



# Pan-Canadian Joint Consortium for School Health

Governments Working Across the Health and Education Sectors

## Annual Report

September 30, 2016



# Table of Contents

Message from the Executive Director.....	3
Introduction.....	4
The Case for Cross-Sector Collaboration .....	4
About Comprehensive School Health (CSH) .....	5
About the Joint Consortium.....	7
Mandate.....	7
Mission.....	7
Strategic Direction.....	7
Monitoring, Evaluation and Accountability.....	7
JCSH Membership .....	8
Long-Term Outcomes .....	8
JCSH Organizational Structure.....	9
Consortium Accomplishments.....	10
Leadership.....	10
Knowledge Development and Exchange .....	12
Capacity Building .....	15
Highlights of Progress in Member and Supporting Jurisdictions.....	16
Yukon.....	17
Northwest Territories .....	21
Nunavut .....	24
Newfoundland and Labrador.....	26
Nova Scotia .....	31
Prince Edward Island .....	31
New Brunswick .....	34
Ontario.....	36
Manitoba.....	40
Saskatchewan .....	42
Alberta.....	45
British Columbia.....	47
Government of Canada .....	50
Moving Forward.....	54
Appendix A: Agreement.....	55
Appendix B: Joint Consortium for School Health Statement of Revenue, Expenses and Operating Surplus.....	60
Appendix C: Strategic Plan 2015-2020.....	61
Appendix D: Member Contact Information and Web Links.....	64

# Message from the Executive Director



*We have described for you a mountain. We have shown you the path to the top. We call upon you to do the climbing -- Justice Murray Sinclair*

I am pleased to present the 2016 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 the first year of a renewed mandate (2015-2020) for the JCSH and through an iterative process we have worked collectively to develop a strong new strategic direction which builds on the work of the past ten years in advancing a comprehensive school health approach. The direction of this new mandate exemplifies our values: Collaboration, Diversity and Inclusion, Equity, Evidence-informed practice, and Innovation.

In the past year, we have continued to work with longstanding partners and researchers, while also engaging in new initiatives, such as the FPT Working Group on Concussions and Head Injuries in Sport. Among the year's highlights are the release of the national report from the Health Behaviour in School-aged Children study and the commencement of the second phase of research and development of Core Indicators of Comprehensive School Health and Student Achievement. Guiding the progress are the representatives of the 25 Ministries of Health and Education who are the partnership of the JCSH. Their dedication to collaboration and active engagement for the purpose of ensuring healthy learning environments for children and youth in Canada is a testament to the quality of the achievements reached and to future endeavours.

In the year ahead, the Consortium looks forward to building on its progress, and to begin moving strategic directions into actions that reflect the JCSH's commitment to our values and to our vision of children and youth in Canada thriving in school communities committed to optimal learning, health, and well-being.

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

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

# Introduction

## The Case for Cross-Sector Collaboration

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

Through this collaboration, JCSH is able to provide tools, resources, and a national forum for sharing knowledge, coordinating priorities, and aligning the work of health and education professionals throughout the country. Membership in the Consortium enables these provinces and territories to leverage products and knowledge to enhance capacity within their broad school health communities.

Working together across sectors and jurisdictions has resulted in cost savings and efficiencies in the member provinces and territories. By sharing successes, working with practice and research experts, exchanging knowledge, and coordinating strategies, member and supporting jurisdictions can reduce the human and financial costs of the silo effects of overlap and duplication. By creating resources that have been developed through the collective skill of research and practitioner teams throughout the country, provinces and territories access products they might not produce individually. Our agreement of collaboration means, by definition, that we are not competing. While each jurisdiction's needs and strengths are unique, combining forces allows each to reach, together, the goals that are shared.

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

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

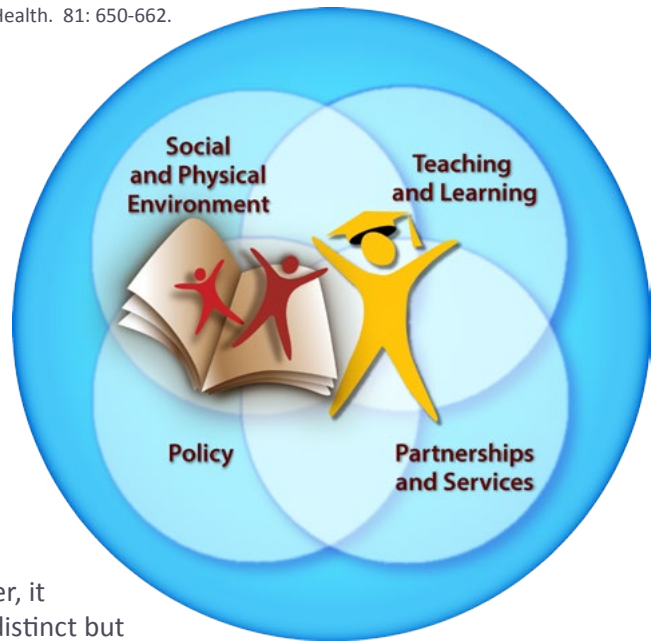
Collaboration for student achievement is equally important. The JCSH is founded on the evidence that healthy students are better learners and better-educated individuals are healthier. Thus, education and health bring equal roles to the Consortium: Where student well-being is shown through physical activity,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

---

<sup>1</sup>Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs

## 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 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 lens an issue such as healthy weights is not addressed through any one program alone, or a school assignment, or a nutrition class. Rather, work to address healthy weights is reflected in many facets: through a social club in the school, and in the bicycle racks outside the school; as part of the teaching curriculum, as well as through professional development days for teachers and other school staff; through policy on the kinds of foods sold in schools, as well as the school's linkages with parents, community facilities, and groups.

When actions in all four components are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society.

## A Comprehensive School Health Approach to Health Promoting Schools

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier. Research has shown that comprehensive school health is an effective approach to tap into that linkage, improving both health and educational outcomes and encouraging competencies, autonomy, and connectedness that last a lifetime<sup>2</sup>.

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

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

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

Student-centred learning is a widely accepted approach to fostering a generation of young people who are healthy, happy, educated, and productive members of society. This approach applies the education of students to real-world issues. It celebrates technology, and global and cultural awareness as well as student mental fitness and student learning communities. The curriculum will be interdisciplinary, project-based, and research-driven. In this model, families and neighbourhood partners are essential members of the school community<sup>5</sup>.

<sup>2</sup>Murray, N.D., Low, B.J., Hollis, C., Cross, A., Davis, S. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77(9), 589-599.

<sup>3</sup>Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Health Evidence Network Report. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.



# About JCSH

## Mandate

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

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

In 2015, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness committed to the current five-year mandate (2015-2020) for JCSH. This past year has seen the establishment of 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.

## 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

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>6</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 direction, establishing regular assessment of progress towards our three long-term outcomes and fulfilling the recommendations of our most recent external evaluation:

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

## JCSH Membership

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

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



Under the 2010-2015 mandate, The Public Health Agency of Canada, representing the federal government at the JCSH table, is not a member of the Consortium but serves in a funding and advisory capacity.

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

## Long Term Outcomes

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

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

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

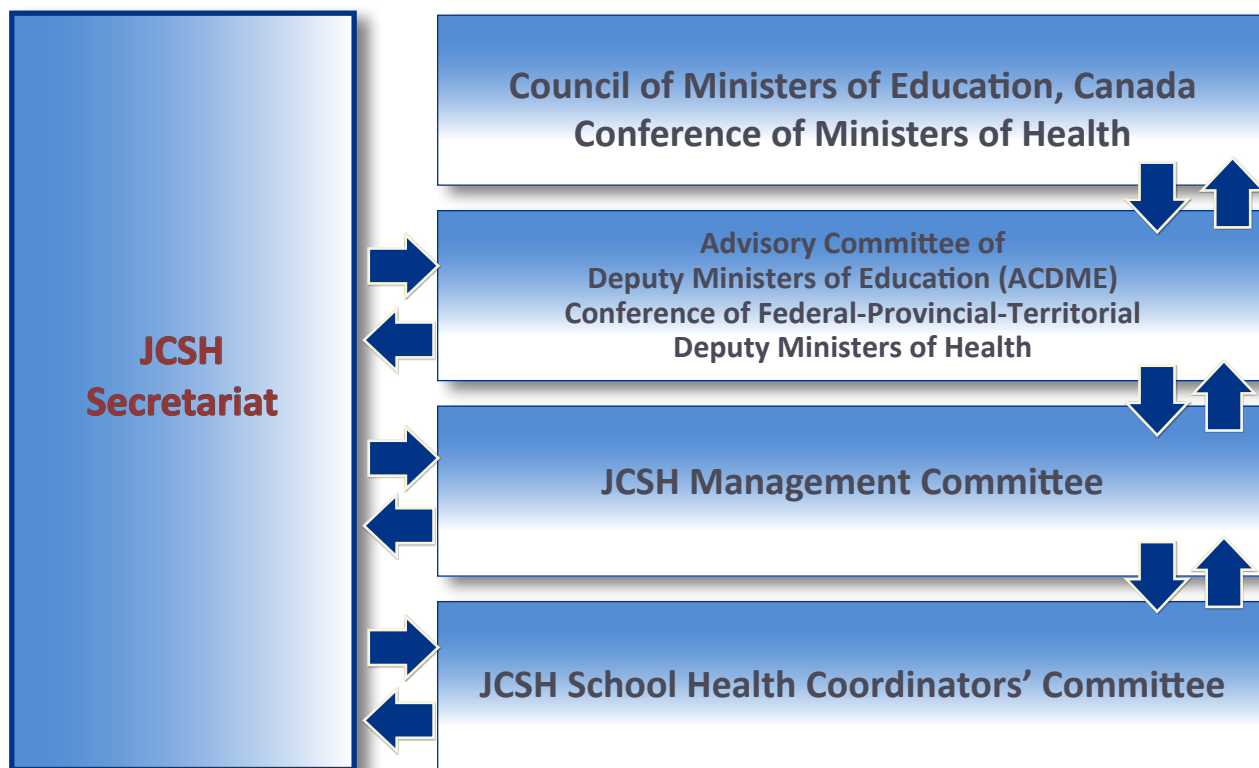
## Working Horizontally

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 Pan-Canadian Joint Consortium for School Health 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.

# Consortium Accomplishments

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

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

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

## Leadership

The fundamental leadership 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 and suggestions from the first-ever meeting of health and education ministries' senior officials held early in 2013:

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

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.

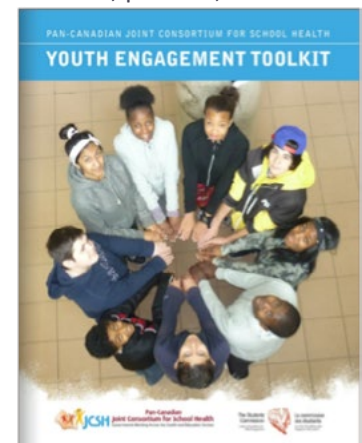
Over the past year, an evaluation of the HSP was developed and conducted by the [Propel Centre for Population Health Impact](#) (Propel) at the [University of Waterloo](#). Among the results of this evaluation are suggestions by Planner users and non-users that more promotion of this tool is necessary 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 work in Positive Mental Health has continued in active ways over the past number of years, and 2015-2016 was no exception.

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

In 2015-2016, JCSH and the Toolkit developers began to redesign and update this important resource. WMA Wellness has reconfigured the eBook into a series of modules with updated information, videos, and changes made based on the latest evidence and interviews with stakeholders across the country.

In the two years since the adaptation of the Positive Mental Health Toolkit into a module of the Healthy School Planner, schools continue to take advantage of this work as part of their healthy school assessment and planning for improvement. The valuable information provided in the JCSH toolkit was converted to the format of the Healthy School Planner, providing the fourth of four topics covered by the school health self-assessment tool.



The 2nd Edition of the literature review and better practices statements on Positive Mental Health - [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** and **Increased Research Capacity**.

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 2015-2016, work continued in a key area:

### Core Indicators and Measures of School Health and Student Achievement - Phase Two

**Table 1: Freeman-Hussain-JCSH Healthy Schools Framework**

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

© 2015 John G. Freeman, Alicia Hussain, and the Pan-Canadian Joint Consortium for School Health (JCSH)

In 2016, the JCSH continued its collaboration with Dr. John Freeman and his research team at Social Program Evaluation Group, Queen’s University, on links between comprehensive school health and student achievement. Ministries of education and health in this country and internationally are interested in determining whether comprehensive school health initiatives really do result in improved student achievement. In 2013, the JCSH commissioned Dr. Freeman and his team to begin this major piece of research. In the resulting document, [Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada](#), a framework was developed of academic, success, health, and environmental indicators. Among the findings of the research:

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

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

In the past year, Dr. Freeman and his team have been working with the JCSH Research Advisory Committee to revise the framework. The purpose of this phase is to ensure the framework's value as a tool to monitor comprehensive school health initiatives and determine the impact on student achievement. Future work plans include developing measures for use in schools, communications pieces for stakeholders, including students and parents, and expansion of the research on comprehensive school health within the Canadian context.

## 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:

- **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).
- **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.
- **PHE Canada Stakeholders Meeting**, April 6-7, 2016 – Ottawa, ON. Two-day planning meeting of Canadian school health stakeholders.
- **Continuing a North American Dialogue in a Leaders' Forum**, November 15, 2015 –Gatineau, QC. Networking session of representatives of Canadian and US health and education ministries and organizations. Discussion centered on the development of a White Paper: Integrating Health, Social & Aid/Relief Programs Within the Core Mandates, Constraints & Concerns of Education Systems.
- **2015 Collaborate Learning Institute in Evaluation:** October 26-30, Waterloo ON. Propel partnered with DECIPHER and provided a number of presentations, articles for pre-reading preparation before each day's sessions, and templates to conduct nine case studies, of which JCSH was one. There were varied forms of evaluation for complex systems, particularly looking at collective impact, change management, and social movement.

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 Forum on Public Education: Public Education: Wellness in our Schools:** July 11-12, 2016 – Montreal, QC. Part of Canadian Teachers' Federation (CTF) annual general meeting. Presentation: with Karen MacKinnon, PHAC on JCSH mandate, resources, tools.
- **Canadian Association of School System Administrators (CASSA) Hearts and Minds Creating a Culture of Caring Conference:** July 7-9, 2016 - Winnipeg, MB. Presentation: Creating a Culture of Caring - The JCSH

Positive Mental Health Toolkit.

- **Canadian School Boards Association (CSBA) Annual Congress / National Trustee Gathering on Aboriginal Education:** July 6-9, 2016 – Winnipeg, MB. Presentation: Promoting Healthy Relationships in the School Setting: The JCSH Positive Mental Health Toolkit.
- **44th Canadian Society for the Study of Education (CSSE) Conference:** May 29-June 2, 2016 – Calgary, AB. Part of the Congress of the Humanities and Social Sciences, 2016. Presentation with Drs. John Freeman and Alicia Hussain: Development of a core indicators and measurements framework for Comprehensive School Health (CSH) initiatives.
- **Canadian Association of Principals (CAP) Annual Conference:** May 16-19, 2016 – St. John, NB. Presentation: Youth Engagement Toolkit.
- **Sparkling Population Health Solutions: Research for a healthier future:** April 25-28, 2016 - Ottawa, ON. International summit hosted by Canadian Institutes of Health Research (CIHR). Presentation: Core Indicators and Measures of a Comprehensive School Health Approach in Improving Equity in Student Achievement.
- **Healthy Learners in School Program NB:** April 11, 2016 – Moncton, NB. Presentation: Youth Engagement Toolkit.
- **Banff International Conference on Behavioural Sciences:** March 20-23, 2016 – Banff, AB. School Mental Health Challenges and Emerging Opportunities. Presentation: JCSH Tools and Resources to Support Positive Mental Health in Schools.
- **CDPAC (Chronic Disease Prevention Alliance of Canada) Pan-Canadian Conference:** February 23-25, 2016 – Toronto, ON. Three presentations: Assessing Canadian School Environments through the Healthy School Planner Healthy Eating Module; The Role of an Evaluation Goal in Multi-Sectoral Partnerships; and Core Indicators and Measures of a Comprehensive School Health Approach in Improving Equity in Student Achievement.
- **Ever Active Schools' 7th annual Shaping the Future Conference:** January 28-30, 2016 - Kananaskis AB. Presentation: Positive Mental Health Toolkit revisions project, 2016.
- **2015 Healthy School Communities National Forum:** November 16-17, 2015 – Gatineau, QC. Presentation with Dr. John Freeman: Development of a Core indicators and Measurements Framework of Comprehensive School Health (CSH) and Student Success.
- **Changing the Menu: National School Food Conference:** November 12-14, 2015 – Montreal, QC. Presentation: Youth Engagement Toolkit; Poster: Healthy School Planner.
- **Healthy People and Communities Steering Committee, Public Health Network:** October 20, 2015 - Ottawa, ON. Presentation on the work and role of JCSH and possible areas of collaboration.
- **Atlantic Summer Institute:** August 17-19, 2015 - Charlottetown, PE. Presentation, with Drs. Bill Morrison and Patricia Peterson of WMA Wellness: Fostering Supportive School Environments.

For the first time, the 2015 Annual Report was distributed to partners and stakeholders across the country in online format only at the JCSH website: [www.jcsh-cces.ca](http://www.jcsh-cces.ca).

The JCSH website continues to provide a platform for sharing resources of interest to a wide range of audiences: from teachers and health professionals, to government officials and researchers, to families and school communities. The resources comprise those developed by JCSH as well as provincial / territorial, national, and international communications.

## Capacity Building

A critical part of 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.
- 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 has been going through a substantial revision. An evaluation was undertaken of the Healthy School Planner. In the coming year, these resources will continue to be monitored 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. More than ever before, the past year has seen the theory of school health partnership translated into action in the form of on-the-ground activities and interventions that will improve overall school health outcomes in the long-term. The work of these two key departments was also supplemented by contributions from the Sport and Recreation Branch of the Department of Community Services.

School health activities in Yukon continued to be monitored in part by the Interdepartmental Healthy Living Steering Committee. This committee is made up of health and education professionals, representing the departments of Health, Education, and Community Services. The committee facilitates information-sharing, expertise, joint planning, and research on healthy living among Yukon Government departments with the intent of promoting comprehensive school health.

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](#). This 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. Physical Literacy is a foundation for an active, healthy lifestyle. Physical Literacy at school is about developing fundamental movement and sport skills which lead to the confidence, competence and capacity essential for trying, enjoying and participating in sport and physical activity.



~ Working Together to Build Active and Healthy Communities ~



## Leadership

### Self-Regulation

Yukon Education is partnering with Northwest Territories to provide leadership in the area of self-regulation to all regions in NWT. Workshop presentations to senior leadership and coordinators, along with classroom visits and lesson demonstrations, are being provided over a two-year span.

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

Committee members from several departments are investigating and developing interventions to support Yukon girls in the area of social-emotional functioning. A social media campaign in addition to sexual health materials is being developed.

### North West Health Equity Forum

In February 2016, Yukon stakeholders (government and non-profit) participated in the North West Health Equity Forum. Co-hosted by the National Collaborating Centre for Determinants of Health (NCCDH) and the office of Yukon's Chief Medical Officer of Health, this meeting focussed on health equity, intersectional action, and collective impact.

### Physical Literacy

Sport Yukon's [Physical Literacy Project](#) aims to help Yukoners move better so they will want to move more, enhancing their enjoyment of and participation in physical activity. The project works with teachers to help them develop the knowledge and skill to integrate physical literacy development into daily school activities. In the 2015-16 school year, visits were made to schools in Beaver Creek, Carmacks, Destruction Bay, Faro, Ross River, Teslin, Watson Lake, and Whitehorse and to a home-school group in Tagish. A presentation on physical literacy was also made to the Yukon Native Teachers Education Program (YNTEP) at Yukon College.

### Playground Leadership

RPAY re-designed a playground leadership program originally delivered through Action Schools BC. The new program develops leadership skills among Grades 6 to 8 students. Students learn how to lead fun and engaging playground activities and to encourage younger students to participate. Over the school year, students from Faro, Haines Junction, Pelly Crossing, Watson Lake, and Whitehorse learned how to safely lead games during recess and lunch breaks.

### DANCEPL3Y

[DANCEPL3Y](#) (dance-play) is an internationally recognized, physical activity program that uses a fusion of dance, movement, and play to get anyone active, creative, and interactive with each other. The key messages are "be positive, be fun, be yourself."

Since September 2015, RPAY has introduced DANCEPL3Y to teachers in Destruction Bay, Faro, Haines Junction, Pelly Crossing, Ross River, Teslin, and Watson Lake as well as to YNTEP students at Yukon College. In January 2016, a two-day DANCEPL3Y Leader training brought together teachers, recreation, and youth leaders to learn how to integrate DANCEPL3Y into daily routines.

### 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 and in 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.

Over the past school year, RPAY's programming focused on leadership for cross country skiing and winter shelter building and adventures. Schools in the communities of Carmacks, Dawson City, Old Crow, Pelly Crossing, and Whitehorse, as well as a home-school group in Tagish, participated.

### **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. In 2015-16, Sport Yukon and RPAY will be facilitating learning opportunities related to physical literacy and recreation leadership.

## **Knowledge Development and Exchange**

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

In 2016, an emphasis was placed on building capacity in our educators to deliver comprehensive sexual health to our students.

In anticipation of a Fall 2016 launch of the SHARE teaching resource for Grades 4 – 7, Yukon Education and the Health Promotion Unit partnered with Options for Sexual Health to provide teacher and community stakeholder 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.

### **Health Behaviour in School-aged Children Study Follow-Up**

Personnel from Yukon Education and the Health Promotion Unit visited rural schools to present the survey results back to students, teachers, and stakeholders. The goal was to "close the loop" by bringing the results back to the communities where it was gathered, to contextualize the data by comparing it to the lived experiences of young people in each community, and to engage local youth in considering how to address issues raised in the survey results.


Using a trivia game developed by the Health Promotion Unit, students learned about key survey results and decided if each was a cause for concern, celebration, or both. Afterwards, the students were split into gender-based discussion groups where they brainstormed solutions for the areas of concern.

The survey results and student feedback were then provided to teachers and stakeholders at a separate meeting.

### **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

This school-based healthy eating program continued to promote consumption of Yukon-grown produce while raising significant funds for Yukon schools in 2015.

The Health Promotion Unit coordinates this program, working closely with local farmers and Yukon schools, providing information sessions for teachers, recipes for families, and resources and activities for classrooms to reinforce learning around healthy eating and agriculture in Yukon. With 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 2015, From the Ground Up put more than 66,440 pounds of fresh, local vegetables on Yukoners' plates and raised more than \$47,000 for participating schools. Additionally, boxes purchased by the community were donated to local organizations, school food programs, and individual families in need as a way of addressing food security issues faced by disadvantaged families in Yukon communities.

### Kids in the Kitchen

This fun, hands-on cooking and nutrition education program that aims to get kids and their families excited about cooking saw some exciting developments in 2015 as coordination of the program was transferred to the Recreation and Parks Association of Yukon (RPAY) with financial support from Yukon Health and Social Services.

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.

In January 2016, RPAY and Health Promotion offered facilitator training. Over the school year, 8 Kids in the Kitchen programs took place in Dawson City, Faro, Old Crow, Ross River, Teslin, Watson Lake, Whitehorse (Hidden Valley School), and the Takhini Subdivision (Champagne and Aishihik First Nation).

### The Yukon Food for Learning Association

Yukon Food for Learning Association is a non-profit organization dedicated to the nutritional needs of Yukon youth and communities. In 2015, Yukon Food for Learning developed school food program guidelines to assist School Food Program Coordinators in selecting and preparing nutritious foods, and to increase access to and enjoyment of healthy, safe, and affordable food and beverages served in Yukon public schools. Information sessions were offered to all Whitehorse schools to introduce the guidelines, provide a rationale for introduction of the guidelines, and receive feedback and comments from participating schools.

### Kickin' Ash

Our [Kickin' Ash](#) program pilot was successful and insightful this year. Ten youth facilitators were trained in delivering tobacco prevention, 18 teachers received model-teaching, and more than 35 different youth groups and classrooms participated in tobacco prevention activities throughout the territory. Integrating this year's valuable feedback, we will continue to engage with schools, community groups, and the

community at large to inspire youth to get the facts, express their thoughts, and learn the truth about tobacco.

### **Classroom Action Grants**

Funded through the Yukon Active Living Strategy and administered by RPAY, the Classroom Action Grant Program offers micro-grants for teachers to increase their students' levels of physical activity. Forty grants ranging from \$250 to \$500 were distributed to classroom teachers in Burwash Landing, Carcross, Carmacks, Dawson City, Haines Junction, Mayo, Pelly Crossing, Ross River, and Whitehorse.

### **Teen Challenge Action Grants**

[Teen Challenge Action Grants](#) are designed to promote a physically active lifestyle to teens and to increase levels of physical activity among inactive Yukon youth at school and in the community. With support from ParticipACTION, RPAY promotes and administers this national program in Yukon. Schools in Carmacks, Dawson City, Faro, Pelly Crossing, and Whitehorse accessed grants of up to \$500 to encourage teens to be physically active at school.

### **WAFL Equipment Lending Library**

The WAFL Equipment Lending Library offers rural Yukon schools and communities cross country ski equipment and snowshoes on loan to support opportunities to be winter active. Rural schools apply each fall to borrow ski and snowshoe equipment free of charge for the season. Most of the equipment is used during and after school. In the 2015-16 school year, schools or community groups from Beaver Creek, Carmacks, Faro, Haines Junction, Marsh Lake, Mayo, Pelly Crossing, Ross River, Tagish, Teslin, Whitehorse (Big Brothers/Big Sisters, Golden Horn Elementary, and Takhini Elementary) borrowed a total of 226 skis, 246 boots, 97 sets of poles, 179 pairs of snowshoes, and 16 ski bags.

### **Cycle Smart**

Delivered by RPAY each spring, Cycle Smart offers an in-class session on basic bicycle safety and helmet use, and an on-bike playground session. Cycle Smart is available for rural schools (on-bike only) and Grades 4 and 5 classes in Whitehorse. In the spring of 2015, 672 students from Carmacks, Faro, Ross River, Destruction Bay, Teslin, Carcross, Watson Lake, and Whitehorse took part in Cycle Smart.

### **Canadian Tire Active at School**

Led by Canadian Tire Corporation in partnership with Yukon Government, this initiative has a goal one hour of physical activity a day for children and youth. Active at School provides \$125,000 over three years to promote physical activity among students at Yukon schools. It uses schools as a hub for physical activity, ultimately increasing the number of minutes Yukon students are active each day. The program is open to all 24 schools in Yukon and will benefit more than 5,100 students.

### **Pedometer Loan Program**

Teachers can borrow a set of pedometers for use in their classrooms for 2 to 3 months. Also available for loan is the "Steps Count" Kit filled with reference books, resources, and ideas for using pedometers in the classroom.

## **Northwest Territories**

The Healthy Choices Framework (HCF) is a collaboration among the Government of the Northwest Territories (GNWT) departments of Health and Social Services, Education, Culture and Employment, Municipal and Community Affairs and Justice, with other





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

## Leadership

- Focus on Wellness – [NWT “New to the North” teachers’ conference](#) was held before schools opened in August and featured sessions on teacher and student wellness, including topics such as Residential Schools Awareness, self-regulation in schools, and cultural orientation. The three-day conference was attended by all new NWT educators. Additionally, wellness sessions were featured at a conference for new NWT school administrators in October.
- Safe and Caring Environments – Bullying Prevention legislation was passed within the Education Act (2013) and in February, 2016 new Safe Schools Regulations were signed, including a Territorial School Code of Conduct which applies to all members of the school community. The Safe Schools Regulations also includes requirements for schools to develop and implement bullying prevention, intervention, and education strategies. Resources for school were developed and distributed to support safe school planning, and staff development, including the website [www.stopbullyingnwt.ca](http://www.stopbullyingnwt.ca).
- Counselling support in remote communities – A pilot project was initiated to bring specialized services including counselling, psychological assessments, Employee Assistance Program Services, crisis response, and trauma-informed support strategies to five small communities. The contracted counselling agency specializes in providing services to northern Canadian communities where access to the counselling supports are limited. Participating schools were able to develop customized service provision plans to meet specific needs of school and community.
- Concussion Collaboration – An interagency/interdisciplinary working group was formed to address common issues such as education resources, policies, and guidelines for children and youth who are returning to learn and play following a concussion. Working Group members represent nursing, rehabilitation medicine, medicine, Sport North, Yellowknife Catholic Schools, and government departments of Health and Social Services, Municipal and Community Affairs, and Education, Culture and Employment.

## Knowledge Development and Exchange

- Middle Years Development Index – An NWT-wide pilot of the Middle Years Development Instrument (MDI) which collects information from students in Grades 4 and 7, was initiated. The MDI data will provide educators, community members, and policy makers with reliable and valid information about children’s development in the middle years. This information is intended to inform the development of programs, practices, and policies targeted at promoting children’s overall healthy development and improving student education outcomes. As the NWT collects information on Kindergarten through the Early Childhood Index and on students in the Grade 6-10 range through the Health Behaviour of School-aged Children, the MDI will enable a better understanding of students across the grade spectrum.
- Community Healthy Living Fairs – 18 NWT communities hosted Healthy Living Fairs between January and March, 2016. The fairs raised awareness and knowledge on nutrition, chronic disease prevention, fitness, volunteering, tobacco reduction, aboriginal tourism and traditional lifestyles, self-regulation, environmental health,

healthy relationships, community justice, victims services, prevention of violence against women & children, mental health & addictions, growing your own food, hunting, trapping, post-secondary education opportunities, community support for residential school survivors, and spiritual and community groups.

- Resiliency Workshop – On January 21, 2016 Dr. Michael Ungar facilitated a workshop for community counsellors, social workers, and educators. The goal was to equip front line staff, at many entry points to the system, with the skills to build resilience and meet the needs of high risk youth. Dr. Ungar hosted a public session on “Nine Things Kids Need from their Parents in order to Thrive” on the same date. The request for Dr. Ungar to come to the NWT was made in response to the need for specialized services for children and youth in the NWT.
- Action Research – Teachers and community health representatives from regional health authorities were brought together in two separate learning experiences to explore how participatory action research (PAR) can be embedded within the new Health Curriculum to support experiential learning. Through PAR explorations, students and their teachers will be encouraged to make connections with community members who support health and wellness through formal as well as informal roles.

## Capacity Building

- Self-Regulation (SR) – A five-day territorial SR conference for educators and clinicians was held in September, 2016, launching a two-year initiative that will provide intensive site based supports to a key school in each educational region. An SR Consulting team will make a four-day visit to ‘key schools’ focusing on staff development, modeled lessons in classrooms, coaching for administrators and teachers, support for school growth, and support for district personnel to transfer learning to new schools. The four key schools for the first year of implementation are located in the communities of Ft. Good Hope, Hay River, and Behchoko.
- Fourth R – Resources and training for the Fourth R (R = Relationships) have been scaled up to include most schools in the NWT. A new grant program provided funds to schools to enhance Safe and Caring programming through the explicit teaching of healthy relationships strategies, which is an important skill in bullying prevention and intervention. Teachers received face to face in-servicing in the Fourth R and have been integrating the lessons into various curriculum areas and school activities.
- Talking About Mental Illness (TAMI) – An anti-stigma program that enables students to hear a first-hand story of what it means to experience a mental health challenge and learn to thrive in spite of it has expanded to two additional regions. In addition to Yellowknife where the program has been running for six years, it is now also implemented and delivered in Fort Resolution and Inuvik. There are currently three guest speakers from the NWT who continue to train and participate in the TAMI program. Maintaining a pool of Northern speakers ensures the sustainability of TAMI in the north.
- Teacher Wellness – To support teacher wellness, access to a six-week online course in Mindfulness Fundamentals was made available to NWT teachers. Support was also provided for teachers to take an additional six-week training course equipping teachers to deliver lessons in mindfulness appropriate to elementary or senior levels of students.
- Support for Active Living – The Department of Municipal and Community Affairs



supported NWT schools in a new partnership with Canadian Tire's *Active at School Program* resulting in distribution of \$225,000 worth of equipment, and access to training and capacity building to support physical activity programs within schools, after school programming, and on the land programs.

## Nunavut

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

"...a place where physical and mental health has improved and where we are optimistic about our future. The rate of addiction and suicide has dropped dramatically...In the near term, community-based solutions must be supported to improve health, social well-being and local economies. In the long term, education and employment are key to addressing many of these issues. Education increases the options available to an individual."(p.2-3).

Over the past year, the Departments of Education and Health continued to collaborate on their joint goals for the wellness of children and youth using a comprehensive school health approach that is compatible with and promotes Aboriginal wellness (*Building on our Strengths: Aboriginal Youth Wellness in Canada's North*, Conference Board of Canada, January 2014).

## Leadership

- Education and Health co-developed a **Multilevel Working Group** to steer the newly developed Health Promoting Schools Framework and accompanying 2016/17 Action Plan. The working group consists of both School Health Coordinator and Management level representation ensuring that the working group is positioned in such a way that it has decision-making authority, while being inclusive of support staff to carry out action items. Regular working group meetings facilitate a streamlined, coordinated comprehensive school health approach across the territory.
- The Territorial Sexual Health Coordinator provided **Sexual Health Teacher Training** at the Kitikmeot Teacher's Conference. Training consisted of workshops targeting increased comfort levels in delivering sexual health education, as well as providing teachers with additional activities/resources to deliver quality sexual health education in the classroom.
- Education and the Canadian Red Cross continued to provide leadership and training aimed at providing Nunavut's children and youth with personal safety skills. Through the training in *RespectEd, Ten Steps, Youth Facilitator and Healthy Relationships*, adults and youth received training in their communities on how to work together to create safe environments, prevent bullying between youth, prevent teen dating violence, and prevent child abuse and neglect.

## Knowledge Development and Exchange

- Education and Health co-developed a **Health Promoting Schools Framework** which builds on existing partnerships and creates opportunities for collaboration in school health promotion. The Framework outlines 3 key objectives: encouraging students' engagement in learning to look after their health and well-being through health promoting school environments, increasing the opportunities for students to participate in health promoting activities, and providing students with healthy school environments. The Framework was



developed in line with the Pan-Canadian Joint Consortium for School Health model.

- As part of the Health Promoting Schools Framework, Education and Health co-developed a **2016-2017 Action Plan** of targeted goals in order to advance priority areas related to four pillars of comprehensive school health outlined in the framework: teaching and learning, healthy school policy, partnerships and services, and social and physical environment. The work of the Action Plan will be led by the newly established Joint Education/Health Working Group.
- Following last year's review of inclusive education in Nunavut, the Department of Education completed drafts of a Nunavut **Inclusive Education Handbook and Toolkits**, as well as a Nunavut **Student Support Assistant Handbook** and **Ilinniarvimmi Inuusilirijit Handbook** for School Community Counselors. These resources clarify roles and responsibilities and protocols for delivering and monitoring appropriate programming to all students in K-12.
- As part of its continued commitment to the [Nunavut Suicide Prevention Strategy](#), Education participated in, contributed to, and actively supported the development of video training resources to help front-line employees use the Interagency Information Sharing Protocol. The video features a fictional case scenario of a youth at risk and actively demonstrates the protocol for collaborative interagency information sharing.

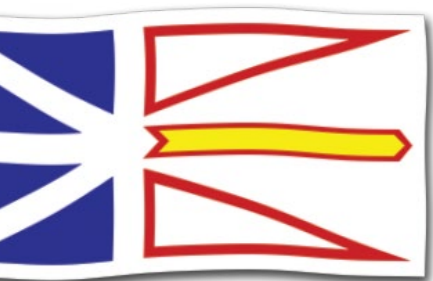
## Capacity Building

- As part of Education's levelled Inuktitut Reading Program, the Department of Health collaborated with Education to develop supplementary Health-focused books from Kindergarten to Grade 1. This **Cross-Curricular Literacy Initiative** is part one of a multi-year initiative to create culturally appropriate books with embedded health messaging set in the Nunavut context that align with Education's levelled Inuktitut reading program. Future years will see the development of books at higher grade levels, as well as resources and supports for literacy centers within the classroom.
- As part of Health's ongoing support for School Food Programs, **School Food Program Enhancement Grants** were provided to all of Nunavut's schools. This initiative built upon the 2014/15 grants where schools were provided grant funding to purchase capital items. The focus for the 2015/16 grant was on purchasing food items with schools being asked to submit a one page proposal outlining their planned spending. Proposals had to abide by Government of Nunavut Food and Beverage Guidelines. This allowed each school to tailor the grant funding to best meet their individual needs.
- **Community Oral Health Coordinators (COHCs)** are located in each community across Nunavut. They are part of the Nunavut Children's Oral Health Program which offers free dental screenings and treatment for children aged 0-8. COHCs are trained to provide fluoride varnish treatment and also serve an important role in the community conducting educational activities. COHCs are available to visit classrooms to teach about oral hygiene and the importance of keeping your teeth clean. This may be through reading the GN-developed 'My Tooth Hurts' storybook about visiting the dentist in Nunavut and/or via an interactive activity involving a mouth model.
- Education strengthened the continuum of mental health services by providing territory wide training for *ilinniarvimmi inuusilirijit*, Nunavut's school community counsellors, relating to children's mental health. *Ilinniarvimmi inuusilirijit* took



courses in *Children's Grief* and *Thoughts and Thoughts, Feelings and Behaviours*. These courses provided insight into understanding these complex issues, how to support children and youth as they cope with life's challenges and expertise on when to refer students to school teams for more support.

- Following the development of 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 at the Nunavut Principals** at the annual principal's conference as part of its priority to support safe and inclusive schools.



## Newfoundland and Labrador

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

The Departments of Health and Community Services (HCS) and Education and Early Childhood Development (EECD) partnered on HSHS from 2004-2009. The Department of Tourism, Culture and Recreation (former) became a partner in 2009. In 2014, based on a departmental reorganization, the responsibility for HSHS moved from HCS to the Department of Seniors, Wellness and Social Development (SWSD), with HCS remaining as a partner. The three government departments (EECD, SWSD, HCS), the Newfoundland and Labrador English School District (NLESD), the Conseil Scolaire Francophone, and the Regional Health Authorities are transitioning more of the HSHS operations to the regional level. Provincial government departments remain the main source of funding and will continue to work collaboratively developing common school health promotion priorities with district and regional partners.

## Leadership

- EECD and SWSD funded participants to attend both the Healthy School Communities National Forum and the National School Food Conference: Changing the Menu. EECD and SWSD participated in follow-up webinars to continue the conversation.
- EECD and SWSD participated in Federal/Provincial/ Territorial Group on Nutrition (FPTGN) meetings to discuss the progress of the Provincial and Territorial Guidance Document for the development of Nutrient Criteria for Foods and Beverages in Schools.
- EECD and SWSD also participated in discussions with the FPTGN on the evaluation of the implementation of School Food Guidelines.
- Kids Eat Smart Foundation of NL is a charitable organization that partners with schools, communities, volunteers, and sponsors to set up and support no-charge, universally accessible nutritious food programs called Kids Eat Smart Clubs (KES). Ninety percent (90%) of all schools (266) in the NLESD have KES Clubs.



- School Lunch Association provide nutritious lunches to children in 25 schools in the greater St. John's area, and received \$23,800 in 2015 from SWSD to support upgrades to their computer and website. The upgrades will provide improved access to information and menu ordering for parents.
- EECD and SWSD, as members of the School Milk Foundation NL Board of Directors, participated in the renewal of school milk educational and marketing materials.
- Eat Great and Participate collaborated with the 34 Community Youth Networks (CYNs) across the province to develop and implement a Healthy Eating Policy for special events and after-school programs. This policy is now included in all CYN manuals.
- EECD, HCS, and the Canadian Mental Health Association NL division (CMHA NL) completed year one of the 3 year Socially and Emotionally Aware Kids (SEAK) Phase 3 pilot project Scaling-Up Social and Emotional Learning in Atlantic Canada.
- EECD resourced and implemented the Grade 3 Health curriculum provincially. The curriculum resources are customized to reflect Canadian and NL culture.
- HCS expanded the Strongest Families Institute program to allow teachers, guidance counsellors, and educational psychologists the opportunity to refer children with behavioural and mental health concerns. HCS also provided several webinars to orientate school staff to the program.
- EECD, Advanced Education and Skills, HCS, and SWSD participated in the Council of Atlantic Ministers of Education and Training (CAMET) Symposium on Mental Health in Halifax. This symposium allowed jurisdictions the opportunity to hear from regional mental health experts and share best practices, especially related to youth in the school and post-secondary settings.

## Knowledge Development and Exchange

- EECD released a best practice document for use by school personnel on violence prevention and social-emotional learning initiatives.
- [A Handbook for Parents of Children with Exceptionalities](#) was recently released by EECD to assist parents, guardians, and students to make informed decisions, and to fully participate in the program planning process.
- EECD released [Guidelines for Creating, Safe, Caring and Inclusive Environments for Students with Diverse Sexual Orientations, Gender Identities and Gender Expressions](#). This document focuses on the promotion of positive school climates for all students.
- EECD developed online professional learning (PL) for NL teachers of Grade 3 Health to complement the new curriculum guide and authorized resources.
- HCS unveiled two online services to support youth mental health. *Bridge the gAPP*, a self-help health promotion tool for youth ages 13-18, connects youth to local services through a searchable service directory. *The BreathingRoom*™ is an online self-management program for youth ages 13-24 experiencing stress, anxiety and depression. Both services can be accessed at <http://youth.bridgethegapp.ca>
- SWSD in partnership with ParticipACTION mobilized a social marketing campaign targeting school aged children to increase awareness and participation in physical activity. The campaign included a public service announcement using a variety of abandoned balls with downtrodden emoji-inspired faces and the 1960s song "Mr. Lonely" playing in the background. <https://www.youtube.com/watch?v=fZicj8vZGqM>

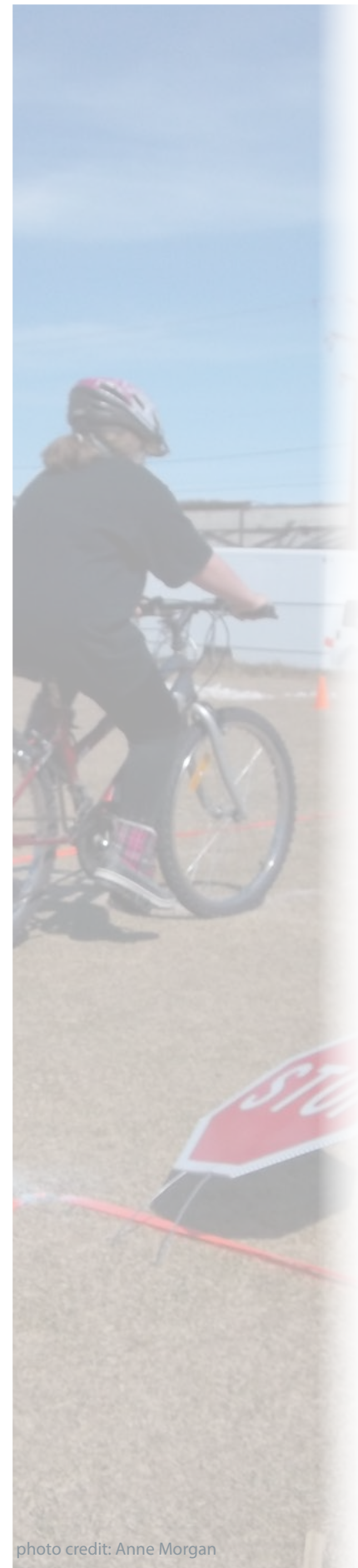


photo credit: Anne Morgan



## Capacity Building

- Fifty two (52) schools throughout the province completed the Healthy School Planner foundational and physical activity modules to support increased opportunities for physical activity in the school setting. Participating schools were provided funding from SWSD to action a physical activity project in their school.
- EECD, HCS, and CMHA NL participated with CMHA NS and the Public Health Agency of Canada on the SEAK Project, to explore a scaling up process for social and emotional learning for children and youth. Year one of the three year funded project included the following initiatives:
  - Promoting Alternative Thinking Strategies (PATHS) program materials were provided to teachers along with two days of training on Social and Emotional Learning (SEL) to school, district, and health staff in the NLESD Western region pilot schools. Training was conducted by a certified PATHS trainer.
  - PATHS coach was hired to support teachers in the integration of SEL skills and approaches used in the PATHS program.
  - Provincial Resource Team Coordinator was hired to assist in the development of a provincial resource team. This team is currently investigating processes to integrate social and emotional learning into various government and organizational systems. Potential partners were identified and an initial meeting was held.
- EECD, through the Special Project Awards, provided \$18,000 to support 36 school initiatives focused on promoting the guiding principles of the Safe and Caring School Policy (2013). This policy is supported by six itinerants working in schools to positively affect child and adolescent development outcomes.
- Annual Community Addictions Prevention and Mental Health Promotion grants support groups and communities in their efforts to prevent addictions and promote positive mental health. Examples of 2015-16 grants to schools included projects to create a supportive school environment, substance abuse awareness training for teachers, workshops promoting positive self-esteem and body image, workshops for teachers to enhance their skills to support youth with mental health issues, and fun days to increase mental health awareness and decrease stigma.
- EECD provided Restorative Justice training for Safe and Caring Schools and Inclusive Education Itinerants. Restorative Justice, which focuses on respectful and caring relationships, is an important approach to help make schools safe, caring, and inclusive.
- Agriculture in the Classroom NL expanded the Little Green Thumbs program to 102 classrooms. PL was provided to teachers with new classroom gardens.
- Mental health promotion and addictions prevention consultants are present in all RHAs and work closely with municipalities, community groups, organizations, youth groups, and schools (e.g., school presentations and school health fairs).
- EECD partnered with Egale Canada and NLESD to provide Train-the-Trainer Workshops to 50 educators tasked to deliver LGBTQ Awareness Workshops to all teachers in the province. The workshop is on developing safe, caring, and inclusive school environments by increasing awareness of the diversity among the LGBTQ population.
- SWSD streamlined their community and school grant funding programs to form the new Community Healthy Living Fund. This fund provides, among other options,

opportunities for schools to support healthy living in both the school and community settings. Examples of school grants include ball hockey equipment, upgrades to school fields, playground equipment for person's living with disabilities, and green space development.

- Through the Poverty Reduction Strategy, 23 Youth Outreach Workers in the four RHAS provide education and outreach services to youth. The youth workers work in both the school and the community. They provide early intervention and outreach to children and youth by engaging them in their own settings. Examples of work includes connecting youth with formal mental health and addictions services, delivering high school presentations, assisting with sporting events, connecting with community youth networks, and promoting violence prevention activities.
- NLESD, in partnership with SWSD revitalized the Active Schools program to support increased physical activity during class time. The program revitalization included the hiring of a Provincial Active Schools Coordinator along with the development of lesson plans and activities to enable children to be active while learning. Teacher training, curriculum resources, and equipment are being provided provincially to support the school-based program.
- School Sport NL, with support from SWSD, engaged over 200 schools to participate in the Participation Nation program, including 27 new elementary schools and 23 new junior high schools. This sport and physical activity program is non-competitive and inclusive and available to Grades K-12 school-aged children.
- There were numerous and varied school health promotion initiatives developed and/or implemented through the partnership between the school districts and the regional health authorities. Examples of these initiatives include the following:

#### **Eastern**

- Two Living Healthy News newsletters were developed and disseminated in the fall 2015 and spring 2016. The newsletters were customized for both schools and parents.
- SHPLCs visited all schools to discuss with school administration and staff, school health promotion accomplishments and challenges.
- SHPLCs completed an inventory of all cafeteria equipment purchased through HSHS to support the district healthy eating policy.
- *Healthy Classroom Celebrations* handout was developed to promote healthy eating during classroom and staff celebrations along with a list of potential funding opportunities.
- Regional School Health Committee was formed within Eastern Health.
- Sexual health pilot project was implemented in three schools.

#### **Central**

- Work continued around physical activity, living tobacco free, healthy eating, and promoting emotional wellness through the Champions of Health Project, the Needs Assessment 2015, and the TELUS Wellness Cafe program.
- Adventure Race series was held with four hundred students from across the region.
- Cultural Hike was held in Cottrell's Cove Academy's with over 100 students participating in a hike which included exploring a local resettled community,





a musical activity on the beach, and a healthy snack.

- Quality Daily Physical Activity and Active After-School work was expanded to include a parent's information night.
- Partnership was formed with local walking groups to create Move for Health which focused on encouraging walkers to live smoke-free and eating healthy.
- Equipment was tendered for small kitchen upgrades in several schools to increase healthy options being served.

### Western

- Tobacco Free Network's Door Decorating contest was coordinated with 68 entries from 16 schools throughout the region.
- Regional training sessions for 28 Student Wellness Action Teams (SWAT) were completed. Students on SWAT teams deliver smoke-free, active living and healthy eating messages to younger students and their peers.
- Eleven Nutrition Month grants were awarded to schools to promote healthy eating through health promotion activities.
- Living Healthy Newsletters were developed and distributed monthly to all schools in the region. These regional newsletters provide information and updates on school health initiatives.
- Eleven school gardens were organized and funded. Through this project students and staff plan and develop vegetable and/or herb gardens on school grounds. This project provides hands-on experiential learning opportunities, connects students with nature and supports healthy lifestyles.
- Recreation NLS Gettin' Outside School Challenge was promoted to encourage students to be active outdoors. In total, 13 schools and 806 students participated in this challenge.
- *Sprockids Leader Training* was organized. Sprockids is a mountain bike program that provides students with the opportunity to develop skills, values, and strategies to guide them throughout their lives and enable them to reach their full potential.

### Labrador

- School health needs assessments were implemented in all schools in the region to assess current needs, set priorities, identify current promising practices, and identify resource gaps.
- Monthly Living Healthy Newsletter was developed and distributed to all schools in the region. These newsletters provide information, ideas, funding opportunities, and updates on school health initiatives.
- Number of local healthy living initiatives were promoted and supported including *Rethink your Drink* (healthy beverage initiative), *Hazy Love* (interactive program that addresses sexual health issues) and provincial initiatives such as the *Outdoor Challenge*, and the national initiative *Bell's Let's Talk day*.
- Sprockids Leader Training was also organized to help provide students with the opportunity to develop skills, values, and strategies to guide them throughout their lives and enable them to reach their full potential.
- Partnerships were formed which include the RCMP, Violence Prevention

Labrador, Labrador Friendship Center, and Mokami Status of Women, all of whom worked together to assist in the delivery of presentations on dating violence, drinking and driving, and ATV and snowmobile safety.

## Nova Scotia

Health Promoting Schools (HPS) was initiated in Nova Scotia in 2005 and is a partnership between the Nova Scotia Department of Education & Early Childhood Development (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.



### Leadership

- On April 1, 2015, nine former district health authorities merged into one and became Nova Scotia Health Authority. The DHW redesign transitioned the leadership around HPS to the NSHA on April 1, 2016. Given the redesign of the DHW, the HPS implementation grants are now administered by Public Health (Scientific and Systems Performance), NSHA.

### Knowledge Development and Exchange

- Members of school board-based HPS teams as well as provincial staff co-created the first HPS Guiding Document for NS. The Guiding Document provides a common direction and proven elements of the HPS approach and includes a vision, a mission, and guiding principles to guide the local HPS teams. **The HPS Guiding Document was approved and endorsed by DHW and DEECD prior to the DHW redesign.**
- The Nova Scotia Department of Education and Early Childhood Development released the Education Action Plan in 2015. The DEECD has committed to making changes in four key areas: build a modern education system, create an innovative curriculum, promote inclusive school environments, and advance excellence in teaching and leadership.

### Capacity Building

- Each year funds are distributed to school boards to support HPS. A working group of HPS leaders across the province was struck to develop the funding formula. The funding formula work was completed in 2015 and the HPS funding formula is in effect.
- A Policy Working Group consisting of HPS representatives from each board and NSHA will work together in 2016-17 to establish a HPS Provincial Evaluation Framework to accompany the HPS Guiding Document.

## 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 the Department of Education, Early Learning and Culture, Department of Health and Wellness, Chief Public Health Office, University of Prince Edward Island (UPEI), businesses, provincial organizations, community groups, school boards, teachers, students, and parent volunteers. The [Healthy School Communities](#) website reflects the wide variety of partners involved in the promotion and



support of Comprehensive School Health on Prince Edward Island.

The evidence base used in 2015-2016 to inform policy, practice, and program development came from the 2012-13 [School Health Action Planning and Evaluation System / Youth Smoking Survey \(SHAPES / YSS\)](#). SHAPES/YSS is a partnership of the Department of Education, Early Learning and Culture, the Department of Health and Wellness, and the University of Prince Edward Island.

## Leadership

- A new [PEI School Leader Development Program](#), offered at UPEI, which is a required course for all principals by 2019, provided a unique opportunity to provide professional development for current and aspiring school principals. A session entitled “*How Healthy School Communities Support Student Success*” explored
  - the interrelated nature of student health, student success, and achievement
  - the [Comprehensive School Health Framework](#)
  - the [Core Indicators and Measurements Framework for School Health and Student Achievement](#)
  - the [SHAPES-PEI](#) initiative including the student health behaviour survey, the [School Health Grant](#), and knowledge exchange/translation supports
  - a recent ‘knowledge to action’ [research project](#) at UPEI which explored facilitators and barriers of using evidence to create healthy school communities
  - the various tools, resources, and supports available, including the [Healthy School Planner](#), [Positive Mental Health Toolkit](#), and the [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.

- A new *Education Act* on Prince Edward Island, to be proclaimed for 2016-17 school year, includes language that outlines the Education Authority’s responsibility to maintain governance and organizational structures that promote student well-being and success. It also includes students’ responsibilities to contribute to a welcoming, caring, respectful, and safe school learning environment and to refrain from, report, and not tolerate bullying or bullying behaviour. This new Act will provide a legislative foundation from which to continue to develop comprehensive school health approaches and establish healthy school communities.
- A series of Wellness Presentations, hosted by the [PEI Home and School Federation](#), were held within the 10 families of schools across the province. These sessions, funded by the [Wellness Grants](#) of the Department of Health and Wellness, involved professional presentations/discussion regarding the topics of anxiety, coping, healthy relationships, and parent supports. These topics were chosen by Home and School Association membership. The need to support student wellness, in particular mental health and other challenges, continues to be of great concern among parents and is a common theme discussed within the newly formed [District Advisory Councils](#).

## Knowledge Development and Exchange

- A Partner Advisory Committee has been formed to support collaboration regarding the [School Health Action Planning and Evaluation System / Canadian Student Tobacco, Alcohol, and Drug Survey \(SHAPES/CSTADS\)](#) initiatives. The SHAPES/CSTADS system collects health behaviour data (healthy eating, physical activity, tobacco/alcohol/drug use, mental fitness) from over 8,500 students in Grades 5-12. Government and



community partners support

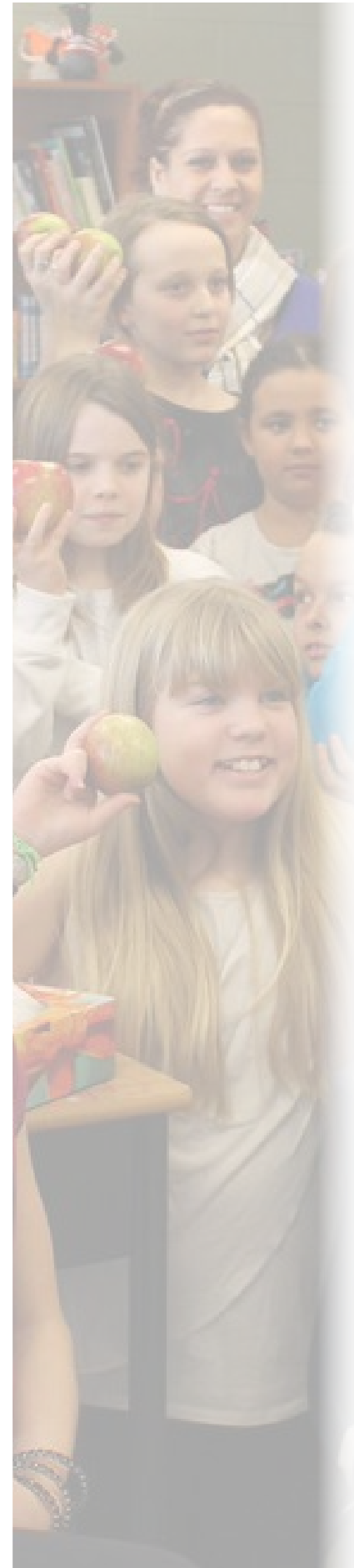
- a collective research agenda through the SHAPES/CSTADS system
- policy development and programming within the schools setting
- Knowledge-to-Action processes including School Health Grant programs
- the development of the SHAPES provincial profile report
- are meeting to discuss the most recent [2014-15 provincial data-set](#).

Working Groups have been formed to develop research briefs on healthy eating and physical activity, which can be used to further explore and understand these student behaviours.

- The Department of Education, Early Learning and Culture continues to develop high school physical education curricula. Along with the newly mandated Grade 10 [PED 401A](#) Wellness course, Grade 11 and 12 students can now choose from a newly implemented [PED 801A](#) Physical Literacy course. This course will contribute to students' knowledge, skills, and attitudes that enable them to enjoy lifelong activity, health, and well-being. These courses provide opportunities for student to participate in and explore alternative learning environments, personal fitness, wellness plans, career pathways, and self-expression of their joy of physical activities.

## Capacity Building

- A Provincial in-service for high school physical education teachers was held in the Winter of 2016 to support the awareness, understanding, and utilization of the new curricula resource [Revealing the Truth – A Tobacco Media Awareness Resource for Teachers](#). Developed by the [PEI Tobacco Reduction Alliance](#), developed in collaboration with the Departments of Education, Early Learning and Culture and Health and Wellness. This cross-curricular resource (physical education, language arts, multi-media, etc.) aims to educate high school students about the harmful effects of tobacco products, the marketing tactics used by the tobacco industry, and education campaigns developed by public health organizations.
- Over \$60,000 of physical activity equipment was provided to 58 schools to support increased quality daily physical activity. Through an on-going partnership with the Canadian Tire - Active at School initiative, the Department's [School Health Grant](#) supports school teams (students, teachers, parents) in
  - examining their SHAPES-PEI student health profile reports
  - using the [Healthy School Planner](#) to assess their school health environment
  - identifying school specific needs and priorities
  - developing an action and evaluation plan using the comprehensive school health framework.
- A new *Student Engagement Grant* has been created to support student peer-to-peer health promotion within school communities. School teams, led by students and supported by teacher and parent allies,
  - use the [Healthy School Planner](#) Foundational Module to assess their school team and school environment





- review their school's SHAPES/CSTADS Student Health Profile report to identify health behaviour topics of greatest concern
- complete the associated [Healthy School Planner](#) Modules
- develop an action, monitoring, and evaluation plan.

Funded by the Department of Health and Wellness, the five pilot schools are using a purposeful student-led health promotion approach to ensure student involvement, engagement, and leadership in improving health behaviours within their school community for themselves and for their peers.

- New and increased supports for school-based (schools and alternative education sites) breakfast/snack programs have resulted in significant positive changes in the total number of programs, the number of students attending, and the amount and variety of healthy foods being offered. Government, businesses, community volunteers, and organizations support breakfast/snack programs through funding, donations, and coordination support. In 2015-16, there were a number of new and increased supports provided to programs including
  - the Provincial Government doubled funding to \$200,000
  - the Egg Farmers of PEI provided \$20,000 for eggs and storage/cooking equipment
  - the PEI School Milk Foundation provided access to subsidized milk for programs
  - the Breakfast Club of Canada and the Clarke-Smith Foundation provided funding and support for a program coordinators workshop.

These supports continue to help increase the number of programs available to students, encourage students' healthy eating, help ensure more students come to class prepared to learn, and enhance positive student nutrition habits - which helps to improve 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 also undertakes a multi-year data collection initiative, which monitors progress and includes support for schools in efforts to use their own results to take action on wellness. DSD funds two School Wellness Consultants who collaborate with and facilitate the work of education wellness champions. They support comprehensive school health approaches through the distribution of grants and resources, providing training to school and district employees, provision of a School Wellness Newsletter, and in connecting schools to other resources in their communities such as Wellness Networks. The Department of Education and Early Childhood Development (EECD) reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools.

## Leadership

- EECD initiated an engagement process to develop a 10-year provincial Education Plan. Anglophone and Francophone Co-Chairs were appointed by the Premier to undertake an extensive engagement process to inform the development of a new 10 year Education Plan. On June 17, 2016, recommendations were released and can be found at: <http://www2.gnb.ca/content/gnb/en/departments/education.html>.
- **Diversity and Respect Week** was celebrated November 16-23, 2015 in schools as part of a provincial effort to support a safe, welcoming, and affirming school environment for all students. Diversity and Respect Week replaced Anti-bullying Week promoted in New Brunswick schools since 2012. The change to **Diversity and Respect Week** is in alignment with the department's refocusing of the position of a Diversity and Respect Coordinator to focus on the promotion of a positive learning environment for all learners. The intention is to look at the contextual underpinnings of bullying and harassment in order to be a truly inclusive system. As part of the week's activities, schools around the province held assemblies and other special events, including inviting First Nations dancers and drummers to the school. Some schools celebrated with special projects, including random acts of kindness initiatives, quilts that celebrate diversity within the school, and other theme-related classroom activities.

## Knowledge Development and Exchange

- DSD, through a partnership with the New Brunswick Health Council, administered the Student Wellness Survey with students in Grades 6 to 12. A total of 176 of 187 schools participated, including all three First Nation schools with students in Grades 6 to 8. Prior to the survey, questions were reviewed with over 50 youth (representing diverse groups from various geographic locations throughout the province) and with education partners, as well as other stakeholders to ensure data being collected was relevant and meeting current needs and demands.
- The NB Health Council released a Brief ([\*Protective Factors as a path to better youth mental Health\*](#)) and a supporting report entitled [\*Fostering Resilience in NB Schools and Communities\*](#). The report detailed key factors which can be focused on to improve the resilience and well-being of New Brunswick children and youth, using the 2012-2013 Grades 6 to 12 Student Wellness Survey Results. The brief highlighted resilience scores (by population subgroups), the importance of protective factors and strength based approaches to address mental health challenges.
- The francophone sector launched a new resource, [\*La diversité sexuelle et de genre – Ressource pédagogique inclusive\*](#) (sexual and gender diversity, an inclusive educational resource), and professional development was offered to teachers.
- A new Grade 3-5 Personal Wellness was piloted in 9 classes for the 2015-2016 school year. This new curriculum is a combination of Health and Personal Development and Career Planning, replacing both curriculums for those grade levels. It has been divided into 4 strands – Wellness, Mental Fitness, Relationships, and Career Development. It will be available for provincial implementation for the 2016-2017 school year.
- The new Grade 10 Personal Development and Career Planning is currently being implemented provincially.
- Outdoor Pursuits, an elective course for Grade 11 and 12 has been revised and is now called Outdoor Education. It consists of 4 strands: Personal and Social

Development, Fundamental Skill, Environmental Awareness, and Wellness and was piloted during the 2016-2017 school year.

- Révision des programmes de formation personnelle 6-8 et sociale dans le but d'ajouter les compétences liées au développement vie-carrière.
- Publication des lignes directrices sur la sécurité en éducation physique (programmes d'études, sports interscolaires et sports intrascolaires).

## Capacity Building

- DSD brought together champions who are working towards greater mental health/ mental fitness in the province in a variety of settings (work, schools, community, clinical settings, NGOs) in the province, with the following goals:
  - To work toward a common vision of mental health promotion
  - To increase awareness regarding the range of mental health promotion activities being carried out
  - To explore opportunities to work together and build capacity related to mental health promotion.
- In order to share lessons learned from initiatives of the Take Action on Tobacco Use Grant Program, the NB Anti-Tobacco Coalition, a partnership of non-government and government stakeholders committed to collaboration on tobacco control, are [sharing stories of implemented projects](#). Tobacco free living champion stories in 2016 include schools who have implemented comprehensive school health approaches to address tobacco use.

## 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.

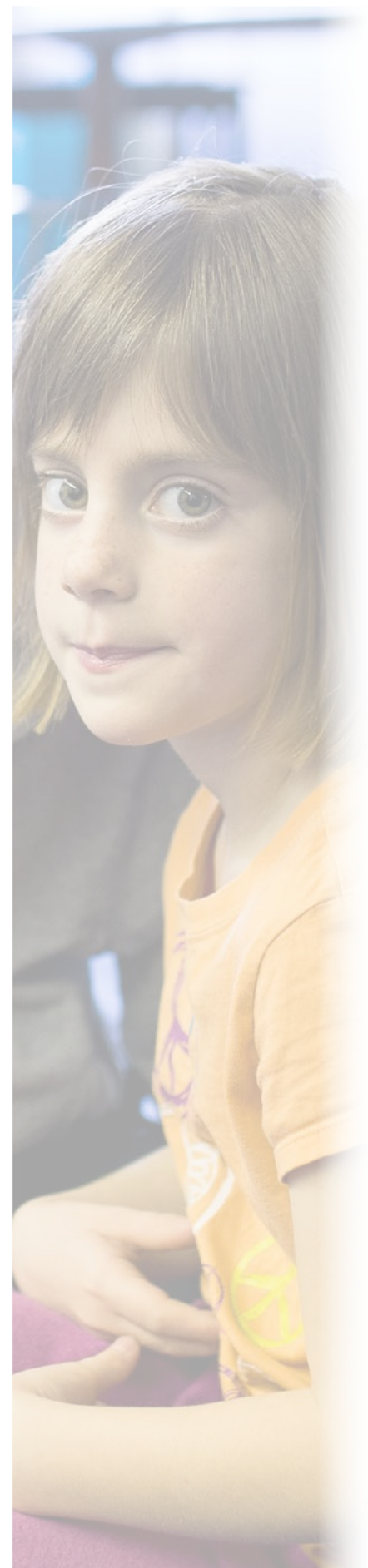
## Leadership

- On May 5, 2015, [Bill 20 – Ryan's Law \(Ensuring Asthma Friendly Schools\), 2015](#), received Royal Assent and came into force. Ryan's Law replicates [Sabrina's Law, 2005](#), which deals with anaphylaxis in schools. Ryan's Law requires school boards to establish and maintain an asthma policy. The school board policies shall include
  - strategies to reduce risk of exposure to asthma triggers
  - a communication plan for the dissemination of information on asthma
  - regular training on recognizing and managing asthma
  - a requirement that every school principal develop an individual plan for each pupil who has asthma taking into consideration any recommendations made by the pupil's health care provider

- a requirement that every school principal inform employees and others who are in direct contact on a regular basis with a pupil who has asthma about the contents of the pupil's individual plan
- a requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information about asthma
- a requirement that every school principal maintain a file of current treatment and other information for each pupil with asthma, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.
- [Fresh from the Farm](#) is an innovative 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.
  - 2015 was the biggest year yet for the program, as 142 schools participated in the program and collectively raised \$430,000, of which \$160,000 was retained for school initiatives. Since the program's inception, 300 schools participating in Fresh from the Farm have sold over 340,000 kilograms of Ontario vegetables and fruit, representing 4.2 million servings of local produce. For every public dollar invested, the program has returned \$2.30 back into Ontario's economy, while supporting local farmers.
  - Plans are in place to deliver Fresh from the Farm to over 50 school boards and 4,000 schools across the province in 2016-2017. This includes offering the program to over 30 First Nation schools that are in close proximity to eligible school boards.
  - By 2017-2018, the goal is to offer Fresh from the Farm to all 72 school boards across Ontario.
- 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.

## Knowledge Development and Exchange

- In 2015-2016, the Ontario Ministry of Education continued to provide funding to school councils and parent involvement committees to support, encourage, and enhance meaningful parent engagement across district school boards in support of student achievement and well-being. The Ministry of Education's [Parents Reaching Out \(PRO\) Grants](#) utilizes a grassroots approach in local communities with parents helping parents, and aims to identify barriers and find solutions for increased parent engagement to support their children's achievement and well-being.
  - In 2015-2016, over 2,250 PRO grants had been awarded - a total investment of approximately \$3.5M. Examples of past projects include, but are not limited to: sessions on managing stress and anxiety, supporting safe, inclusive and respectful school climates, presentations on nutrition and fitness, and workshops on the identification of and strategies to address bullying.





- To support implementation of the recently revised [Ontario Curriculum, Grades 1-8: Health and Physical Education, 2015](#) and [Ontario Curriculum, Grades 9 to 12: Health and Physical Education, 2015](#), the ministry worked with key education partners to develop a comprehensive suite of resources for parents and educators.
  - The resources are intended to build understanding about the updated curriculum and include supports such as online learning modules, videos, slide decks, posters, and parent pamphlets.
  - Some examples of these resources include: [Ministry of Education H&PE Curriculum and Resources for Parents](#), [EDUGains H&PE Teacher Resources -Elementary](#) [EDUGains H&PE Teacher Resources -Secondary](#), [Ophea's H&PE Curriculum Supports](#), [Ophea's H&PE Elementary Resources](#), [Ontario Principals' Council Video: Introduction to H&PE Curriculum](#).

## Capacity Building

- The [Healthy Kids Community Challenge](#) is a community-based program, in which partners from different sectors (e.g. health, education, recreation, local business) work together to implement evidence-based policies and programs that encourage healthy active living for children ages 0-12. There are 45 communities participating in the Healthy Kids Community Challenge.
  - Introduced in 2015 by the Ministry of Health and Long Term Care, the first theme of the Healthy Kids Community Challenge was “Run. Jump. Play. Every Day.” This theme encouraged physical activity through a mix of active play, active transportation, outdoor play, sports and structured physical activity.
  - Schools and school boards are partners in all communities. Schools and school boards support planning, enable collaboration, lead and/or facilitate implementation and promote opportunities for children 0-12 and their families to engage in healthy, active behaviours.
  - The Healthy Kids Community Challenge is currently implementing its second theme “Water does Wonders”. This theme encourages kids and families to reach for water when thirsty instead of sugar-sweetened beverages.
- The Northern Fruit and Vegetable Program increases awareness and consumption of fruits and vegetables among elementary and intermediate school-aged children in northern and remote communities by providing no cost fresh fruits and vegetables in combination with healthy eating and physical activity education.
- 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 healthy child and youth development.
  - During the 2015-16 school year, funding was provided to support over 150 new breakfast programs in higher needs schools as part of [Ontario's Poverty Reduction Strategy](#).
  - The ministry also worked with First Nations partners to develop and implement Student Nutrition Programs in 63 First Nations serving approximately 11,000 children and youth.
  - During the 2014-15 school year, the program served over 847,940 school-age children and youth across Ontario.

- In February 2016, the [Nutrition Resource Centre of the Ontario Public Health Association](#) began working on a project to develop new nutrition guidelines for the program that reflect current science and healthy eating recommendations for children and youth. The new guidelines will be released during the 2016-17 school year.
- In January 2014, the NFVP was expanded as an initiative of the Ontario Healthy Kids Strategy. The expansion doubled the reach of the program, as well as more than doubled the reach to Aboriginal children.
- As of January 2016 and over the course of the 20 week program, the Northern Fruit and Vegetable Program provides over 2 million servings of fresh fruits and vegetables to over 36,500 students in 192 schools in the Porcupine, Algoma, and Sudbury regions, including over 6,600 Indigenous children.
- An evaluation carried out by an external consultant in 2015 found that an overwhelming 92% of children agreed that they enjoyed receiving fruit or vegetables as part of NFVP. The majority of participants also agreed that the program helped them to achieve their recommended weekly intake (85%), learn better in school (80%), and be more physically active (89%).
- In May, 2016 a \$222 million was announced for Ontario's First Nations Health Action Plan, which includes an expansion of the Northern Fruit and Vegetable Program to four additional public health regions to provide access to fresh fruits and vegetables for approximately 13,000 more Indigenous children in northern and remote communities.
- In 2015-16, the Ministry of Education continues to work with diverse stakeholders to provide safe, inclusive and accepting learning environments for all students through its funding of innovative, evidence-informed tools, resources and professional learning supports and opportunities.
  - The Canadian Multifaith Federation (formerly Ontario Multifaith Council) is delivering training to educators and assisting boards in reviewing their processes to provide religious accommodation and has updated its handbook on religious accommodation.
  - The Ontario Education Services Corporation (OESC) is supporting capacity building and mobilizing of resources that address homophobia, biphobia and transphobia in schools for Directors of Education and senior system leaders.
  - L'Association des directions et directions adjointes des écoles franco-ontariennes (ADFO), Catholic Principals' Leadership Development Ontario (CPLDO)/Catholic Principals' Council of Ontario (CPCO), and the Principal Association Projects (PAP)/Ontario Principals' Council (OPC) is strengthening equity leadership capacity among school leaders to support LGBT students while meeting the unique needs of leaders in all four education systems (English/Public, English/Catholic, French/Public, French/Catholic).
  - A Circle of Caring: Multimedia Toolkit was released in 2015 for schools and families of First Nations, Métis and Inuit students to help promote family engagement and home-school collaboration to support student well-being and success.
- Ontario's New Ontario Autism Program
  - The new Ontario Autism Program will make it easier for families to access services for their children by reducing wait times, providing more flexible services



at a level of intensity that meets each child's individual needs and increasing the number of treatment spaces available to serve more children and youth and accommodate the rising prevalence of autism diagnoses.

- Ontario's enhanced transition plan will help to better support all children with autism while improving support to those families most affected by the transition to the new program. This includes
  - Moving to a new integrated Ontario Autism Program starting in June 2017
  - Providing service continuity for families whose children are over five and are being transitioned off the IBI waitlist. These families will be provided with the option to purchase continuous individualized service through direct funding or to choose immediate, continuous access to publicly-funded ABA services
  - Piloting new approaches for improving access to diagnosis
  - Piloting a supported employment program for young people with ASD
  - Strengthening resources for families, including comprehensive one-on-one supports to help them navigate the transition to the new program
  - Enhancing autism supports in schools to help children transition to, and continue in, full-time school.
- 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 2015-16 YOF, the following health-related grassroots innovation projects were funded:
  - CANVAS Arts Action Program c/o Youth Assisting Youth - to run the nine-week 'Celebrate! Body Positive Improve Program' in schools and communities across the Greater Toronto Area. Youth will be equipped with creative tools to combat negative body image, gender-based violence, homophobia and transphobia.
  - Next Gen Men c/o 360kids - to deliver after-school programs to develop social identity, self-awareness and healthy masculinity for boys ages 12 to 14 years in York Region and equip them to interact positively with peers, adults and the community.
  - S.E.E.D.S. c/o Thornecliffe Neighbourhood Office - to deliver an after-school program, using a peer-learning model, for middle school youth in Toronto's neighbourhood improvement areas. Local post-secondary students will provide supports, helping the youth to form and maintain healthy, close relationships.

## 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](#) was announced in May 2015. The Strategy provides new and enhanced mental health supports for whole communities, selective programs for children and youth who need additional supports, and intensive programs for the most vulnerable.
- The revised [Protocol for Early Childhood Transition to School for Children with Additional Support Needs](#) was released in February 2016. This protocol updates processes for coordination among families, early childhood centres, and schools to assist the transition to kindergarten for families with young children with special needs.
- A new \$500 bursary was added to the 2015-2016 Premier's Healthy Living Awards, provided to all award recipients. 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.

## Knowledge Development and Exchange

- The Chief Provincial Public Health Officer released [Healthy Environments: Healthy People 2015 Health Status of Manitobans Report](#), describing the health status through the life stages and highlights key health issues in those stages.
- The online [Tell Them from Me](#) (TTFM) survey was conducted in most Manitoba schools in 2015/16 for the third consecutive year with partial funding received from the Province. Through the TTFM survey, students share their stories and experiences anonymously, and make their voices heard on a wide range of topics such as engagement, high school completion, and their perspectives on how schools can prevent bullying and make schools safer for all students.
- Manitoba developed a new youth suicide prevention website for educators, school administrators, parents, and students: [www.everyonemattersmanitoba.ca](http://www.everyonemattersmanitoba.ca). 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 will be linked to this site.

## Capacity Building

- New funding commencing in 2016/17 was provided to the [Rainbow Resource Centre](#) for a **School LGBT2SQ\* Equity and Inclusion Coordinator** position to provide education, resources, and consultation support to schools to develop and implement equity and inclusion policies.
- Provincial funding was provided to the Heart and Stroke Foundation for its **Healthy School Communities Initiative** with the Frontier School Division and nine First Nations communities in northern Manitoba for 2015/16 and 2016/17. The Healthy Communities Initiative is designed to support local coordinated sustainable action to promote healthier school and community environments by identifying, enhancing, and leveraging local capacities and needs.
- Manitoba continued to provide annual funding through [Healthy Schools Grant](#) to school divisions, Independent, and First Nations schools to support their development of Healthy Schools plans and priorities as they build healthy school communities.



- Additional support was provided for the following through the **Child and Youth Mental Health (CYMH) Strategy**:
  - [PAX](#), the classroom-based, mental health promotion strategy. Manitoba and international evaluations demonstrate that PAX increases children’s self-regulation and prosocial behaviour, and decreases bullying and aggression, by encouraging students to work together towards a common goal.
  - 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 to help expedite reintegration into standard classrooms.
  - [Roots of Empathy](#), an evidence-based program that builds the capacity for children to become caring and compassionate citizens through monthly classroom visits by an infant and his/her parent(s), as well as a curriculum that teaches students about empathy and other prosocial behaviours that foster mental well-being.
  - **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 continues to support youth-friendly primary 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 and harm reduction perspective.
- In 2015/16, government provided 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.
- Through the [Students Working Against Tobacco \(SWAT\)](#) program, students from a Winnipeg high school received specialized training in 2015/16, making that the inaugural First Nations Super Trainer School. Those students will be leading the expansion of SWAT into First Nations communities in 2016/17.
- In 2015/16, [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 12th year. The number of student votes received increased by 30% over 2014/15 with a total of 18,723 votes being cast.

## Saskatchewan

In Saskatchewan, the Ministries of Health and Education are committed to the application of a Comprehensive School Community Health (CSCH) approach to help guide and coordinate government actions that improve student success and well-being, and encourage strong family, school, and community partnerships. Aligning with Saskatchewan’s priorities, the CSCH framework supports collaborative action for the enhancement of student learning, skill development, academic achievement, and reduced absenteeism. This approach includes a focus on creating opportunities for student leadership and engagement, and the creation of equitable learning environments where all students feel safe, cared for, and respected.



## Leadership

- The [Education Sector Strategic Plan, 2014-2020 \(ESSP\)](#) is the first ever province-wide plan to be developed in co-operation with all education sector partners, approved by the 28 school boards and accepted by the Government of Saskatchewan. It provided a unified approach to education in order to meet the needs of all students. Community consultations and the [Student First](#) engagement process informed its development. School division and ministry staff draw on the Education Sector Strategic Plan to develop their own annual and long term plans.
- [Saskatchewan's Action Plan to Address Bullying and Cyberbullying](#) is a three-year action plan that provides students, families, and schools with the knowledge, skills, resources, and supports to help Saskatchewan children and youth feel safe and accepted at school, in their community, and online. The action plan has framed the province's proactive work in the areas of student safety, gender and/or sexual diversity, and digital citizenship. It has also provided opportunities for Saskatchewan youth to take leadership roles in making positive change in their school or community.
- [Taking Action on Poverty: The Saskatchewan Poverty Reduction Strategy](#) was released on February 24, 2016 and will guide efforts to reduce poverty in the province. The Strategy was developed based on recommendations from the Advisory Group on Poverty Reduction which was composed of community members and representatives from across government including the Ministries of Social Services, Economy, Education, Health, Justice, and Corrections and Policing. The Strategy contains a number of initiatives that will benefit those affected by poverty and aims to reduce the number of residents who experience poverty for two years or more by 50 per cent by the end of 2025.

## Knowledge Development and Exchange

- To ensure our schools are more welcoming for all students, the Ministry of Education released the [Student Alliances for Gender and Sexual Diversity in Saskatchewan Schools](#) policy statement to support students in establishing an alliance for gender and sexual diversity. A complementary online professional learning resource, [Deepening the Discussion: Gender and Sexual Diversity](#), was developed to help school division staff deepen their understanding of gender and sexual diversity and to assist them in providing safe, equitable, and inclusive learning environments for all students.
- [Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan](#) highlights a system goal toward focusing on Prevention and Early Intervention. In 2015-16, the Ministry of Health initiated a scan of Regional Health Authorities to gain an understanding of the current work underway to support positive mental health and the prevention of alcohol and drug use. To date, the majority of initiatives within regions are focused towards maternal and parenting supports, school based programming, and investments in youth.
- [Teaching Nutrition in Saskatchewan: Concepts and Resources for Grades 1-3](#) and [Grades 4-5](#) are two curriculum support documents developed by the Public Health Nutritionists of Saskatchewan Working Group (PHNSWG). These documents link to the [Saskatchewan Curriculum](#), and assist educators in identifying accurate and high quality nutrition information related to the health education outcomes for each grade.



- A [fentanyl infographic](#) was co-produced by the Ministry of Health and the Ministry of Advanced Education to raise awareness about the illegal misuse of this drug. The infographic has been actively shared and re-tweeted and has had significant reach within the province.

## Capacity Building

- [Following Their Voices](#) (FTV) is a made in Saskatchewan initiative designed to improve First Nations and Métis student outcomes. Year 1 implementation of FTV started in the fall of 2015 in five Saskatchewan First Nations schools and 12 provincial schools. FTV is implemented through a peer coaching model which has supportive structures in place for professional learning and development, collegial reflection, and co-construction planning. The work takes place within an eight week Critical Learning Cycle that occurs four to five times in a school year. The Critical Learning Cycles provide opportunities for teacher reflection to enhance practice and a chance to work collaboratively with peers to examine data and set goals to support achievement for First Nations and Métis students.
- The Ministry of Education has partnered with SaskTel's [I Am Stronger](#) to provide students, families, and educators with a one-stop access to resources, tools, and supports to prevent or respond to bullying. This website also links to the provincial [anonymous online reporting tool](#), an option for students to report incidents of bullying online when reporting in person is not possible.
- The Ministry of Education and SaskTel have created leadership opportunities to encourage youth to promote safe, caring, and accepting schools and communities through [I Am Stronger Community Grants](#). These small grants are for youth-led initiatives to address bullying and promote healthy relationships.
- The Ministry of Education hosted a province-wide virtual Student First Anti-Bullying Forum attended by more than 9,000 students in November 2015. The event encouraged students to engage in positive activities in their schools and communities while fostering responsible online behaviour.
- The Ministry of Education supported educators to integrate the instruction of appropriate and responsible online behaviour for all students through licensed bilingual digital literacy resources ([Media Smarts](#)) and the release of the [Digital Citizenship Education in Saskatchewan Schools](#) policy guide and training webinar.
- The Ministry of Education recognizes that safety in schools and communities is a shared responsibility and has supported school divisions across the province to train their staff and engage community partners in **Violence Threat Risk Assessment** (VTRA). Partners trained in Level II VTRA can develop a **Community Threat Assessment and Support Protocol** (CTASP) which is when school divisions and community partners sign a formalized agreement that outlines the mutually agreed upon process and responsibilities when responding to a threat. A total of eight CTASPs are signed in Saskatchewan.
- The Ministry of Education identified the importance of promoting positive relationships and has partnered with the Canadian Red Cross to implement **Respect Education** programming. By training lead educators in Respect Education, school divisions will have the capacity to provide future training in-house.
- A partnership between the Ministry of Education and **Kids Help Phone** has provided an opportunity to engage classrooms in open discussions in order to help young people identify a potential support system and encourage comfort levels in help-

seeking behaviours. Through the *Classroom to Counsellor Initiative*, students were able to learn more about mental health by interacting with a Kids Help Phone counsellor within their school setting by phone.

## Alberta

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



## Leadership

- Students are better able to achieve success and a positive sense of self when schools are inclusive, welcoming, caring, respectful, and safe. These environments support students in building healthy relationships with others, value diversity, and demonstrate respect, empathy, and compassion. To support this, An Act to Amend the Alberta Bill of Rights to Protect our Children (formerly Bill 10) came into full effect on June 1, 2015. In addition to enshrining sexual orientation, gender identity, and gender expression in the Alberta Bill of Rights as protected grounds from discrimination, the Act amended the [School Act](#) to include
  - [students', parents' and school boards' responsibilities](#), as they relate to welcoming, caring, respectful, and safe learning environments that respect diversity and nurture a sense of belonging and a positive sense of self
  - a requirement for school boards to create and implement a policy that includes a [code of conduct for students](#). The code of conduct must address bullying behaviour, be publicly available, reviewed every year, and provided to all staff, students, and parents. The School Act outlines the elements which need to be contained in the code of conduct
  - a definition of bullying
  - a requirement for school boards to support students in creating gay-straight alliances (GSAs) or queer straight alliances (QSAs) when requested in their schools
  - supports for school authorities in the implementation of the amended School Act; Alberta Education has developed a number of new tools and resources on its [Safe and Caring Schools webpage](#), including [Guidelines for Best Practices: Creating Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions](#).
- Budget 2016 adjusted the Government of Alberta's commitments to implement a school nutrition program and to reduce school fees. A targeted school nutrition program will be piloted during the 2016-17 school year and then phased in over the following two years, with \$10 million in 2017-18 and \$20 million in 2018-19.
- Shaping the Future is an annual conference hosted by Ever Active Schools which draws delegates from across health, education, active living, community, and research sectors to discuss and learn about comprehensive school health.

Each year, the conference provides an opportunity for delegates to network, share, gather information, and engage in personal and professional growth and development. The 2016 conference was held from January 28 to 30 in Kananaskis, Alberta. Eighty-nine percent of delegates agreed that the conference contributed to their deeper understanding of student wellbeing, and reported that the Shaping the Future conference enabled them to develop or reinforce 6 partnerships on average to support their school health strategies. A highlight of the conference was the Honourable David Eggen, Minister of Education, who brought greetings and recognitions of school health efforts on behalf of the Government of Alberta.

## Knowledge Development and Exchange

- The [Alberta Healthy School Community Wellness Fund \(Wellness Fund\)](#) gathers and shares data from school communities implementing a comprehensive school health approach in order to inform decisions related to improved student health and learning outcomes. Results from the quantitative and qualitative data are shared with the school communities and this contributes towards positive, trusting, and mutually respectful relationships. This knowledge exchange allows participants to be actively involved in shaping and contributing to their own learning following adult learning principles that supports diverse learning styles and opportunities for critical reflection. Most recently there has been a range of knowledge exchange strategies shared to assist projects in changing their culture to create sustainable healthy school communities. These include a wellness handbook, videos, summary reports and handouts, sharing data and current research to inform a change in practice.
- A pre-conference session focused on student mental health was hosted by Alberta School Boards Association (ASBA) at the 2016 Shaping the Future conference. This session brought school trustees and other invited guests from education and health together to consider a more collaborative approach to support the mental health of students and the broader school community. It also provided strategies to promote positive mental health within school environments and opportunities to learn about resources and supports that are available to support resiliency and wellness.
- Ever Active Schools hosted a province-wide learning opportunity titled Resilience as a Path to Healthy School Communities: Lessons Learned from Indigenous Teachings. The session featured youth stories of resilience from across the country. Strength based initiatives including the Aboriginal Youth Mentorship Program, Ever Active Schools, and the Alberta Future Leaders were highlighted providing delegates with hands-on learning experiences. Over 400 delegates including 14 school teams attended the day. Ninety-seven percent of delegates reported that the pre-conference provided strategies to integrate student-wellness-related learning into current practice.

## Capacity Building

- The Wellness Fund, a comprehensive school health initiative, is funded by Health and Education, demonstrating collaborative partnerships between education, health, and community organizations with a focus on strategies that support aboriginal student health, healthy eating, active living, positive mental health, and healthy relationships. The Wellness Fund has been a feature of healthy school community development for nine years and during this time it has facilitated support to 59 of Alberta's 61 public, separate, and Francophone school authorities through the delivery of 23 grant calls. The Wellness Fund has facilitated building wellness capacity in schools so that all students feel a sense of belonging and connectedness. The Wellness Fund encourages schools to consider education through the lens of wellness; recognizing existing strengths and self-identifying areas of need.

- The Healthy Active School Symposia (HASS) is a platform for relationships to be developed between teachers, students, parents, and community partners. HASS facilitates successful collaboration and cooperation to improve the overall health of Alberta’s participating school communities. HASS events foster student engagement in healthy school communities and facilitate the development of student-led action plans. In 2015/16, 13 HASS events took place in communities across Alberta engaging 290 schools in 58 of 61 school authorities. Some of the healthy school community projects featured at the HASS events were hosting healthy sporting events; 21st century spaces for 21st century learners; school community gardens; and partnerships, services, and the afterschool hours.
- Alberta’s First Nations, Métis, and Inuit communities continue to implement initiatives focused on resiliency, educational outcomes, high school completion, and student well-being in school communities through a comprehensive school health approach with support from EAS. An example is the Kainai Board of Education which developed a school wellness policy rooted in Blackfoot culture with representation from senior administrators, teachers, parents, students, food services staff, and dietitians. This policy, along with other sustained wellness initiatives, has demonstrated an impact in the community; the graduation rate at Kainai High School has increased from 1 in 2010 to 26 in 2015.

## 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 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.



## Leadership

- The Ministries of Education; Health; Community, Sport and Cultural Development; and Children and Family Development; regional health authorities; and several provincial non-governmental organizations collaborated to inform the development of a new provincial [Physical and Health Education curriculum](#) for Kindergarten to Grade 9, which was trialed in select schools during the 2015/16 school year. These organizations also initiated a process to review and enhance existing resources and regional partnerships, to support teachers to effectively deliver the new curriculum.
- [Active People, Active Places – British Columbia Physical Activity Strategy](#), developed in consultation with the multi-sector BC Physical Activity Leadership Table, was released in November 2015. One of the strategy’s four areas of focus is “Children and Youth”, with priority placed on the school environment. Planned actions for this priority area aim to enhance the physical literacy of students through skills training for generalist teachers and grants to increase physical activity programming in schools.
- As a part of the [ERASE Bullying](#) strategy, over 14,000 educators and community partners to-date received training to foster school connectedness and inclusion, as well as to respond to worrisome and threat making behaviours. Safe School Coordinators responded to more than 750 student safety issues through an anonymous [online student reporting tool](#). Enhancement of the ERASE strategy is

being planned with a focus on increasing mental health literacy and addressing online worrisome behaviours.

- The Ministry of Health and the McConnell Foundation convened a series of meetings with key stakeholders to discuss the socio-ecological context and determinants of mental health and well-being in schools. Participants identified a number of immediate opportunities to positively influence these determinants through:
  - 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 [BC Physical and Health Education curriculum](#).
- The Ministry of Community Sport and Cultural Development, program administrator DASH BC, and participating school districts received the [2015 Premier's Award for Innovation](#) recognizing the achievements of the [After School Sport and Arts Initiative](#), in the Interior/North region of British Columbia. The award recognized the initiative for its community-driven approach, partnership development, support for students who face barriers to participation, and its strong learning network across the province.
- Key learnings from the After School Sport and Arts Initiative on how to promote after school sport and arts programming for children who face barriers to participation were presented at the [Ever Active Schools Shaping the Future](#) conference. In addition, a presentation around strategies for community-school partnerships learned from the initiative was presented at the [Cities Fit for Children Provincial Summit](#) in Vernon, BC.

## Knowledge Development and Exchange

- The [Healthy Schools BC Year Two Evaluation Progress Report](#) was released, assessing the effectiveness of the initiative and identifying opportunities for further development. Year Three evaluation activities also took place – the final Year 3 evaluation report will draw comparisons across the three years of the evaluation, and is expected to be released in the fall of 2016.
- An evaluation of the [After School Sport and Arts Initiative](#) was initiated, exploring the impacts of after school sport and arts programs on child and youth development. Preliminary findings have shown benefits to children becoming physically active, increasing self-confidence, and strengthening school connectedness.
- DASH BC hosted the 9th Annual [Healthy Schools Leadership Symposium](#) in May 2015 with over 140 attendees. Presentations and workshops focused on school connectedness, food literacy, social innovation, and assessment & evaluation.
- Based on further analysis of the 2013 BC Adolescent Health Survey of 30,000 students in Grades 7-12, the McCreary Centre Society released [How Many is Too Many for BC Youth](#), describing levels and patterns of alcohol consumption, and the geographical distribution of alcohol-specific risk and protective factors.
- The [School Food Literacy Capacity Building Initiative](#), administered by DASH BC, provided 20 grants to school communities across the province to implement projects that explore a comprehensive school health approach to food literacy. School communities participate in regular opportunities for learning and networking.



- The BC School Centred Mental Health Coalition, in partnership with the BC Children’s Hospital Health Literacy Team, co-led the 6th annual [Summer Institute for Promoting Mental Wellness in BC School Communities](#).
- The [Concussion Awareness Training Tool \(CATT\) for School Professionals](#) was officially launched, developed by the BC Injury Research and Prevention Unit in partnership with the BC Ministries of Health and Education, and the GF Strong Rehabilitation Centre. The tool provides educators and school administrators with the necessary resources for supporting a concussed student in his/her integration back to school.
- [Helping Schools](#), an ongoing project of the Centre for Addictions Research of BC designed to support effective responses to substance use and potentially addictive behaviours, engaged in a number of activities including
  - Updating the project [website](#), including a new “promising practices” series of briefings (e.g., [“Defining Drug Literacy”](#), [“Parenting: The Drugs Question”](#)), expanding on the [“iMinds”](#) curricular support materials (Grades 4-12), and adding [“Art of Motivation”](#), an intervention resource using the principles of motivational interviewing
  - Providing professional learning opportunities and consultations to schools and education partners, including presentations on effective drug education at provincial and national conferences and professional development workshops with educators, parents, and community partners
  - Working with the Gaming Policy and Enforcement Branch at the BC Ministry of Finance to review and evaluate their [Responsible and Problem Gambling education program](#), and developing a set of core competencies and cross-curricular learning materials related to gambling education for students in Grades 8 to 12.

## Capacity Building

- The McConnell Foundation launched their national [WellAhead initiative in BC](#) in spring 2015. WellAhead aims to improve child and youth mental health through sustained integration of social and emotional wellbeing in school communities. Year one activities in BC focused on whether implementing the three following elements could lead to sustained integration of wellbeing in school communities:
  - a social innovation lab approach
  - a strategic focus on ‘everyday practices’
  - adhering to a core set of values which include collaboration, mass participation, collective ownership, transparency, and emergence.

WellAhead put out a call to school districts across BC for expressions of interest to take part in a social innovation lab inspired process throughout the 2015-16 school year. The design of this process laid out three core phases: co-design, prototyping, and scaling. Of the 60 total school districts in BC, 41 applied, and six pilot districts were selected for Year One.

- Healthy Schools BC [School District Readiness Grants](#) were made available to support districts to identify and address priorities for healthy schools through strengthening connections and shaping partnerships with health sector and community partners. Grants were awarded to school districts in June 2016 to implement activities in the 2016/17 school year.

- 207 Healthy School BC school-level grants were provided to schools across the province through the [Healthy Schools Network](#). Healthy Schools Network Leaders have supported capacity building in schools to lead inquiry-based healthy living projects.
- DASH BC continued train-the-trainer style **Healthy Schools BC learning sessions** in regional health authorities. These sessions focused on strengthening partnerships between health and educator sectors, identifying collective health priorities with the use of local data, and building local capacity to take collaborative action.
- [French Language Healthy Schools BC resources](#) were developed and promoted to Francophone and French Immersion schools. A related [Health Caravan/Caravane Santé](#) visited [6 school communities](#) in March 2015 to promote the new resources and connect schools with local health professionals. These outreach activities supported Francophone and French Immersion schools to increase their engagement with the Healthy Schools BC initiative.
- The [BC School Fruit and Vegetable Nutritional Program](#) celebrated its 10 year anniversary, delivering fresh BC fruit and vegetables and providing hands-on learning opportunities to nearly 500,000 students every second week throughout the school year, reaching 90% of public and First Nations schools. Participating schools also had the option to receive milk or soy beverages for students in Kindergarten through Grade Two, through a partnership with the BC Dairy Association.
- The [Fresh to You Fundraiser](#), which sells bundles of fruits and vegetables with 40% profit going back to the school, included up to 80 schools for each of the Fall and Spring deliveries, with schools earning on average between \$455 – 752.
- [Farm to School](#) established three Regional Hubs, inspiring regional connections between schools, farms, and community partners. There are now 126 Farm to School programs in BC, reaching approximately 35,000 students.
- The [BC FRIENDS program](#) delivered 53 teacher trainings throughout BC during the 2015-16 school year, reigniting interest in several rural and remote communities, and worked collaboratively with the Federation of Independent School Associations to increase awareness and uptake of the program in independent schools.
- The [After School Sport and Arts Initiative](#) expanded to fund 3 additional school districts and support sport, physical activity, arts, and culture programs for students in over 167 schools across 17 school districts. This included enhanced funding to support new and/or expanded adapted programming for children with disabilities.



## Government of Canada

The Government of Canada is represented on the JCSH by the Public Health Agency of Canada who supports in a funding and advisory capacity. Following are some federal initiatives underway in 2015-16 that highlight efforts to improve school health, student well-being, and achievement.

### Leadership

- The Public Health Agency of Canada provides funding to community-based organizations to implement activities to prevent and control HIV, hepatitis C, and related infections, among key populations at risk including youth, through the [Federal Initiative to Address HIV/AIDS in Canada and the Hepatitis C Prevention, Research and Support Program](#). The organizations undertake activities to increase knowledge, strengthen capacity, and encourage the uptake of healthy behaviours that can prevent the transmission and acquisition of sexually transmitted and blood-borne

infections (STBBI). [Fostering Open eXpression among Youth](#) (FOXY) is an example of a youth activity that provides an art- and drama-based Leadership Retreat for young women in order to support resiliency through sexual health promotion in the Northwest Territories.

- The Public Health Agency of Canada celebrated the 20th anniversary of the [Aboriginal Head Start in Urban and Northern Communities](#) (AHSUNC) program in 2015-16. A national event was held at the University of British Columbia that hosted 52 AHSUNC youth graduates from across Canada and resulted in a [Reflections Paper](#), video, and analysis of the positive impact of culturally-appropriate early childhood programming.
- The Public Health Agency of Canada also provides funding via the Innovation Strategy using a population health intervention research approach for the implementation of evidence-based programs for children, youth, and their families to achieve healthier weights and promote mental well-being in communities.
  - The [Qaujigiartiit Health Research Centre](#) (QHRC) has led the way in implementing and evaluating the Atii Gameshow, a culturally-relevant intervention targeting youth aged 8–12 in school settings in Iqaluit, Arviat, and additional NU communities. The Atii Gameshow promotes healthy and traditional foods and physical activity in the language of local Inuit populations and was created by youth, for youth, in consultation with elders and local nutritionists.
  - [Socially and Emotionally Aware Kids \(SEAK\)](#) provides school-based social and emotional learning with the goal of positively promoting child mental health. SEAK includes processes to bring together decision-makers in the four Atlantic provinces to collaborate to further enhance Social and Emotional Learning (SEL) across each of their jurisdictions while further implementing an evidence-based program called Promoting Alternative Thinking Strategies (PATHS).
  - [The Fourth R](#) is an evidence-based violence prevention and healthy relationship program for children and youth. In 2015-16, the Fourth R initiative updated its curriculum to the First Nation, Métis, and Inuit version of the program. Investments were also made to pilot a Lesbian Gay Bisexual Trans and Questioning (LGBTQ) adaption of the non-classroom version of the Fourth R program. The Fourth R is being delivered in high schools and alternative education facilities across Alberta, Ontario, Saskatchewan, and Northwest Territories.

## Knowledge Development and Exchange

- Health Canada promotes a number of substance use and addiction programs under the [National Anti-Drug Strategy](#):
  - The Roberts Creek Community School coordinated the [Mind the Gap – Building Bridges for Youth in Transition](#) program, a comprehensive series of trainings, programs, and interventions for British Columbia’s Lower Sunshine Coast schools. The project developed curriculum for teachers and mental health and wellness resources for students.
  - The Centre for Addictions Research of British Columbia (CARBC) delivered the [Building Community Capacity for Effective Drug Education Program](#), a drug education program for youth across British Columbia that worked with teachers and educators to build knowledge and capacity. Project activities included supporting the professional development of teachers in 80 school districts. The CARBC web site provides evidence-based health promotion and drug prevention resources.

- Parent Action on Drugs is implementing their successful nine-week curriculum [Strengthening Families for Parents and Youth](#) in Ontario to support substance use prevention by targeting behavioural change in youth transitioning from elementary to secondary school. In 2015-16, the project was listed as an evidence-based best practice in youth health programming in a report commissioned by the United Nations Inter-Agency Technical Task Team on Young People of the Middle East and North Africa region.
- The [APTE-Enseignants program](#) (Drug prevention activities for teachers) of the *Centre Québécois de lutte aux dépendances* is a component of an overarching addiction prevention strategy for high school students in Quebec. The program is providing teachers with the knowledge and skills to support youth and prevent legal and illicit drug abuse.
- The Public Health Agency of Canada published the [Health Behaviour in School-aged Children \(HBSC\) in Canada: A Focus on Relationships](#) report in 2015-16. The HBSC study is a cross-national, school-based survey conducted by an international network of research teams in collaboration with the World Health Organization (WHO) Regional Office for Europe. It aims to increase knowledge and understanding of the health and well-being of young people and the social context of their health attitudes and behaviours. The HBSC is Canada's only national school-based health promotion survey for children aged 11-15, encompassing national trend data for the last 25 years. It is an important data source that informs policy and programming on youth health at the provincial/territorial, national, and international levels.
  - The Public Health Agency of Canada also generates the *Health and Health-Related Behaviours among Young People* provincial and territorial reports based on the provincial and territorial HBSC data sets. These reports are used by departments of health and education in several provinces and territories to provide a meaningful comparison between health behaviours of children aged 11-15 nationally and within the province or territory.
- Health Canada conducts the [Canadian Student Tobacco, Alcohol and Drugs Survey](#) (CSTADS) which is a national, biennial survey of Canadian youth in Grades 6 to 12 (Grades 6 to secondary V in Quebec). CSTADS monitors the use of tobacco products, such as the use of flavoured tobacco products, and smoking status among students in Grades 6 to 12, as well as the use of alcohol and drugs among students in Grades 7-12. The evidence gathered from the most recent data collection will be used to inform legislative amendments and regulations on vaping as well as menthol products. CSTADS will also contribute to the renewal of the Federal Tobacco Control Strategy by informing policy development on issues such as youth access to tobacco products, tobacco product flavours, and communication of the risks of tobacco use and helping to target interventions to vulnerable groups.
- Sport Canada directed \$750,000 to sport participation research in 2015-16 through the [Sport Participation Research Initiative](#) (SPRI), adjudicated by the Social Sciences and Humanities Research Council (SSHRC). Many of the projects funded via the SPRI seek to address participation and safety findings relevant to the school context.

## Capacity Building

- Immigration, Refugees and Citizenship Canada (IRCC) partners with boards of education and settlement organizations across Canada to deliver the *Settlement Workers in Schools (SWIS)* outreach program to promote settlement and foster student achievement. SWIS places settlement workers from community agencies in nearly 3000 schools where resources and services are offered on either a

regularly scheduled or itinerant basis. Support for students and parents varies but may include information and orientation to the school and community, academic support, counselling, case management and referral, and bridging with other agencies. SWIS Program focuses on addressing “newness to Canada” as a barrier to school success and enables students to integrate more easily and reach their full potential.

- The Public Health Agency of Canada provides funding, also via the Innovation Strategy, to the [Arctic Institute of Community-Based Research](#) (AICBR) who have implemented a collective impact approach through [Working Together to Achieve Healthier Lifestyles in Yukon and Northwest Territories’ \(NWT\) Communities](#). A partnership network spanning both Yukon and NWT allowed for collaboration to accomplish objectives promoting healthier weights and lifestyles by focusing on active living, healthy eating, and literacy in school initiatives across northern communities.
- Health Canada’s Substance Use and Addictions Program (SUAP) provides funding to support evidence-informed and innovative initiatives across the health care continuum for substance use prevention and treatment.
  - *Prévenir pour mieux grandir – Soutenir pour mieux prévenir*, a project of [Satellite organisme en prévention des dépendances](#), is offering workshops for Grade 6 students to help them learn and strengthen their decision making skills to resist pressures and prepare for the transition from grade school to high school. Twelve schools in the region of Montérégie, Québec, are participating in the workshops.
  - [The Centre de santé communautaire Hamilton/Niagara](#) provided drug prevention workshops to approximately 3,250 youth and 1,085 young adults in 2015-16 through a project entitled *C’est mon choix*. Workshops are being delivered to students in Grades 5 to 12 in four French schools in the Hamilton and Niagara region. These workshops are increasing youth’s knowledge and providing them with resources to prevent substance abuse.
  - *Débranche-toi* is an initiative led by the [Fédération de la jeunesse franco-ontarienne](#) (FESFO) to ensure that students in French schools in Ontario are equipped to increase protective factors and reduce risk factors for substance abuse. FESFO is working closely with 12 French-language school boards to develop tools and resources, as well as training to increase capacity.
  - *Take Back Control* is a youth drug and alcohol prevention initiative delivered by the [Calgary John Howard Society](#). The program is helping youth in Calgary high schools that are at risk of dropping out of school. Prevention group sessions are being held to improve capacity to avoid substance abuse and develop healthier coping strategies.
  - The [NunatuKavut Community Council Inc.](#) project is focussed on creating a supportive environment for youth to increase their self-esteem, skills, and overall capacity to prevent substance abuse. In 2015-16, workshops on illicit and prescription drug abuse prevention strategies were presented in three schools, reaching 69 youth in three Labrador communities.
  - *Thrive – Community Youth Network St. John’s* project is building the leadership capacities of youth through workshops that engage youth in healthy activities and promote alternatives to drug use. Youth are being trained to deliver information sessions to youth, parents, policy makers, and community service providers about drug prevention and interventions. A Family/School Liaison outreach worker is

working with families to identify educational challenges and refer participants to existing educational supports within the community.

- The [Family Eco-Adventure Therapy Program](#) is providing an intensive, seven month drug prevention program in Nova Scotia for youth at risk of substance abuse, and their families. The program focusses on helping youth develop skills for healthy living. The project is delivered in partnership with the South Shore Regional School Board, as an extension of the comprehensive school-based services that support the needs of children and youth. Youth participants and their families are identified through the school-based addiction and mental health teams.
- Sport Canada contributed approximately \$723,000 in 2015-16 to support a variety of sport participation projects and activities targeted primarily at youth in school settings through contributions to [national sport organizations and multisport service organizations](#). In addition, Sport Canada contributed approximately \$1.4 million toward activities that promote well-being of youth through its sport participation bilateral agreements with the provinces and territories.

## Moving Forward

The JCSH celebrates another year of commitment to the countless initiatives Canada has engaged in to build healthy school communities and strengthen alignment between health and education. In 2016, we are moving forward with priority activities that will meet our strategic objectives of promoting comprehensive school health and enhancing well-being and achievement in all children and youth in Canada. Further, we will develop our partnerships to serve as a bridge for researchers, policymakers, and practitioners to work across the health and education sectors, to create and disseminate tools that foster awareness and action, and to facilitate planning for school health improvements in Canada.

As this annual report goes to print, the Consortium continues work with our research partners in two areas: revision of our Positive Mental Health Toolkit, and the next research and dissemination pieces for our work on the Core Indicators 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.

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

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

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

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

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

- establishing a Management Committee as the operational committee of the JCSH;
- providing strategic information and direction to the Management Committee;
- approving the five-year strategic plan, submitted by the Management Committee to the ACDME and the CDMH;
- reviewing and accepting the annual report with financial statements, submitted by the Management Committee; and
- tabling the annual report at an annual intergovernmental meeting of the Ministers of Health and an annual intergovernmental meeting of the Ministers of Education.

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

## **4.0 JCSH Committees**

### ***Management Committee***

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

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

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

### ***School Health Coordinators' Committee***

4.4 The School Health Coordinators' Committee (SHCC) works collaboratively to move forward the work of the JCSH and its member provinces and territories through the early identification and analysis of issues, gaps, emerging trends, and areas of interest.



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

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

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

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

## **5.0 JCSH Secretariat**

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

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

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

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

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

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

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

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

6.1 A government entity may be invited to join the JCSH on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of the amount in accordance with the formula as set out in the Cost-Sharing Agreement<sup>7</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.

---

<sup>7</sup>See Schedule 1.

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.

## 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, 2016

Revenue	2016	2015
Membership Fees	\$250,000	\$250,000
Public Health Agency of Canada	\$250,000	\$250,000
Other Revenue	\$544	\$1,729
<b>Total</b>	<b>\$500,544</b>	<b>\$501,729</b>
Expenses		
Knowledge Development and Exchange	\$36,631	\$17,242
Leadership	\$46,159	\$49,266
Capacity Building	\$41,150	\$79,908
Monitoring, Evaluation and Accountability	\$8,618	\$0
Operations	\$309,719	\$328,050
<b>Total</b>	<b>\$442,277</b>	<b>\$474,466</b>
<b>Operating Surplus/(Deficit)</b>	<b>\$58,267</b>	<b>\$27,263</b>
<b>Accumulated Surplus/(Deficit) - Opening</b>	<b>\$197,750</b>	<b>\$170,487</b>
<b>Accumulated Surplus/(Deficit) - Closing</b>	<b>\$256,017</b>	<b>\$197,750</b>

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

# Appendix C: 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 . 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>9</sup> have been found to be the most effective<sup>10</sup>, demonstrating significant improvements in student achievement, behaviour and health outcomes<sup>11</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.

---

<sup>8</sup>While Quebec is not a member, it intends to contribute to the work of the Consortium through sharing information and best practices.

<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/).

## 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:

#### Sanja Ristic

Senior Policy Analyst  
Integrated Services and Safe Schools  
Ministry of Education  
PO Box 9183 Stn Prov Govt  
Victoria, BC V8W 9H1  
Tel: 250-893-6954  
Fax: 250-356-8334  
[sanja.ristic@gov.bc.ca](mailto:sanja.ristic@gov.bc.ca)

#### Scott Beddall

School and Community Health Manager  
Ministry of Health  
PO Box 9646 Stn Prov Govt  
Victoria, BC V8W 9P1  
Tel: 250-952-2323  
Fax: 250 952-1570  
[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@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:

#### Gail Diachuk

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

#### Jeff Bath

Program Standards Team Leader, Well-ness/ CALM, Grades 10 to 12  
Sciences and Wellness Branch  
Alberta Education  
8th Fl., 44 Capital Boulevard  
10044-108 Street NW  
Edmonton, AB T5J 5E6  
Tel: 780-422-0597  
Fax: 780-422-3745  
[jeff.bath@gov.ab.ca](mailto:jeff.bath@gov.ab.ca)

#### Patricia Martz

Program Manager, Health Equity and Literacy

Health and Wellness Promotion Branch  
Alberta Health – Public Health & Compliance Division  
Alberta Education/Alberta Health  
24th Fl., ATB Place  
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/UnderstandingComprehensiveSchoolHealth.aspx>

## 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)

#### Jocelyn MacLeod

Consultant, Comprehensive School Community Health Programs Branch  
Ministry of Education  
2220 College Avenue  
Regina, SK S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2223  
[jocelyn.macleod@gov.sk.ca](mailto:jocelyn.macleod@gov.sk.ca)

#### Michelle Mougeot

Consultant, Programs Branch  
Ministry of Education  
2220 College Avenue  
Regina, SK S4P 4V9  
Tel: 306-787-1332  
Fax: 306-787-2223  
[michelle.mougeot@gov.sk.ca](mailto:michelle.mougeot@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](http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education)  
(Comprehensive School Community Health, Caring and Respectful Schools, Anti-Bullying, Digital Fluency, Healthy Foods for School)  
<http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education>  
(Improving education outcomes for First Nations and Métis Students)  
<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration>  
(Saskatchewan School Curriculum Link – English and French)  
<http://www.saskatchewan.ca/residents/education-and-learning/anti-bullying>  
(Anti-Bullying)  
<http://www.saskatchewan.ca/residents/health>  
(Health and Healthy Living)

## Manitoba

### School Health Coordinators:

#### Paul Paquin

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

#### Jennifer Wood

Healthy Schools Consultant  
Healthy Living and Populations  
Manitoba Health, Healthy Living and Seniors  
4099-300 Carlton St.  
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.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)  
[www.edu.gov.mb.ca/k12/cur/physhlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)  
[www.edu.gov.mb.ca/k12/esd/](http://www.edu.gov.mb.ca/k12/esd/) (English)



[www.edu.gov.mb.ca/m12/dev\\_durable/index.html](http://www.edu.gov.mb.ca/m12/dev_durable/index.html) (French)

## Ontario

### School Health Coordinator:

**Jennifer Munro-Galloway**

Senior Policy Advisor  
Healthy Schools Unit  
Safe Schools and Student Well-Being Branch  
Ministry of Education  
Tel: 416-325-2678

[Jennifer.Munro-Galloway@ontario.ca](mailto:Jennifer.Munro-Galloway@ontario.ca)

### School Health Links:

[www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools)

(English)

[http://www.edu.gov.on.ca/fre\\_parents/healthyschools.html](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](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](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 Coordinators:

**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  
[sdcaruthers@edu.pe.ca](mailto:sdcaruthers@edu.pe.ca)

### School Health Links:

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

## Newfoundland and Labrador

### School Health Coordinators:

**Carol Ann Cotter**

Health Promotion Consultant  
Healthy Living Division  
Department of Seniors, Wellness 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:

**Charlotte Borg**

Manager, Student Support Services  
Department of Education  
Government of Nunavut  
PO Box 1000, Station 960  
Iqaluit, NU X0A 0H0

Tel: 867-975-5679

Fax: 867-979-7924

[cborg@gov.nu.ca](mailto:cborg@gov.nu.ca)

### School Health Links:

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

## Northwest Territories

### School Health Coordinator:

**Elaine Stewart**

Coordinator, Instructional and School Services  
Department of Education, Culture and Employment  
Government of the Northwest Territories  
PO Box 1320  
Yellowknife, NT X1A 2L9  
Tel: 867-873-7676  
Fax: 867-873-0109

[elaine\\_stewart@gov.nt.ca](mailto:elaine_stewart@gov.nt.ca)

[Elaine\\_Stewart@learnnet.nt.ca](mailto:Elaine_Stewart@learnnet.nt.ca)

### School Health Links :

<https://www.ece.gov.nt.ca/>

## Yukon

### School Health Coordinators:

**Ian Parker**

Health Promotion Manager  
Department of Health and Social Services  
305 Jarvis St., 2nd Floor  
Whitehorse, YT Y1A 2H3  
Tel: 867-456-6576  
Fax: 867-456-6502  
[Ian.Parker@gov.yk.ca](mailto:Ian.Parker@gov.yk.ca)

### Stacey Burnard

Social Emotional Educational Psychologist  
Department of Education  
1000 Lewes Boulevard  
Whitehorse, YT Y1A 3H9  
Tel: 867-334-7636  
Fax: 867-393-6423  
[Stacey.burnard@gov.yk.ca](mailto:Stacey.burnard@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

**Blair Laughler**

Senior Policy Analyst  
Public Health Agency of Canada  
785 Carling Avenue  
Ottawa, Ontario K1A 0K9  
Tel: 613-355-1502

[Blair.Laughler@canada.ca](mailto:Blair.Laughler@canada.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

Pan-Canadian Joint Consortium for School Health  
Holman Centre , Suite 101  
250 Water Street  
Summerside PE C1N 1B6  
Tel: 902-438-4895  
Fax: 902-438-4062  
[www.jcsh-cces.ca](http://www.jcsh-cces.ca)  
[inquiry@jcsh-cces.ca](mailto:inquiry@jcsh-cces.ca)