and positive mental health).
- Assesses school health by examining a school's overall wellness environment using the four components of comprehensive school health (CSH): social and physical environment; teaching and learning; policy; and partnerships and services.
- 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.
- Has capacity to provide school boards and districts 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

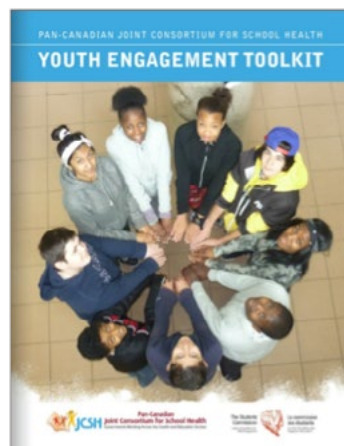
school environment and community, they build relationships with their peers and adults, and they learn new skills. They are more likely to make healthy decisions, have healthy behaviours, and take fewer unhealthy risks. They are also more likely to do well in school and continue learning throughout their 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](#) in 2013 and 2014 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

JCSH continues to focus key activities in the area of Positive Mental Health, highlighted in 2016-2017 with the release of the newly-revised [Positive Mental Health Toolkit](#).

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.



For the second edition, the resource has been divided into a series of online modules, presenting information and materials that are manageable and user friendly. The toolkit has been updated to reflect recent Canadian research, to include a module specific to staff well-being, and to identify promising practices in diversity and inclusion throughout the country. In addition, the PMH Toolkit provides a means of measuring positive mental health practices, with results generating a series of individualized strategies for enhancing healthy school environments for students, educators, and staff members. These assessment measures can be used in conjunction with the [JCSH Healthy School Planner](#) as a means of evaluating overall school environments.

The Positive Mental Health Toolkit consists of five modules:

- [Module 1: Introduction to Positive Mental Health](#)
- [Module 2: School Connectedness](#)
- [Module 3: Resiliency in School Environments](#)
- [Module 4: School Team Relationships](#)
- [Module 5: Assessing Comprehensive School Health](#)

The 2<sup>nd</sup> Edition of the literature review and better practices statements on Positive Mental Health - [Schools as a Setting for Positive Mental Health: Better Practices and Perspectives](#) (2013) – continues to be well-respected for its contribution to positive mental health perspectives and practices within a school health context.

## Knowledge Development and Exchange

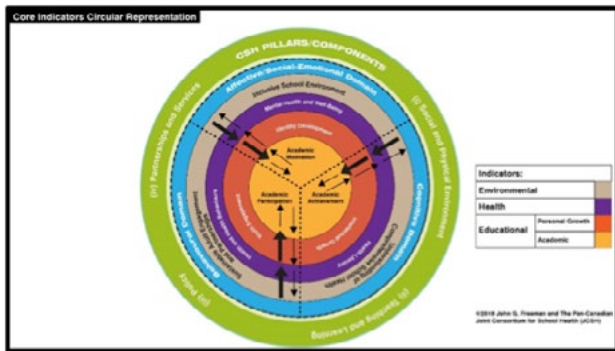
The JCSH works as a bridge of policy, practice, and research. At a national level, the member representatives provide input on the impact of initiatives and research on student achievement and well-being outcomes and how these outcomes can be improved. At a school and school district level, tools and resources help school teams 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 improving health and achievement outcomes. These areas support the long-term outcomes of **Increased Inter-Sectoral Action Between Health and Education; Increased Research Coordination; and Increased System Capacity, Collaboration, and Efficiency.**

The purpose of the goal of Knowledge Development and Exchange is for the JCSH to build, share, and leverage knowledge to support the learning, health, and well-being of children and youth in Canada.

## Research Coordination Initiatives

JCSH contributes to numerous research development and dissemination initiatives as part of its commitment to **Increased Research Coordination.** In 2016-2017, work continued in a key area, with important changes in response to feedback from members, researchers, and practitioners:

### Core Indicators and Measures of School Health and Student Achievement (2016)



In 2016-2017, the JCSH continued its collaboration with the late Dr. John Freeman and his research team at Social Program Evaluation Group, Queen's University, on links between comprehensive school health and student achievement. To update the model from the 2013 work, Dr. Freeman and his research team (Dr. Alicia Hussain and Mary-Anne Reid) examined recent and relevant scholarly and grey literature, conducted two focus groups (the JCSH Management Committee and the JCSH School Health Coordinators' Committee), interviewed 24 stakeholders from across the country, and collaborated with a Research

Advisory Committee from JCSH. The new CIM has both an ecological (shown above) and a table representation. The framework maintains the academic, success, health, and environmental indicators of the 2013 work, shown in [Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada](#). The research made the following findings:

- 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).

The JCSH and Dr. Freeman continued to work actively throughout 2016-2017 to advance work on school-based measures, enhancing use of the framework and dissemination to school community stakeholders, and developing a research group for further work in this area.

## Presentations and Partnerships

Further to its work on **Leadership** and on **Knowledge Development and Exchange**, the JCSH is invited regularly to participate in national and international fora, workshops, and discussions 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, consulting, and/or collaborative capacity with a number of partners:

- **Health Behaviour in School-aged Children (HBSC) 2017-2018 survey round:** This is the third survey round (2013-2014; 2009-2010) that the JCSH Research Advisory Committee has worked with the Canadian researchers (Dr. John Freeman and Dr. Will Pickett, co-Principal Investigators) to develop the national questionnaire.
- **CPHA Expert Reference Group:** JCSH has been invited to sit as a member of an expert reference group for a new CPHA project funded by Health Canada, through the Substance Use and Addictions Program, entitled “A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building”.
- **Collaborative SPAR-Led Group on physical education, physical literacy and physical activity:** JCSH has been invited to a group led by the Ministers responsible for sport, physical education and recreation (SPAR), who have committed to working more closely with the education sector.
- **PREVNet:** Knowledge Mobilization projects working group meetings in 2016 – Toronto, ON. Knowledge Mobilization Grant sessions and projects as part of PREVNet’s NCE Knowledge Mobilization renewal grant.
- **Task Force on Marijuana Legalization and Regulation:** August 25, Halifax NS. Marijuana Legalization and Regulation Roundtable was held of government leaders, law enforcement, child and youth advocates, researchers, and public health representatives to discuss design and implementation of legislation on marijuana legalization.
- **National Workshop to inform an FPT physical activity framework:** November 24, Ottawa ON. National meeting of key stakeholders provided by the Conference Board of Canada on the commission from governments. Federal, provincial and territorial (FPT) Ministers responsible for sport, physical activity, and recreation (SPAR) in Canada (excluding Québec) requested the development of an FPT physical activity framework that will help guide efforts for governments to address physical activity and sedentary behaviour; that will exist alongside other government and/or community-led efforts that contribute to encouraging Canadians to live active lifestyles. These other efforts include Active Canada 20/20: A Physical Activity and Change Agenda for Canada (AC 20/20), the Canadian Sport Policy, Framework for Recreation in Canada 2015: Pathways to Wellbeing, Curbing Childhood Obesity: A FPT Framework for Action to Promote Healthy Weights.
- **Canadian Centre on Substance Abuse (CCSA):** November 24, Toronto ON. National meeting to review and refresh the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (2005). The meeting featured representatives of organizations such as the Canadian Nurses Association, Canadian Harm Reduction Network, Centre for Addiction and Mental Health, Canadian HIV/AIDS Network, Canadian Public Health Association, and a number of PT-specific centres.
- [Governor General’s Conference on Concussions in Sport: We Can Do Better:](#) December 6, Rideau Hall.
- **Federal/Provincial/Territorial Concussions and Head Injuries in Sport Working Group.** The Executive Director represents JCSH on this committee. Membership comprises representatives from the health and sport sectors in some provinces and territories, both within government and outside of government (e.g. representatives from provincial and national sport organizations, and the Canadian Concussion Collaborative).

JCSH involvement in this Work Group over the past year included a meeting at Rideau Hall in Ottawa in March, attended by Governor General David Johnston as an honorary co-chair in recognition of the importance being placed on this work on the issue of concussions across sectors coast to coast. The focus of the meeting was on harmonization of protocols and tools, communication strategies, and surveillance/data collection.



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 goals of **Increased Intersectoral Action Between Health and Education** and **Increased Research Coordination**.

Comprehensive school health, positive mental health, the links of comprehensive school health and student achievement, youth engagement, and the success of policy / practice / research collaborations were profiled during the following national conferences and workshops (through oral and poster presentations). 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:

- **Canadian Association of School System Administrators (CASSA) Annual Conference: Healthy Schools, Healthy Communities, Healthy Future:** July 5-7 2017 – Halifax, NS. Presentations: (1) Evaluating the Effectiveness of Comprehensive School Health on Student Achievement: Re-Development of a Core Indicators Model. (2) Promoting Healthy Relationships in the School Setting: The Newly-Revised JCSH Positive Mental Health Toolkit.
- **Congress 2017 of the Humanities and Social Sciences: On Indigenous Lands:** May 27 – June 2, 2017 – Toronto, ON. Canadian Society for the Study of Education.
- **NB 2017 Provincial Wellness Conference: Creating Environments That Support Wellness:** May 10-11 2017 – Moncton, NB. Presentations: (1) Promoting Healthy Relationships in the School Setting: The newly-revised JCSH Positive Mental Health Toolkit. (2) Comprehensive School Health Framework (Poster).
- **2017 Conference of Physical Education Special Interest Council (PESIC) of Newfoundland and Labrador and Physical and Health Education Canada (PHE Canada):** May 4-6 2017 – St. John's, NL. Presentation: Supporting Healthy School Communities Through the Healthy School Planner.
- **Canadian School Boards Association Board of Directors Annual Meeting:** April 30- May 1 2017 – Ottawa, ON. Presentation: JCSH, CSH, and JCSH initiatives and resources.
- **Canadian Conference on Promoting Healthy Relationships for Youth: Breaking Down the Silos in Addressing Mental Health & Violence:** February 15-17, 2017 – London, ON. Presentation: Promoting Healthy Relationships in the School Setting: The New JCSH Positive Mental Health Toolkit.
- **Shaping the Future-Comprehensive School Health Conference: To Be Wisely Aware:** January 26-28 2017 – Kananaskis, AB. Presentations: (1) Promoting Healthy Relationships in the School Setting: The newly-revised JCSH Positive Mental Health Toolkit. (2) Evaluating the Effectiveness of Comprehensive School Health on Student Achievement: Re-Development of a Core Indicators Model (Poster).
- **The 6th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity: Understanding the Interplay between Physical and Mental Health:** October 24-26 2016 – Ottawa, ON. Presentation (Poster): Positive Mental Health in the School Setting: A Foundation for Obesity Prevention and Management.
- **6<sup>th</sup> Global Forum on Health Promotion:** October 16-17 2016 – Charlottetown, PE. This meeting was the first time this forum has been held outside of Geneva. The theme for the event was Health Promotion: At the Very Heart of Sustainability; it celebrated the 30th anniversary of the Ottawa Charter and highlighted the contributions of civil society and health promotion initiatives to sustainable development. A number of JCSH members and Secretariat attended the Forum. Secretariat asked to adjudicate the videos, submitted from national and international organizations featuring innovative health promotion practices and projects.
- **First Nations Schools First: Sharing Successful Indigenous Learning:** October 6-7 2016 – Musqueam First Nation Cultural Centre, Vancouver, BC.

- **Canadian Mental Health Association National Committee Conference: Mental Health for All:** September 29-30 2016 – Toronto, ON. Presentations: (1) Cross Sector Collaboration: The Reality of an Education-Health Partnership to Optimize Benefits to Children and Youth. (2) The Youth Engagement Toolkit: Bringing youth voice and inclusion to comprehensive school health.
- **2016 Atlantic Summer Institute on Healthy and Safe Communities – Promoting Child and Youth Mental Health: Engaging all Generations:** August 16-18, 2016 – Charlottetown, PE. Presentation: The Role of Comprehensive School Health in Engaging Students, School Staff, Parents, and the Community in Positive Mental Health. Secretariat and JCSH members also attended sessions, contributed to planning, acted as Circle Keepers.

The JCSH continues to distribute the Annual Report to partners and stakeholders throughout the country and internationally in online format only at the JCSH website: [www.jcsh-cces.ca](http://www.jcsh-cces.ca).

The JCSH website provides a platform for sharing resources of interest to a wide range of audiences: from teachers and health professionals to government officials and researchers, to students and 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 JCSH’s work is to build the capacity of the health and education sectors to collaborate more effectively. At the same time, the Consortium supports the work of member provinces and territories as well as 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 challenges to implementation of comprehensive school health as a pathway to student success. The identification of the challenges is a necessary precursor to developing supports so schools and school districts reach measurable and sustainable goals.

The goal of Capacity Building enables 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 newly-revised Positive Mental Health Toolkit and the Youth Engagement Toolkit, supporting coordinated and comprehensive improvements in student engagement, well-being, and achievement in 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.
- Collaborations across research, policy, and practice remain a dedicated and ongoing part of JCSH work. These are essential to the development and dissemination of evidence- and practice-based resources supporting student well-being, health, and learning in Canada.
- 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 held over the past year. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provide opportunity for cross-jurisdictional connections and resources sharing. This benefit is substantial and ongoing and measurable: the development of formal and informal relationships among the Management Committee members, the School Health Coordinators’ Committee members, and the Secretariat staff over the life of the Consortium has positively impacted change in school health in Canada.

## Monitoring, Accountability, and Evaluation

The JCSH continuously monitors and reviews its work to ensure it is supporting improvements in students' achievement and well-being. In the past year, the Positive Mental Health Toolkit underwent a major revision. JCSH initiatives are regularly monitored for impact and applicability in a wide range of contexts and school communities. In the coming year, these resources will continue to be reviewed for use and benefit to member and supporting jurisdictions and partner organizations throughout the country.

## Highlights of Progress in Member and Supporting Jurisdictions

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

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

Please note: The accomplishments listed in this section reflect progress made during 2015-2016. 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 collaborated on the development of policy and practices that support and promote school health. The work of these two key departments was again supported by contributions from the Sport and Recreation Branch of the Department of Community Services.



Yukon Government places a priority on active, healthy children and youth through the [Yukon Active Living Strategy](#). Recommendation #8 specifically focuses on “improving opportunities for daily physical activity within school settings by supporting stakeholders to adopt comprehensive school health approaches in Yukon.” Programs funded through the Yukon Active Living Strategy and targeting school-aged

children and youth are delivered under the banner of [Active Yukon Schools](#) in partnership with the Recreation and Parks Association of the Yukon (RPAY) and Sport Yukon.

School health is also supported through the [Yukon Framework for Physical Literacy](#). The framework facilitates collaboration between the three government departments noted above and key non-profit stakeholders including RPAY, Sport Yukon, Yukon

Aboriginal Sport Circle, and Special Olympics Yukon.





## Leadership

### Self-Regulation

Yukon Education is continuing its partnership with Northwest Territories for an additional two years to provide leadership in the area of self-regulation to all regions in NWT. Classroom lessons on mindfulness, self-awareness, taking “pause” as well as developing healthy and happiness habits are promoted.

### Interdepartmental Working Group focusing on Supporting Young Yukon Women

This is the final year for this interdepartmental working group and we have completed a Yukon-wide tour sharing the results of the HBSC with all 14 communities and 28 schools. Each school has found different uses for the data in moving forward to develop localized health-related initiatives. Students requested more experiential activities. A Girl Group Guide is also being developed.

### Department of Education Rural Education Model (REM) Week

The Department of Education’s REM Week is a week-long program of intensive study that offers hands-on learning experiences to rural students. REM supports healthy development by connecting students with possible career paths. Successfully introduced in 2015/16, the program was extended for 2016/17 and continued to provide rural students with opportunities to build connections with other rural peers and gain much desired experiential workshop opportunities ranging from arts and technology to the trades.

### Winter Active for Life (WAFL) Leadership Development

Delivered by RPAY, Winter Active for Life (WAFL) promotes, introduces, and encourages Yukoners to be physically active outdoors during long winter months when patterns of inactivity are most prevalent, through activities requiring minimal infrastructure that can be done over the lifespan. Although this program began with cross country skiing, it has expanded to include snowshoeing and other fun, outdoor winter activities. The emphasis is on building knowledge and skills in teachers and other leaders who guide and facilitate programming in their school communities. 2016 saw the introduction of kicksleds to the lending library and training sessions on how to introduce them in rural communities

## Knowledge Development and Exchange

### SHARE (Sexual Health and Relationship Education)

SHARE is a new resource to support Grade 4-7 teachers deliver the Sexual Health Learning Standards. SHARE is set to be released in Fall 2017. To prepare teachers, in the Spring of 2017 Yukon Education and the Health Promotion Unit partnered with Options for Sexual Health to conduct teacher training. The training was designed to

1. Explore the SHARE lesson plans and develop comfort around the content.

2. Help participants build awareness, comfort, confidence, and competence to teach sexual health in an unbiased, non-judgmental, knowledgeable, and inclusive manner.

### **Forward Together: Yukon Mental Wellness Strategy 2016-2026**

A multi-department partnership has emerged from a 10 year plan to promote mental wellness in the Territory. A Child, Youth and Family working group has produced an Integrated Supports for Yukon Youth unit which provides a one-stop shop for housing, identification needs, social services, and employment. Other initiatives include piloting the effect of technological apps on anxiety management of school-aged children.

A Capacity-Building Working Group is examining how to bring wellness to communities through a social innovation lab approach. A wellness toolkit is being developed that provides knowledge and tips in the area of brain impacts of trauma, self-regulation healthy habits, and flourishing through a peer support model.

### **Active Yukon Schools Networking**

Networking promotes active, healthy lifestyles and encourages opportunities for physical activity at school. RPAY publishes a bi-annual [Active Yukon Newsletter](#) and distributes a printed to copy to every Yukon teacher and administrator. RPAY promotes the [ParticipACTION Report Card on Physical Activity for Children and Youth](#) sharing key messages with schools. This report card is the most comprehensive assessment of child and youth physical activity in Canada. Upon request, RPAY and Sport Yukon present at teachers' conferences and professional development days, at Yukon College's YNTEP program, and at health and wellness fairs (e.g., Kindergarten Health Fair and high school wellness days).

## **Capacity Building**

### **From the Ground Up**

[From the Ground Up](#) connects Yukon farms to Yukon tables. It is a healthy choice fundraiser that has raised more than \$193,000 for Yukon schools. It connects farm to table, supports healthy nutrition environments, and builds community.

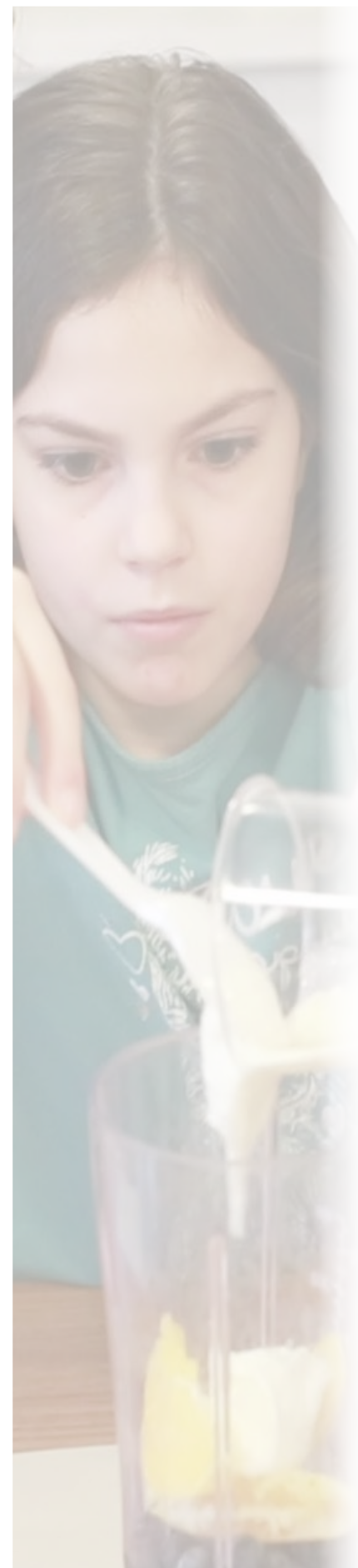
In collaboration with Yukon Education, Energy Mines and Resources Agriculture Branch, the Health Promotion Unit coordinates this program, working closely with local farmers and Yukon schools, daycares, and preschools. Through multiple activities and messaging, the goal is to engage whole communities: students, teachers, families, farmers, and others to eat healthier and provide learning opportunities to improve long term health.

In 2016, FTGU expanded and piloted 5 licensed childcare centers to participate in the program.

Since 2012, over 12,000 boxes of Yukon-grown vegetables have been sold throughout Yukon. Over 31,000 pounds of veggies have been donated to local organizations and community groups.

### **Kids in the Kitchen**

The overall goal of Kids in the Kitchen is to improve the health of Yukoners by offering community groups an easy-to-follow process to run a kids cooking club. The program not only teaches and inspires children and program facilitators to learn to cook easy, inexpensive, and healthy and tasty foods, it encourages them to share the recipes and healthy eating skills with their families.





Over the past 2 years, Kids in the Kitchen was coordinated by Recreation and Parks Association of Yukon (RPAY) with financial support from Yukon Health and Social Services. In 2017, the Health Promotion Unit of Health and Social Services will again regain the coordination duties and responsibilities of Kids in the Kitchen.

Almost every Yukon community has participated in facilitator training since Kids in the Kitchen began in 2014. In 2016, 5 Kids in the Kitchen programs took place in Watson Lake, Old Crow, Teslin, Faro, and Haines Junction.

### Kickin' Ash

In 2017, the Health Promotion Unit continued to deliver [Kickin' Ash](#) tobacco presentations throughout the Yukon. The demand for Kickin' Ash is driven primarily by teachers of Grades 4-7. To ensure the older grades are engaged in tobacco prevention, the Yukon Health Promotion Unit is partnering with a local youth organization (BYTE-Bringing Youth Towards Equality) to help train high school students on delivering tobacco prevention presentations to younger students.



## Northwest Territories

Northwest Territories 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; and Justice, with other GNWT departments and agencies contributing to activities. Through the HCF, partner departments coordinate their efforts on many new NWT health promotion and student success initiatives.

### Leadership

- Health and Wellness Curriculum Renewal - Within the framework of Education Renewal and Innovation, our curriculum renewal efforts seek to maximize opportunities for student agency/engagement, use of collaborative inquiry guided by the use of action research, development of wellness-related competencies, and providing opportunities to access the wisdom within communities. A draft framework of a new JK – Grade 9 Health and Wellness Curriculum was completed including Grade 4-6 learning outcomes. Throughout the school year the developers worked with a group of teachers to field test the action research cycle model and curricular components.
- Drowning Prevention - [Swim-to-Survive™](#), a drowning prevention program, was offered to school-aged children and youth and their families from December, 2016 to March, 2017. Nineteen events were hosted by 18 different organizations, including recreation/sports organizations, municipalities, bands, youth centres, daycares, and schools. Participants included 539 children and youth, 198 adults, and 12 Elders for a total of 749 NWT residents.
- Teacher Wellness - In partnership with the NWT Teachers Association, teachers and their family members have access to [Starling Minds](#), an online program that provides education and a mental health toolkit for teachers, to manage stress and prevent anxiety. The Starling program consists of 10 learning modules that include education about mental functioning and work to solve current problems and change unhelpful thinking and behaviour.
- Support for Healthy Food in Schools - Development of a new resource addressing challenges faced by schools in northern communities where access to reasonably-priced nutritious foods and fresh produce is a challenge. The resource highlights healthy food choices for breakfasts, lunches, and snacks that can be prepared

with country foods (caribou, muskox, bison, local fish), and frozen or canned alternatives to fresh ingredients. A variety of recipes for high volume batches that can be frozen were also included.

- Increasing Capacity in Trauma-informed Approaches - A large NWT contingent of educational leaders was supported to travel to Edmonton for a 2-day workshop on trauma, its effects on the brain, and best practices in this rapidly developing field in education. Work in this area, rooted in previous and ongoing work around the legacy of residential schooling, is quickly becoming a new area of focus in our jurisdiction.

## Capacity Building

- Mental Health Support in Small Remote Communities – This pilot project was expanded from five to eight communities using Northern Counselling and Therapeutic Services to bring specialized services including counselling, psychological assessments, Employee Assistance Program Services, crisis response, and trauma-informed support strategies to school communities. The contracted counselling agency specializes in providing services to northern Canadian communities where access to counselling supports is limited. Participating schools were able to develop customized service provision plans to meet specific needs of school and community, received three weeks of on-site support, as well as ongoing support at a distance between visits. The feedback on this initiative and the approach taken has been extremely positive.
- Self-Regulation (SR) – Completion of the first two-year ‘wave’ of visits to each of eight school boards. In this second year, four-day school visits to five schools included the communities of Aklavik, Ft. Simpson, and Yellowknife. Additional self-regulation supports and resources for education staff included an online book club, online professional learning community, educator access to four online courses in Mindfulness, and funding provided for schools to purchase SR related resources, and in one region a clinician facilitated Mentor Group for all program support teachers.
- Residential Schools Awareness – Full day training on the history and legacy of residential schools has now been offered to all NWT teachers. All new teachers and employees of the Department of Education, Culture and Employment will receive similar training. This training provides a foundation for education staff to better understand how schools, and formal education, have impacted several generations of northern people. This is an important step towards reconciliation and improved relations between Indigenous and non-Indigenous people in our territory. The GNWT as a whole is now developing a plan for all of its employees to receive similar training.
- Increased Inclusive Education Training - With this first year of implementation of our renewed [Ministerial Directive on Inclusive Schooling \(IS\)](#), a renewed focus was brought through multiple training opportunities to the following areas: supporting a shared understanding of IS roles and responsibilities, bringing coherence to procedures, and best practices in inclusive education.

## Knowledge Development and Exchange

- Engaging Youth to Inform Improved Program Delivery – The Department of Health and Social Services held focus group discussions with more than 30 youth across the territory to better understand what motivates NWT youth to lead healthy lifestyles. This input informed the design and messaging of a series of youth



apparel used as a tool to stimulate discussion and engage youth as important players in community wellness and development.

- Engaging LGBTQ2+ Youth to Inform Policy Development – The first ever weeklong territorial LGBTQ2+ conference, named the NWT Youth Rainbow Conference, was held in March this year. Junior and high school students from every region of the Territory gathered, with their caring adult chaperones, to participate in sessions on a range of topics including personal wellness, healthy sexuality, social activism gay-straight alliances, and the history of the struggle for LGBTQ2+ rights, as well as work with creative expression artists in the development of communication pieces of their own. These projects ranged from the creation of short videos, a large wall mural, and spoken word poems, to the composition and performance of an original song. Finally, the youth had opportunities to share their school experiences with leaders in order to lay out the changes they feel are needed to make NWT schools truly safe and inclusive places for the LGBTQ2+ community. The conference was an immense success which united and empowered the young people.
- Community Healthy Living Fairs – Eighteen NWT communities hosted Healthy Living Fairs between September, 2016 and March, 2017. The fairs raised awareness and knowledge on nutrition, chronic disease prevention, fitness, volunteering, tobacco reduction, aboriginal tourism and traditional lifestyles, self-regulation, and environmental health. To support knowledge exchange between visiting health/education personnel and community members, communities hosted ‘on the land’ activities on the day preceding the fairs to increase visitors’ awareness of local cultural activities and harvesting practices.
- Focus on Youth Wellness - The Department of Health and Social Services integrated a youth session into four community healthy living fairs to engage youth in small NWT communities in issues of healthy living and community wellness.
- Safe and Caring Schools – Healthy Relationships training has been provided to every region of the Territory. The Department of Education, Culture and Employment continues to work closely with Ray Hughes on [Fourth R](#) implementation across NWT schools. ECE also worked closely with Ray on an audit of all Safe School plans to ensure they are all following national standards and best practices, and of course, aligned with our legislation. Individual support was provided to each school board in order to make this happen.



## Nunavut

The Government of Nunavut envisions the Territory as “a place where physical and mental health has improved and where we are optimistic about our future”. This statement of vision appears in the Government’s mandate document, [Sivumut Abluqta: Stepping Forward Together](#) (March 2014), the Government of Nunavut describes its 2014-2018 mandate and its vision of Nunavut. The Government also foresees that “the rate of addiction and suicide has dropped dramatically” in 20 years.

In the near term, the Government shall implement “community-based solutions” that are “supported to improve health, social well-being and local economies.” In the long term, the Government intends to institute a solid educational system.

*Sivumut Abluqta* states that “education and employment are key to addressing” social issues. Likewise, the Government believes that “education increases the options available to an individual.”

Over the past year, the Departments of Education and Health have worked toward goals for the wellness of children and youth using a comprehensive school health approach that is compatible with and promotes the wellness of Indigenous communities. This approach is contained in [\*Building on our Strengths: Aboriginal Youth Wellness in Canada's North\*](#), that was published by the Conference Board of Canada in 2014.

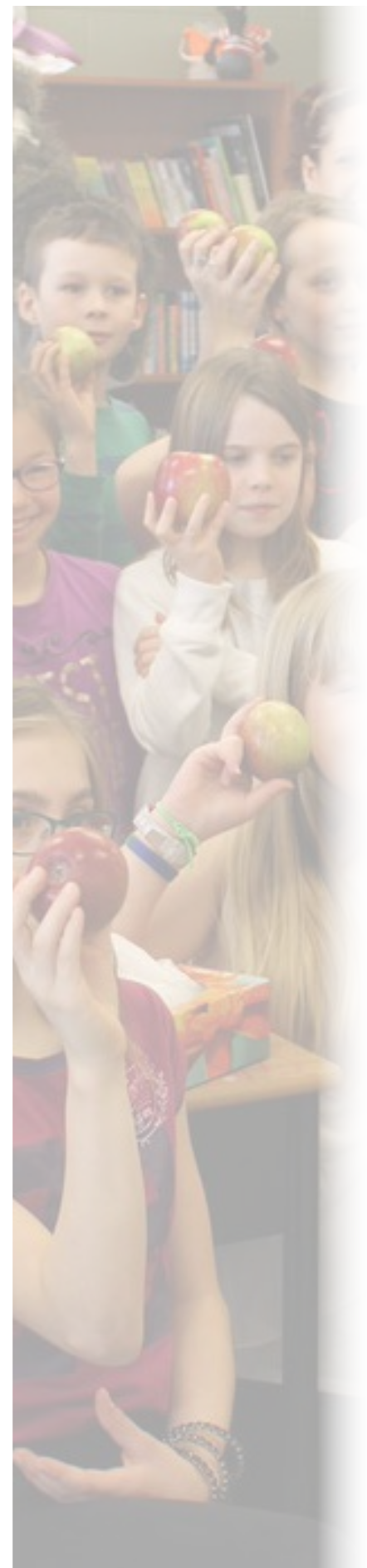
This wellness approach for children and youth is developed through the areas of Leadership, Knowledge Development and Exchange & Capacity Building. The strategies employed to develop these areas are discussed below.

## Leadership

- Children's social-emotional learning is intricately linked with healthy development and quality of life. In order to equip *ilinniarvimmi inuusilirijiit* or school community counsellors with skills to address the social-emotional development of the children and youth, professional development for education staff in this area continued to be a priority in 2016-2017. Department staff coordinated training for *ilinniarvimmi inuusilirijiit* in the personal growth and safety of children and youth, including Be Safe! a trauma-informed, personal safety program developed with the Canadian Red Cross for children aged 5-9 with a focus on preventing child abuse. Following this training, participants attended the *Canadian Association of Suicide Prevention's 2017 Hope, Help and Healing conference*. The experience provided this group with further training to build resiliency in children by developing their prevention, intervention and postvention capacity.
- Residential Schools have had a significant impact on Indigenous communities. Building cultural competence, promoting discussion, and forging healthy and positive relationships in our communities and schools are essential in promoting the quality of life for children and youth. Awareness and sensitivity training for educators helps in addressing the legacy of Residential Schools and in supporting reconciliation. In 2016-2017, *Residential Schools Awareness training* was offered to 30 education staff at the Department headquarters and to 50 teachers new to Nunavut as part of their Cultural Awareness Orientation.
- Suicide prevention continues to be a priority for Education and the Canadian Red Cross. [\*RespectEd\*](#), a training program, is an example of a territorial-wide, trauma-informed support that addresses this issue. *RespectEd* trains school staff to work with parents and other community members to create a community-based protection team. It also contains a Youth Facilitator component that fosters community-based leadership and ownership of community-based solutions to social issues. Additionally, students in Nunavut participated in *Pink Day* to raise awareness, to change the culture around bullying behavior and to build a caring and positive school environment. Of note, Arviat's John Arnalukjuak High School showcased two films in the *Red Cross Pink Day Film Festival* which connected Nunavut students with their peers in Manitoba.

## Knowledge Development and Exchange

- In response to Nunavut's 2015 review of inclusive education, Education provided staff development around common role expectations using three newly drafted handbooks: *Inclusive Education Handbook and Toolkits*, *Nunavut's Student Support Assistant Handbook* and the *Ilinniarvimmi Inuusilirijiit Handbook* for school community counselors. These guiding documents will support school and regional staff to better address the diverse academic and social-emotional needs of Nunavut students.

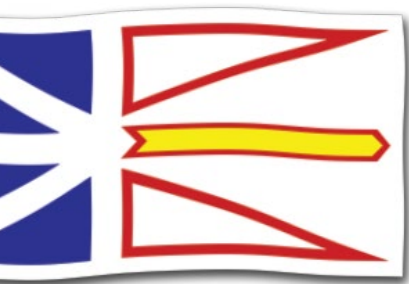






## Capacity Building

- In order to help youth cope with various life challenges, Education, in partnership with the Canadian Red Cross, delivered a two-day event for youth in Iqaluit as part of the national *Canadian Association for Suicide Prevention conference*. The two-day conference was designed to build protective factors to help youth cope with the many challenges of life. Workshops focused around three streams: bullying prevention youth facilitator training; *safeTalk* suicide-alert training; and, life skills workshops. Participants also had access to a creative interactive space for art, traditional crafts, music and dance.
- As part of its commitment to supporting safe schools, Education developed the Nunavut's *Crisis Response Guidelines for Nunavut Schools Staff Manual*, which details school protocols for emergency preparedness and responding to critical events, medical emergencies, cyber threats and bullying. Education in-serviced all school principals and ilinniavimmi inuusilirijiit based on this manual.
- Helping children hear at school helps support student achievement and wellness. Children in Nunavut have up to 40% higher rates of hearing loss compared with children in the rest of Canada. Education supported *Better Hearing in Education for Northern Youth* to provide increased equipment, resources and training to elementary schools in Nunavut. To date, new sound field amplification systems have been installed in seven communities. Likewise staff training and community engagement hearing fairs were organized.
- The Department of Health continues to work with the Department of Education to create age-appropriate and Inuit-specific resources on nutrition and life skills, tobacco and addictions, physical activity and injury prevention, and mental and sexual health through EDU's guided literacy program.
- The Department of Health has provided and continues to offer training opportunities in sexual health education for teachers in Nunavut at regional teachers' conferences and upon request.



## Newfoundland and Labrador

Healthy Students Healthy Schools (HSHS), a priority in the *Provincial Wellness Plan* and *The Way Forward*, 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 (SHPLC) strengthen partnerships, build capacity for school health, and facilitate health promotion initiatives in the school community. School health promotion is supported through regional/school district healthy living newsletters, health promotion workshops, and healthy living research, policies, and practices.

Partner departments include

- 2004-2009: Health and Community Services (HCS) and Education. Tourism, Culture and Recreation became a partner in 2009.
- Present: Children, Seniors and Social Development (CSSD), HCS and Education and Early Childhood Development (EECD).

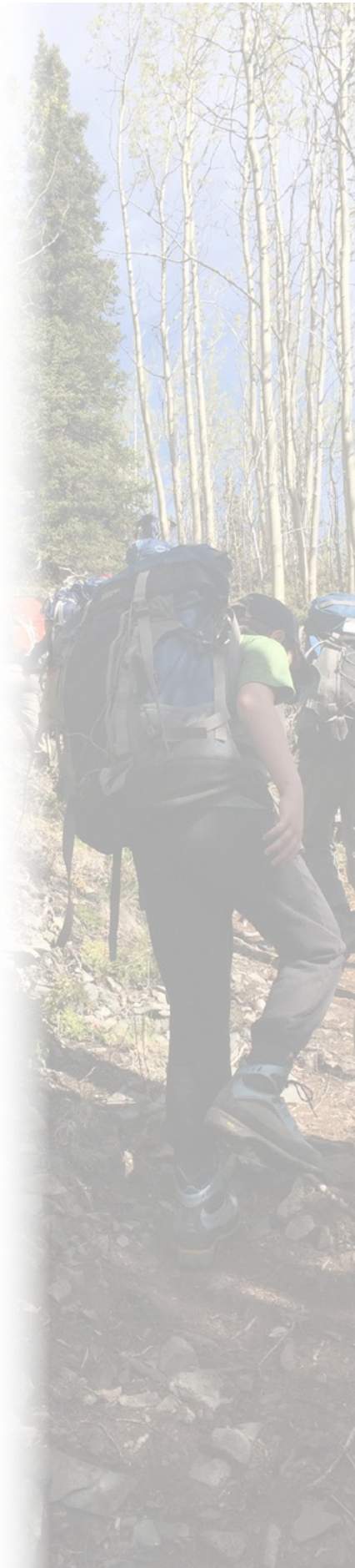
The three departments (EECD, CSSD, HCS), the Newfoundland and Labrador English School District (NLESD), the Conseil Scolaire Francophone, and the Regional Health



Authorities (RHA) have transitioned HSHS operations to the regions. Provincial departments remain the main source of funding and work collaboratively on school health promotion priorities with district and regional partners.

## Leadership

- NL released [\*The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador\*](#). Commitments that impact schools include adopting a Health in All Policies approach, initiating a Premier’s Task Force on Improving Educational Outcomes, implementing multi-year Community Grants, engaging schools to create settings that support healthy living and learning, and implementing Child Health Risk Assessments for School-Aged Children.
- In 2017, NL’s All-Party Committee on Mental Health and Addictions released its report, [\*Towards Recovery: A Vision for a Renewed Mental Health and Addictions System\*](#) with 54 recommendations to improve mental health and addictions programs and services. HCS will work in partnership with other government departments, community agencies, RHAs, and individuals and family members who have experienced mental health and addiction issues to fulfill these recommendations.
- On June 7 2016, [amendments](#) were made to the Smoke-Free Environment Act, 2005, and the Tobacco Control Act. They include
  - Prohibition on the sale of e-cigarettes and non-tobacco shisha to persons under the age of 19 (Tobacco and Vapour Products Control Act, TVPCA), the prohibition on the use of e-cigarettes in indoor public places, workplaces, and motor vehicles when occupied by a person under the age of 16, and the age restriction for entry into hookah establishments.
  - Ban on flavoured tobacco products including menthol, promotion and display of e-cigarettes and non-tobacco shisha (TVPCA), and the prohibition on hookah smoking in indoor public places and workplaces.
- NLESD updated its [Tobacco Free Policy](#) to include electronic cigarettes and vaping products that mimic tobacco use.
- Eat Great and Participate (EGaP):
  - Submitted a successful resolution to NL Federation of School Councils (NLFSC) to support the NLESD in implementing a district-wide policy for schools to provide healthy food and beverages in canteens at school sporting events.
  - Established a Healthy Eating Youth Advisory Council with 10 youth ages 16-21 from each region to help promote and support healthy eating messages and to organize healthy eating initiatives in their communities.
- EECD, HCS, and the Canadian Mental Health Association NL Division (CMHA NL) completed year two of the 3 year Socially and Emotionally Aware Kids (SEAK) pilot project Scaling-Up Social and Emotional Learning (SEL) in Atlantic Canada. Six educational leaders attended the Atlantic Summer Institute on Healthy and Safe Communities as part of this project.
- EECD, Advanced Education and Skills (AES), HCS, and CSSD participated in the Council of Atlantic Ministers of Education and Training (CAMET) Symposium on Mental Health.
- HCS expanded its commitment to the Strongest Families Institute and partnered



with the Atlantic Provinces and Bell Let's Talk Campaign to increase access to mental health services for children, youth, and families. HCS and the Strongest Families Institute held webinars orientating schools and primary health care providers to the program.

- EECD piloted Health 4 Curriculum in select schools and developed Health 5 in preparation for the pilot process.
  - EECD collaborated with CSSD to normalize breastfeeding by incorporating it into the Grade 4 Health curricula.
- Highlights from the National School Food Conference (2015) and the Jurisdictional Scan of School Food Guidelines were shared with the Regional Nutritionists.
- CSSD and EECD collaborated on materials for the parent resource kits in partnership with HCS and RHAs. The kits include early learning materials and support for health standards and guidelines in regulated childcare settings.
- EECD participated in the development of a Strategic Plan for Agriculture in the Classroom NL (AITC NL).

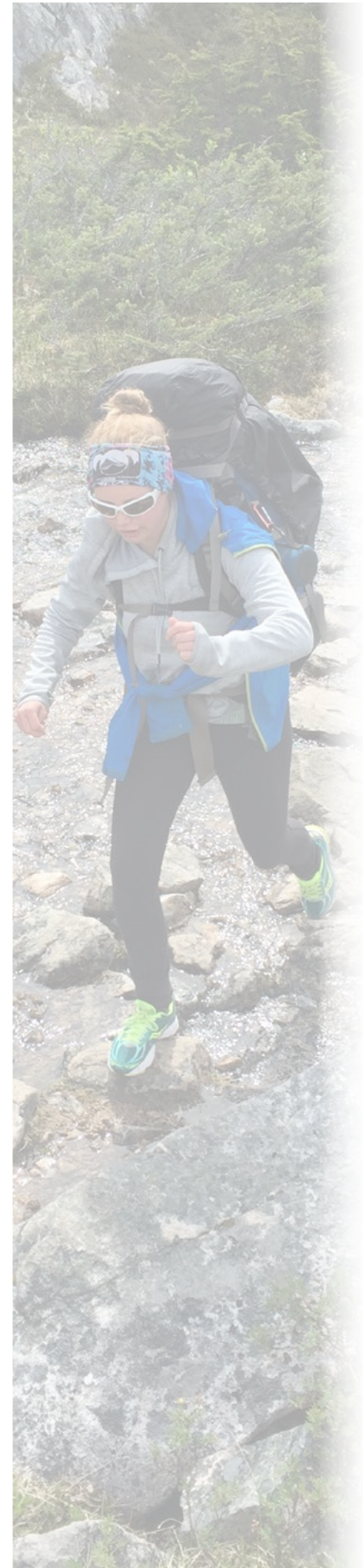
## Knowledge Development and Exchange

- HCS promoted the following online services to support youth mental health:
  - [Bridge the gAPP](#) a self-help health promotion tool for youth ages 13-18 which connects youth to local services through a searchable service directory.
  - [The BreathingRoom™](#) an online self-management program for youth ages 13-24 experiencing stress, anxiety, and depression.
- HCS Mental Health and Addictions Division (MHAD) hosted several recovery education events to foster a more recovery focused system.
- Over 100 people participated in a MHAD four day event which included a trauma-informed training day, a conference (The Recovery Forum), and Mental Health First Aid training with presenters from the Mental Health Commission of Canada and the Canadian Centre on Substance Abuse.
- CSSD in partnership with ParticipACTION mobilized a [social marketing campaign](#) targeting school-aged children to decrease screen time and make room for play.
- NLESD created the Active Schools Homeroom Pilot (Google Classroom) as a resource database to share ideas and connect champions throughout the province. Currently 360 teachers are sharing material and resources through pictures, videos, and links.
- NLESD communicated the importance of health through updated content for the Health and Wellness section of the NLESD website, school teleprompters, monthly *Living Healthy Newsletters*, parent brochures, and parent information sessions.

## Capacity Building

- Support to students and their families continued with healthy school food offerings and messaging from the following:
  - [Kids Eat Smart Foundation of NL](#) Eighty-nine percent of all schools (262) in the NLESD have Kids Eat Smart Clubs. CSSD provided the Foundation \$1.09 million in 2016-17.

- [School Lunch Association](#) Twenty-five schools in the St. John's area participate. The Association received \$100,000 in funding from CSSD in 2016-17.
- [School Milk Foundation of Newfoundland and Labrador](#) unveiled new S'milk packaging on World School Milk Day. S'milk cartons are specially priced and available exclusively to NL schools.
- RHAs and NLESD partnered on a Veggie & Fruit Public Awareness campaign targeting parents and caregivers of children and youth ages 5 - 13 years.
- [Eat Great and Participate](#) awarded a Healthy Eating Grant to School Sports NL (SSNL) to provide healthy food and beverages at their Participation Nation and Varsity programs.
  - Physical activity opportunities included the following:
    - CSSD in partnership with NLESD increased opportunities for physical activity with an investment of \$200,000 to the Active Schools program. The program aims to increase physical activity for K-6 students by 80-100 minutes per cycle. Schools are provided resources, equipment, and teacher training to deliver the program. There are 119 teachers trained in 118 schools directly impacting 24,649 students.
    - CSSD in partnership with NLESD supported an additional 21 schools to action initiatives identified through the Healthy School Planner. A total of 73 schools have now been supported to complete the Planner.
    - CSSD in partnership with SSNL supported opportunities for physical activity during non-instructional school time through Participation Nation. Participation Nation engages K-12 students in physical activity through mass participation games in a welcoming environment. There are 35,981 students participating in the program.
    - ParticipACTION and the NL Government are working together to inspire parents and children to make physical activity a priority in daily life. Part of this work included the promotion of the [24 hour Movement Guidelines for Children and Youth](#).
  - SEL was supported by the following:
    - Atlantic Provinces collaborated on a scale-up mechanism to support SEL; SEL professional learning was provided by a certified PATHS trainer in the NLESD Western region pilot schools, and a Promoting Alternative Thinking Strategies (PATHS®) coach supported teachers in SEL classroom strategies.
    - Labrador Grenfell Health and the Northern Regional Wellness Coalition provided one school with SEL program materials. HCS Community Addictions Prevention and Mental Health Promotion grants supported 36 groups, including 13 schools, with a total of \$140,000 to help prevent addictions and promote positive mental health. Projects included the scaling up of the SEAK and PATHS curriculum in 3 schools in Western NL, the expansion of the Strengthening Families Program, and Roots of Empathy.
  - NLESD offered the Friends for Life and Roots of Empathy programs.
  - EECD provided Restorative Justice training for Safe and Caring Schools and Inclusive Education Itinerants. This training focused on respectful and caring relationships to help make schools safe, caring, and inclusive.





- Agriculture in the Classroom NL (AITC-NL) facilitated initiatives for K-12, reaching over 14,000 students through the following:
  - [Canadian Agriculture Literacy Month](#)
  - [Rooting for Health](#)
  - [Virtual Farm Tours](#)
  - Twenty-five Grade 4 and 5 classes attended The Amazing Agriculture Adventure, a fast-paced, interactive learning program with 25 educational stations hosted at the Agrifood and Garden Show.
  - [Little Green Thumbs program](#): 28 new classroom gardens, 9 schools, and 34 vermi-composting kits were added this year. A culinary pilot project was implemented in three Little Green Thumbs schools to extend the learning from how to grow food to how to use the produce grown in the classroom. A promotional video was also created.
  - Agri-Career Exposition for 250 Grade 7 and 8 students and 14 teachers.
  - International Year of the Pulse Presentations: United Nations designated 2016 the International Year of Pulses celebrating peas, beans, lentils, and chickpeas and their role in health, nutrition, sustainability, and feeding the world.
  - JOURNEYS 2050 – Presentations were delivered to students in a high tech interactive learning environment. The virtual simulation explored world food sustainability through the lives of three farm families in Kenya, India, and Canada.
  - Canada's Agriculture Day: To celebrate, 35,000 placemats were provided to elementary students provincially.

School health promotion initiatives developed and/or implemented through partnerships between the school districts and the regional health authorities include the following by region:

#### **Eastern**

- Provided new and updated content for the Health and Wellness section of the NLESD website including a list of best practice resources for teachers.
- Conducted and reported on 118 school health needs assessments to determine current needs, promising practices, and gaps in resources.
- Promoted school membership in the Wellness Coalition-Avalon East and the Eastern Regional Wellness Coalition.
- Developed a school health promotion funding opportunities list for schools.
- Partnered with the Community Child and Adolescent Mental Health Division of the Janeway Children's Health and Rehabilitation Centre to offer province-wide parent information sessions on mental health and well-being.
- Eastern Health in partnership with NLESD developed, implemented, and evaluated a Sexual Health Pilot Project with over 500 students accessing the service. The project goal is to improve access to sexual health services in high schools using a comprehensive school health approach.

- Supported teacher professional learning on anxiety, resilience, and substance abuse; supported mental health and substance use curriculum outcomes; and supported school-based wellness fairs, information displays, and classroom presentations.
- Youth Outreach Workers supported schools with early identification, outreach, and Youth Empowerment and Healthy Relationship programs.
- Developed a Regional School Health Promotion Committee to strengthen collaboration between education and health and to ensure work incorporates the Comprehensive School Health framework.
- Supported schools by offering the Friends for Life and Roots of Empathy programs.
- Participated in several Healthy School Initiatives including Healthy Commotion days.

### Central

- Supported students around mental health and addictions through the following:
  - Delivered the Telus Wellness Cafes in schools to address self-identified school needs. The program was broadened to make sessions more effective and accessible.
  - Partnered with Public Health Nurses and schools to develop and deliver school health fairs, mental health days, and LGBTQ and positive body image sessions.
  - Focused on addictions and substance use prevention through Amazing Maze Events, interactive sessions, and health information on substance use.
  - Inserviced school staff on Mental Health in the Classroom.
  - Offered parent education sessions on resilience, substance use, and mental well-being.
  - Initiated a Resilience and Children (Grades 2-3) pilot project in one school.
- Offered and participated in school initiatives including the PARTY Program, the Amazing Maze, School Wellness Days, and Roots of Empathy.
- Promoted and supported physical activity with Dart Outdoors Day, an outdoor activity for students to be physically active in winter.
- Completed the 9th annual Terra Nova Trek Adventure Race that includes snowshoeing, cross-country skiing, and winter survival skills with 21 school teams from across the province.
- Implemented Students Working Against Tobacco and Move4Health initiatives in three schools.
- Partnered with Central Health, Paramedics, Fire Fighters, Search & Rescue, and Junior Rangers to develop and deliver the Winter Snowmobile Safety Maze Program in schools.
- Implemented Safe Kids Week which focused on the top injuries that affect children at home, at play, and on the road.





- Delivered health promotion information to students and staff through school teleprompter messages generated by Central Health.
- Implemented Project Succeed in elementary schools to promote healthy eating, food security, and experiential based learning. Fifteen hydroponic fruit/vegetable grow systems were purchased for schools. Curriculum based material was also provided.

### **Western**

- Completed regional training sessions for 8 Student Wellness Action Teams (SWAT) to deliver smoke-free, active living, and healthy eating messages to younger students and their peers.
- Developed monthly Living Healthy Newsletters for schools to provide information, ideas, funding opportunities, and updates on school health initiatives.
- Promoted and supported vegetable garden projects in 10 schools. Students, teachers, and parents participated in these projects and were provided with hands-on experiential learning opportunities.
- Organized [Sprockids](#) Learning Training for the Western region and provided support for two schools to pilot the program. Sprockids is a mountain bike program that provides students the opportunity to develop skills, values, and strategies to guide and help them reach their full potential.
- Facilitated LGBTQ training for administrators, teachers, and staff in eight schools.
- Youth Outreach Workers had 7,228 direct contacts with youth under the age of 18 with most of this outreach happening in the school system.
- Promoted, reviewed, and distributed school grants through the Western Regional Wellness Coalition school grant review committee.
- Additional health promotion programs were supported including the following:
  - Friends for Life was delivered in 26 schools with 680 students participating.
  - Girls Circle and Boys Council, a multi-session evidence-based prevention program, was offered in 9 schools to 90 participants.
  - What's With Weed? And The Truth about Drugs was offered in 4 schools to 100 students.

### **Labrador**

- Presented at principals' meetings, the role and responsibilities of the SHPLC along with health promotion initiatives such as the Healthy School Planner, Active Schools Program, Google Classroom Resources, Healthy Students Healthy Schools, and grant opportunities.
- Developed monthly Living Healthy Newsletters for schools to provide information, ideas, funding opportunities, and updates on school health initiatives.
- Developed a parent brochure on the importance of school health.

- Partnered with Eastern Health on parent information sessions on mental wellness.
- Implemented School Health Needs Assessments in all schools to assess current needs, set priorities, identify current promising practices, and identify resource gaps.
- Supported student and staff wellness through sexual health programs, garden projects, physical activity programs, and addressing mental health issues in schools.
- Partnered with local ski lodges to explore opportunities for school participation in snowshoeing and skiing.
- Partnered with community organizations to support school health promotion including the RCMP, Labrador Grenfell Health, and city/town councils.
- Delivered presentations on school health promotion and Comprehensive School Health.

## Nova Scotia

Health Promoting Schools (HPS) was initiated in Nova Scotia in 2005 and is a partnership of the Nova Scotia Department of Education & Early Childhood Development (DEECD), Nova Scotia Department of Health & Wellness (DHW), Nova Scotia Health Authority (NSHA), and School Boards. Funding is provided to seven public School Boards, Conseil scolaire acadien provincial, and the Mi'kmaw Kina'matnewey. The Boards work with the NSHA 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.

The past year has been significant in the continuing profound shifts that have occurred in both the health and education sectors in Nova Scotia. Nevertheless, as in past years, funds have been distributed to school boards to support HPS based on a new funding formula.

Over the coming year renewed efforts will be focused on building capacity and leadership at the provincial and regional levels. These efforts will also include updating the guiding document to build consistency of HPS practices across Nova Scotia while also building alignment with the emerging priorities within the health and education sectors.

## Prince Edward Island

Multi-sectoral partnerships continue to be critical in supporting the health, well-being, and achievement of Island students. Collaborative efforts have resulted in a variety of new and strengthened school health initiatives which support positive health behaviours and contribute to enhanced student success. Partners include multiple government departments, the University of Prince Edward Island, provincial organizations, community groups, school boards, teachers, students, and parent volunteers.

## Leadership

- The *2014-15 Student Health Profile* report was released in October 2016 regarding the results of student surveys (8,000 Grade 5-12 students) related to their healthy eating, active living, mental fitness, and tobacco/alcohol/drug use. Collected through the [School Health Action Planning and Evaluation System](#) (SHAPES) and the [Canadian](#)



[Student Tobacco Alcohol and Drugs Survey](#) (CSTADS) the survey results provided

- an opportunity to share a provincial summary of students' lifestyle habits
- a longitudinal comparison of survey results between 2008-09 and 2014-15
- examples of how school, school boards, and provincial organizations are responding to needs identified through this report.

The profile results are continually used to identify needs and inform the development of programs, resources, and partnerships using a comprehensive school health approach.

- The Department of Health and Wellness – Chief Public Health Office has hired two Healthy Eating Program Officers to support healthy eating initiatives within the early-years centers, public schools (K-12), and various community settings. These new positions will work within the school setting to support breakfast program implementation and coordinator/volunteer training, as well as leading a consultative *School Nutrition Policy* renewal process.
- A new [School Goals Framework](#) was launched by the Department of Education, Early Learning and Culture that requires all schools to develop three goals in partnership with their school community regarding
  - High Quality Education: literacy and numeracy achievement, instruction and assessment, and professional learning, development, and growth
  - Public Confidence: community engagement, stakeholder partnership, and communication
  - Well-being: character development, executive functioning, and mental health.

The inclusion of well-being as a focus for all schools is a significant development that provides further acknowledgment and understanding of the interrelated nature of student's health and well-being, success, and academic achievement.

- The *Tobacco and Electronic Smoking Device Sales and Access Act* prevents the legal sale of electronic smoking devices to persons under the age of 19 years. Recent changes now also restrict the sale of tobacco that contains a prescribed flavouring agent. These changes will help restrict youths' access of these products as it has been shown, through the biennial CSTADS results, that the number of youth who start smoking or experiment with flavoured tobacco and e-cigarettes use continues to rise.

## Knowledge Development and Exchange

- The University of Prince Edward Island, in partnership with Health Canada and the University of Waterloo, conducted the [Canadian Student Tobacco Alcohol and Drugs Survey](#) (CSTADS) to collect tobacco, alcohol, and drug use data from Grade 7-12 students. This biennial survey provides both school and provincial level reports which offer a critical source of information to inform both policy and program development regarding student substance use.
- The new **School Goals Framework** (noted above) provided a unique opportunity to implement professional development sessions for school goal teams and/or whole school staff. Presentations entitled "*Supporting a Whole-school Approach to Positive Mental Health*" helped school staff explore
  - the interrelated nature of student health, student success, and achievement
  - the Comprehensive School Health (CSH) Framework
  - how CSH supports student health, success, and achievement

- resources to help create healthy school communities
- current sources of student health behaviour data (e.g., SHAPES and CSTADS)
- the various tools, resources, and supports available to them, including [Healthy School Planner](#), [Positive Mental Health Toolkit](#), and [Youth Engagement Toolkit](#).

Increasing the knowledge and understanding of the inter-related nature of these initiatives and how they support student success is critical in building the capacity of principals as leaders and change agents within the school setting.

- Based in part by the 2014-15 CSTADS results related to tobacco use susceptibility, and e-cigarette and marijuana use in Island teens, the PEI Tobacco Reduction Alliance hosted a spring workshop for a wide variety of community and government partners related to
  - recent patterns of tobacco/substance use on PEI (CSTADS results)
  - the results of a recent “Youth Uptake Prevention Environmental Scan”
  - expert presentations on youth tobacco and e-cigarette use.

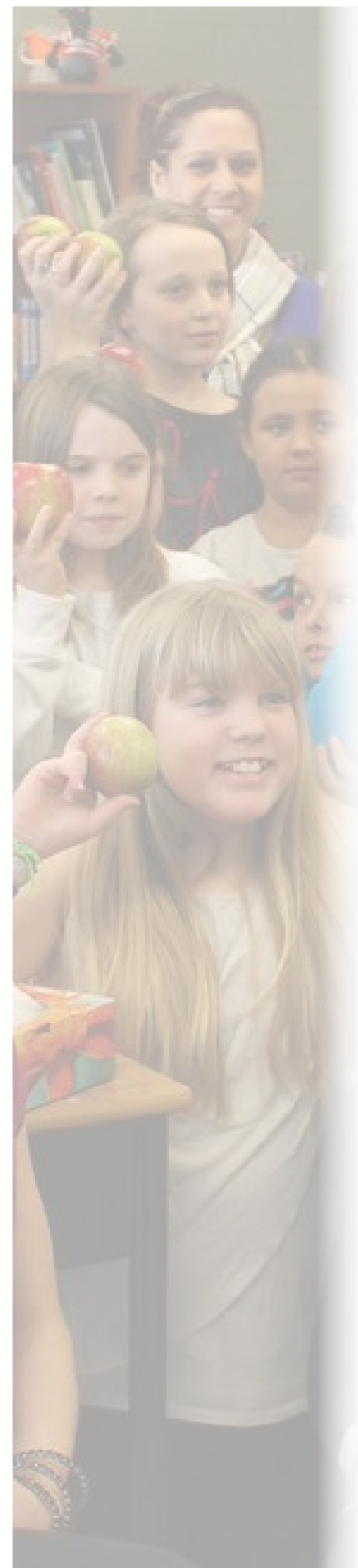
Through the collaborative efforts of government and community organizations, the continued use of tobacco and the emerging patterns of e-cigarette and marijuana use can be better understood and addressed.

## Capacity Building

- Over \$60,000 of physical activity equipment was provided to 47 schools to support increased quality daily physical activity. Through the final year of a partnership with Canadian Tire’s *Active at School* initiative, the *School Health Grant* required school teams (students, teachers, parents) 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
  - develop an action/evaluation plan using the comprehensive school health framework.

The equipment received by schools provided new ways of offering physical activity opportunities for students.

- A new [local food pilot](#), funded by the Department of Agriculture and Fisheries through a “*Food Security and Food Education Program*”, will provide an opportunity for schools to provide fresh, local food within their breakfast, snack, or lunchtime menus. Through a partnership involving the Department of Education, Early Learning and Culture, the Public Schools Branch, the French Language School Board, the Department of Health and Wellness, the PEI Home and School Federation, and the agricultural community, this program will help schools access local food and teach students about its nutritional value, where it comes from, and how it is produced.
- [New school-based health teams](#), including mental health professionals, nurses, youth workers, and occupational therapists, will expand students’ access to supports, reduce wait times, and eliminate barriers to services such as transportation. In response to needs expressed through local District Advisory Councils, the Learning Partners Advisory Council, and the general public,



government is establishing school-based health teams in each family of schools over the next three years. Through a partnership of multiple Departments (Education, Early Learning and Culture, Health and Wellness, Justice and Public Safety, and Family and Human Services) the school-based teams will support the social and emotional development of students as well as their success and academic achievement.



## 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, in partnership with the Department of Education and Early Childhood Development (EECD) 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 connections to other resources in their communities such as Wellness Networks. EECD reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools.

## Leadership

- The Department of Education and Early Childhood launched 10-year education plans for the Anglophone and Francophone sectors which identify objectives for the early learning and education systems and establish clear expectations for standards and performance. The plans were developed with the input of parents, youth, teachers, experts, community, and business leaders. A performance management process will be used to establish objectives and track progress. Before the beginning of each school year, the department will work with school districts and key early childhood partners to develop an implementation plan for each sector which will outline objectives for the year and how goals will be met. In turn, progress will be measured and accountability reports will be completed.

[Everyone at their best](#) is the 10-year plan specific to the Anglophone system. Its priorities include

- Establishing a culture of belonging and valuing diversity
- Ensuring pre-school children develop the competencies they need
- Improving literacy skills
- Improving numeracy skills
- Improving learning in, and application of, the arts, science, trades and technology
- Meeting the needs of First Nation children and youth





- Nurturing healthy values, attitudes and behaviours
- Ensuring learners graduate with fundamental French language proficiencies
- Fostering learner leadership, citizenship and entrepreneurial spirit.

*Donnons à nos enfants une longueur d'avance* (giving our children an edge) is the 10-year plan specific to the Francophone system. Its priorities include

- Career and life readiness
  - Wellness
  - Identity building
  - Citizenship education and diversity
  - First Nations
  - School and life readiness
  - Literacy
  - Numeracy and science, engineering and technology.
- The Department of Agriculture, Aquaculture and Fisheries launched the Local Food and Beverage Strategy which focuses on increasing awareness, availability, and support for the NB Food and Beverage sector. The development of the local food and beverage strategy is the result of collaboration between the department and industry stakeholders including the Agricultural Alliance of New Brunswick, the Conservation Council of New Brunswick, and the National Farmers Union. The Departments of Education and Early Childhood Development; Social Development; Health; and Tourism, Heritage and Culture are also partners in the project.

Key actions in support of school health include

1. Support the Agricultural Alliance of NB to employ an education coordinator to develop age-appropriate information about agriculture, facilitate farm visits and the establishment of school gardens, and support other related activities.

In support of this action, the Agricultural Alliance of NB recently became a member of Agriculture in The Classroom Canada.

2. Evaluate and develop a model for local food procurement in all public schools, aiming for a medium-to-long-term target of 30% local food.

To help advance this action, Co-operation Agri-food NB, made up of non-profit organizations representing farmers and food service providers in public institutions, is in the process of being established. Its primary objective is to have more local food served in public institutions, beginning with school cafeterias. The co-operative will deal with logistical issues such as storage, transportation, and economies of scale that have been barriers in the past. They will be purchasing equipment to facilitate the storage, preservation, and distribution of local food so it can be served throughout the school year.

3. Evaluate the necessary funding to support healthy and local food fundraising in school.

In support of this action, the Agri-food Market Development Program has been



amended to allow for more schools to access funding for this component.

- The Network for Safe Sport and Recreation in New Brunswick (“Network”) was established in May 2016 in partnership between Coach NB and the Department of Tourism, Heritage and Culture (Sport and Recreation Branch). The originating reasons for establishing this Network were in response to strategic actions within the [“Keeping Children and Youth Safe from Harm in New Brunswick” Strategy](#) (November 2015). Specifically, this will attend to the increased need to address concussions in sport and recreation and to continue focus on ethics in sport.

## Knowledge Development and Exchange

- EECD initiated a process to discuss areas of improvement and provide input on ways to promote and support the review and renewal of **Policy 711 – Healthy Food and Nutrition in Public Schools**.
- In May 2017, DSD, in collaboration with its partners the Healthy Eating and Physical Activity Coalition, the Built Environment Working Group, Société Santé et Mieux-être en français du Nouveau-Brunswick, Mouvement Acadien des communautés en santé du Nouveau-Brunswick, New Brunswick Anti-Tobacco Coalition, Fédération des jeunes francophones du Nouveau-Brunswick, the Collaborative for Healthy Aging and Care, the New Brunswick Food Security Action Network, and the Mi’kmaq Wolastoqey Center hosted a provincial Wellness Conference. 302 wellness champions from schools, communities, workplaces, and organizations attended. Focused on the theme of supportive environments, the conference highlighted research and best practices on physical and social environments that contribute to wellness, provided tools & resources related to wellness-supportive environments, showcased promising practices, success stories, and evidence-based practices that sustain wellness-supportive environments in New Brunswick, and provided an opportunity to increase understanding of wellness among diverse cultures.
- DSD, together with EECD through a partnership with the New Brunswick Health Council, administered the Student Wellness Survey with students in Grades 4-5 as well as parents of students in Kindergarten to Grade 5. A total of 206 of 214 schools participated including 3 First Nations Schools.
- The NB Health Council released a document – [Children and Youth in N.B.: Looking Back to Look Forward](#) - that reports on multiyear trends regarding the health of New Brunswick children and youth. The report focuses on four priority areas: improving mental health, achieving healthy weights, preventing injuries, and achieving tobacco-free living. The report also highlights the importance of adequate sleep to improve all four priority areas and overall wellbeing. The final section provides some thoughts on future areas of action to help children and youth and improve our measuring and understanding of data.
- The NB Health Council released an infographic – [When I Don’t Sleep Enough...](#) - on sleep habits of children. Encouraging adequate sleep can have a beneficial effect on the health of children and youth in the priority areas of mental health, healthy weights, injury prevention, and tobacco-free living.
- *The Wellness Movement* continued the Start Your Story theme and took a new approach to sharing inspiring New Brunswick wellness stories. The aim is to focus on the people and places that play a role in creating supportive environments in our homes, communities, schools, and workplaces so that wellness can flourish.

To help raise awareness on what supportive environments for Mental Fitness look like and how they impact wellness, *The Wellness Movement* shared various tools and resources in connection with this topic including A [wellness story infographic](#) highlighting how supportive environments contributed to the success of a Mental Fitness initiative across the District scolaire francophone du Nord-Ouest, where students, teachers and staff were involved in adopting an approach geared towards enhancing mental fitness across the whole District.

- In the Anglophone sector, a new K-5 Physical Education curriculum is currently being piloted with provincial implementation to take place during the 2017-2018 school year.
- In the Anglophone sector, Outdoor Education 110 curriculum is currently being piloted with provincial implementation to take place during the 2017-2018 school year.

## Capacity Building

- Diversity and respect leads have been hired as part of an effort to support a safe, welcoming, and affirming school environment for all New Brunswick students. Diversity and respect leads are teachers specialized in this area. The 15 leads are working in all school districts in both the francophone and Anglophone sectors on issues such as LGBTQ inclusive education, creating welcoming and inclusive environments for newcomer learners and their families, and promoting positive pro-social behaviors.
- Nourishing Minds NB was recently incorporated through the efforts of a number of community partners interested in a common vision to ensure that all children in New Brunswick public schools are well nourished and ready to be their best. Their mission is nourishing children in NB public schools by promoting and supporting food and nutrition programs in partnership with communities, donors, local food producers, and public schools.
- The Integrated Service Delivery (ISD) model received a bronze 2016 IPAC/Deloitte Public Sector Leadership Award for organizations that demonstrate outstanding leadership by improving Canada through advancements in public administration and management. The ISD model is intended to
  - Promote universal collaborative approaches that foster positive mental health perspectives and practices in the school and community contexts
  - Address service delivery gaps in the provision of assessment and intervention services for children and youth with emotional and behavioural disorders through a collaborative team-based approach, and youth, family, and community involvement
  - Enhance system service delivery capacity to respond in a timely, effective, and integrated manner to the strengths, risks, and needs profiles of children, youth, and their families.

## Ontario

Promoting well-being is one of four goals in Ontario's renewed vision for education, [Achieving Excellence](#). Under this goal, Ontario's aim is 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 2016-17, Ontario's Ministry of Education continued the bundled funding introduced in 2015-16 for safe, accepting, and healthy schools and implementation of board mental health strategies. The allocation of \$6.4M is bundled to allow school boards flexibility for better alignment of initiatives and to support school boards' work on promoting well-being.
- Beginning in November 2016 and over the 2016-17 school year, the Ministry of Education reached out across the province to learn more about student well-being and how it is being supported in schools. The ministry heard directly from almost 4500 students, parents, educators, partners and community members. Multiple entry points for engagement were provided, including:
  - nine regional engagement sessions, including three French-language sessions, across Ontario in November and December 2016 with more than 1200 participants;
  - an online engagement portal that used a survey to collect feedback from students, educators, parents, and community organizations (approximately 2000 responses);
  - engagement kits for parents and community organizations;
  - targeted engagements with community organizations; and,
  - ongoing discussions with Indigenous partners and communities to co-develop engagements with First Nations, Métis and Inuit communities on the well-being of Indigenous students.
- [What we heard](#) from the engagements and next steps to be available in fall 2017.
- [Fresh from the Farm](#) is a program that helps schools raise funds by selling Ontario apples, carrots, onions, potatoes and more. Fresh from the Farm is a partnership between the Province of Ontario, Dietitians of Canada and the Ontario Fruit and Vegetable Growers' Association.
  - 2016 was the biggest year yet for the program, as 371 schools collectively raised over \$950,000, of which over \$500,000 was retained for school initiatives. To date, 665 schools participating in Fresh from the Farm have sold almost \$1.7 million in Ontario vegetables and fruit, representing 8.9 million servings of local produce. For every public dollar invested, the program has returned \$4 back into Ontario's economy, while supporting local farmers.
  - For the 2017-18 school year, Fresh from the Farm is being expanded province wide over 5,000 schools. This includes offering the program to 99 First Nation schools.
- Ontario's [Equity and Inclusive Education Strategy \(2009\)](#) aims to help the education community identify and remove discriminatory biases and systemic barriers in order to support student achievement and well-being. Seven EIE Implementation Networks are funded by the ministry to support effective implementation (six English-language regional, one provincial French-language). All 72 district school boards are a member of one of the Networks. The Networks share effective practices, develop new resources, and engage in learning opportunities. 2016-17 Projects included:
  - The National Council of Canadian Muslims provided the workshop "Islamophobia and its Impacts on our Schools and Classrooms", which helped teachers discuss



geopolitical events, negative media narratives, and general stereotypes with their students.

- L'Association des directions et directions adjointes des écoles franco-ontariennes (ADFO), the Ontario Principals' Council (OPC) and the Catholic Principals' Council of Ontario (CPCO) partnered to provide in-depth professional development on implicit biases to school board leaders. A key focus of the sessions was to address racism and intersecting grounds of discrimination (e.g., creed, sexual orientation, gender identity), and racism directed at Indigenous peoples in Ontario schools.
- The Council of Ontario Directors of Education (CODE) supported Directors and Supervisory Officers from school boards across the province to address, through professional learning opportunities and resources, issues of systemic racism within Ontario boards and schools.

## Knowledge Development and Exchange

- The Ministry of Education's [Minister's Parent Involvement Committee Symposium](#) is an annual event that provides the opportunity for parents from across the province to come together to learn, network, and share ideas to enhance parent engagement in support of children's learning and well-being.
  - In 2016, six regional symposia and one provincial French-language symposium were held between April 9 and May 14. Each symposium included keynote speakers, presentations, and resources related to student mental health and well-being.
- The Ministry of Education continues to provide funding through the [Parents Reaching Out \(PRO\) Grants](#) program to school councils and parent involvement committees to support, encourage, and enhance meaningful parent engagement across district school boards. The PRO Grants program supports parents in identifying barriers to parent engagement in their own community, and to find local solutions to involve more parents in support of student achievement and well-being.
  - In 2016-17, over 2,300 PRO grants were awarded - a total investment of approximately \$3.15M. Examples of projects included: workshops on managing stress and anxiety, presentations on healthy eating and physical activity, and sessions on bullying awareness and prevention.

## Capacity Building

- The [School Mental Health ASSIST](#) initiative, initially funded in 2011 by Ontario's Ministry of Education, is a provincial implementation support team that is designed to help all district school boards build system and school capacity to support all students, including those with mental health and addiction needs, through the following:
  - building organizational conditions, such as infrastructure, protocols, and role clarity for effective school mental health;
  - developing a [Life Promotion and Suicide Prevention Framework](#) for school board mental health leadership teams;
  - enhancing staff capacity to support student mental health; and,
  - selecting and implementing evidence-based mental health promotion and prevention programming, with enhanced attention to the needs of specific populations through innovative pilots.







- 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 eating habits.
  - During the 2015-16 school year, the program served over 896,220 school-age children and youth across Ontario and in 63 First Nations communities.
  - In Fall 2016, refreshed [Student Nutrition Program Nutrition Guidelines](#) were released to help program providers in selecting the most nutritious food for programs. The updated guidelines reflect current science and healthy eating recommendations for children and youth and provide helpful information and resources.
  - In March 2017, the Nutrition Resource Centre of the Ontario Public Health Association began working to develop a program resource document to support First Nations Student Nutrition Program providers. The resource document will feature examples of culturally relevant food and activities, reflect sensitivity to the unique challenges of delivering the Student Nutrition Program in First Nations communities, and showcase tips and best practices used in First Nations program sites. The resource will be released during the 2017-18 school year.
- The Ontario [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. Under the 2016-17 YOF, the following health-related projects were funded:
  - Transgender Social Support Services Inc c/o Sudbury Action Centre for Youth - Delivering a project that builds on the success of a proven model or program with a grant of \$400,000 over 48 months to assist transgender youth in accessing services in their communities. It will provide training to youth-serving organizations, teachers, and schools in transgender sensitivity, making Northeastern Ontario communities safer for transgender youth.
  - Hamilton Youth Poets c/o Lynwood Charlton Centre - Delivering a project that builds on the success of a proven model or program with a \$285,600 grant over 36 months to expand its artist residency initiative, teaching spoken words to disengaged and vulnerable students at 12 high schools and seven middle schools in Hamilton. The program will reinvigorate educational spaces, engaging youth in their schools and communities.
  - Academic Youth Success (AYS) c/o Conoser Scholarship Fund Group - Delivering a project at the idea or conceptual stage with a \$190,200 grant over 36 months to provide weekly mentoring opportunities and workshops for racialized and newcomer youth in Toronto. The group will expand peer and youth support networks, empower and inspire youth to continue with high school and post-secondary education, participate in school activities, and become more involved in their communities.



## 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 and is implemented through the work of several government departments responsible for education, prevention and health promotion, and child wellbeing.

## Leadership

- Manitoba's cross-departmental, multi-year Child and Youth Mental Health (CYMH) Strategy continued for the 2016/17 school year. The Strategy provides enhanced mental health supports for whole communities, selective programs for children and youth who need additional supports, and intensive programs for the most vulnerable. Programs supported within the strategy include
  - [PAX](#), a classroom-based, mental health promotion strategy
  - The [COACH](#) program, an intensive, clinical, and off-site academic program that provides year-round support for children and youth with the most complex behavioural, emotional, and mental health challenges
  - [Roots of Empathy](#), an evidence-based program that builds the capacity for children to become caring and compassionate citizens
  - High Fidelity Wraparound, an evidence-based process for integrating multiple systems to create a single, strengths-based, highly individualized plan for children and youth with complex behavioural, emotional, and mental health needs.
- Manitoba Health, Seniors and Active Living continued to support the [Premier's Healthy Living Award for Youth](#). Ten Grade 12 students were honoured this year from schools across the province for their outstanding healthy living contributions to their school communities and for serving as positive role models for other children and youth. A \$500 bursary was provided to all award recipients.

## Knowledge Development and Exchange

- A [Fentanyl Information Package](#) developed in collaboration with the Addictions Foundation of Manitoba was distributed to schools in December 2016 by Manitoba Health, Seniors and Active Living and Manitoba Education and Training.
- In February 2017, Safe Schools Manitoba hosted [Shared Leadership: The Pathway to Mental Health and Well-Being](#). The conference brought together representatives from the K-12 and post-secondary systems, provincial education associations, government, regional health authorities, community agencies, business, and students to foster a collaborative approach to student mental health and wellbeing. Safe Schools Manitoba is a partnership initiative of organizations committed to working together to enhance the safety of Manitoba's schools and communities.
- In April 2017, The [Educating for ACTION: Our Human Rights Journey Conference](#) was hosted by the Manitoba Association of School Superintendents (MASS) in partnership with the Manitoba Teachers' Society. At this event national, provincial, and local expert voices spoke on human rights and the importance of teaching and learning methods required to embed a widespread commitment to human rights in society now and for the future.
- In the spring of 2017, Manitoba provided a grant for a [Youth Against Mental Illness Stigma](#) (YAMIS) event, which was planned and hosted by the student-initiated and student-led Peace of Mind 204 (PoM). At YAMIS events, students share their experiences with mental health and challenges with mental illness through stories, poetry, or music. The students work with teachers and school administrators to raise awareness about mental health, erase mental health stigma, and encourage those



struggling with a mental illness to get help.

- Manitoba continues to support a [youth suicide prevention website](#) for educators, school administrators, parents, and students. The site provides a Manitoba program directory, resources, and links to related sites and information that can be used in schools to help promote positive mental health and prevent suicide. A webinar series on issues of importance to youth suicide prevention planning and intervention is included in this site.

## Capacity Building

- Manitoba government continued supports for the [Rec and Read Mentorship Program \(RRMP\)](#). This internationally recognized program is guided by an Indigenous-based framework called the [Circle of Courage](#) designed to promote a strong, resilient, and healthy child rather than specifically focusing on diet and exercise. Students from high school and university work together to deliver after-school programs to early years' students. The RRMP uses a social determinants of health approach to programming and considers the following elements:
  - Education and employment training
  - Supportive social networks and social environments
  - Safe physical activity environments
  - Healthy child development
  - Indigenous cultural revitalization
- In 2016/17 the Winnipeg Regional Health Authority (WRHA) Mental Health Promotion program in partnership with the Louis Riel School Division worked directly with 10 schools in the division on a Mental Health Promotion Planning process. Drawing upon the existing tools and resources developed by the JCSH, the health authority staff and school action teams worked collaboratively to assess, plan, implement, and evaluate a whole-school based approach to mental health promotion. Health and Education working together on this capacity building project has realized many benefits including a shared and enhanced understanding of a whole school health approach to mental health and well-being. Through this work, school level mental health promotion plans have been developed that can be reviewed and built upon each year.
- Annual funding is being provided to the [Rainbow Resource Centre](#) to support a School LGBT2SQ\* Equity and Inclusion Coordinator. This position provides education, resources, and consultation support to schools to develop and implement equity and inclusion policies.
- The Manitoba Healthy Schools Initiative continued to provide annual funding through the healthy schools grant to school divisions, independent, and First Nation schools in order to support health promotion activities and build healthy school communities. Manitoba students benefit from grants that are used to increase opportunities for physical activity, positive mental health, and nutrition supports in schools.
- Manitoba continues to support youth-friendly primary health and mental health care through its network of 37 [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, LGBT2SQ positive, and harm reduction perspective.

- Manitoba supports [Teen Talk](#) , a Youth Health Education Program of Klinik Community Health that provides services for youth from a harm reduction, prevention education perspective. Focusing on sexuality, reproductive health, body image, substance use awareness, mental health, issues of diversity, and anti-violence issues, Teen Talk adheres to the belief that by providing youth with accurate, non-judgmental information they can make healthier decisions and choices for themselves.
- In 2016/17, Healthy Schools continued to provide funding to support the implementation of the Body Positive program as a pilot. Body Positive was developed locally to address weight preoccupation and poor body image among youth by creating a school community that acknowledges that all body shapes and sizes should be respected using an evidence based, peer-led, and supported approach.
- The [Students Working Against Tobacco \(SWAT\)](#) program saw increased participation from First Nations Schools in 2016/17 as well as expansion into central Winnipeg. The students trained in Winnipeg will be leading the expansion of SWAT into other central Winnipeg schools in 2017/18.
- In 2016/17, Review and Rate, a fun, educational, and interactive school program for Manitoba youth to help students stay tobacco-free or quit, ran in schools across the province for its 13th year. The program had an overwhelming winner, with Warm Heart from Thailand receiving 62% of the total of 14,465 votes that were cast.

## Saskatchewan

In Saskatchewan, the ministries of Education and Health are committed to using a Comprehensive School Community Health (CSCH) approach to help guide and coordinate government actions and encourage strong family, school, and community partnerships to improve student success and well-being.

Aligning with Saskatchewan's priorities, the CSCH approach promotes collaborative action for the enhancement of student learning, skill development, academic achievement, and reduced absenteeism. CSCH principles contribute to better population health and support children and youth to become physically, mentally, spiritually, and emotionally healthy.

This approach focuses on creating opportunities for children and youth to experience healthy, supportive, and equitable learning environments where all students feel safe, cared for, and respected.

## Leadership

- The Ministry of Education is committed to enhancing relationships and authentic engagement with First Nations and Métis Elders. Increased collaboration and engagement between First Nations and Métis Elders and the ministry is critical to improving student achievement and graduation rates for all Saskatchewan students. The Ministry of Education's internal policy serves as a guide for process and protocols when First Nations or Métis Elders, Traditional Knowledge Keepers, and Elders' Helpers are invited to participate in ceremonies, meetings, events, and other programming.





## Knowledge Development and Exchange

- In response to the Truth and Reconciliation Calls to Action, the Ministry of Education has developed a new online resource to support educators in learning and teaching about the legacy of residential schools and reconciliation called “Supporting Reconciliation in Saskatchewan Schools.” The site, accessible through the [Saskatchewan Curriculum](#) website, was developed using feedback from Elders, the Office of the Treaty Commissioner, and other educational stakeholders and will evolve over time through ongoing collaboration with these partners. The purpose of this website is to
  - coordinate existing public resources into one easy-to-use location for teachers
  - promote online and in-person professional development opportunities
  - offer tools and learning resources that will help facilitate truth and reconciliation conversations among school staff, parents, and students
  - provide a collaborative platform for educational professionals to engage in province-wide discussions and to work on joint initiatives that support reconciliation
  - highlight Saskatchewan-made resources and projects to inspire others to act.
- The ministries of Education and Health have developed an e-Newsletter for stakeholders throughout the province to raise awareness, understanding, and support of Comprehensive School Community Health. The [Comprehensive School Community Health e-Newsletter](#) is distributed three times a year, with each edition providing local, provincial, and national CSH stories and information, resources, and educational opportunities that can assist in improving student well-being and the school environment.

## Capacity Building

- The Ministry of Education’s [2016-17 Student First Anti-Bullying Forum](#), *Our School Includes Everyone*, focused on positive and supportive school climates and provided flexible opportunities for group facilitators to address various topics related to safety, positive relationships, and student mental well-being. The forum’s resource package is designed for students in Grades 6 – 12 and includes keynote videos from three young First Nations leaders. These videos emphasize that all students matter and that students can contribute to safe, respectful, and inclusive environments by supporting one another.
- Through the *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, the ministries of Health and Education have allocated funding towards [Mental Health First Aid](#) (MHFA) training to increase regional health authority and school division capacity regarding mental health awareness and supports. Through this training, educators and school staff learn how to recognize the signs and symptoms of mental health and addiction problems in students, provide students with initial help (e.g., assess the risk for harm, listen nonjudgmentally, give assurance), and encourage students to seek professional help or other supports.
- The [Cost of Healthy Meals and Snacks for Children and Youth in Saskatchewan 2015](#) was created by the Public Health Nutritionists of Saskatchewan to support childcare facilities, schools, and community organizations to budget for child

nutrition programs. The document is based on the [2015 Cost of Healthy Eating in Saskatchewan](#) report and aligns with provincial nutrition standards for childcare settings and schools. Planning for the cost of healthy food helps to ensure that quality food is available in meal and snack programs to support the health, well-being, and educational outcomes of children and youth.

## Alberta

The Alberta Government is committed to ensuring that all Alberta children and students have access to quality education that enriches their lives, prepares them for flexible careers in a diversified economy, and prepares them for success by giving them all the skills and tools they need to be positive role models in their communities. The education system will deliver curriculum that enables equitable, inclusive, and accessible learning opportunities for all Alberta children and students. The Government of Alberta is also committed to a stable, accountable, high quality, and sustainable health system that emphasizes and supports Alberta's children to stay healthy and well. Together through joint Education and Health initiatives, Alberta school communities will have improved student health and learning outcomes.

As of 2016-2017, the Government of Alberta has supported the implementation of comprehensive school health (CSH) through CSH enabling grants:

- The Alberta Healthy School Community Wellness Fund: supported a total of 1800 schools with seed funding from 2007 to 2017.
- Ever Active Schools: in 2016-2017 worked directly with over 1100 schools through professional learning, assisting with completion of the Joint Consortium for School Health's Healthy School Planner, projects, and resources.
- APPLE Schools Foundation: provision of maintenance support in 51 existing APPLE schools. This year 12 new APPLE Schools were initiated in the province. These new schools are supported with funding from the Public Health Agency of Canada and Alberta philanthropists.

## Leadership

### Alberta Education

- Education's curriculum review: The Government of Alberta is working to ensure that provincial curriculum continues to give all students the best possible start in life and helps them meet the demands of living in the 21st century. This will facilitate every Albertan to have the skills they need to secure rewarding careers in a changing economy, and good jobs begin with good education.
- In 2016, Education began the process to develop new curriculum in six subject areas, including wellness-related programs of study. This work will take place over the next six years and supports the move to a shorter development cycle helping to ensure curriculum remains current and relevant. It will also allow us to build better connections across subjects and include First Nations, Métis, Inuit, and Francophone content.
- The development of learning outcomes in the six subject areas will begin in fall 2017, with a focus on completing the development of Kindergarten to Grade Four curriculum by December 2018. The cycle of developing learning outcomes and validating them continues through to December 2022, which is the target to complete development of the six subject areas to Grade 12. Dates for implementation of the new curriculum have not yet been set. Additional





information about the curriculum process and updates are available [on the Alberta Education website](#).

#### Alberta Healthy School Community Wellness Fund

- In 2016-2017, the funding provided by the [Alberta Healthy School Community Wellness Fund](#) facilitated an increasing presence of wellness and comprehensive school health inclusion in three-year plans and jurisdiction strategic documents. Many of the funded projects collaborated across school division departments and involved multiple school division Leader Steering Committee members in the decision making, recognizing the importance of developing common language. Two examples are the recent goals and strategic plans of the [Parkland School Division Number 70](#) and [Elk Island Catholic Schools' District Education Plan Priorities](#).

#### Ever Active Schools – Shaping the Future 2018: Pan-Canadian School Health Summit

- Ever Active Schools (EAS), an Alberta provincial initiative, has been hosting the Shaping the Future conference every year for the past eight years with an average of 450 delegates attending each year. Given the success of this event, in 2016-2017, EAS, in partnership with OPHEA from Ontario, DASH BC from British Columbia, Saskatchewan In Motion, the Joint Consortium for School Health, and Physical and Health Education Canada began planning a [Pan-Canadian School Health Summit](#) to provide an opportunity to amplify the importance of wellness in schools across Canada and coordinate action across jurisdictions. This Summit will build upon other jurisdictional and national events to continue the conversation on positive, inspiring, and evidence-based initiatives occurring across Canada. Leaders in education, health, active living, research, and policy will gather from across the country to contribute to shared work and build a network of support for healthy school communities.

#### University of Calgary's Werklund School of Education's Creating Healthy School Communities course EDUC 551

- Recognizing the vital role that post-secondary education plays in the preparedness of teachers to teach health, model wellbeing, and contribute to a healthy school community, the [Werklund School of Education](#) announced in November 2016 the development of *Creating Healthy School Communities* course, [EDUC 551](#). This course is the first in Canada to be a degree requirement, and will be mandatory for all Bachelor of Education (BEd) students at the University in Calgary, starting in Winter 2018.

Ever Active Schools was a collaborative partner in the development of the comprehensive school health course content and was instrumental in the creation of an Action Plan Tool Kit, specifically designed for this course. The tool kit will promote the use of the Joint Consortium for School Health's [Healthy School Planner](#). Every BEd student will gain hands-on experience using the Healthy School Planner during his/her comprehensive school health teaching experiences in Alberta schools, which will also help to promote the use of the *Healthy School Planner* in Alberta schools.

## Knowledge Development and Exchange

#### Ever Active Schools and First Nations, Métis and Inuit School Communities

- In 2016-2017, Ever Active Schools directly supported 22 First Nations and Métis school communities in Alberta through innovative community-driven projects, professional learning, and healthy school policy creation. Professional development opportunities, such as the [Resiliency Workshop](#) held at [Shaping the Future 2017](#)

[Conference](#), indirectly supported 33 FNMI school communities. These communities are active partners for achieving wellness. An excellent example is the Kainai Board of Education's (KBE) recent release of its [Wellness Policy](#) and supporting [handbook](#). The goal of the KBE Wellness Policy is to support the health of the whole person, giving students and staff tools they need to be successful at school, to promote wellness in their own families, and to live healthy, disease-free lives.

- In 2016-2017, the [Alberta Health School Community Wellness Fund](#) produced two documents highlighting the importance around school connection, graduation, and impacts of wellness funding on social emotional factors including bullying, relationships, belonging, and efforts. The first document, [Our Impacts](#), reports on Alberta Education's [Tell Them from Me](#) (TTFM) survey data, indicating that adopting a comprehensive school health framework shows positive impacts on school climate in AHCSWF projects. The second document, [Associations Between School Connectedness and Student's Academic Expectations for the Future](#), a summary report, presents significant statistical associations between school connectedness and students' academic expectations for the future. The data for the analysis were also obtained from TTFM, representing approximately 800 schools from 28 school districts across the province over a five-year period (2009-2014).

## Capacity Building

### Education

- School Nutrition Program – Alberta's school nutrition program was first rolled out in 2016-2017 with \$3.5 million in funding to 14 school boards. More than 5,000 students in 33 schools have been receiving a nutritious meal or snack each day. [Premier Rachel Notley](#) recently announced that the Alberta Government continues its commitment to phase in a targeted school nutrition program for elementary students from Kindergarten to Grade 6 in the province. Phase 2 will see this program expanded to every school board in the 2017/18 school year, thanks to an additional \$10 million from Budget 2017. While planning for innovation, sustainability, and capacity building, school authorities will use this funding to support students with the greatest need. School boards must demonstrate how their program adheres to the [Alberta Nutrition Guidelines for Children and Youth](#) and are required to include a nutrition education component as part of the program. Alberta Education continues to evaluate the initial rollout of the program and will be using that to inform decisions for the next phase.

### Ever Active Schools and SHAPE Alberta

- Ever Active Schools has existing relationships with all 61 school jurisdictions and has recently built a formal partnership with [SHAPE Alberta](#) to have Active Transportation and School Travel Planning become an EAS initiative. This new alignment will increase the reach, impact, and implementation of school active transportation initiatives around Alberta. Through a comprehensive school health approach, active transportation is a powerful initiative to increase a child's physical activity, reduce anxiety, increase ability to learn, and create a sense of community. Active transportation also has many social benefits and supports a healthy environment. Walking School Buses is one example that is gaining more support from school communities, school councils, and school jurisdictions as a contributor to a healthy school community.

### Ever Active Schools and *Don't Walk in the Hallway*

- Ever Active School's [Don't Walk in the Hallway](#) is a resource that promotes changing passive environments into active environments. Recognizing the importance of



promoting healthy learning environments, these hallway decals offer a way to modify school spaces, helping to activate both students and staff. To date, over 250 schools in Alberta have put this resource to use in their school environments to provide cues, nudges, and incentives that are influencing movement behaviour. Hear first-hand how [one school](#) has implemented this resource and see it in action.

#### Alberta Healthy School Community Wellness Fund (AHSCWF)

- In 2016-2017 the [Alberta Healthy School Community Wellness Fund](#) saw a large increase on the focus of professional development, especially in the area of positive mental health. As an example, in February, 2017, Wolf Creek Public School hosted a health and wellness conference for staff and students. In addition, this same school has developed a [Health in Action Project](#). This project is a partnership between Wolf Creek Public Schools and [Alberta Health Services' Comprehensive School Health Program](#). The Health in Action Project aims to improve the health and wellness of all school communities in Wolf Creek by addressing, supporting, and promoting the importance of comprehensive school health.

In 2016-2017, the AHSCWF also supported a number of school districts to develop mental health strategic plans. Two examples are [Grand Yellowhead Public School Division](#) and [Edmonton Catholic School Division](#).

#### APPLE Schools Foundation – Alberta Project Promoting active Living and healthy Eating – APPLE Schools

- In 2016, the Government of Alberta provided a one-time, one-year grant to the APPLE Schools Foundation to support 51 existing [APPLE School](#) communities in their maintenance phase of supporting comprehensive school health. In this maintenance phase, an APPLE School Health Mentor works with a volunteer School Health Champion, who may be a teacher, parents, support staff, or community members, to facilitate a proactive, community-driven approach which connects evidence, policy, and practices in all aspects of the project, ensuring each school achieves measurable outcomes.

The School Health Mentors are dedicated to promote the development, review, and revision of autonomous school action plans for wellness. The action plans outline how a school will support comprehensive school health within their specific community.

Action plans support student-related activities such as improved physical activity opportunities (e.g., paying for fees to bring in lacrosse experts and equipment), nutrition activities connected to the [Alberta Nutrition Guidelines for Children and Youth](#) (e.g. taste testing to expand vegetable and fruit preferences), and/or link to curriculum or mental health (e.g. hosting a WE day, or mental health fair). Other activities may have a focus on engagement of parents with activity nights, cooking classes to prepare low-cost nutritious meals, or education nights related to mental health concerns (e.g., developing a bullying policy for the school).

In April 2016 the APPLE Schools Foundation was a recipient of funding from the Public Health Agency of Canada's (PHAC) partnership projects under the Government of Canada's [Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease](#) program. With the PHAC and matched philanthropic funding, APPLE Schools will receive a total investment of over \$4.5 million over six years. This funding has facilitated the APPLE Schools program to be delivered to an additional 12 schools. As of September 2016, APPLE Schools will be operating in a total of 63 remote northern Alberta communities.

# British Columbia

Introduced in 2011, [Healthy Schools BC](#) is a key initiative under the Province's broader health promotion strategy, supporting health, education, students, and community partners to work together to create healthier schools using a [Comprehensive School Health](#) approach. Components of Healthy Schools BC include strengthening cross-sector partnerships, meaningful student engagement, coordination of existing school-based healthy living programs, and development of new tools and resources to support improvements in students' health and learning. The initiative supports the long term goals of the [BC's Education Plan](#) and [BC's Guiding Framework for Public Health](#), and involves a partnership between the BC Ministries of Health and Education, DASH BC, health authorities, education partners, and other key stakeholders. The Ministry of Tourism, Arts and Culture also supports school-based initiatives, which complement and align with the work of Healthy Schools BC.



## Leadership

- In September 2016, the Minister of Education [announced](#) that all Boards of Education and Independent School Authorities are required to ensure their school codes of conduct and anti-bullying policies are inclusive of sexual orientation and gender identity (SOGI).
- In October 2016, the Ministry of Education's [Expect Respect and a Safe Education \(ERASE\)](#) strategy was the recipient of the Premier's Innovation and Excellence Award in the Partnership category.
- In October 2016, the Ministry of Education hosted provincial SOGI Policy and SOGI Education Leadership Summits to provide guidance on SOGI-inclusive policy development and competency, training school district staff, educators and administrators.
- The Ministries of Education and Health continued to collaborate with K-12 education partners and education professionals to identify key issues for improving school based mental health and wellness. A number of opportunities to positively influence these determinants have been identified:
  - Linking complementary activities and initiatives
  - Supporting education sector stakeholders to more effectively utilize population-level data for planning purposes
  - Identifying resources to support student mental health-related competencies as defined through the new [B.C. Physical and Health Education curriculum](#).
- [B.C.'s New Curriculum](#) was launched in Kindergarten to Grade 9 classrooms across the province in the 2016/17 school year. This included new [Physical and Health Education \(PHE\)](#) curriculum, which aims to empower students to develop a personalized understanding of what healthy living means to them as individuals and members of society in the 21st century. The PHE curriculum focuses on well-being – the connections between physical, intellectual, mental, and social health – and was informed by contributions from the Ministries of Education; Health; Tourism, Arts and Culture; and Children and Family Development; regional health authorities; and several provincial non-governmental organizations. The curriculum for grades 10 to 12 was trialed in select schools during the 2016/17 school year.
- B.C.'s New Curriculum incorporated the [First Peoples Principles of Learning](#), developed through a partnership between the [First Nations Education Steering Committee](#) and

the Ministry of Education. These are generally recognized as relating to many of the more commonly held perspectives on education by the First Peoples in British Columbia, and support cultural safety and inclusion for First Nations students.

## Knowledge Development and Exchange

- In partnership with the ARC Foundation and in collaboration with the SOGI working group, the Ministry of Education created a policy guide that identifies 10 best practices for supporting diverse sexual orientations, gender identities and expressions. This policy guide is available in English and French and is hosted on the [SOGI 1 2 3 website](#).
- The Ministries of Education and Health, the First Nations Health Council and other provincial ministries participated in regional sessions to hear from First Nations on priority areas of concern and needed supports. Feedback from these sessions helped inform the development of Ministry Service Plans and current and future provincial strategies.
- The [Human Early Learning Partnership \(HELP\)](#) at the University of British Columbia released the [2016 B.C. Early Development Instrument \(EDI\)](#) wave 6 data. EDI results allow for assessment of school readiness for young children across the province as pertaining to five developmental domains. Trends highlight an ongoing concern regarding overall vulnerability levels of kindergarten aged children in B.C., in particular with reference to emotional maturity and social competence.
- The [After School Sport and Arts Initiative \(ASSAI\)](#), administered by DASH BC, continues to explore the impacts of after school sport and arts programs on child and youth development. Key themes include: after school programs support the development of positive school culture, improving accessibility also improves equity, and diverse, quality programming enhances participant experiences.
  - The [After School for All!](#) Guide was created based on learnings from the ASSAI and highlights key features of successful after school programs.
- The B.C. School Centered Mental Health Coalition, in partnership with the BC Children's Hospital Health Literacy Team, co-led the 7th annual Summer Institute for Promoting Mental Wellness in B.C. School Communities.
- The McCreary Centre Society released
  - [Blunt Talk: Harms associated with early and frequent marijuana use among BC youth](#), based on further analysis of the 2013 BC Adolescent Health Survey of 30,000 students in Grades 7-12. It provides a snapshot of marijuana use among BC youth, identifies where use is linked to negative consequences and creates a baseline description of young people's marijuana use prior to upcoming changes in legislation. This report is a companion report to [How Many is Too Many for BC Youth](#), which described levels and patterns of alcohol consumption among students in Grade 7-12, and identified alcohol-specific risk and protective factors.
  - [School-based interventions to reduce health disparities among LGBTQ youth: Considering the evidence](#), a joint report from the Society and SARAVYC (UBC). This report showed how LGBTQ support programs in schools could reduce suicide attempts, binge drinking and other health risk behaviours among students.

## Capacity Building

- The Expect Respect and a Safe Education (ERASE) strategy introduced new training sessions on Digital Threat Assessment and Traumatic Event Systems, and surpassed

the milestone of successfully delivering over 250 training sessions to over 16,000 educators and community partners.

- The Ministries of Education and Health and the ARC Foundation developed SOGI instructional samples for teachers (available at the [SOGI 1 2 3 website](#) and <http://teachbc.bctf.ca/>).
- The Ministries of Health and Education collaborated with the JW McConnell Family Foundation, DASH BC and other key partners to develop instructional samples to support teachers in delivering mental well-being components of the new K-9 provincial curriculum.
- The Ministry of Education and Safer Schools Together piloted mental health and trauma informed training sessions for classroom teachers, and social media awareness and online safety education sessions for parents.
- In consultation with ministry and education partners, the Ministry of Education developed a cyberbullying action plan, which includes actions to prevent mental health issues related to cyberbullying.
- The [Action Schools! BC](#) program was updated to reflect changes to B.C.'s education system and integrate a comprehensive school health approach. Updates to the program were informed by an independent panel of relevant Canadian experts in research and practice, current research and user feedback, and include
  - Strong alignment with the new B.C. education curriculum approaches, competencies and content, including a holistic view of health and making connections to mental well-being.
  - Increased support for schools through a network of regional staff who provide community connections, on-going support for developing and implementing action plans, and educator workshop and mentorship opportunities (focused on physical literacy and food literacy).
  - Greater choice and customization of program delivery, instruction methods, resources, and equipment.
  - New and updated [resources](#) that bring the Physical and Health Education curriculum to life, through links to the new curriculum, comprehensive school health, the First Peoples' Principles of Learning, and connections to mental well-being.
- [Healthy Schools BC Regional Grants](#) were distributed in June 2017 to support school districts and groups of First Nations and independent schools identify, address and assess priorities in mental well-being through strengthening partnerships within the health and education sectors, and with community partners. The grants are supported through collaboration between the Ministries of Health and Education, DASH BC, the JW McConnell Foundation and other key partners.
- [The HIGH FIVE® Principles of Healthy Child Development](#) course was adapted to tailor HIGH FIVE® training to leaders of children's arts programs, and made available across Canada.
- The JW McConnell foundation continued their work on the [WellAhead](#) initiative in B.C. by providing support to four districts who had participated in the 2015/16. The initiative is designed to advance student well-being while also focusing on enhancing and amplifying existing efforts in B.C. in collaboration with organizations and leaders in the province.





- The [BC School Fruit and Vegetable Nutritional Program](#) expanded the [+Milk](#) option (offered in partnership with the BC Dairy Association), providing milk or soy beverage to students in kindergarten through Grade 5.
- The [BC FRIENDS](#) program delivered 50 teacher trainings throughout B.C. during the 2016/17 school year, responding to renewed interest in districts and independent schools as a result of the program's alignment with B.C.'s new curriculum.

## 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

- Health Canada amended the Tobacco Act in March 2017 to prohibit menthol in cigarettes, blunt wraps (tobacco leaves for rolling), and most cigars to make them [less appealing](#) to youth. The prohibition will come into force in October 2017 and will expand the tobacco flavour additive restrictions to 95% of the entire tobacco market in Canada. Preventing initiation of tobacco use by youth is one of the most effective means of reducing lifetime tobacco use.
- Following a commitment that the Government of Canada made in November 2015 to introduce plain and standardized [packaging requirements](#) for tobacco products, Health Canada launched a consultation in May 2016 seeking comments from the general public and interested parties on potential regulatory measures being considered to implement these measures under the Tobacco Act. Since the promotion of tobacco through packages and products is particularly effective in adolescence and young adulthood, when brand loyalty and smoking behavior are beginning to be established, a plain and standardized appearance is expected to reduce the appeal of tobacco packages and products, particularly among young people.
- The Public Health Agency of Canada (PHAC) Innovation Strategy is a national program that funds the delivery and testing of evidence-based population health interventions. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice.
- Support and programming for children, youth, and their families to achieve healthier weights and positive mental health and wellbeing throughout life are priorities for the IS. For example, a project led by the Bridge Youth & Family Services, [Healthy Together](#), promotes healthier weights among children, youth, and their families. In 2016/2017, *Healthy Together* was implemented in a variety of sites, including schools, in eight provinces/territories. The program's weekly sessions seek to change attitudes surrounding healthy eating, physical activity, and relationships through group learning, fun physical activities, and hands-on experience with cooking healthy foods.
- Sport Canada continues to work collaboratively with the [Aboriginal Sport Circle \(ASC\)](#) to ensure the organization has the capacity to provide a leadership role on Indigenous sport. Budget 2017 proposes to invest \$18.9 million over five years, starting in 2017–2018, and ongoing funding of \$5.5 million every four years thereafter, to support Indigenous youth and sport initiatives. This investment will increase support for culturally relevant sport programming, strengthen Indigenous sport leadership through the ASC, and establish stable, ongoing funding for the North American Indigenous Games.

## Knowledge Development and Exchange

- The Public Health Agency of Canada recently developed a new plain-language resource for Canadian youth. A vaccination guide for teens, "[Teens meet Vaccines](#)", was launched at the Canadian Immunization Conference in December 2016. This booklet was focus-tested on youth 12 – 18 years of age and covers a wide range of vaccination facts of interest to teens. The objective of this product is to support young adults in healthy decision-making by giving them reliable information to help protect themselves from vaccine preventable diseases.
- Health Canada's [Substance Use and Addictions Program](#) (SUAP) provides \$26.3 million annually to support evidence-informed and innovative initiatives across the health care continuum for substance use prevention and treatment. In 2016-17, SUAP funded 13 school-based prevention projects. One of these projects is the [COMPASS study](#) out of the *University of Waterloo*, which collected student and school-level data pertaining to substance use and other risk factors. This is the only ongoing longitudinal substance use data among youth in Canada, which examines how changes to certain emerging provincial or federal programs, policies, or resources impact youth over time. Participating schools receive school health profiles that help increase awareness, understand findings, and direct them to resources and evidence-based recommendations derived from the previous and ongoing COMPASS project. These can be used to inform and guide their school-based prevention activities.
- After three years of development, Statistics Canada launched the pilot test for the [Canadian Health Survey on Children and Youth](#) (CHSCY) in October 2016 and completed data collection in December 2016. The pilot test was very successful in a number of areas, including testing questionnaire content, online data collection systems, and proving the overall feasibility of the CHSCY approach. During the CHSCY interview, respondents were also offered the opportunity to participate in a follow-up study that began in March 2017 where they would wear pedometers for seven days to study their physical activity. Data collection for the pedometer study finished in May 2017 and Statistics Canada is preparing the data for release late fall 2017.
- Statistics Canada also produced the following analytical products: [Associations between breastfeeding](#) and select health outcomes for off-reserve First Nations, Métis, and Inuit children in Canada; [Living arrangements](#) of Aboriginal children aged 14 and under; and the [Girl Child](#) (chapter of Women in Canada).
- In 2016, the Public Health Agency of Canada funded a range of new and innovative projects through its Family Violence Investment. These projects are helping to build the evidence base of new approaches that equip survivors of violence with skills, knowledge, and capacity to improve their health. The Knowledge Hub project connects and enhances the work of all the community-based family violence prevention projects funded through the Public Health Agency of Canada. The [Knowledge Hub](#) facilitates collaboration among practitioners, hosts a web platform to share knowledge publicly, and identifies common ways to measure the effects of projects. The project is led by the Centre for Research and Education on Violence Against Women, which has extensive expertise and leadership in community-level initiatives to address violence.

## Capacity Building

- In 2016, the Family Violence Investment funded the following projects, which focus on children and youth:

- The [Sheldon Kennedy Child Advocacy Centre](#) is developing a public health training program on the links between child maltreatment, brain development, substance use, and mental health from a trauma-informed perspective. This tool will help service providers working in interdisciplinary child advocacy centres and community organizations work more safely and effectively with children who have experienced child abuse.
- [Covenant House](#) is delivering a peer support program for youth between the ages of 16 and 24 years old who have experienced sexual exploitation and homelessness.
- The [Boys and Girls Clubs](#) of Canada is developing and delivering a trauma-informed sport and recreation program for vulnerable children and youth. This intervention will help to improve health outcomes for survivors of family violence in a fun, engaging, and developmentally-appropriate way.
- The [BOOST Child and Youth Advocacy Centre](#) is delivering a dance-based intervention to youth who have experienced child maltreatment or exposure to intimate partner violence, to help participants reconnect with their bodies and reduce trauma symptoms.
- The [Kawartha Sexual Assault Centre's](#) project aims to build resilience and life skills in young women aged 13-18 years who are survivors of child maltreatment through participation in expressive workshops and equine-assisted learning.
- The [University of Western Ontario](#) is implementing a mindfulness-informed, evidence-based social and emotional learning intervention to kindergarten-aged children in schools and community settings. The project builds on *MindUp*, which is a universal school and mindfulness-based education program that incorporates social-emotional learning to help children build their resilience.
- The [University of Western Ontario](#) is implementing an innovative mental health tool that assesses the health needs of children between the ages of 4 to 18 years old that have been exposed to domestic violence and abuse, and then develops health interventions that are both evidence-informed and community-based.

## Moving Forward

Comprehensive school health is no longer a new concept in school communities in Canada. Because of the work of the provinces and territories in thousands of schools throughout the country, the links of health/well-being with education outcomes are recognized and championed. New steps in the work of the Ministries of Health and Education in the 12 member provinces and territories include how to implement comprehensive school health in ways that resonate with the myriad of contexts and the unique opportunities and challenges that each school community experiences in each part of the country. The reports above give evidence to the commitment to all children and youth by these two sectors, so that school success becomes multi-faceted, encompassing whole child and whole school.

In 2017-18, we will continue to maintain connections and make new ones with research, policy, and practice leaders in school health in Canada. In this way, JCSH maintains its commitment to bridging these essential links to health and education for children and youth. As this annual report goes to print, the Consortium continues work with these stakeholders in three areas: release of our newly-revised Positive Mental Health Toolkit; strengthened inclusiveness initiatives to support health/well-being and education in diverse populations, including Indigenous peoples and those in northern regions; and

the next research and dissemination pieces for our work on the Core Indicators Model 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 2015-2020

## 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 JCSH

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.

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 Agreement<sup>8</sup>.

## **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.

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:

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

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 to this Agreement 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 JCSH 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.

9.7 The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 7 (withdrawal) and 8 (funding).

### ***Evaluation***

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

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<sup>8</sup>See Schedule 1.



## 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	4,216,875	15%	\$2,000	\$34,551	\$36,551
BC	4,703,939	17%	\$2,000	\$38,542	\$40,542
MB	1,298,591	5%	\$2,000	\$10,640	\$12,640
NB	754,164	3%	\$2,000	\$6,179	\$8,179
NL	528,190	2%	\$2,000	\$4,328	\$6,328
NT	44,253	0%	\$2,000	\$0	\$2,000
NS	945,121	3%	\$2,000	\$7,744	\$9,744
NU	37,026	0%	\$2,000	\$0	\$2,000
ON	13,850,090	50%	\$2,000	\$113,482	\$115,482
PE	146,679	1%	\$2,000	\$1,202	\$3,202
SK	1,138,879	4%	\$2,000	\$9,332	\$11,332
YK	37,288	0%	\$2,000	\$0	\$2,000
<b>Federal</b>					\$250,000
<b>Totals</b>	<b>27,701,095</b>	<b>100%</b>	<b>\$ 24,000</b>	<b>\$ 226,000</b>	<b>\$ 500,000</b>

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

For The Year Ended March 31, 2017

Revenue	2017	2016
Membership Fees	\$250,000	\$250,000
Public Health Agency of Canada	\$250,000	\$250,000
Other Revenue	\$1,047	\$544
<b>Total</b>	<b>\$501,047</b>	<b>\$500,544</b>
Expenses		
Knowledge Development and Exchange	\$42,004	\$46,159
Leadership	\$43,087	\$36,631
Capacity Building	\$17,523	\$41,150
Monitoring, Evaluation and Accountability	\$34,200	\$8,618
Operations	\$317,847	\$309,719
<b>Total</b>	<b>\$454,661</b>	<b>\$442,277</b>
<b>Operating Surplus/(Deficit)</b>	<b>\$46,386</b>	<b>\$58,267</b>
<b>Accumulated Surplus/(Deficit) - Opening</b>	<b>\$256,017</b>	<b>\$197,750</b>
<b>Accumulated Surplus/(Deficit) - Closing</b>	<b>\$302,403</b>	<b>\$256,017</b>

\*The carry forward operating surplus is a result of reduced expenses in project initiatives during the period of planning for the JCSH mandate renewal for 2015-2020, and a secretariat staff vacancy in 2016-2017.

# Appendix C: Strategic Plan 2015-2020

## Context

In 2005, Canada's ministers responsible for health and education pioneered a new approach to improving health and learning for school-aged children and youth: the Pan-Canadian Joint Consortium for School Health (JCSH). They recognized that, statistically, young people were at risk for a range of physical, psychological, and behavioural problems – and that these kinds of issues have major implications not only for learning, but also for health care costs.

Today, the JCSH comprises the Ministries of Education and Ministries responsible for Health and / or Wellness in 12 of the 13 provinces and territories<sup>9</sup>. The federal government also supports the work of the Consortium, with the Public Health Agency of Canada (PHAC) serving in a funding and advisory capacity.

JCSH is uniquely positioned to facilitate and initiate collaboration across the health and education sectors. The Consortium provides leadership and support to its member governments, enabling the education and health sectors to work together more efficiently and effectively while building system capacity for the promotion and integration of health in the school setting. Among its provincial and territorial membership, it is considered a stable platform to which different jurisdictions and sectors can turn in the face of ever-changing priorities, agendas, and emerging trends.

The Consortium focuses on priority areas of FPT Ministers of Health, as well as the Council of Ministers of Education, Canada – all of which have key implications for the health and learning outcomes for students, such as healthy weights, mental health and academic achievement. This results in many efficiencies and enhancements that might not otherwise be achieved:

- knowledge exchange and mobilization;
- improved coordination of school health policy and research agendas; and
- development of evidence-based, user-friendly tools and resources.

The work of the JCSH promotes comprehensive school health: an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated, holistic and sustainable way. The World Health Organization has concluded that school health programs designed using a comprehensive school health approach<sup>10</sup> have been found to be the most effective<sup>11</sup>, demonstrating significant improvements in student achievement, behaviour and health outcomes<sup>12</sup>.

At the provincial and territorial levels, support for the comprehensive school health approach is being demonstrated in new ways. For example, Ministries of Education and Ministries responsible for Health and/or Wellness across the country are engaging in efforts to transform and renew education by incorporating what have traditionally been considered "health" objectives into core strategic and operational goals and planning, recognizing that students are best positioned to achieve academically when they are supported in environments that enhance their mental and physical health, their sense of self and belonging, and the skills to make positive choices.

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<sup>9</sup> World Health Organization website. Available at [www.who.int/school\\_youth\\_health/en/](http://www.who.int/school_youth_health/en/). Accessed April 16, 2014

<sup>10</sup> Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/e88185.pdf>, accessed April 16, 2014).

<sup>11</sup> Center for Disease Control and Prevention. (2008). Student Health and Academic Achievement. Accessed April 16, 2014 from [http://www.cdc.gov/HealthyYouth/health\\_and\\_academics/](http://www.cdc.gov/HealthyYouth/health_and_academics/).

<sup>12</sup> Center for Disease Control and Prevention. (2008). Student Health and Academic Achievement. Accessed April 16, 2014 from [http://www.cdc.gov/HealthyYouth/health\\_and\\_academics/](http://www.cdc.gov/HealthyYouth/health_and_academics/).

## Vision

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

## Mission

To work collaboratively across the education and health systems to support the learning, health and well-being of children and youth in school communities.

## Values

Collaboration

Diversity and Inclusion

Equity

Evidence-informed practice

Innovation

## Long-Term Outcomes

Three long term outcomes associated with achieving the Consortium's Vision are:

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

## Goals And Strategies

### Goal 1: Leadership

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

#### **Strategies:**

**Strategy 1:** Support Ministries of Education and Ministries responsible for Health and/or Wellness in collaborating across the sectors.

**Strategy 2:** Strengthen existing partnerships and align with federal, provincial, and territorial (FPT) work.

**Strategy 3:** Engage new partner organizations within the health / wellness / education fields.

**Strategy 4:** Explore engagement of additional sectors beyond health / wellness / education.

**Strategy 5:** Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations.

### Goal 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.

#### **Strategy:**

Develop a comprehensive research and knowledge exchange strategy.

### Goal 3: Capacity Building

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

## ***Strategies:***

**Strategy 1:** Promote provincial and territorial efficiencies and effectiveness by developing and adapting tools and resources that support the use of a comprehensive school health approach.

**Strategy 2:** Promote provincial and territorial efficiencies and effectiveness by coordinating the exchange and dissemination of knowledge between sectors and among jurisdictions.

**Strategy 3:** Influence external partners to adopt a comprehensive school health approach in their work and resource development.

## **Goal 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.

### ***Strategy:***

Develop an evaluation framework and monitoring plan that encompass the scope of activities of the JCSH as well as the tools and resources created to support comprehensive school health.



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

## British Columbia

### School Health Coordinators:

#### Scott Beddall

Director, Wellness and Safety  
Ministry of Education  
Tel: 250-514-4961  
[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)

#### Christie Docking

Healthy Schools Manager  
Healthy Settings and Physical Activity  
BC Ministry of Health  
1515 Blanshard St, 4-2  
PO Box 9646 Stn Prov Gov't  
Victoria BC V8W 9P1  
Tel: 250-952-1956  
[Christine.docking@gov.bc.ca](mailto:Christine.docking@gov.bc.ca)

### School Health Links:

[www.healthyschoolsnetwork.org](http://www.healthyschoolsnetwork.org)  
[www.healthyschools.bc.ca](http://www.healthyschools.bc.ca)  
[www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/school-health](http://www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/school-health)  
[www.healthyfamiliesbc.ca/your-community/health-and-learning](http://www.healthyfamiliesbc.ca/your-community/health-and-learning)

## Alberta

### School Health Coordinator:

#### Patricia Martz

School Health and Wellness Manager  
Alberta Health & Alberta Education  
24th Fl., ATB Place - 2433  
10025 Jasper Avenue  
Edmonton, AB T5J 1S6  
Tel: 780-427-5249  
Fax: 780-422-5474  
[patricia.martz@gov.ab.ca](mailto:patricia.martz@gov.ab.ca)

### School Health Links:

<https://education.alberta.ca/programs-of-study/>  
<https://education.alberta.ca/comprehensive-school-health/>  
<http://www.albertahealthservices.ca/info/Page7123.aspx> (Steps for Building Healthy School Communities)  
<http://wellnessfund.ualberta.ca/erstandingComprehensiveSchoolHealth.aspx>  
<https://everactive.org/comprehensive-school-health/>

## Saskatchewan

### School Health Coordinators:

#### Jillian Code

Program & Policy Consultant

Health Promotion, Primary Health Services Branch  
Saskatchewan Ministry of Health  
3475 Albert Street  
Regina, SK S4S 6X6  
Tel: 306-787-5930  
[jillian.code@health.gov.sk.ca](mailto:jillian.code@health.gov.sk.ca)

#### Flo Woods

Director, Programs Branch  
Ministry of Education  
2220 College Avenue  
Regina, SK S4P 4V9  
Tel: 306-787-6367  
Fax: 306-787-2223  
[flo.woods@gov.sk.ca](mailto:flo.woods@gov.sk.ca)

### 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>  
(Wellness and Prevention)

## Manitoba

### School Health Coordinator:

#### Jennifer Wood

Healthy Schools Consultant  
Health Equity and Prevention Unit  
Population and Public Health  
Manitoba Health, Seniors and Active Living  
4089-300 Carlton Street  
Winnipeg, MB R3B 3M9  
Tel: 204-788-6369  
Fax: 204-948-4748  
[Jennifer.Wood@gov.mb.ca](mailto:Jennifer.Wood@gov.mb.ca)

### School Health Links:

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

## Ontario

### School Health Coordinator:

#### Jennifer Munro-Galloway

Senior Policy Advisor  
Healthy Schools Unit  
Safe and Healthy Schools Branch  
Ministry of Education  
900 Bay Street  
Toronto ON M7A 1L2  
Tel: 416-325-2678  
[Jennifer.Munro-Galloway@ontario.ca](mailto:Jennifer.Munro-Galloway@ontario.ca)

### School Health Links:

[www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools) (English)  
<http://www.edu.gov.on.ca/fre/parents/healthyschools.html> (French)  
[www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html) (English)  
<http://www.edu.gov.on.ca/fre/curriculum/elementary/health.html> (French)  
[www.edu.gov.on.ca/eng/curriculum/secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html) (English)  
<http://www.edu.gov.on.ca/fre/curriculum/secondary/health.html> (French)  
<http://www.health.gov.on.ca/en/public/programs/concussions/> (English)  
<http://www.health.gov.on.ca/fr/public/programs/concussions/default.aspx> (French)

## New Brunswick

### School Health Coordinator:

#### Marlien McKay

Director, Wellness  
Department of Social Development  
Place 2000  
250 King Street  
P. O. Box 6000  
Fredericton, NB E3B 5H1  
Tel: 506-444-4633  
Tel: 506-453-2280

Fax:506-444-5722  
[marlien.mckay@gnb.ca](mailto:marlien.mckay@gnb.ca)

**School Health Links:**  
[http://www2.gnb.ca/content/gnb/en/departments/social\\_development/wellness/content/school.html](http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/school.html)

## Nova Scotia

**School Health Coordinator:**  
**Kari Barkhouse**  
Manager, Healthy Communities, Science and System Performance Unit  
Public Health  
Suite 200 Bridgewater, NS  
B4V 2K7  
Tel: 902-543-2431  
[Kari.Barkhouse@nshealth.ca](mailto:Kari.Barkhouse@nshealth.ca)

**School Health Links:**  
<http://nshps.ca/>

## Prince Edward Island

**School Health Coordinator:**  
**Sterling Carruthers**  
Healthy Schools Specialist  
Department of Education, Early Learning and Culture  
250 Water Street, Suite 101  
Summerside, PE C1N 1B6  
Tel: 902-438-4134  
Fax: 902-438-4062  
[sdccarruthers@edu.pe.ca](mailto:sdccarruthers@edu.pe.ca)

**School Health Links:**  
<https://www.princeedwardisland.ca/en/topic/healthy-school-communities>

## Newfoundland and Labrador

**School Health Coordinators:**  
**Carol Ann Cotter**  
Health Promotion Consultant  
Healthy Living, Sport and Recreation Division  
Department of Children, Seniors and Social Development  
PO Box 8700  
St. John's, NL A1B 4J6  
Tel: 709-729-3939  
Fax:709-729-5824  
[carolanncotter@gov.nl.ca](mailto:carolanncotter@gov.nl.ca)

**Ellen Coady**  
Program Development Specialist  
for Health, Family Studies, Home Economics and Physical Education  
Department of Education and Early Childhood Development  
PO Box 8700  
St. John's, NL A1B 4J6  
Tel: 709-729-6051

Fax: 709-729-1400  
[ellencoady@gov.nl.ca](mailto:ellencoady@gov.nl.ca)

**School Health Links:**  
[www.gohealthy.ca](http://www.gohealthy.ca)  
[www.livinghealthyschools.com](http://www.livinghealthyschools.com)

## Nunavut

**School Health Coordinators:**  
**Shara Bernstein**  
Student Support Program Coordinator  
Department of Education  
Government of Nunavut  
PO Box 1000, Station 960  
Iqaluit, NU X0A 0H0  
Tel: 867-975-5611  
Fax:867-975-5610  
[sbernstein@gov.nu.ca](mailto:sbernstein@gov.nu.ca)

**Daman Dhillon**  
Health Promotion Specialist  
Department of Health  
Government of Nunavut  
P.O. Box 1000, Station 1000  
Iqaluit, NU X0A 0H0  
Tel: 867-975-5746  
[dhillion@gov.nu.ca](mailto:dhillion@gov.nu.ca)

**School Health Links:**  
<http://www.gov.nu.ca/education/information/curriculum-learning-resources-0>

## Northwest Territories

**School Health Coordinator:**  
**Elaine Stewart**  
Coordinator - Health, Wellness and Student Support  
Department of Education, Culture and Employment  
Government of the Northwest Territories  
PO Box 1320  
Yellowknife, NT X1A 2L9  
Tel: 867-767-9342 ext. 71291  
Fax: 867-873-0109  
[elaine\\_stewart@gov.nt.ca](mailto:elaine_stewart@gov.nt.ca)  
[Elaine\\_Stewart@learnnet.nt.ca](mailto:Elaine_Stewart@learnnet.nt.ca)

**School Health Links :**  
<https://www.ece.gov.nt.ca/>

## Yukon

**School Health Coordinators:**  
**Ian Parker**  
Manager, Health Promotion Unit  
Department of Health and Social Services  
305 Jarvis St., 2<sup>nd</sup> Floor  
Whitehorse, YT Y1A 2H3  
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Fax:867-456-6502  
[Ian.Parker@gov.yk.ca](mailto:Ian.Parker@gov.yk.ca)

**Liza Manolis**  
School Community Consultant  
Department of Education

1000 Lewes Boulevard  
Whitehorse, YT Y1A 3T9  
Tel: 867-667-5130

Fax:867-393-6423  
[Liza.Manolis@gov.yk.ca](mailto:Liza.Manolis@gov.yk.ca)

**School Health Links:**  
[www.hss.gov.yk.ca/programs/health\\_promotion.php](http://www.hss.gov.yk.ca/programs/health_promotion.php)

## Public Health Agency of Canada

**Jennifer Shortall**  
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[matthew.enticknap@phac-aspc.gc.ca](mailto:matthew.enticknap@phac-aspc.gc.ca)

**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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