



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

Governments Working Across the Health and Education Sectors

Annual Report

September 30, 2018



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Message from the Executive Director



When it comes to collaboration, the more diverse the group, the better the result.

- Hon. Jordan Brown, PEI Minister of Education, Early Learning and Culture to Atlantic Summer Institute, 2018

I am pleased to present the 2018 Annual Report of the Pan-Canadian Joint Consortium for School Health (JCSH), summarizing the latest achievements of our member jurisdictions as well as our collective progress.

In complex systems, where problems are not clearly defined and the pathways to solutions not linear, people from diverse systems must work together, as is the case of the health and education systems that form the JCSH. Challenges such as achieving optimal childhood and youth health, wellbeing, and school success, benefit from multiple stakeholders and perspectives. To see changes that improve the school experience for all children and youth in Canada, as Minister Brown notes, diversity leads to better results.

To that end, we have seen many successes in the past year. The Youth Engagement Toolkit (2014/2018) has been updated and reconfigured in a new online format with a brand new chapter on Youth Who Thrive; the changes help to meet the needs of many school communities throughout Canada and to reflect the lives and contexts of many diverse youth in the country. The JCSH continues to develop areas of commitment in response to the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). And as part of the ongoing nature of a developmental approach to evaluation, members and partners have expressed the strengths realized from the JCSH collaboration, and areas for future consideration and strategic directions.

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

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

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

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

Executive Summary

JCSH Annual Report 2018 – **Highlights**

Goal 1:

Leadership

National contribution in these areas:

- Cannabis
- Concussions
- Comprehensive School Health Collaborative
- Youth Engagement
- Positive Mental Health
- Canadian Guidelines for Sexual Health Education

Goal 2:

Knowledge Development, & Exchange

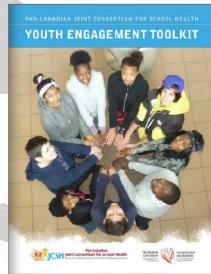
Working Groups:
Youth Engagement
Indigenous Perspectives
Healthy School Planner
Research Agenda



Goal 3:

Capacity Building

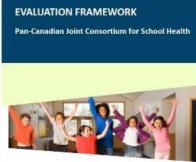
Revised Youth Engagement Toolkit



Goal 4:

Monitoring, Evaluation, & Accountability

Developmental Evaluation Progress



The Pan-Canadian Joint Consortium for School Health (JCSH) is a formal partnership of Ministries of Education and Ministries of Health/Health Promotion in Canada. Key department representatives work together to share knowledge and, with researchers and other experts, to develop new knowledge, tools, and resources to improve the health, well-being, and success of every student in the country.

JCSH has been active in this work since its inception in 2005. In 2018, the commitment of provinces and territories, with support from the federal government through the Public Health Agency of Canada, remains as strong; the priorities have broadened to move comprehensive school health (CSH) from a focus on specific behaviours, such as healthy eating, to holistic approaches such as school community well-being.

This has been a year when comprehensive school health was also reflected through the lenses of issues impacting the entire country:

- With cannabis legalization a reality, JCSH members have been active in working with national tables, such as the Canadian Public Health Association (CPHA), and provincial and territorial teams in school boards and regional health authorities to determine actions for schools and resources and supports for educators.
- Participation on the Federal, Provincial, and Territorial Working Group on Concussions has led to ongoing collaboration with a number of partners working to support the best protocols to optimize

student learning and physical health, including the Federal, Provincial, and Territorial (FPT) Ministers responsible for Sport, Physical Activity, and Recreation (SPAR).

- In addition, JCSH is a member of the Working Group led by the Sex Information & Education Council of Canada (SIECCAN) to revise the Canadian Guidelines for Sexual Health Education.

As part of the commitment to a Developmental Evaluation approach to monitoring and assessment of our work and its implementation and benefit for school communities throughout Canada, JCSH conducted surveys of its members and partners in this past year. Among research priorities called for by both groups are

- implementation of comprehensive school health (CSH) and holistic approaches to wellbeing
- reconciliation and Indigenous perspectives
- cannabis and other toxic substances
- sexual orientation and gender identity.

The JCSH continues to commit to active and ongoing responses to the Truth and Reconciliation Commission's 94 Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples. We are working with member provinces and territories and Indigenous leaders to take steps moving forward.

In the past year, JCSH has been used as an example of collaboration and commitment to comprehensive school health in external reports in two provinces: British Columbia and Newfoundland and Labrador. In the former, [Promoting Healthy Eating and Physical Activity in K-12: An Independent Audit](#), the JCSH was recognized for its work in supporting “the health and education sectors in working together more effectively” (p.4). In the latter, the Premier’s Task force on Improving Educational Outcomes – [Now Is the Time](#) – looked at all the initiatives and programs now offered in schools in terms of effectiveness and sustainability and recommended that “The Department of Education and Early Childhood Development, the Department of Children, Seniors and Social Development, and the Department of Health and Community Services implement and support, province-wide, the Comprehensive School Health Framework of the Pan-Canadian Joint Consortium for School Health” (p. 42).

In support of JCSH’s commitment to school health in all provinces and territories, the newly-revised Youth Engagement Toolkit was completed in 2018. Available free of charge, this online series of modules is in English and French. New with this toolkit is an updated literature review and a completely new module entitled Youth Who Thrive. This revised toolkit was developed by The Students Commission of Canada, with research support from the Social Program Evaluation Group at Queen’s University and advisory support from a JCSH committee.

JCSH has been a key member of the Health Behaviour in School-aged Children Canadian research team since 2009, linking the research leads to schools in all provinces and territories in Canada. In this current

survey round, JCSH continues to act as liaison between the principal investigators and the contacts in provinces and territories. New for this 2017-2018 survey round is a questionnaire developed by the three territories and the research leads at Queen's University. The aim of this tri-territorial questionnaire is to promote buy-in and maximize response rates by developing content that is more relevant to northern youth, less reflective of a colonial lens, and more inclusive of diverse cultural traditions in the North.

Much of the work of JCSH is in disseminating and exchanging knowledge with member provinces and territories, and with stakeholders and partners throughout the country. The Secretariat has represented JCSH at meetings such as the Youth Resilience Project - PHAC and A Public Health Approach to Cannabis Expert Reference Group Meeting. Secretariat members have presented the work of the JCSH to conferences, including Canadian Association of School System Administrators.

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

Yukon: YT-relevant HBSC questionnaire

The Health Behaviour in School-aged Children study for 2017-2018 involved extensive consultations with a number of diverse partners and resulted in a questionnaire that was shorter, more relevant to the Yukon context, less colonial in language and tone, and more inclusive of diverse cultural traditions in Yukon.

Northwest Territories: Collaborative Inquiry

Initial results of the Collaborative Inquiry Cycle and the Health and Wellness Field Competencies show encouraging signs that this approach emphasizing student agency, valuing community and traditional knowledge, and supporting collaboration is leading to the desired outcome of students 'making meaning' and increasing wellness capacity as opposed to health content acquisition.

Nunavut: Comprehensive Inuktut Reading Program

The *Inuutsiarniq Literacy Program* is a comprehensive Inuktut reading program that was developed in partnership between Health and Education to improve literacy and provide foundational health messaging to children and youth in Nunavut schools.

Newfoundland and Labrador: Expansion of the School Sexual Health Program

The NL School Sexual Health Program has been expanded in order to improve access to sexual health services and education in high schools using a comprehensive school health approach.

Nova Scotia: Local Food Systems in Support of Schools

The [South Shore School Food Project](#) is an example of how Health Promoting School partnerships are exploring how local food systems and collective procurement opportunities can support and reduce barriers to implementing the *Food and Nutrition Policy for Nova Scotia Schools*.

Prince Edward Island: Mental Health Training for Educators

Educators and community partners, trained this year as ‘master trainers’ of [Go-To Educator](#), are qualified to support teachers using the *Mental Health Curriculum Guide* and the *High School Curriculum Guide*.

New Brunswick: Healthier School Food Environment

Reflecting the most recent evidence and best practices in school nutrition, the Department of Education and Early Childhood Development partnered with Regional Health Authority Public Health dietitians and released a revised Policy 711 – Healthier School Food Environment in June 2018 for the public school system.

Ontario: Province-wide Engagement on Student Well-being

The release by the Ministry of Education of [What We Heard: Well-Being in Our Schools, Strength in Our Society](#) came about as the result of a province-wide, year-long process of engagement to develop a shared vision for student well-being in Ontario’s publicly funded schools.

Manitoba: Advancing Reconciliation

The Manitoba Government is committed to advancing reconciliation by working to improve education outcomes for Indigenous students, and hopes to foster meaningful engagement with Indigenous peoples and the education community to meet this commitment.

Saskatchewan: Inspiring Success

Saskatchewan’s [Inspiring Success: First Nations and Métis PreK-12 Education Policy Framework](#) was updated and renewed with participation from First Nations and Métis organizations, Elders and Traditional Knowledge Keepers, post-secondary, and provincial PreK-12 education stakeholders.

Alberta: Partnerships for CSH

Alberta Health Services actively partners with over 90% of the 61 school authorities in Alberta to plan and implement sustainable and evidence-informed Comprehensive School Health initiatives.

British Columbia: Multi-partner School Community Mental Health Conference

The Ministry of Education hosted an inaugural School Community Mental Health Conference for more than 300 educators and community partners, including public, independent and First Nations schools, police, health authorities, child and youth mental-health workers, NGOs, and several provincial ministries.

Public Health Agency of Canada: New in HBSC

The 2017-2018 Health Behaviour in School-Aged Children survey is in its 7th cycle, and includes new content on military and veteran's families, teen dating violence, and energy drinks, as well as new protocols for collection of data in communities with a high proportion of Indigenous peoples and the use of abridged versions of the questionnaire for specific populations.



Introduction

The Case for Cross-Sector Collaboration

The achievement of equitable learning and well-being outcomes for all children and youth in Canada is a complex issue requiring large system change.

A commitment to work collaboratively means, by definition, that the contributors are not competing. Each jurisdiction's needs and strengths are unique; combining forces allows each to reach the goals that are shared.

The outcome sought by this cross-sector collaboration known as JCSH is enhanced student well-being and learning – student success.

About JCSH

Mandate

Established in 2005, the Pan-Canadian Joint Consortium for School Health, JCSH, is a partnership of federal, provincial, and territorial governments working together to promote the health, 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, JCSH brings together key representatives of government departments responsible for health and education to

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

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

NEW FOR THE 2018
ANNUAL REPORT

Executive Summary:

Provincial / Territorial
Highlights

Jurisdictions: Initiatives of
the past year and research
examples that align

Design: New features

JCSH Membership

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

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



Under the 2015-2020 mandate, the Public Health Agency of Canada, representing the federal government at the JCSH table, is not a member of the Consortium alongside provinces and territories, but serves in a funding and advisory capacity.

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

Vision

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

Mission

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

Strategic Direction JCSH

The Consortium's long-term strategic direction continues to support the purpose of the JCSH: to be a catalyst to strengthen cooperation and capacity among the health and education ministries to better

accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.¹

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

Long-Term Outcomes

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

1. Increased Inter-sectoral 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.

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.

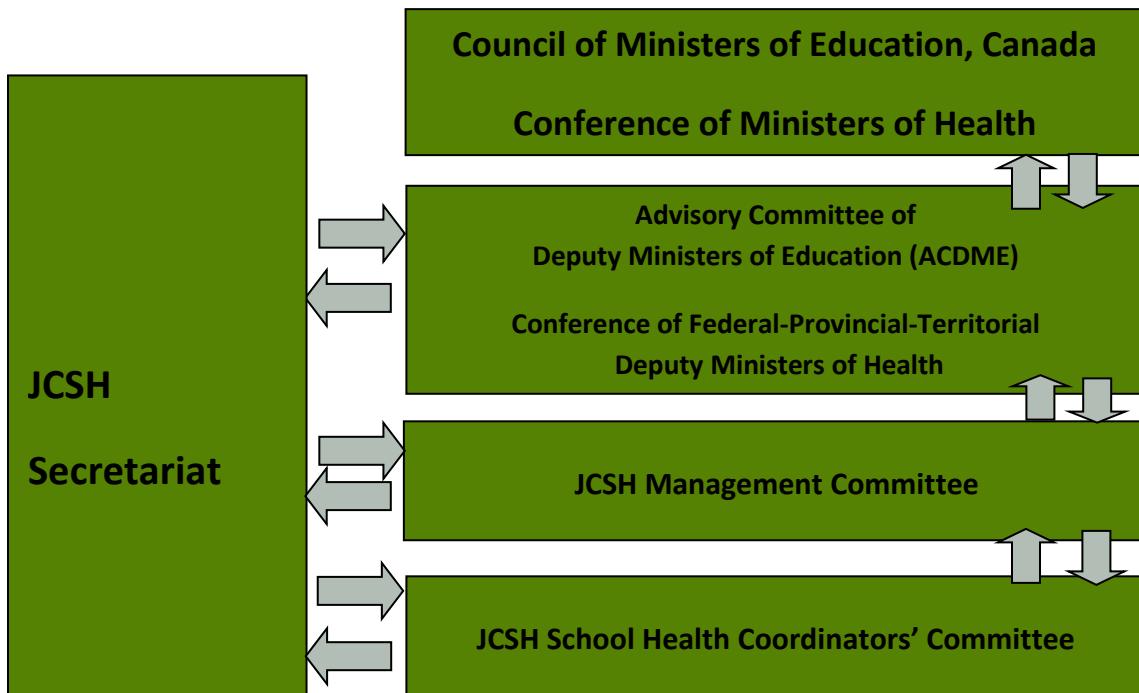


3. Increased Research Coordination

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.

¹ JCSH Agreement 2015-2020.

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** and 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 / Health Promotion. 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 leadership, planning, and coordination for the Consortium. The Secretariat represents the collective voice and the collective impact of Consortium outcomes at meetings, conferences, and consultations across the country.

About Comprehensive School Health

Comprehensive school health (CSH) is an internationally recognized approach to improve student achievement and wellbeing.

In all provinces and territories in Canada, the links between healthy students and optimal learning outcomes are recognized and supported. The use of a planned, integrated, and holistic approach is collectively called CSH but may be known as healthy schools, health promoting schools, or healthy school communities in individual jurisdictions.

Comprehensive school health involves the whole school community and comprises four distinct but inter-related components:

- **Social and physical environment**

The social environment is



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

The physical environment is

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

• **Teaching and learning**

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

• **Policy**

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

• **Partnerships and services**

Partnerships are

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

Services are

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

A Comprehensive School Health Approach to Health Promoting Schools

Healthy students are better learners: better educated individuals are healthier^{2,3,4}. “School health efforts that are high quality, strategically planned, and effectively coordinated are one of the best investments for influencing the health, as well as the minds, of the nation’s youth”⁵.

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

Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors.

The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools.

In Canada, the JCSH models and encourages the collaborations between health and education essential to comprehensive school health.

Consortium Accomplishments

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 supports improvements in health and learning for children and youth in the school setting.

Highlights of progress in member and supporting jurisdictions are reported beginning on **page 26**.

² Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? *Health Evidence Network Report*. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.

³ Hussain, A., Christou, G., Reid, M.A., & Freeman, J. (2013) Core Indicators and Measures (CIM) Framework for school health and student achievement in Canada. Summerside, PE: Pan-Canadian Joint Consortium for School Health (JCSH). <http://www.jcsh-cces.ca/>

⁴ 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.

⁵ Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health*. 81 (10), p. 597.

Leadership

As the collective government voice of school health in Canada, JCSH works to increase awareness of the essential linkages between health and education in the lives and futures of all children and youth.

As the only mechanism by which the government education and health sectors meet and work collaboratively at a pan-Canadian level, the JCSH is perceived as a cost-efficient means of developing resources, creating and sharing knowledge, and increasing the capacity for improving school health.

The opportunity of knowledge exchange and collaborative activity provided by this mechanism is valued by members and partners.

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

- A comprehensive, whole student approach to student achievement and the contribution of comprehensive school health to the system of education
- Improved implementation of authentic youth voice in a comprehensive school health approach
- Supported contribution to collaboration of the ministries of health and education.

Work in this area supports all three long-term outcomes: **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. Descriptions of them follow.

The Healthy School Planner



Recognizing that schools are a key environment where students attain the knowledge and skills needed for life-long health and well-being, the JCSH has developed the [Healthy School Planner \(HSP\)](#) - an online tool to assist educators in assessing their school's health promoting environment and in making plans for improvements. The Healthy School Planner has been acknowledged by the Health Council of Canada and Accreditation Canada as valid and reliable⁶.

⁶ Taryn, O., Steve, M., & Rhona, H. (2017). Support for healthy eating at schools according to the comprehensive school health framework: evaluation during the early years of the Ontario School Food and Beverage Policy implementation. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 37(9), 303.

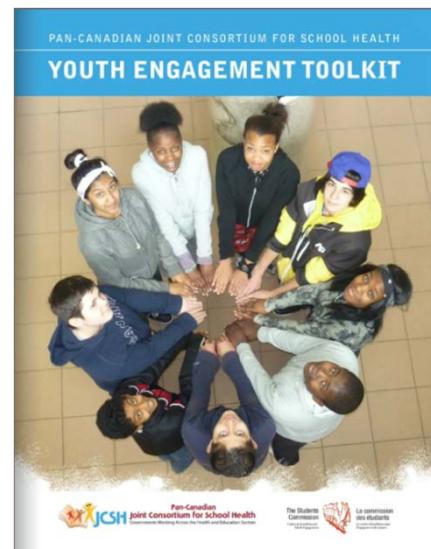
The following represent key features of the Healthy School Planner:

- Developed for the JCSH by the Propel Centre for Population Health Impact and 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.
- Extensive pilots of the Planner have been held by teachers, researchers, and experts in the field of comprehensive school health from across the country.
- A foundational module and four topic-specific modules (healthy eating, physical activity, tobacco use, and positive mental health) comprise the Planner.
- School health is assessed by examining a school's overall wellness environment using the four components of CSH: social and physical environment, teaching and learning, policy, and partnerships and services.
- A team approach is recommended, composed of school community members to ensure a broad, informed assessment of the school and school community.
- 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.
- There is capacity to provide school boards and districts with an aggregate report of data generated by schools that have completed the Healthy School Planner.

The 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.

In 2018, JCSH and [The Students Commission of Canada](#) renewed the collaboration they began in 2013 and completely revised, updated, and expanded the [JCSH Youth Engagement Toolkit](#). This current version is separated into eight



distinct but interrelated modules that includes the original and highly-respected sections on defining, initiating, and sustaining youth engagement and adds a brand new module: Youth Who Thrive.

- [Youth Engagement Toolkit - Module 1: Introduction](#)
- [Youth Engagement Toolkit - Module 2: What is Youth Engagement?](#)
- [Youth Engagement Toolkit - Module 3: Youth Engagement in Action - Initiating Youth Engagement](#)
- [Youth Engagement Toolkit - Module 4: Youth Engagement in Action - Qualities of Youth Engagement](#)
- [Youth Engagement Toolkit - Module 5: Youth Engagement in Action - Sustaining Youth Engagement](#)
- [Youth Engagement Toolkit - Module 6: Youth Engagement in Action - Challenges and Evaluation](#)
- [Youth Engagement Toolkit - Module 7: Youth Who Thrive](#)
- [Youth Engagement Toolkit - Module 8: Resources and Endnotes](#)

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

Positive Mental Health

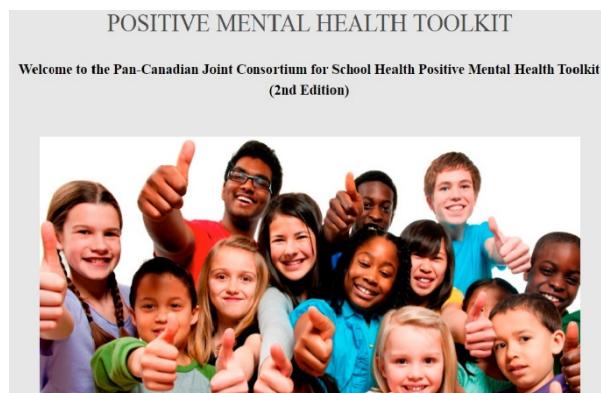
JCSH continues to focus key activities in the area of Positive Mental Health, highlighted in 2016-2017 with the release of the revised [Positive Mental Health Toolkit](#).

The Positive Mental Health (PMH) 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.

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

The Positive Mental Health Toolkit consists of five modules:

- [Module 1: Introduction to Positive Mental Health](#)
- [Module 2: School Connectedness](#)



- [Module 3: Resiliency in School Environments](#)
- [Module 4: School Team Relationships](#)
- [Module 5: Assessing Comprehensive School Health](#)

The 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. The resources that have been developed and / or championed by JCSH all have, as their foundation, a holistic and integrated approach to improving health and achievement outcomes. These areas support all three long-term outcomes of **Increased Inter-Sectoral Action Between Health and Education; Increased Research Coordination; and Increased System Capacity, Collaboration, and Efficiency.**

Research Coordination Initiatives

JCSH contributes to numerous research development and dissemination initiatives as part of its commitment to **Increased Research Coordination**.

[Health Behaviour in School-aged Children](#), the 30-year-long cross-national study, is collected every four years; 2017-2018 represents the current data collection and is the source of much of JCSH research support work in this past year. Since 2009, JCSH has supported this research through its collaboration with the HBSC research team to make possible the expansion of the sample size from a national level to individual provincial and territorial samples, resulting in jurisdiction-specific assessments.

The HBSC data is collected through school-based self-report surveys of students aged 11-15 years. This age group represents the life-period where physical and emotional changes take place and when important life and career decisions are beginning to be made.

The HBSC study aims to gain new insight and increased understanding into the health, well-being, and health behaviours of young people and their social contexts, especially within the school environment.

The Canadian HBSC survey is funded by the Public Health Agency of Canada and is carried out by a research team from Queen's University led by Drs. Wendy Craig and Will Pickett. It is the only national-level school-based health promotion database for this age range in Canada.

Core Indicators Model of Comprehensive School Health and Student Achievement (CIM) (2016)

The JCSH continues to further work on the important research begun with Dr. John Freeman and his research team at Social Program Evaluation Group, Queen's University. This model explores and reveals the links between comprehensive school health and student achievement. Initiated in 2013, JCSH worked with Dr. Freeman and his team to develop and publish a review of the literature, complete with focus group and interview data. In 2016, the CIM work continued, to provide both an ecological (shown) and a table representation. The framework maintains the academic, success, health, and environmental indicators of the 2013 work, shown in [Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada](#). The research made the following findings:

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

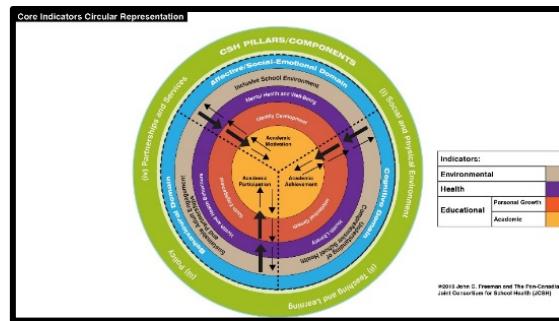
Future work in this area seeks to develop further research into the practical application of the CIM in school communities, and materials for use by educators.

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.

The JCSH also maintains a number of longstanding partnerships with networks, organizations, and committees dedicated to health, well-being, and learning improvements in children and youth in Canada, among them Healthy People Healthy Communities (HPHC), the Federal / Provincial / Territorial Group on Nutrition (FPTGN), or the Conference of Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation (SPAR).

Over the past year, the JCSH has worked specifically in an advisory, consulting, and/or collaborative capacity with a number of partners:



- **Health Behaviour in School-aged Children (HBSC) 2017-2018 survey round:** This is the third survey round (2013-2014; 2009-2010) that the JCSH Research Advisory Committee has worked with the Canadian researchers (Dr. Wendy Craig and Dr. Will Pickett, co-Principal Investigators) to develop the national questionnaire.
- **SIECCAN – The Sex Information and Education Council of Canada:** JCSH is a member of the Working Group developing the new edition of the Canadian Guidelines for Sexual Health Education.
- **A Public Health Approach to Cannabis Expert Reference Group:** JCSH is a member of the expert reference group for the CPHA project: *A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building.*
- **Federal/Provincial/Territorial Concussions and Head Injuries in Sport Working Group:** JCSH is a member of this working group, which 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).
- **Alliance for Healthy School Communities:** JCSH plays a stewardship role on this evolving committee of both national and provincial organizations with mandates to support healthy school communities.
- **Youth Resiliency Committee - PHAC:** JCSH sits on a steering committee established by the Public Health Agency of Canada to guide the direction of a new project on youth positive mental health.
- **Senate Committee on Bill C-45:** Representing JCSH, the executive director appeared as a witness before the Senate Committee hearings on Bill C-45 (Cannabis). The hearings took place in April in Ottawa. The purpose of the invitation from the Senate was to hear from organizations on the impact of cannabis legalization.
- **Collaborative SPAR-Led Group on physical education, physical literacy and physical activity:** JCSH has been invited to a group led by the Ministers responsible for sport, physical education and recreation (SPAR), who have committed to working more closely with the education sector.

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 conferences and meetings of national organizations, research groups, and agencies. The presentations address JCSH's long-term goals of **Increased Inter-sectoral Action Between Health and Education** and **Increased Research Coordination**.

Comprehensive school health, positive mental health, the links of comprehensive school health and student achievement, youth engagement, and the success of policy / practice / research collaborations were profiled during the following national conferences and workshops (through oral and poster presentations). JCSH Secretariat and members participated in these events with the purpose of engaging

in knowledge transfer and exchange with key stakeholders in Canada and internationally working in the inter-connected fields of youth and child health and education / school health:

- **Canadian Association of School System Administrators (CASSA) Annual Conference: Supporting Each Student:** July 4-6 2018 – Ottawa, ON. Presentations: (1) [Supporting Each Student: How the Youth Engagement Toolkit Brings Youth Voice and Inclusion into School, Communities](#); (2) [JCSH and the Newly-Revised Positive Mental Health Toolkit: How Education and Health Ministries Work Together to Support Each Student](#).
- **Canadian School Boards Association Conference 2018 and National Trustee Gathering on Aboriginal Education:** July 4-7 2018 – Halifax, NS. Presentation: [Joint Consortium for School Health: Supports for Student Health, Well-Being, and Achievement](#).
- **Ontario Healthy Schools Coalition 2018 Healthy Schools Conference: Integrating Health and Learning: Roles, Relationships and Results:** March 26-27 2018 – Hamilton, ON. Presentations: (1) A plenary on JCSH work in building capacity in the health and education sectors to work together and promote understanding of comprehensive school health; (2) Roles and Relationships in Toolkit Revisions: The newly-revised JCSH Positive Mental Health and Youth Engagement Toolkits.
- **Shaping the Future Pan-Canadian School Health Summit:** January 31-February 3 2018 – Lake Louise, AB. Presentation: (1) Promoting Healthy Relationships in the School Setting: The Newly-Revised JCSH Positive Mental Health Toolkit.
- **PREVNet's Partner Day and Annual Conference: Canada Coming Together to Promote Children's Well Being:** Gatineau, QC – November 15-16 2017.
- **National Summit on Teacher and School Staff Wellbeing:** Montreal, QC – November 16-17 2017.
- **National Healthy School Communities Forum:** Ottawa, ON – November 2-3 2017. Presentations: (1) How Can Comprehensive School Health Improve Student Achievement? (2) School Community Wellness: The newly-revised JCSH Positive Mental Health Toolkit.
- **EdCan Network (CEA) 2017 Symposium:** Toronto, ON – October 5-6 2017.
- **Canadian Mental Health Association national conference: Mental Health for All:** Toronto, ON – September 18-20 2017. Presentations: (1) School Community Wellness: The newly-revised JCSH Positive Mental Health Toolkit; (2) How Can Comprehensive School Health Improve Student Achievement? (3) Poster: Introducing a Few of the JCSH Online Resources.
- **Atlantic Summer Institute:** Charlottetown, PE – August 21-23 2017. Presentation: Promoting Healthy Relationships in the School Setting: The newly-revised JCSH Positive Mental Health Toolkit. Poster: Introducing a Few of the JCSH Online Resources.

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

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

Capacity Building

A critical part of JCSH's work is to build the capacity of the health and education sectors to collaborate more effectively.

In addition, 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 supports JCSH work within and among the provinces and territories in Canada in the following areas:

- Promoting and sharing its tools and resources, such as the newly-revised Youth Engagement Toolkit and Positive Mental Health Toolkit.
- Supporting coordinated and comprehensive improvements in student engagement, well-being, and achievement in schools.
- Working 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.
- Collaborating across research, policy, and practice as essential elements of the development and dissemination of evidence- and practice-based resources to support student well-being, health, and learning in Canada.

The JCSH commitment to education and health sector collaboration across the jurisdictions continues to be felt in the benefits expressed by members from the four pan-Canadian face-to-face meetings and 12 teleconferences held over the past year. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provide opportunity for cross-jurisdictional connections and resources sharing. This benefit is substantial and ongoing and measurable: the development of formal and informal relationships among the Management Committee members, the School Health Coordinators' Committee members, and the Secretariat staff over the life of the Consortium has positively impacted change in school health in Canada.

Monitoring, Evaluation, and Accountability

The JCSH continuously monitors and reviews its work to ensure it is supporting improvements in students' achievement and well-being.

JCSH initiatives are regularly monitored for impact and applicability in a wide range of contexts and school communities.

In the past year, based on feedback from those who have used the resource, the Youth Engagement Toolkit underwent a major revision.

JCSH espouses a developmental approach to evaluation, a method most appropriate for organizations that work towards systems change in large social issues: child health, student learning outcomes, pressures facing school communities, as examples. To this end, the process requires more innovative methods of reviewing progress and a willingness to revise plans, activities, and resources for continued benefits to the provinces and territories and to school communities. "The 'developmental' in developmental evaluation is based on the innovation driving change. Social change innovation occurs when there is a change in practice, policies, programs or resource flows. Innovation is distinct from improvement in that it causes reorganization at a systems level and can occur at the level of an organization, a network or society at large".⁷

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.

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.

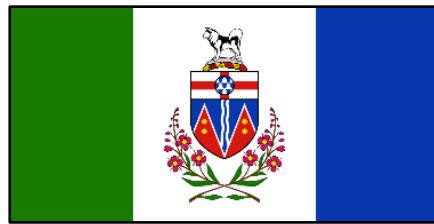
Please note: The accomplishments listed in this section reflect progress made during 2017-2018. For more information on any initiatives listed, visit the jurisdictions' respective school health websites. See Appendix D for member and supporting jurisdictions' contact information and web links.

⁷ Gamble, J. A. A. (2008). A Developmental Evaluation Primer, p. 15. The JW McConnell Family Foundation.

Yukon

Highlights for 2017-18:

- The Health Behaviour in School-aged Children study for 2017-2018 involved extensive consultations with a number of diverse partners and resulted in a questionnaire that was shorter, more relevant to the Yukon context, less colonial in language and tone, and more inclusive of diverse cultural traditions in Yukon.¹
- Through a multi-department partnership to promote mental wellness in the territory, a Child, Youth and Family working group is currently working on bringing the FRIENDS program (an evidence-based anxiety prevention and resiliency-building program) to Yukon schools for Fall 2018.²
- Family Literacy Nights had a focus on literacy, physical activity and healthy eating. For seven consecutive Monday evenings Elijah Smith Elementary school was full of parents reading with their children, participating in structured and unstructured activities in the gym, and cooking meals together.³



RESEARCH ALIGNED WITH YT INITIATIVES

¹ Freeman, J. F., King, M., & Ross, V. M. (2015). Health and health-related behaviours among young people in Yukon.

² Ungar, M., Brown, M., Liebenberg, L., Cheung, M., & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Community Mental Health*, 27(1), 1-13.

³ Parent reading workshops can help low-income kids learn

Introduction

In 2005, Yukon Education and the Department of Health & Social Services signed an agreement that, in principle, indicated their intention to collaborate on the development of policies and practices that support and promote school health. Since that time, the working relationship between the departments has evolved gradually from words on a page into meaningful, effective collaboration that has yielded progress on a number of key fronts that would not have been possible without such a strong partnership.

The work of Health and Education in Yukon is also supported by important contributions from the Sport and Recreation Branch of the Department of Community Services.

School health continues to be supported through the [Yukon Framework for Physical Literacy](#). The framework facilitates collaboration between the three government departments noted above and key non-profit stakeholders including the Recreation and Parks Association of Yukon (RPAY), Sport Yukon, Yukon Aboriginal Sport Circle, and Special Olympics Yukon.

Leadership

Department of Education Rural Education Model (REM) Week

The Department of Education's REM Week is a week-long program of intensive study offering hands-on learning experiences to rural students. REM supports healthy development by connecting students with possible career paths. Successfully introduced in 2015/16, the program was extended for 2017/18 and continued to provide rural students with opportunities to build connections with other rural peers and gain much desired experiential workshop opportunities ranging from arts and technology to the trades.

Playground Leadership takes off in Whitehorse Schools (RPAY – Recreation and Parks Association of Yukon)

Playground Leadership, more fondly known as APE (Active Playground Experiences), has been a popular draw in intermediate grades this past year. The goals of the program are to instill values, attitudes, and behaviours for an active healthy lifestyle through peer leadership. This typically takes place during two or three 90-minute sessions followed by playground visits. Workshops focus on team building; communication and conflict resolution skills; building attitudes for an active lifestyle; learning how to teach games to younger children; and peer and self-evaluation.

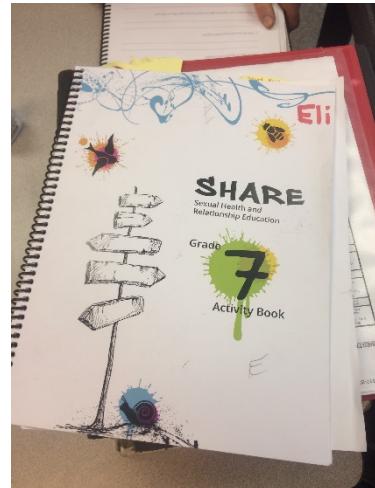
Playground Leadership is an empowering experience for this age group. Students enthusiastically embrace the activities and the opportunities for personal development. As they explore and expand their leadership skills, these Grade 6 students become positive role models for an active, healthy lifestyle within their school communities.

Knowledge Development and Exchange

SHARE (Sexual Health and Relationship Education)

SHARE is a new resource released in Fall 2017 to support Grade 4-7 teachers in delivering the Sexual Health Learning Standards included in the Physical and Health Education curriculum.

Developed by health professionals and educators in Yukon, the resource seeks to help students learn how to become safe, healthy, and informed adults while learning about their bodies, healthy relationships, media, and thinking critically about the world around them.



Demand for training, model teaching sessions, and in-service workshops offered has been consistently high since the resource was launched, indicating that educators and other adult allies recognize the value and importance of exploring these topics with young people.

Successfully meeting this unexpected demand has called on Department of Health and Social Services and Yukon Education to work closely together, and is another example of how ongoing collaboration between these two departments is yielding maximum benefit for Yukon students.

Health Behaviour in School-Aged Children (HBSC) Study

The HBSC study has always been enthusiastically embraced by Yukon, but the 2018 cycle saw several key developments that sought to establish it as a centre-piece examination of the health behaviours and experiences of young Yukoners.

In an effort to make the survey better reflect the lives of Northern youth, a collaboration was established between all three territories (YT/NT/NU) to revise the survey questionnaire with the aim of developing an instrument that would look very similar across the North. In Yukon, this involved extensive consultations with a number of diverse partners and resulted in a questionnaire that was shorter, more relevant to the Yukon context, less colonial in language and tone, and more inclusive of diverse cultural traditions in Yukon.

Data collection took place in February and March and was the culmination of a sustained and effective collaboration between the Yukon government's departments of Education and Health and Social Services.

Forward Together: Yukon Mental Wellness Strategy 2016-2026

A multi-department partnership has emerged from a 10-year plan to promote mental wellness in the Territory. A Child, Youth and Family working group is currently working on bringing the FRIENDS program (an evidence-based anxiety prevention and resiliency-building program) to Yukon schools for Fall 2018.

Capacity Building

Elijah Smith Elementary School (ESES) Family Literacy Nights

Family Literacy Nights took place on seven consecutive Mondays in January and February and were open to all ESES students and their families with a focus on literacy (parents read with their children), physical activity (some structured activities took place in the gym and there was also 'free time' for parents to participate in games with their children), and healthy eating (parents and children cooked a meal together). The goal was to support families in building skills and capacity for promoting mental and physical wellness, with each session well-attended and eliciting positive feedback from families and school staff alike.

Kickin' Ash

Kickin Ash is a tobacco prevention project that encourages Yukon youth in Grades 4-7 to get the facts, express their thoughts, and learn the truth about tobacco. Originally launched in 2015, the project evolved in 2018 under the leadership of *BYTE: Empowering Youth*, who brought their proven track

record of effectively engaging young people to bear in order to (1) Revise the Kickin' Ash training materials to make them more youth-friendly, and (2) train several local high school youths to deliver Kickin' Ash presentations in elementary classrooms.

Northwest Territories

Highlights 2017-2018

- The Department of Education, Culture and Employment hosted a professional development event attended by teams from all NWT schools, departments of Health and Social Services and Justice personnel, law enforcement, Aurora College, and NGOs on the effects of trauma on the brain, and best practices in this rapidly developing field in education.
- Initial results of the Collaborative Inquiry Cycle and the Health and Wellness Field Competencies show encouraging signs that this approach emphasizing student agency, valuing community and traditional knowledge, and supporting collaboration is leading to the desired outcome of students 'making meaning' and increasing wellness capacity as opposed to health content acquisition.
- *Back to the Trail Youth Gathering* brought together 47 young people aged 12-18 from across NWT to discuss health and wellness, as part of a larger context of community wellness and healing, revitalization of language and culture, and strengthening our health systems to be culturally respectful and responsive.

Introduction

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



RESEARCH ALIGNED WITH NT INITIATIVES

Bilias-Lolis, E., Gelber, N. W., Rispoli, K. M., Bray, M. A., & Maykel, C. (2017). On promoting understanding and equity through compassionate educational practice: Toward a new inclusion. *Psychology in the Schools*, 54(10), 1229-1237.

Moreira, P. A. S., Dias, P., Vaz, F. M., & Vaz, J. M. (2013). Predictors of academic performance and school engagement — integrating persistence, motivation and study skills perspectives using person-centered and variable-centered approaches. *Learning and Individual Differences*, 24, 117-125. doi:10.1016/j.lindif.2012.10.016

Purnell, D. R. (2018). *Transitioning to and Sustaining an Inquiry Based Pedagogy* (Doctoral dissertation, Drexel University).

Davison, C.M., & Hawe, P. (2011). School Engagement Among Aboriginal Students in Northern Canada: Perspectives From Activity Settings Theory. *Journal of School Health*, 82(2), 65-84.

Leadership

- Trauma Training – The Department of ECE hosted a professional development event attended by teams from all NWT schools, HSS and Justice personnel, law enforcement, our local college, and NGOs on the effects of trauma on the brain, and best practices in this rapidly developing field in education. Work in this area, rooted in previous and ongoing work around the legacy of residential schooling, is an area of focus in our jurisdiction. As a result of this event, the guest speaker, Kim Barthel, has been asked to return to the NWT by a number of organizations to further this work with them. She will be in the NWT for 5 full weeks in August-September 2018 delivering training. For more information about Kim Barthel, go to <http://kimbarthel.ca/>.
- NWT Educators Conference - 922 educators (teachers and classroom support assistants) from all 33 NWT communities gathered for a three day conference in February. There were over 120 workshops ranging in learning topics on Wellness, Mental Health, Truth and Reconciliation, Self-Regulation, and Trauma Informed Practice. Truth and Reconciliation Commissioner, Marie Wilson, provided the opening key note address.
- Opioid Awareness resources – The Departments HSS and ECE collaborated on supports for schools to inform students of risks related to opioid use, address the stigma that surrounds those who seek support, and support students in knowing how to access and use Naloxone. Additional resources included in the package included a 5-part video series using northern faces and stories, a sample program for a school assembly that includes health partners, and curricular links. Naloxone kits will soon be available in schools; training of education staff is beginning in June.
- Indigenous Languages curriculum - Language revitalization and reclaiming is part of improving overall wellness and health in individuals and communities. During the 2015-2017 school years the Department of Education, Culture and Employment piloted a new teacher's guide while developing a new curriculum in partnership with language leaders. In the 2017-2018 school year, *Our Languages* curriculum was piloted with at least one teacher from all of the 9 official Indigenous languages in the NWT. The curriculum is supported with a teacher's guide, assessment tools, and resources. System wide changes are on-going including methods of teacher training, training of principals, program support teachers, literacy coordinators, and other teachers within the school. Changes to the curriculum based on this pilot will be included in the 2018-2019 territory wide pilot.
- Residential Schools Awareness – Full day training - the history and legacy of residential schools has been offered to all NWT teachers and to all employees of the Department of Education, Culture and Employment staff. All new teachers and employees receive similar training each August. This training provides a foundation for education staff to better understand how schools, and formal education, have impacted generations of northern people. The GNWT as a whole is now developing a plan for all its employees to receive similar training. This is an important step towards reconciliation and improved relations between Indigenous and non-Indigenous people in our

territory. The training is also an opportunity for employees to think about personal and systemic actions that can contribute to a better place for all to live and thrive.

- The Department of Education, Culture and Employment has been leading a large interdepartmental working group focused on developing an NWT model of integrated service delivery for children and youth, 0-21 years of age. Research concluded in 2017-18 and a model was developed with the support of key partners in New Brunswick and New Zealand. The testing of this model in demonstration sites is now forthcoming.
- The Department of Education, Culture and Employment provided small community mental health support to now 10 small communities through its partnership with Northern Counselling and Therapeutic Services; this is the third year of an expanding pilot. Participating school communities received 3 full weeks of on-site support, as well as unlimited distance support through email, texting, and calls. Results continue to be so positive that the notion of a travelling team of mental health experts is now being considered as a long term solution in the NWT.

Capacity Building

- Self-regulation Supports – Schools looking to receive support in the area of self-regulation (SR) were invited to fill out a template describing their SR awareness and implementation to date, and to specify the type of growth desired in this area. Proposals were vetted by the ECE; all applications (from 16 schools and one education authority) were accepted to receive ‘week long’ school visits, funding for SR resources, distance access to SR consultants, or a combination of the above. A follow up process to school visits is an important new dimension of this work. Capacity building in this area continues for dozens of NWT educators through ECE-funded access to online courses and a book club, a summer training institute, and a professional learning community facilitated by an SR expert.
- Go To Educator – To address the needs of educators around awareness, literacy, identification and support for school-based mental health needs, a group of 10 ECE and HSS staff members, from the NWT, attended the *Go To Educator* “Train the Trainer” session in July in Halifax, NS, led by Dalhousie University’s Dr. Stan Kutcher and his team at teenmentalhealth.org. Since receiving this training, they have delivered *Go To Educator* training at the request of education bodies. Dr. Andrew Baxter, from Alberta Health Services, led training sessions for middle school and secondary teachers for Yellowknife education authorities in the fall, as well as held a one day workshop for teachers at the NWT Educators’ Conference in February. We are in the process of Indigenizing the training and the companion Grade 8-12 Curriculum Guide, in partnership with Dr. Kutcher, Dr. Baxter, and Indigenous working, with the intention of having these new resources available to schools in 2019-2020.
- Applied Suicide Intervention Skills Training (ASIST) – In partnership with HSS, ECE offered a two-day session for educators in February 2018 attended by forty-five participants from across the NWT. ASIST is a two-day interactive workshop in suicide first-aid which supports participants to

recognize suicide risk and work with individuals to create a plan that will support their immediate safety. Participant feedback was positive and indicated that training was relevant for teachers, counsellors, school support staff, and administrators. The training was offered adjacent to the NWT Educator's Conference, to avoid additional travel costs.

- Labour Market Agreement for Persons with Disabilities Funding under Inclusive Schooling –In 2017-18, all education authorities accessed funding to support youth with disabilities to gain access to services and/or programming that will increase their participation in the labour force over the long term, in the areas of employment services, skills development and upgrading, work experience, and workplace training. This LMAPD funding, provided through an agreement with the Federal Government, was used by education bodies in a variety of ways: to pay a percentage of a Career and Education Counsellor, to pay a percentage of a Support Assistant supporting a work experience placement, and/or to pay for courses for students such as WHMIS, Food Safe, and First Aid.

Knowledge Development and Exchange

- APPLE Schools – As part of an expansion of **APPLE Schools** (**A**lberta **P**roject **P**romoting active **L**iving and health **E**ating) two NWT schools (Chief T'Selehye School in Ft. Good Hope, and Chief Jimmy Bruneau School in Behchoko) were identified to be part of a five- year research project. Schools will receive a part time school health facilitator for three years to support sustainable action in the areas of healthy eating, physical activity, and mental health; with decreasing support the last two years as local sustainability is developed. APPLE Schools will provide training, ongoing support from a Lead Facilitator, and access to a deep pool of resources developed and refined over ten years of support to more than 63 schools. The project expansion to the NWT is funded by Public Health Agency Canada.
- “Back to the Trail”, May, 2017 –*Back to the Trail Youth Gathering* brought together 47 young people aged 12-18 from across NWT to discuss health and wellness. The gathering was held outside of Yellowknife at the Camp Connections site, on the Cameron River. This gathering was situated in a larger context of community wellness and healing, revitalization of language and culture, and strengthening our health systems to be culturally respectful and responsive. The aim was to create a dynamic, safe, judgment-free opportunity for learning and exchange between NWT youth and GNWT employees with the goal of strengthening the GNWT approach to youth health and wellness programming. The gathering had the following objectives:
 - Begin to address health and wellness needs and priorities expressed by NWT youth during previous HSS youth engagement activities
 - Obtain guidance and insight from NWT youth in the design and implementation of GNWT health and wellness programs

- Positively contribute to building strong youth-adult partnerships that support the health and wellness of NWT communities.

The results of the gathering have been used to help focus a number of Health and Social Services Department initiatives including cannabis education and the Child and Youth Mental Wellness Action plan.



- Health and Wellness Curriculum – The curriculum development Working Group continued to work with pilot teachers from all NWT regions to refine the essential curricular components of the Collaborative Inquiry Cycle and the Health and Wellness Field Competencies (upon which assessment will be based). The field competencies currently include:
 - Working Together to Understand and Improve Wellness
 - Gathering Valid Wellness Knowledge From Diverse Perspectives
 - Making Sense of Connections with Wellness Matters
 - Questioning Our Community and Personal Practices
 - Acting for Wellness.

Initial results show encouraging signs that this approach emphasizing student agency, valuing community and traditional knowledge, and supporting collaboration is leading to the desired

outcome of students ‘making meaning’ and increasing wellness capacity as opposed to health content acquisition.

- The Department of Education, Culture and Employment, with support from staff at the Department of Health and Social Services hosted a joint Management Committee and School Health Coordinators’ meeting of the Joint Consortium for School Health in June, 2017. Learning sessions focused on the Residential School Awareness training, the educational and health context of the NWT, how Reconciliation is being woven into health and wellness curriculum development, and also included a visit to an ‘on the land’ education site where Dene elders led traditional learning sessions on medicine plants, moose hide tanning, duck harvesting, and traditional food preparation.

Nunavut

Highlights 2017-2018

- The *Inuutsiarniq Literacy Program* is a comprehensive Inuktitut reading program that was developed in partnership with Education to improve literacy and provide foundational health messaging to children and youth in Nunavut schools¹.
- A *Nunavut Hearing Screening project* began in 2017-2018 which allows Health to address the impacts of hearing loss on development delays among school aged children².
- In order to continue to support resiliency, Education, in partnership with the Canadian Red Cross, facilitated the *Power for the Positive conference*, the second annual territorial youth conference, held this year in Cambridge Bay³.



Introduction

One of the priorities of the Government of Nunavut is *Inuuusivut* which is a commitment to work towards the well-being and self-reliance of Nunavummiut and Nunavut communities. The Departments of Education and Health work and collaborate to support the well-being and self-reliance of children and youth using a comprehensive school health approach that is compatible with and promotes the strengths of Indigenous communities. This wellness approach for children and youth is developed through the areas of Leadership, Knowledge Development and Exchange, & Capacity Building. Some initiatives employed to develop these areas are discussed below.



Leadership

- Nunavut understands the importance of wellness for student achievement. In partnership with Inhabit Media, Education developed a series of emotional literacy picture books for young children focusing on social-emotional learning. These picture books help young children begin to understand what emotions look like so that they can learn to identify and express their own feelings. The series features northern characters and images so the stories are also culturally relevant.
 - Likewise, the *Inuutsiarniq Literacy Program* is a comprehensive Inuktut reading program that was developed in partnership with Education to improve literacy and provide foundational health messaging to children and youth in Nunavut schools. *Inuutsiarniq* embeds health messaging across four strands including Tobacco and Addictions, Nutrition and Life Skills, Physical Activity and Injury Prevention, and About Me, which incorporates age-appropriate mental and sexual health promotion. Health promotion messaging can also extend to families and communities through take home resources including mobile applications and books. To date, culturally relevant resources have been developed for ECE to Grade 3 students in French.
 - Through the *Nunavut Wellness Agreement*, all 44 schools across Nunavut continue to receive funding to provide school food programs to students. School food programs provide healthy and nutritious meals for Nunavut’s children and, as a result, improve health outcomes and academic performance. The programs vary based on school needs and resources. All programs are universal and are supported by school staff.

Knowledge Development and Exchange

- A Nunavut Hearing Screening project began in 2017-2018 which allows Health to address the impacts of hearing loss on development delays among school aged children. A total of 600 hearing assessments will be completed in all 3 regions by Fall 2018 to assess the prevalence of

RESEARCH ALIGNED WITH NU INITIATIVES

¹ Barac, R., & Bialystok, E. (2012). Bilingual effects on cognitive and linguistic development: Role of language, cultural background, and education. *Child development, 83*(2), 413-422.

² Yeung, J., Javidnia, H., Heley, S., Beauregard, Y., Champagne, S., & Bromwich, M. (2013). The new age of play audiometry: prospective validation testing of an iPad-based play audiometer. *Journal of Otolaryngology-Head & Neck Surgery*, 42(1), 21.

³ Fergus, S. & Zimmerman, M.A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26:399-419.



hearing loss in children and inform an inclusive plan addressing access to audiology services and comprehensive support for Nunavummiut. The results of this project will benefit both Health and Education to improve services and care for children with hearing loss. Education is supporting Health with project communication and providing support from staff as well as physical space in schools,

- In 2017-2018, Health and Education signed a memorandum of understanding to establish a process to improve outbreak management, better prepare for school based immunization programs, and agree to share current class lists and student information pertaining to communicable disease.
- *Drop the Pop* is an annual Health campaign which encourages Nunavummiut, and school aged children in particular, to make healthy beverage choices and to make water their main drink. Education is supportive of the initiative and facilitates communications with schools.
- Supporting inclusive education in our schools continues to be a priority. This year, Student Support Assistants in Nunavut came together for the first ever three day territorial training. Close to 100 Student Support Assistants travelled to four locations in the territory to learn, share, and collaborate. The focus of the training was two-pronged: strategies for supporting students with complex behaviours, combined with a module around self-care. In turn, Ilinniarvimi Inuuusilirijiit, Nunavut's school community counsellors, met for their second annual territorial training which focused on facilitating small groups, a foundational training for the delivery of evidence-informed social emotional learning programs adapted for use in Nunavut.

Capacity Building

- Following a departmental reorganization new positions in Education were created in the newly established division of Student Achievement. These positions will support comprehensive school health. The Behaviour and Social Emotional Learning Coordinator and Counselling Development Coordinator will ensure the well-being of students through the development and implementation of policy and resources.
- Specialized services for school aged children increased in 2017-2018, with additional funds to contract services from professionals like Occupational Therapists and Speech Language Pathologists. These services are provided by professionals working directly with students in schools to ensure quicker service following referrals and expert input into the implementation of Individual Student Support Plans. As a result, Education increased its capacity to support students to engage with their learning and succeed in school.
- In order to continue to support resiliency, Education, in partnership with the Canadian Red Cross, facilitated the *Power for the Positive* conference, the second annual territorial youth conference, held this year in Cambridge Bay. The two day conference was designed to build protective factors to help youth cope with the many challenges of life. Some of the workshops included bullying prevention youth facilitator training, safeTalk suicide-alert training, and sessions around

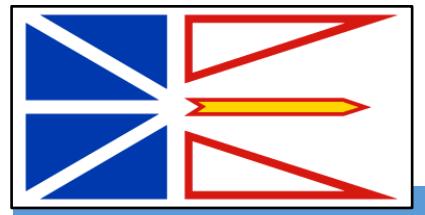
understanding family history and self-advocacy. Participants also had access to a creative interactive space for art, traditional crafts, music, and dance. Key note speakers at this year's event included Travis Price, co-founder of Pink Shirt Day.

- Health's Community Health Representatives work with the schools in their communities to arrange presentations or health fairs on various health topics including sexual health, tobacco reduction, nutrition, healthy relationships, bullying, infections control (hand washing techniques), oral health, and other health related matters.

Newfoundland and Labrador

Highlights 2017-2018

- On April 24, 2018, the Government of Newfoundland and Labrador released Phase 3 of [*The Way Forward*](#). Engaging schools to create settings that support healthy living and learning is identified as a Way Forward action¹.
- CSSD in partnership with the NLESD has supported 141 schools to date to provide an additional 80-100 minutes of physical activity per cycle for K-6 students through the Active Schools Program².
- NLESD and RHAs expanded the School Sexual Health Program. The program goal is to improve access to sexual health services and education in high schools using a comprehensive school health approach³.



RESEARCH ALIGNED WITH NL INITIATIVES

¹ Fransoo, R. R., Roos, N. P., Martens, P. J., Heaman, M., Levin, B., & Chateau, D. (2008). How health status affects progress and performance in school: A population-based study. *Canadian Journal of Public Health*, 99(4), 344-349.

² Watson A, Timperio A, Brown H, Best K, & Hesketh K. (2017). Effect of classroom-based physical activity interventions on academic and physical activity outcomes: A systematic review and meta-analysis. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 114.

³ Denford S, Abraham C, Campbell R, & Busse H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychology Review*, 11(1), 33-52.

Introduction

Healthy Students Healthy Schools (HSHS) is an interdepartmental initiative supported by the Departments of Education and Early Childhood Development (EECD), Children, Seniors and Social Development (CSSD), Health and Community Services (HCS). Initiated in 2004, HSHS, through School Health Promotion Liaison Consultants (SHPLC), builds on the health promotion work of the Newfoundland and Labrador English School District (NLESD), Conseil Scolaire Francophone (CSF), Regional Health Authorities (RHA), and community partners. HSHS fosters collaboration across the health and education sectors to promote and sustain healthy school learning environments and conditions that support students to make

healthier choices. This horizontal and collaborative approach helps to advance and share research, practices, and policies to improve learning and health outcomes for children and youth. HSHS also supports the Government of Newfoundland and Labrador's health-in-all-policies approach and the vision of improved health and wellness for the people of the province.

Leadership

- On April 24, 2018, the Government of Newfoundland and Labrador released Phase 3 of the [*The Way Forward*](#). Commitments that impact schools in *The Way Forward* include adopting a Health in All Policies approach, implementation of the Education Action Plan, implementing a phased in approach for multi-year funding to community groups, engaging schools to create settings that support healthy living and learning, and implementing child health risk assessments for school-aged children.
- On July 1, 2017 amendments were made to the Tobacco and Vapour Products Control Act to prevent youth from starting to smoke by restricting youth access to tobacco, vapour and non-tobacco shisha products, and reducing the advertising and promotion of these products.
- Social and Emotional Learning (SEL) was supported at a provincial, regional, and community level through participation in the three year SEAK (Socially and Emotionally Aware Kids) project, development of a Social and Emotional Learning Foundation Document (draft), online professional learning platform for teachers, the planned revision of Health curricula to incorporate SEL, and the implementation of school based SEL.
- In June 2017, government released Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador which outlines government's plan to redesign the current mental health and addictions system to one that is person-centred and focused on recovery. Examples of initiatives supporting healthy school environments include:
 - The development of an integrated service delivery model for youth and emerging adults which will transform the way services are currently delivered to this population. This model aims to break down silos and improve access to services by using a one-stop shopping approach where multi-disciplinary services are centrally located in the community and youth friendly.
 - The implementation of a comprehensive school health and wellness framework that includes evidence-based mental health promotion, prevention and integrated, early intervention programs in schools.

Knowledge Development and Exchange

- CSSD in partnership with the NLESND has supported 141 schools to date to provide an additional 80-100 minutes of physical activity per cycle for K-6 students through the Active Schools Program.

- Food First NL, in partnership with EECD, CSSD, NLESD, CSF and RHA's, began the development of a provincial consultation plan to assess the current School Food Guidelines.
- SHPLC's, delivered Wellness Cafes in schools to address self-identified school needs. The program was broadened to make sessions more effective and accessible.
- RHAs and school districts partnered to develop and deliver school health fairs, mental health days, positive body image sessions and focused on addictions and substance use prevention through Amazing Maze Events and the PARTY Program.
- NLESD, CSF, RHA, CSSD and ParticipACTION collaborated to develop a Physical Activity Toolkit to help teens sit less and move more. The Toolkit promotes and supports the Canadian 24 Hour Movement Guidelines for Children and Youth.
- HCS launched a refresh of Bridge the gApp website offering additional tools, information and a responsive design which is accessible from any digital device.

Capacity Building

- CSSD in partnership with the NLESD has supported 109 schools to date to implement recommendations from the Healthy School Planner.
- NLESD provided a Yoga instruction workshop that provided teachers with another tool to support student mindfulness, meditation, and assisting students with learning disabilities.
- NLESD and RHAs expanded the School Sexual Health Program. The program goal is to improve access to sexual health services and education in high schools using a comprehensive school health approach.
- The Community Addictions Prevention and Mental Health Promotion fund supported several schools to implement activities supporting positive mental health and wellness.
- The Community Health Living Fund supported several schools in the development of healthy active living environments that promote physical activity and healthy eating.

Nova Scotia

Nova Scotia Health Promoting Schools (HPS) was initiated in Nova Scotia in 2005 and is a partnership of the Nova Scotia Department of Education & Early Childhood Development (DEECD), Nova Scotia Department of Health & Wellness (DHW), Nova Scotia Health Authority (NSHA), and Regional Centers of Education (RCEs) (formerly school



boards)⁸. Funding is provided annually to the seven RCEs, Conseil scolaire acadien provincial – this represents 378 schools, with an enrollment of over 118,000 children and youth. The Mi'kmaw Kina'matnewey are also provided funding. The HPS funding allocations continue to support school communities as they work together to grow and sustain a healthy school climate, culture, and environment. Funds are intended to provide opportunities for professional development and training, equipment, resources, local grant allocation processes, workshops, contracts for human resources, and honoraria related to HPS and the implementation of the [Food and Nutrition Policy for Nova Scotia Schools](#). By continuing to identify areas of alignment and collaboration, partners and provincial departments can be more effective in advancing HPS in Nova Scotia to ensure all students realize their full potential.

Highlights from 2017-18

The following section highlights how HPS partnerships are working collaboratively to enhance student learning and health outcomes.

Active School Communities

- Incorporating physical activity in curriculum development and promoting movement throughout the day as part of a normal classroom and learning environment.
- Providing grants to support student engagement in physical activity and ensure equitable access to programming, particularly among underrepresented and systemically disadvantaged children/youth.
- Continuing to explore and offer physical activity opportunities for students outside of organized sport. For example, [Swim to Survive](#), [Doctors NS fun runs](#), yoga, dance, fitness classes, etc.
- Supporting physical activity-based training opportunities to foster and enhance leadership among students, such as the [Aboriginal Coaching Module](#) - a national training curriculum with content that reflects the uniqueness of Aboriginal cultures, values, and lifestyles.

RESEARCH ALIGNED WITH NS INITIATIVES

McIsaac, J.L., Hernandez, K.J., Kirk, S.F.L., & Curran, J.A. (2016). Interventions to Support System-level Implementation of Health Promoting Schools: A Scoping Review. *Int. J. Environ. Res. Public Health* 2016, 13(2), 200; doi:[10.3390/ijerph13020200](https://doi.org/10.3390/ijerph13020200)

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Mixed Methods Research*, 5(2), 126-149.

Anita Fiskum, T., & Jacobsen, K. (2012). Relation Between the School Environment and the Children's Behaviour. *The Open Education Journal*, 5(1).

⁸ The [Raise the Bar](#) report outlines important administrative structural changes to the provincial education system in Nova Scotia. RCEs will take the place of former school boards - led by a Regional Executive Director of Education (formerly a superintendent) and following a new reporting relationship to the Deputy Minister of EECD.

- HPS are partnering to enhance quality outdoor play opportunities for children within early learning and school environments in NS. This includes providing staff with ongoing training opportunities, updating and purchasing new equipment and resources for schools, and adding “unconventional” tools and toys to foster unstructured and imaginative play.

School Climate and Mental Health Promotion

- HPS partnerships continue to strengthen safe and inclusive school environments. The commitment to mental health promotion and addiction prevention is put into action through various policies, procedures, guidelines, and school supports. There has been a significant focus in the past year on the development and expansion of social-emotional programming, such as
 - [Safe Schools](#)
 - [PATHS](#)
 - [Mind Up](#)
 - [Second Step Program](#)
 - [Roots of Empathy](#)
- Headstrong is the Mental Health Commission of Canada’s (MHCC) youth anti-stigma initiative. HPS partners worked collaboratively with Public Health, the Mental Health Commission of Canada, SchoolsPlus, NSHA Mental Health and Addictions, Canadian Mental Health Association, Nova Scotia Community College, and others to organize Headstrong Summits, some of the first in Nova Scotia. Approximately 180 students and staff participated in the three events, learning how to reduce stigma in their school communities.

School Food Environments

- HPS continues to support the implementation of the *Food and Nutrition Policy for Nova Scotia Schools* by offering a wide range of food literacy and skill-building programs to students. Examples from across the province include edible school garden and community kitchen programs, farm-to-school fundraising initiatives (for example, [Nourish your Roots](#) – a program that partners schools with local farms to sell produce), social media campaigns, and nutrition education sessions for student groups.
- HPS partnerships are exploring how local food systems and collective procurement opportunities can support and reduce barriers to implementing the *Food and Nutrition Policy for Nova Scotia Schools*. For example, the [South Shore School Food Project](#).
- Building environments that support healthy choices is another important aspect of school food. Some HPS partners are providing students with their own water bottles and/or installing water

filling stations as a means of reducing consumption of sugar sweetened beverages and normalizing water as a preferred drink.

- HPS partnerships continue to explore ways to enhance school food programs in order to improve access to healthy food for students. This includes providing workshops, resources, and professional development opportunities for staff and volunteers to support practice standards, as well as monitoring program deliverables and outcomes to better understand the impact and efficacy.

Other Supports:

- Three of the nine HPS partnerships are supported by School Health Promoters, positions dedicated to help advance healthy school environments. These positions are shared between RCEs and Public Health.

Leadership

New Provincial Government Sub-Committee

- A new Provincial Government Health Promotion and Prevention Sub-Committee has been formed (reporting to a Senior Partnership Committee). This partnership between education, health, community services, and justice will focus broadly on upstream universal approaches to health and wellbeing for school-aged children and youth.

Inclusive Education

- The commission on inclusive education recently published the [*Students First*](#) report, which calls for a new multi-tiered system to address NS students' academic, social-emotional, and behavioural needs. This unified framework for public education helps to align and coordinate systems within communities and across sectors of education and health in order to build the capacity of the NS school system to support the success of all students.

Youth Health Centres

- Youth Health Centres (YHCs) are one of the many school-based initiatives that support student health in NS. The scope of work carried out by YHCs varies throughout the province, from prevention and health promotion through to navigation and clinical health services. There are 69 YHCs in NS – these centres report approximately 20,000 student health visits annually.
- The DHW is working in partnership with DEECD, NS Department of Community Services, NS Department of Justice, IWK, and NSHA to determine models to pilot a 2018/2019 increase in the number of YHCs with a \$1 million investment from provincial government. This is in response to recommendations in the [*Minister's Advisory Panel on Innovation in Mental Health and Addictions*](#) “to develop a standard model for mental health/health care delivery by integrating supports and services offered.”

Knowledge Development and Exchange

Public School Program Development

- The Public School Program for Nova Scotia is the foundational document that defines what is offered in educational programming and provides a high level articulation of the approaches and methodologies of the system. This document is currently undergoing review and updates and will include an integration of the HPS and Community School Health priorities.

Curriculum Renewal

- The NS DEECD is currently renewing the full Grades 7/8 curriculum and the health curriculum Grades 4-8. While learning outcomes within health education and physical education are being refreshed with the leadership of teacher teams, other learning outcome priorities remain in sexual health, injury prevention, substance use, healthy eating, social emotional learning, and preventing sedentary behaviour. As part of the pilot phase of curriculum renewal, we are working with Dr. Stan Kutcher and his team to provide on-line training and learning opportunities for teachers related to the mental health curriculum. The new curriculum will be piloted during the 2018/19 school year.

Provincial Framework for Physical Activity

- Nova Scotia's Action Plan for Education* (2015) identifies student health and wellness as a key priority and recommends the creation of a framework to increase opportunities for physical activity throughout the school day.
- In response to these government priorities, DEECD and NSHA Public Health are collaborating to develop a provincial physical activity framework for English speaking public schools.
- To inform this process, NS Communities, Culture and Heritage worked collaboratively with NSHA, DEECD and DHW to host a two day symposium. The purpose of this event was to mobilize multiple levels of leadership in creating vibrant active communities in NS, with a particular focus on physical activity, children and youth, and the school setting.

Capacity Building

HPS Regional Committees

- Each RCE maintains a HPS Committee co-chaired by a representative from education and health, with additional and diverse participation from NS Communities, Culture and Heritage, municipal recreation staff, active healthy living consultants, public health nutritionists, SchoolsPlus, and Race Relations Cross Cultural Understanding and Human Rights Coordinators (among others).

- Nova Scotia continues to use the comprehensive school health frameworks outlined in the HPS Guiding Document (2015), which was collaboratively developed and endorsed by the NSHA and former school boards.
- In advance of funding allocation, the HPS committees developed and submitted their 2017-2018 action plans, which articulate regional goals related to the four pillars outlined in the HPS framework: teaching and learning, healthy school policy, partnerships and services, and social and physical environment.

Recipe for Health and Learning

- **Recipe for Health and Learning** is a research partnership seeking to support and build on existing HPS infrastructure by amplifying investments in schools.
- Building on over a decade of research, policy and practice, this group is working collaboratively with other key stakeholders (QEII, IWK, and Dalhousie Medical Research) to leverage private and public funding opportunities to support health and learning.

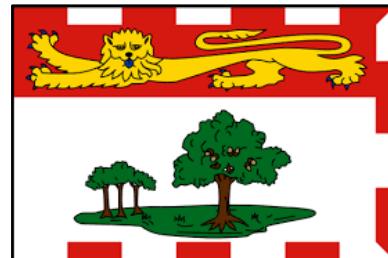
School Healthy Eating Programs

- Recognizing the significant relationship between access to healthy food and a positive classroom experience, the NS Government nearly doubled its investment to expand the school healthy eating program to every school in Nova Scotia, bringing the total funding to \$1.975 million. DHW, DEECD and NSHA developed an agreement with [Nourish Nova Scotia](#) to support RCEs with the expansion of these programs through local HPS partnerships.

Prince Edward Island

Highlights 2017-2018

- The school food environment within Island schools continues to improve thanks to innovative projects led by individual schools, the Department of Education, Early Learning and Culture, the Department of Health and Wellness and the Department of Agriculture and Fisheries.¹
- As ‘master trainers’ of the [Go-To Educator](#) training, 34 educators and community partners are qualified to provide training and support for teachers using the *Mental Health Curriculum Guide* that will be implemented in the Intermediate Health Curriculum and the *High School Curriculum Guide* that is a resource in the Grade 10 Wellness curriculum.²
- Collaborative partners, including representatives from a number of Provincial departments (Education, Early Learning and Culture as well as Health and Wellness), school boards, Provincial



alliances, schools, and researchers, collaboratively review student/school/provincial level data, helping to identify needs, set priorities, and develop actions to address the identified needs.³

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 have supported positive student health behaviours, student success, and academic achievement. The Department of Education, Early Learning and Culture, the Department of Health and Wellness, the Chief Public Health Office, the University of Prince Edward Island, community organizations, school boards, students, teachers, and parent volunteers alike – continue to be active partners and collaborators in this work.

Leadership

- As part of the Atlantic [Socially and Emotionally Aware Kids \(SEAK\)](#) scale-up project, the [Promoting Alternative Thinking Strategies \(PATHS\)](#) program was piloted in two Island schools. Social and emotional learning is integral to the educational achievement, health, and well-being of all children and youth. Upon the completion of a successful scale-up of SEL in Atlantic Canada, schools will be able to demonstrate effective social and emotional skills and create positive, engaging, safe and caring learning environments. The Atlantic SEAK project is being rigorously evaluated by the University of Prince Edward Island's [Young Lives Research Lab](#).
- The school food environment within Island schools continues to improve thanks to innovative projects led by individual schools, the Department of Education, Early Learning and Culture, the Department of Health and Wellness and the Department of Agriculture and Fisheries.
 - Through a variety of Academy Diploma Programs (e.g. Culinary, Agriculture and Bioscience, and Business and Innovation) as well as foods and culinary high school course, students within a number of Island schools are engaged in school-based projects to grow, cook, and sell food to their fellow students. This school/community partnership is providing hands-on learning opportunities for students as well as creating a healthier school food environment.

RESEARCH ALIGNED WITH PEI INITIATIVES

¹ Mullally, M. L., Taylor, J. P., Kuhle, S., Bryanton, J., Hernandez, K. J., MacLellan, D. L., ... & Veugelers, P. J. (2010). A province-wide school nutrition policy and food consumption in elementary school children in Prince Edward Island. *Canadian Journal of Public Health/Revue Canadienne de Santé Publique*, 40-43.

² Wei, Y. & Kutcher, S. (2014). Innovations in practice: "Go-To" educator training on the mental health competencies of educators in the secondary school setting: a program evaluation. *Child and Adolescent Mental Health*, 19 (3), 219-222.

³ Bird, J.M., & Markle, R.S. (2012). Subjective well-being in school environments: Promoting positive youth development through evidence-based assessment and intervention. *American Journal of Orthopsychiatry*, 82, 61-66. doi: 10.1111/j.1939-0025.2011.01127.x

- A school garden/orchard project, funded by the [Department of Health and Wellness – Wellness Grant](#) provided students with ‘hands-on’ educational experience in the design, maintenance, and management of this project with community partners.
- Through the [Department of Agriculture and Fisheries' - Community Food Security and Food Education Program](#), twelve school-based projects were funded. The school-based projects increased student's access to fresh, local food. In total 2,043 students participated in the program's projects. Other outcomes achieved through the program included
 - increased local food education in schools
 - increased student knowledge of where food comes from
 - increased community-school partnerships.
- A Partner Advisory Committee continues to meet 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. This Committee, which includes representatives from a number of Provincial department (Education, Early Learning and Culture as well as Health and Wellness), school boards, Provincial alliances, schools, and researchers, collaboratively reviews the SHAPES/CSTADS data, helps identify needs, set priorities, and develops actions to address the identified needs. In 2017-18, the Partner Advisory Committee has been working with UPEI to update the SHAPES survey in responses to the emerging needs of schools and provincial partners in preparation for data collection in 2018-19. This collaborative effort will help ensure that the data collected through SHAPES will continue to respond to the needs and interest of schools, school/community partners, and the provincial government.

Knowledge Development and Exchange

- As part of its vision to create a tobacco free Prince Edward Island, the [PEI Tobacco Reduction Alliance](#) (PETRA), which is funded in part by the Department of Health and Wellness, has a goal to prevent tobacco use among young Islanders. Based on the [2014-15 and 2016-17 CSTADS data](#), it is evident that e-cigarette use among students is an area of significant concern. In response to this data, the PETRA ‘Youth Prevention Working Group’ conducted a number of initiatives, including
 - a scan of e-cigarette social marketing campaigns
 - a literature review of key messages for e-cigarette use prevention
 - a focus group with ‘adult influencers’ (e.g., parents/caregivers)
 - a survey for healthcare professionals regarding their knowledge of e-cigarettes.

This preliminary work will be used to inform PETRA's 2018-19 work plan to help in the collective education and prevention efforts of government and community partners related to students' e-cigarette use.

- The Healthy Eating Program Officers of the Department of Health and Wellness – Chief Public Health Office, supported healthy eating initiatives within the early-years centers, public schools, and various community settings. To support healthy eating within schools, the Healthy Eating Program Officers
 - conducted on-site school visits with 90% of Island schools to discuss school nutrition policy awareness/adherence and to learn about the school food environment at each school
 - developed a summary report of their observations and recommendations for improvements to school food environments across the province
 - conducted a breakfast program coordinator workshop in partnership with Breakfast Clubs of Canada.

Capacity Building

- To support a sound understanding of mental health literacy within the education system, 34 staff (20 teachers, counselors, and administrators, as well as 14 additional professionals that support mental health in schools) were trained by Dr. Stan Kutcher in his [Mental Health and High School Curriculum Guide](#) as well as the [Go-To Educator](#) training. As 'master trainers', these educators and community partners are qualified to provide training and support for teachers using the *Mental Health Curriculum Guide* that will be implemented in the Intermediate Health Curriculum and the *High School Curriculum Guide* that is a resource in the Grade 10 Wellness curriculum. Trainers are also qualified to introduce "Go-to Teacher" Educator as a means of increasing student and staff mental health literacy. Using a whole-school approach, schools are able to enhance student resilience by generating a sense of connectedness to teachers, support staff, and their peers. Positive attachment to school and supportive teacher-student and student-peer relationships nurtures healthy development and academic success.
- Partner engagement strategies with the [SHAPES/CSTADS initiative](#) provided opportunities for knowledge exchange and professional development for a wide variety of partners. A presentation entitled "*How Healthy School Communities Support Student Success*" explored
 - the interrelated nature of student health, student success, and academic achievement
 - the [Comprehensive School Health Framework](#)
 - the [Core Indicators and Measurements Framework](#) for School Health and Student Achievement
 - the [SHAPES/CSTADS student health behaviour survey](#) results

- the facilitators and barriers of using evidence to create healthy school communities
- the various tools, resources, and supports available, including the JSCH [Healthy School Planner](#), [Positive Mental Health Toolkit](#), and the [Youth Engagement Toolkit](#).

Presentation were made to the UPEI School Leader Development Program principals, school staff, Home and School Associations, physical education teachers, and school wellness councils. 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, teachers, and community members as leaders and change agents within the school setting.

New Brunswick

Highlights 2017-2018

- Reflecting the most recent evidence and best practices in school nutrition, the Department of Education and Early Childhood Development partnered with Regional Health Authority Public Health dietitians and released a revised **Policy 711 – Healthier School Food Environment** in June 2018 for the public school system.
- Over 80% of schools are using their Student Wellness Survey results for improvement plans or policies and reported satisfaction with the process. Top priorities are mental health, resilience, nutrition and physical activity.
- The **Integrated Service Delivery** model for providing assessment and intervention services to children and youth has been expanded to all public schools in the province. The ISD model includes promotion of universal collaborative approaches that foster positive mental health perspectives and practices in the school and community contexts.



Introduction

The [New Brunswick Healthy Learners in School Program](#), initiated in 2000, is a Public Health program delivered by the Regional Health Authorities. It is aimed at promoting student health and wellness through the creation of healthy, safe, and supportive physical and social environments. Public health nurses and dietitians work with school districts to implement comprehensive school health initiatives with the support of Health Advisory Committees that include educators, parents and community groups, and program representatives. Their efforts are supported by the Department of Social Development (DSD) which champions New Brunswick's Wellness Strategy and focuses on supporting physical activity, healthy eating, tobacco free living, and mental fitness and resilience in schools, communities, workplaces, and homes. The Department, in partnership with the Department of Education and Early Childhood Development (EECD), also undertakes a multi-year data collection initiative (NB Student

Wellness Survey (NBSWS)), 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, and connections to other resources in their communities such as Wellness Networks. EECD reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools.

Leadership

- A provincial improvement framework to support implementation of the **10-year Education Plan** for the Anglophone sector is under development and will be piloted in eight schools; global competencies have been identified, and a team is beginning work in the development of a leadership strategy for educational leaders.
- École prototypes are being developed as part of the implementation of the **10 year Education Plan** for the Francophone sector. Dans les écoles prototypes visant le développement de compétences les élèves sont engagés à développer leurs compétences socioaffectives, cognitives et communicatives leur permettant de vivre une vie plus épanouie et en santé.
- EECD released a revised **Policy 711 – Healthier School Food Environment** in June 2018 for the public school system. EECD partnered with Regional Health Authority Public Health dietitians to enhance the existing policy to reflect the most recent evidence and best practices in school nutrition. The policy applies to all food and beverages sold, served, or otherwise offered in all NB public schools.
- EECD introduced a number of initiatives to enhance the **early learning and child care system**, which presents an opportunity to apply a comprehensive school health approach to early childhood centres that are formally integrated with public education. Initiatives include
- One-Time Quality Improvement Grant for daycares to increase the quality of both indoor and outdoor learning environments, including equipment and materials, for children aged five and under.
- An annual Quality Grant to help the facilities deliver quality child-care services and meet the criteria of becoming a designated [New Brunswick Early Learning Centre](#). All early learning centre operators will be required to develop a plan for continuous quality improvement.

Knowledge Development and Exchange

Provincial results of the 2016-2017 NB Elementary Student Wellness Survey with 12,000 students in Grades 4 and 5 and 24,000 parents of students in Kindergarten to Grade 5 across 203 (94%) public schools in New Brunswick were posted here: [At a Glance](#) Further breakdown of the 2016-17 NB

Elementary Student Wellness survey data was also produced: **Aboriginal** students, **Immigrant** students, **Students with Special Needs**, **Gender** analysis and **Anglophone and Francophone Sectors**.

- NB Health Council (NBHC) produced **Student Wellness Survey Infographics** for K-5 schools that participated in the NB Elementary Student Wellness Survey (NBSWS) the previous year. The infographic entitled “A day in the lives of children” presented 10 indicators reflecting students’ wellness (physical activity, healthy eating, mental fitness, etc). The document was encouraged to be used to initiate discussions around wellness with school staff, as well as with students’ parents. The purpose was to provide the school results in a user friendly format that was easily shareable.



- NBHC completed presentations to school districts to support schools and districts to align measures from their **Student Wellness Survey reports** to the school/district improvement plans and 10 year education plan objectives.
- NBHC conducted a survey of principals and stakeholders on the use of the data and in continuing engagement to promote and support the NBSWS. 43% of school principals responded to the online survey. Over 80% of schools are using their survey results for improvement plans or policies and reported satisfaction with the process. Survey data is shared with teachers (80%) and parents (40%). Top priorities are mental health, resilience, nutrition and physical activity.
- NBHC released **Community Profiles 2017** which incorporated NBSWS data as part of 33 community profiles which support a comprehensive school health approach to planning school-community initiatives.
- EEC (francophone sector) reviewed the **Formation personnelle et sociale** 6-8 curriculum. – Through the validation of content and the proposal of resources in sexual health education, teachers will be better trained to assist students in the three focus areas. The new content on personal and career development will help students better identify their strengths and their fields of interest (self-discovery and career exploration).
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- A number of community events in the province are drivers in supporting partnerships with schools. In the past year, student wellness survey results supported the communities' work through sharing results and showing how the survey can help prioritize future actions. Presentations by NBHC were given in all seven school district geographic boundaries and equally balanced between Francophone and Anglophone sectors.

CAPACITY BUILDING

- The **Integrated Service Delivery model** for providing assessment and, intervention services to children and youth has been expanded to all public schools in the province. The ISD model is intended to
 - Promote universal collaborative approaches that foster positive mental health perspectives and practices in the school and community contexts
 - Address service delivery gaps in the provision of assessment and intervention services for children and youth with emotional and behavioral disorders through a collaborative team-based approach, and youth, family, and community involvement
 - Enhance system service delivery capacity to respond in a timely, effective, and integrated manner to the strengths, risks, and needs profiles of children, youth, and their families.
- DSD, in partnership with **The Link Program**, supported development of a new slogan and promotional materials. The goal of [The Link Program](#) is to give students in Grades 6-12 experiencing any kind of issue the opportunity to access a service through the Helping Tree which provides information on resources available to youth within the community. Requesting the support of a Link companion, or of a trusted person, is also recommended. The program strives to give students the chance to find a solution, through a supportive resource, to his or her issues before they become more serious. A contest was held to engage students in creating new promotional videos for the program. <http://programmelemaillon.com/fr/accueil/bienvenue>
- The first provincial francophone Summit for LGBTQ+ (LGBTQ summit and their allies) was held last October at l'école l'Odyssée in Moncton. Out of the 22 francophone high schools in the province, 18 schools were represented along with different partners. At the summit, action plans were developed that will be implemented in these schools and their community.
- Over 40 teachers from all three francophone districts have received training on Positive Mental Health and three Core Practice Domains for an optimizing workplace environment: Mental Fitness Practices, Resiliency Practices and Positive Leadership Practices. The results obtained from a survey suggested that these resources helped improve the workplace environment for each school involved in this study.

- DSD provides annual funding for the **School Wellness Grant Program (SWG)** to advance student wellness and NB's Wellness Strategy 2014-2021 goals and principles. School Wellness Grants support NB's Anglophone, Francophone, and First Nations schools to implement a comprehensive school health approach to improve one of four wellness themes: Mental Fitness and Resilience, Healthy Eating, Physical Activity, or Tobacco Free Living among all students within the whole school community. In 2017-2018, 98% of schools received School Wellness Grants to advance their student wellness priorities for all students in their school. The SWG recognizes that healthy school environments help students succeed academically and prepare youth to make healthy choices as adults. This includes active youth engagement and experiential learning for all students. A school action team reviews measureable data to select the wellness theme, and describes a comprehensive school health (CSH) action plan to address the selected theme and outcome.
 - 75% of schools used the NB Student Wellness Survey to determine their wellness theme
 - 42% of schools choose Mental Fitness & Resilience
 - 30% of schools choose Physical Activity
 - 27% of schools choose Healthy Eating
 - 1% of schools choose Tobacco Free Living.

In 2017, schools reported various observed outcomes, including

- 77% reported increased energy expenditure by students
- 73% reported increased vegetable and fruit consumption
- 70% reported increased school connectedness
- 59% reported an increase in pro-social behaviors.
- Dialogue on **Community use of schools** was facilitated by the Department of Tourism, Heritage and Culture. Members represented the Departments of Tourism, Heritage and Culture (Sport and Recreation Branch); Social Development (Wellness); and Education and Early Childhood Development (Anglophone Sector, Francophone Sector, & School Districts). The rationale for the dialogue was to explore outcomes from work undertaken in 2005 and 2014. Through this dialogue the following outcomes were achieved:
 - clarification on school district policy requiring provision by users to have a charitable number vs not-for-profit number or business number
 - recognition of need to support community and sport groups' understanding of cost recovery, as schools bear the burden of costs for community use

- confirmation of province-wide process for community use, with noted differences across districts and schools for valid reasons, e.g. school unable to accommodate use due to safety issues or facility limitations
 - key messages on the steps to follow regarding the community use of schools with the sport and recreation system and community groups.
- Given that comprehensive school health is an ecological approach that addresses a variety of protective factors that help build resilience, the NBHC was able to align capacity building opportunities with these concepts to facilitate collective understanding and action on comprehensive school health. These events included
 - New Brunswick Teachers Association Compass Conference 2017 (Early career teachers navigating the professional world of education)
 - Provincial GSA conference, which provides professional learning for educators, support the District Education Councils,
 - the Acadian Movement of Healthy Communities of New Brunswick Inc. (MACS-NB) Annual General Meeting
 - Miramichi Public Health Strategic Planning Day
 - Literacy Guiding Teams for the NB Comprehensive Literacy Strategy
 - Webinars on “Enhancing the protective factors of individuals (early childhood to seniors) and within communities to improve mental health while building resilience and social capital”.

Ontario

Highlights 2017-2018

- The release by the Ministry of Education of [What We Heard: Well-Being in Our Schools, Strength in Our Society](#) came about as the result of a province-wide, year-long process of engagement to develop a shared vision for student well-being in Ontario's publicly funded schools.
- Released in 2018, [Strengthening Our Learning Journey](#) is the third progress report on implementation of the Ontario First Nation, Metis, and Inuit Education Policy Framework 2007.



- For the 2017-18 school year, funding was provided to school boards to foster a safe and welcoming school climate through the delivery of local projects that build capacity within schools to address racism in all its various types and systemic forms.

Introduction

In 2017-2018, the Ministry of Education directly led several initiatives to continue to foster a healthy, inclusive learning environment that supports the needs of all children and students. The ministries of Health and Long-Term Care, Children, Community and Social Services and Agriculture, Food and Rural Affairs also led and supported a number of initiatives and activities as set out below.

Leadership

- In September 2017, Ontario's Ministry of Education released [What We Heard: Well-Being in Our Schools, Strength in Our Society](#), a report which summarized what was learned from a province-wide, year-long process of engagement to develop a shared vision for student well-being in Ontario's publicly funded schools.
- [Fresh from the Farm](#) is a program that helps schools raise funds by selling Ontario apples, carrots, onions, potatoes, and sweet potatoes. Fresh from the Farm is a partnership between the Province of Ontario, Dietitians of Canada, and the Ontario Fruit and Vegetable Growers' Association.
 - A total of 494 schools participated in 2017, collectively selling over 1 million pounds of produce and raising over \$1.2M, of which over \$495K was retained for school initiatives.
 - 2017 was the fifth year for the program and the first year that the program was offered province-wide to all (72) school boards/over 5,000 schools.
 - In 2017, schools in the communities of Moosonee and Moose Factory, two remote communities on the shore of Hudson Bay participated. Previously, these remote communities were beyond the reach of the program due to distribution challenges.
 - Since 2013, over 1,170 schools have participated in Fresh from the Farm, selling almost \$3 million of local produce to Ontario families. Over 2.7 million pounds of Ontario apples, carrots, onions, potatoes, and sweet potatoes have been distributed through the program since 2013.
- The Ministry of Education continues to work with education stakeholders to help identify, remove, and prevent discriminatory biases and systemic barriers so students can acquire the skills they need to be successful. Examples of 2017-18 projects include

- The *Leading Inclusive School Systems: Bias-Free Decision Making Project* was led by the Council of Ontario Directors of Education to engage Directors of Education in identifying promising practices for bias-free decision making.
 - Equity and Inclusive Education in Ontario: Reflective Tool for School and System Leaders. [Greater Equity Means Greater Student Success](#).
- To address the critical period of child development between the ages of 6 and 12, and to support a common vision for the well-being of middle years children, Ontario engaged over 1,800 parents/caregivers, Indigenous partners, service providers, and others to create an evidence-based framework for action.
 - [On MY Way: A Guide to Support Middle Years Child Development](#) is a comprehensive developmental framework to support children ages 6 to 12. Released in 2017, *On MY Way* was commissioned by the province and is based on up-to-date evidence on middle childhood development.
 - [Gearing Up](#) is the framework document to support collaboration in the development of programs and policies that will better support families and middle years children.
- As part of the [Ontario Public Health Standards](#) released January 1, 2018, a new [School Health Standard](#) was developed. The modernized Standards bring together all of the school-based requirements of public health into a new School Health Standard, with the overarching goal of “achiev[ing] optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.” Supported by three Guidelines and four Protocols, the School Health Standard includes ten requirements for boards of health.

Knowledge Development and Exchange

- In October 2017, the [Daily Physical Activity \(PPM 138\) policy](#) was revised to continue to ensure that all elementary school students in grades 1-8, including students with special education needs, have a minimum of twenty minutes of moderate to vigorous physical activity each school day during instructional time.
- On February 28, 2018 [Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Ontario](#) was released for implementation by Ontario school boards beginning September 2018. The policy provides direction to school boards to have policies and procedures in place to support children and students with anaphylaxis, asthma, diabetes, and/or epilepsy in schools.
- Released in 2018, [Strengthening Our Learning Journey](#), the third progress report on implementation of the Ontario First Nation, Metis, and Inuit Education Policy Framework 2007 examines progress made since 2013, during the third phase of the Framework’s implementation. With respect to

supporting students' self-esteem and well-being, improvements in student self-esteem were noted through initiatives and supports that cultivated their sense of identity by valuing their languages, cultures, perspectives, and contributions in everyday school life. Promising practices are highlighted in the report, including initiatives designed to support First Nation students as they make the transition from their community school to a provincially funded school.

- At the direction of the Ministry of Education, School Mental Health ASSIST, in collaboration with the Centre for Addiction and Mental Health, and with input from [Jack.org](#), developed a series of information sheets on prescription opioid misuse, which includes a focus on fentanyl. There are three versions of the information sheet, one for educators, one for parents/caregivers, and one for youth.
 - [Prescription Opioids Parent Information Sheet](#)
 - [Prescription Opioids Youth Information Sheet](#)
 - [Prescription Opioids Educator Information Sheet](#)

Capacity Building

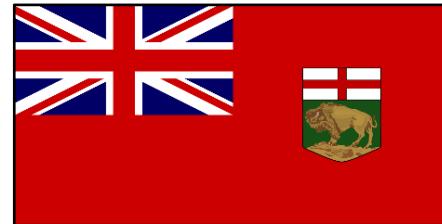
- The Ministry of Education's Capacity Building Series to support leadership and instructional effectiveness in Ontario schools released [*Yes, I Can! Paying Attention to Well-Being in the Mathematics Classroom*](#) in January 2018. The resource supports educators to enhance students' well-being and foster their sense of self-worth and efficacy while helping them learn in the mathematics classroom.
- Some 2017-18 [Youth Opportunities Fund](#) projects received grants to support capacity building to meet the needs of youth, including the
 - Black Physicians of Tomorrow Organization – Delivering tutoring, life skills, and networking to promote STEM (science, technology, engineering, and math) subjects to Black youth ages 13-19 in Durham
 - Bad Subject (Leave Out Violence) – A project that scales up an existing workshop and education model for racialized and LBTTQ+ youth, as well as youth with special needs
 - Council of Indigenous Students (Nogojiwanong Friendship Centre) – A project that will create a formalized support system and a provincially-coordinated student body for Indigenous youth attending post-secondary education institutions across Ontario
 - Quality Continuous Improvement Centre for Community Education and Training – A project that focuses on prevention, intervention, capacity-building, and collaboration to support Black children and youth over five years to achieve, or be on track to achieve, graduation rates on par with the Region of Peel average.

- To support the implementation of the revised daily physical activity policy, the Ministry of Education communicated information about the policy to school boards, developed [DPA posters and videos](#), and provided opportunities for capacity building webinars to all seventy-two district school boards across the province.
- In 2017-18, sixty-one Physical Activity in Secondary School (PASS) Grants were awarded to secondary schools and school boards across Ontario for projects aimed at increasing secondary student participation in physical activity during non-instructional time. Examples of PASS projects include purchasing equipment to provide students with opportunities to try new activities (e.g., bicycling, skiing), building an outdoor skating rink, and building a fitness studio.
- Resources to support the implementation of [Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Ontario](#), including
 - [Plan of Care templates](#)
 - [Quick Facts](#) on each of the four prevalent medical conditions addressed by the policy
 - [Whiteboard-style video](#) for educators about the four prevalent medical conditions
 - [Resources](#) on each of the four medical conditions, to support training of school staff.
- The [Student Nutrition Program](#), led by Ontario's Ministry of Children, Community and Social Services, helps provide nutritious breakfasts, lunches, and snacks in schools and community locations across Ontario. The goal of the program is to support children and youth to learn, develop healthy eating habits, and feel a sense of belonging at school.
 - During the 2016-17 school year, the program served over 812,500 children and youth through school and community based programs and operated 120 program sites in 63 First Nation communities.
 - In winter 2018, the Ministry of Children, Community and Social Services released updated Student Nutrition Program Guidelines to help program providers effectively administer provincial funding for the program. In addition, a resource document to support the delivery of the Student Nutrition Program in First Nations education settings was released to support delivery partners to choose and prepare safe and nutritious food and to deliver culturally relevant programs.
- Seven **Equity and Inclusive Education (EIE)** Implementation Networks are funded by the Ministry of Education (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 collaborative learning opportunities. In 2017-18, Networks supported the [Education Equity Action Plan](#).

- For the 2017-18 school year, funding was provided to school boards to foster a safe and welcoming school climate through the delivery of local projects that build capacity within schools to address racism in all its various types and systemic forms. Examples of projects include
 - discussions and resources that address and increase awareness about bias in media representation of Black youth
 - events and resources for students and staff that align with the recommendations of the Truth and Reconciliation Commission
 - developing capacity for students and staff to identify and address discrimination as well as build intercultural understanding, empathy, and mutual respect.

Manitoba

Highlights 2017-2018



- The Manitoba Government is committed to advancing reconciliation by working to improve education outcomes for Indigenous students, and hopes to foster meaningful engagement with Indigenous peoples and the education community to meet this commitment¹.
- Manitoba Education and Training produced a guidance document entitled [Supporting Trans-Gendered and Gender Diverse Students in Manitoba Schools](#) in August of 2017².
- Healthy Schools is partnering with [APPLE Schools](#) from Alberta and the Public Health Agency of Canada (PHAC) to pilot the APPLE Schools health promotion model which implements Comprehensive School Health at the school level³.

Introduction

First introduced in 2000, the Healthy Schools Initiative is Manitoba's Provincial Comprehensive School Health program 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

In January 2018, over 700 Manitobans from across the province attended [Learning for Life: Charting the Future through Literacy and Numeracy](#) to co-create a provincial literacy and numeracy strategy. Using

innovative “open space technology”, participants shared their perspectives and ideas on topics they identified as critical to impacting and improving achievement in literacy and numeracy for all Manitobans, from cradle to career. Transcribed discussions and participant-identified priority items will inform the provincial Literacy and Numeracy Strategy, expected in spring 2018.

As part of the work to create a provincial literacy and numeracy strategy, [The Indigenous Inclusion Directorate](#) of Manitoba Education and Training (MET) held a series of full day Indigenous Education Roundtables in 2017. The focus of these roundtables was to identify ways to strengthen education outcomes for First Nations, Metis and Inuit children, youth and adults. The Manitoba Government is committed to advancing reconciliation by working to improve education outcomes for Indigenous students, and hopes to foster meaningful engagement with Indigenous peoples and the education community to meet this commitment. The roundtables focused on three major themes including

- student and family well-being
- early childhood development and kindergarten to Grade 12 education
- adult learning, post-secondary education and the workplace.

Healthy Child Manitoba Office (HCMO) and Manitoba Education and Training (MET) are partnering with North Forge Technology Exchange on the [Open Innovation Challenge for Early Childhood Literacy and Numeracy](#). The Challenge, the first of its kind in the province, asked Manitobans to submit innovative ideas to improve literacy and numeracy for children aged 0-5. Ideas submitted from across the province were assessed through two rounds of judging by local educators, early childhood development experts, entrepreneurs, parents, and others. The top three finalists are piloting their ideas in Manitoba communities with the support of HCMO and North Forge. The winner will be announced in Fall 2019.

Manitoba’s cross-departmental, multi-year Child and Youth Mental Health (CYMH) Strategy continued for the 2017/18 school year. The Strategy provides enhanced mental health and wellness supports for whole communities, selective programs for children and youth who need additional supports, and intensive programs for the most vulnerable and aligns with Manitoba’s newly announced [Mental Health and Addictions Strategy](#). Programs supported within the Strategy include

RESEARCH ALIGNED WITH MB INITIATIVES

¹Fryberg, S. A., Troop-Gordon, W., D'Arrisso, A., Flores, H., Ponizovskiy, V., Ranney, J. D., . . . Burack, J. A. (2013). Cultural mismatch and the education of Aboriginal youths: The interplay of cultural identities and teacher ratings. *Developmental Psychology, 49*, 72–79. doi: [10.1037/a0029056](https://doi.org/10.1037/a0029056)

²Pike, D. (2012). The gift of positive space groups: A transformation for LGBTQ students. *Education Canada, 52*(3), 28-31.

³McIsaac, J.L., Hernandez, K.J., Kirk, S.F.L., & Curran, J.A. (2016). Interventions to Support System-level Implementation of Health Promoting Schools: A Scoping Review. *Int. J. Environ. Res. Public Health 2016, 13*(2), 200; doi: [10.3390/ijerph13020200](https://doi.org/10.3390/ijerph13020200)

- PAX, a universal, evidence-based mental health promotion strategy in the classroom
- COACH, an intensive, clinical, and off-site academic program that provides year-round support for children and youth with the most complex behavioural, emotional, and mental health challenges
- Roots of Empathy, an evidence-based program that strengthens the capacity for children to become caring and compassionate citizens
- High Fidelity Wraparound, an evidence-based process for integrating multiple formal and informal systems to create a single, strengths-based, highly individualized plan for children and youth with complex behavioural, emotional, and mental health needs.
 - The seven-person Intervention and Outreach Team, which provides clinical, academic, and mentorship supports in the community to children and youth in care with complex behavioural, emotional and mental health challenges.

Knowledge Development and Exchange

Manitoba Education and Training (MET) along with partners in sport and health have been working together to provide resources to school divisions to assist with the development of concussion protocol and website featuring resources from Parachute Canada and other agencies.

MET produced a guidance document entitled [Supporting Trans-Gendered and Gender Diverse Students in Manitoba Schools](#) in August of 2017. The guidelines are intended to ensure that transgender and gender diverse students have equitable access to all aspects of school life (academic, extracurricular and social) in ways that preserve their dignity. This resource is primarily intended for school administrators, educators and staff. Since its release, the reception to the document has been overwhelmingly positive.

The Comprehensive School Health policy analyst of the Active Living, Population and Public Health Branch of Manitoba Health, Seniors and Active Living has worked with researchers from Queen's University to collect a representative sample of the Healthy Behaviours for School Aged Children Survey (HBSC) for the first time in Manitoba schools.

Healthy Schools partnered with the Addictions Foundation of Manitoba to distribute [Cannabis learning resources](#) to schools in the province and have posted this resource to the MET website for educators.

Every two years, HCMO collects, analyzes and reports on the [Early Development Instrument \(EDI\)](#), a questionnaire measuring school readiness and the underlying developmental health of Kindergarten children across five domains: physical health and well-being; social competence; emotional maturity; language and thinking skills; communication skills and general knowledge. HCMO works with community partners across the province to understand and share their local EDI results, as well as to use EDI results to improve services and supports for young children and their families.

[The Healthy Child Manitoba Act](#) requires the province to report [every five years](#) about how Manitoba's children and youth are doing, in the context of the Provincial Healthy Child Manitoba Strategy. An inter-departmental working group with representation across the six Healthy Child Committee of Cabinet (HCCC) partner departments formulated the [2017 Child and Youth Report](#) which was tabled on April 4, 2018.

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

Capacity Building

Healthy Schools is partnering with [APPLE Schools](#) from Alberta and the Public Health Agency of Canada (PHAC) to pilot the APPLE Schools health promotion model which implements Comprehensive School Health at the school level. Funded by PHAC, the pilot will focus on two K-8 schools within the Swan Valley School Division. APPLE schools helps to shift school culture in order to increase wellbeing for students, parents and staff within their school communities.

Manitoba government continued supports for the Rec and Read Mentorship Program (RRMP) in the 2017/18 school year. This internationally recognized program is guided by an Indigenous-based framework called the Circle of Courage designed to promote a strong, resilient, and healthy child rather than specifically focusing on diet and exercise. Students from high school and university work together to deliver after-school programs to early years' students. The RRMP uses a social determinants of health approach to programming and considers the following elements:

- Education and employment training
- Supportive social networks and social environments
- Safe physical activity environments
- Healthy child development
- Indigenous cultural revitalization

Annual funding continued to be provided to the Rainbow Resource Centre to support a School



LGBT2SQ* Equity and Inclusion Coordinator. This position provides education, resources, and consultation support to schools to develop and implement equity and inclusion policies.

- In 2017/18, the Manitoba Healthy Schools Initiative provided over \$600,000 in annual funding through the healthy schools grant to school divisions, independent and First Nation schools and the newly formed Manitoba First Nations School System in order to support health promotion activities and build healthy school communities. Manitoba students benefit from grants that are used to increase opportunities for physical activity, positive mental health, and nutrition supports in schools.

During the 2017-18 school year, Healthy Child Manitoba partnered with the Swampy Cree Tribal Council and the University of Manitoba to support the development of PAX Dream Makers. PAX Dream Makers fosters leadership abilities in First Nations youth with the goal of reducing suicide attempts/deaths. Dream Makers engage their home communities to co-create and implement a vision of what they would like to see, hear, feel and do more of and less of in their communities to improve individual, family and community health and wellness.

- Manitoba continues to support youth-friendly primary health and mental health care through its network of 37 [Teen Clinics](#) in the province, 19 of which are located in Manitoba schools. Teen Clinics provide youth 13+ with accessible, confidential services and operate from a pro-choice, LGBT2SQ positive, and harm reduction perspective.

Manitoba supports [Teen Talk](#), a Youth Health Education Program of Klinik Community Health that provides services and for youth from a harm reduction, prevention education perspective. Focusing on sexuality, reproductive health, body image, substance use awareness, mental health, issues of diversity, and anti-violence issues, Teen Talk adheres to the belief that by providing youth with accurate, non-judgmental information they can make healthier decisions and choices for themselves. Teen talk provides workshops for youth, a peer support program and trainings for service providers on harm reduction and prevention education.

- 2017/18 saw the Students Working Against Tobacco (SWAT) program further increase participation from Northern First Nations communities and the Southeast Tribal council, as well as continue to have a thriving relationship with the students at Southeast Collegiate. This spring the program is pleased to announce that it hosted its first training event for Indigenous-only students in Manitoba.

Review & Rate is an educational and interactive program that allows youth to view a range of anti-smoking ads from around the world and vote on which is the most effective to keep them tobacco free. In total, 556 classrooms from across the province participated in Review and Rate in 2017/18. The ad 'Ike' by Vital Strategies narrowly stole the win over the New York City Health ad 'Greatest Hits' with 3,213 votes.

Saskatchewan

Highlights 2017-2018

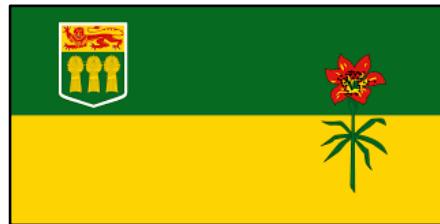
- Saskatchewan's [Inspiring Success: First Nations and Métis PreK-12 Education Policy Framework](#) was updated and renewed with participation from First Nations and Métis organizations, Elders and Traditional Knowledge Keepers, post-secondary, and provincial PreK-12 education stakeholders¹.
- The Ministry of Health is leading the Public Education and Harm Reduction working group to prepare for the legalization of cannabis. Information about cannabis has been collectively developed by other ministries and stakeholders and posted on <https://www.saskatchewan.ca/government/cannabis-in-saskatchewan>².
- The Ministry of Education has created an online repository called [Supporting All Learners](#)³.

Introduction

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

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

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



RESEARCH ALIGNED WITH SK INITIATIVES

¹ Battiste, M. (2005). Indigenous knowledge: Foundations for first nations. *World Indigenous Nations Higher Education Consortium-WINHEC Journal*, 1-12.

² Watson, T. M., & Erickson, P. G. (2018). Cannabis legalization in Canada: how might 'strict' regulation impact youth?

³ Archambault, I., Janosz, M., Morizot, J., & Pagani, L. (2009). Adolescent behavioral, affective, and cognitive engagement in school: Relationship to dropout. *Journal of School Health*, 79(9), 408-415. doi: 10.1111/j.1746-

Leadership

- Saskatchewan's [*Inspiring Success: First Nations and Métis PreK-12 Education Policy Framework*](#) was updated and renewed with participation from First Nations and Métis organizations, Elders and Traditional Knowledge Keepers, post-secondary, and provincial PreK-12 education stakeholders. *Inspiring Success* offers a comprehensive approach to improving student engagement and achievement through policy, curriculum development, building partnerships, shared decision-making, and accountability, and helps ensure alignment of school division and school level actions with the goals of the Education Sector Strategic Plan. *Inspiring Success* supports the infusion of Indigenous content, perspectives, and ways of knowing into renewed curricula to benefit all learners; teaching Indigenous cultures, languages, and histories in the classroom; building positive relationships; reconciliation; and mandatory treaty education.

Knowledge Development and Exchange

- The Ministry of Education has created an online repository called [*Supporting All Learners*](#). This online repository provides collaborative team members including parents/guardians, classroom teachers, student support services teachers, school-based administrators, and other supporting professionals with access to information, ministry documents, and resources to support provision of a needs-based approach to assist all learners as outlined in the foundational document [*Actualizing a Needs-Based Model*](#) (2015).
- The Ministry of Education has renewed [*The Adaptive Dimension for Saskatchewan K-12 Students*](#) (2017). The Adaptive Dimension refers to the concept of making adjustments to any or all of the following variables: learning environment, instruction, assessment, and resources. Adjustments to these variables are intended to make learning meaningful and appropriate and to support student achievement. Within the context of the Adaptive Dimension, curricular outcomes are not changed; adaptive variables are adjusted so that the curricular outcomes can be achieved.
- [*Help Me Tell My Story*](#) is a voluntary oral language assessment and family engagement tool provided by the Ministry of Education to all schools in Saskatchewan. It uses a holistic approach to measure oral language development for Prekindergarten and Kindergarten children. *Help Me Tell My Story* has been recently redeveloped and uses a web application to collect data from the children, their caregivers, teachers, and Elders in the community. Immediate access to results is provided to educators and caregivers through easy-to-use web-based tools. The overall purpose of *Help Me Tell My Story* is to help create real and measurable change in the oral language development of Saskatchewan children and support schools as a family engagement tool.



- The Ministry of Health is leading the Public Education and Harm Reduction working group to prepare for the legalization of cannabis. Information about cannabis has been collectively developed by ministries and posted on <https://www.saskatchewan.ca/government/cannabis-in-saskatchewan>. Saskatchewan's first priorities are public safety and protecting children and youth. Ministries and partners continue to collaborate on strategies to raise public awareness of the harms and risks of cannabis use. The Ministry of Education is supporting the working group through
 - [curriculum connections](#) to assist teachers in classroom discussions about substance misuse
 - providing information for educators/youth on the Government of Saskatchewan [website](#).
- The ministries of Education and Health continued to facilitate knowledge sharing across the province through the development and distribution of an e-Newsletter. The [CSCH e-Newsletter](#) is shared with stakeholders in both the health and education sectors to increase awareness, understanding and support of Comprehensive School Community Health. The CSCH e-Newsletter is distributed three times a year, with each edition providing local, provincial, and national CSCH stories, information, resources, and educational opportunities to improve student well-being and the school environment.

Capacity Building

- The Government of Saskatchewan is committed to improving the way it responds to mental health and addictions issues, and endorses the items outlined in [Working Together for Change: A 10 year Mental Health and Addictions Action Plan for Saskatchewan](#). Through this plan, the ministries of Health and Education provided funding toward [Mental Health First Aid](#) (MHFA) training. The training increased provincial health authority and school division capacity regarding mental health awareness and supports. As a result of MHFA training, health and education sector staff learn to
 - recognize a change in an individual's behaviour (including signs and symptoms of mental health issues)
 - respond to the individual with a confident conversation
 - guide the individual to appropriate resources and supports.
- Falling under mental health supports and in response to [Saskatchewan's Action Plan to Address Bullying and Cyberbullying](#), the ministries of Health and Education have funded [Kids Help Phone](#) to expand [Counsellor in the Classroom](#) programming and the [Resources Around Me](#) database in Saskatchewan.
 - *Counsellor in the Classroom* is an innovative program to raise awareness about mental health issues while normalizing the process of reaching out for help. The goals of this program are to

- engage students in discussion and develop awareness of mental health and well-being
 - demystify the process of asking for help and promote help-seeking behaviours
 - provide information about Kids Help Phone's telephone and live chat services.
- The *Resources Around Me* online database allows children and youth to search for resources in the local community (e.g., counsellor and mental health support, sexual health support, legal support, job help and so on).
- The [Acquired Brain Injury \(ABI\) Partnership Project](#), a joint initiative managed by the Ministry of Health and funded by Saskatchewan Government Insurance, makes injury prevention activities a priority. Funding is provided to the Saskatchewan Health Authority for three ABI Regional Education and Prevention Coordinators in the north, central, and southern regions of the province. The Coordinators work with communities, including schools, to address local injury prevention issues. Programming in schools includes, but is not limited to, the following:
 - [Brain Walk](#) is an interactive walk through the brain, targeted at Kindergarten to grade six students to help them learn about the brain's functions and about keeping the brain safe.
 - Providing education and resources on mild brain injury/concussion to educators. The Coordinators also work with schools on concussion protocol and policy development to support return to play (sports) and return to learn guidelines.
 - Using social media platforms (Facebook SaskSmart, Twitter@SaskSmart) to target injury prevention messaging to youth. SaskSmart focuses its message around five themes (adopted from the No Regrets peer leadership program): Buckle Up, Look First, Wear the Gear, Get Trained, and Drive Sober. Through school challenges and other activities, SaskSmart encourages students to take leadership around injury prevention and risk management education.

Alberta

Highlights 2017-2018



- Alberta Health Services (AHS) actively partners with over 90% of the 61 school authorities in Alberta to plan and implement sustainable and evidence-informed Comprehensive School Health initiatives.
- Alberta Education annually commissions stakeholder satisfaction surveys of randomly sampled high school students, self-identified First Nations, Métis and Inuit high school students, parents, and

parents of self-identified First Nations, Métis and Inuit students, parents of students with severe disabilities, teachers, principals, superintendents, school board trustees, and the general public.

- Edmonton Public Schools, the first school board in western Canada to develop a comprehensive policy, shares lessons learned in its journey to develop a comprehensive policy to support sexual and gender minority students.

Introduction

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

Leadership

- A positive learning environment is foundational for all students to experience success and, since 2007, the Alberta Government has facilitated Alberta schools to use a Comprehensive School Health framework from Canada's Joint Consortium for School Health (JCSH) to support improved student health and learning outcomes. Comprehensive school health initiatives funded by the Alberta Government demonstrate strong leadership and collaborative partnerships between Education, Health, Culture & Tourism, Alberta Health Services, and community organizations.
- In 2017-2018, funding of Comprehensive School Health initiatives facilitated
 - [Ever Active Schools](#) to deliver [Healthy Active Schools Symposia](#) to 236 schools from 54 school districts.
 - The [Alberta Healthy School Community Wellness Fund](#) to provide seed funding for 98 projects (53 school jurisdictions and 45 schools). These projects are focused on building

RESEARCH ALIGNED WITH AB INITIATIVES

Leaf, P.J. (2010). Examining the effects of schoolwide positive behavioral interventions and supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions*, 12(3), 133.

Katja, R., Päivi, A. K., Marja-Terttu, T., & Pekka, L. (2002). Relationships among adolescent subjective wellbeing, health behaviour, and school inclusion. *Journal of School Health*, 72(6), 243-249. doi: 10.1111/j.1746-1561.2002.tb07337.x

Black, W. W., Fedewa, A. L., & Gonzalez, K. A. (2012). Effects of "Safe School" programs and policies on the social climate for sexual-minority youth: A review of the literature. *Journal of LGBT youth*, 9(4), 321-339.

Healthy Relationship, High School Wellness, and/or Healthy Food Environment. A feature [This is Wellness](#) project is the Outdoor Classroom that was developed in Hinton, Alberta.

- Alberta Health Services (AHS) actively partners with over 90% of the 61 school authorities in Alberta to plan and implement sustainable and evidence-informed Comprehensive School Health initiatives. Through these partnerships, AHS supports the creation of wellness strategies and policies, promotes the establishment of collaborative committees and networks to guide this work, facilitates the school health assessment and action planning process, and offers guidance on choosing evidence-based strategies for improving student health.
 - Provincially, AHS completes foundational research and knowledge translation to support regional work with school authorities; key areas of focus during 2017-18 included the relationship between Comprehensive School Health and student success and effective practices for developing, implementing, and evaluating healthy school policy.

Knowledge Development and Exchange

- As part of the annual [Accountability Pillar](#), Alberta Education surveys all teachers, students in Grades 4, 7, and 10, and their parents to capture perceptions about quality of education that students are receiving. One key measure in the Accountability Pillar Survey is whether school environments are perceived as safe and caring.
 - Results for 2017 indicate that overall, teachers, parents, and students who completed the Survey believe students are safe at school (89.5%); are learning the importance of caring for others; are learning respect for others; and are treated fairly in school.
 - While there was some variance between stakeholder groups, all responses reflected high levels of agreement among teachers (95.3 %), parents (89.9 %) and students (83.3 %).
- Alberta Education annually commissions stakeholder satisfaction surveys of randomly sampled high school students, self-identified First Nations, Métis and Inuit high school students, parents, and parents of self-identified First Nations, Métis and Inuit students, parents of students with severe disabilities, teachers, principals, superintendents, school board trustees, and the general public. In the [2017 Stakeholder Satisfaction Surveys](#), eight questions related to student health and wellness were asked.



- The vast majority of principals (96%), superintendents (94%), school board trustees (92%), and a large proportion of teachers (83%) reported being satisfied with students' opportunity to learn about health. Parents (89%) and parents of self-identified First Nations, Métis and Inuit students (85%) reported being satisfied with the opportunity their child has to learn about health. Additionally, high school students (80%) and self-identified Aboriginal high school students (79%) reported that their opportunities were "good" or "very good" with respect to learning about health.

Capacity Building

- The Government of Alberta provided funding to [Policy Wise](#), an Alberta organization that exists to improve child, family, and community well-being by leading, creating, and mobilizing research and evaluation for evidence-informed policy and practice, to develop the [Supporting Every Student Learning Series](#). There are eight topics that support professional learning opportunities for school and school authority leaders around creating or enhancing welcoming, caring, respectful, and safe learning environments that support student success and wellbeing. The series provides access to information on research and evidence-based practices through recorded "TedTalk" style presentations and conversation guides, with links for further information.
 - An example topic is *Sexual Orientation and Gender Identity in Canadian Schools* which features
 - Lessons learned from Elk Island Catholic School Division's four year journey to develop a new policy for safe and caring schools, inclusive of what it means for LGBTQ students to truly be included
 - Edmonton Public Schools, the first school board in western Canada to develop a comprehensive policy, shares lessons learned in its journey to develop a comprehensive policy to support sexual and gender minority students.

British Columbia

Highlights: 2017-2018

- The Ministry of Education hosted an inaugural School Community Mental Health Conference for more than 300 educators and community partners, including public, independent and First Nations schools, police, health authorities, child and youth mental-health workers, NGOs, and several provincial ministries.¹



- The Ministries of Health and Education collaboratively responded to a report from the Office of the Auditor General, [*Promoting Healthy Eating and Physical Activity in K-12: An Independent Audit*](#), identifying their joint commitment to act on the recommendations.²
- The McCreary Centre Society released [*More Than Grades*](#), which shares the perspectives of BC youth in government care with respect to the barriers and supports they experience in achieving education success.³

Introduction

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.

Leadership

- In May 2018, the Ministry of Education hosted an inaugural School Community Mental Health Conference for more than 300 educators and community partners. Representatives included B.C.'s public, independent and First Nations schools, police, health authorities, child and youth mental-health workers, NGOs, and several provincial ministries. A key objective of the conference was to build the capacity of regional school-community teams to support student mental well-being through a comprehensive approach.
- The Ministry of Education announced the expansion of its *erase* (Expect Respect and a Safe Education) strategy to include emerging issues facing students and their school communities today, including mental health and wellness, social media, and sexual orientation and gender identity (SOGI).
- All 60 Boards of Education and all Independent School Authorities in B.C. have updated their codes of conduct and anti-bullying policies to incorporate SOGI.

RESEARCH ALIGNED WITH BC INITIATIVES

¹ Mental Health Commission of Canada, (2013). *School-Based Mental Health in Canada: A Final Report*. <http://www.mentalhealthcommission.ca>

² Allender, S., Gleeson, E., Crammond, B., Sacks, G., Lawrence, M., Peeters, A., et al. (2012). Policy change to create supportive environments for physical activity and healthy eating: Which options are the most realistic for local government? *Health Promotion International*, 27(2), 261-274.

³ Ekstrand, B. (2015). What it takes to keep children in school: a research review. *Educational Review*, 67(4), 459-482.

- The Ministries of Health and Education collaboratively responded to a report from the Office of the Auditor General, [*Promoting Healthy Eating and Physical Activity in K-12: An Independent Audit*](#), identifying their joint commitment to act on the recommendations.

Knowledge Development and Exchange

- The BC SOGI Educator Network expanded from 9 school districts to 54 school districts in 2017/18. Participating districts appointed SOGI District Lead roles to develop inclusive initiatives and policies, and to recruit, train, and support SOGI school-level leads.
- The Ministry of Education hosted a Trauma-Informed Practice Training forum for over 100 school district representatives from across the province, as well as partner ministries and NGOs, which included a focus on Indigenous trauma-informed practice in public education.
- SOGI 1 2 3 lesson plans and a parent brochure were translated into French and posted on the [SOGI 1 2 3 website](#).
- As part of a provincial response to the opioid overdose emergency, the Ministries of Health and Education contributed to the development of a naloxone risk assessment toolkit to support schools in determining whether to stock naloxone, and provide guidance on how to order naloxone kits and access training. The toolkit was distributed to all B.C. school districts and independent schools in July 2017.
- Within the Healthy Schools BC initiative, the Provincial Health Services Authority led a study of the pilot school boards in the [SOGI 1 2 3](#) initiative as an exemplar of how LGBTQ2S issues might be addressed within the framework of developing healthier schools for all students.
- The McCreary Centre Society released
 - [Strategies to reduce risky alcohol use among underage girls: An evidence review](#). Risk and protective factors for alcohol use among female adolescents are often different from those for males, as are their motivations for drinking. Based on an extensive search of the academic and grey literature, this evidence review considers which strategies are the most promising for addressing underage girls' problematic alcohol use, and identifies a number of policies and interventions which may be effective. The report also includes a review of alcohol related messaging aimed at reducing harmful alcohol use conducted by McCreary's Youth Research Academy.
 - [More Than Grades](#), which shares the perspectives of BC youth in government care with respect to the barriers and supports they experience in achieving education success.

Capacity Building

- SOGI 1 2 3 released [new parent resources and videos](#) in 6 languages to support parents in understanding SOGI inclusive education in B.C. schools.
- The Ministry of Education and the BC School Superintendents' Association funded social media education sessions for parents in every school district across the province. 74 sessions were delivered during the 2017/18 school year, reaching over 3,500 parents.
- [Healthy Schools BC](#) in partnership with the McConnell Foundation's [WellAhead](#) initiative
 - Facilitated a User-centered Design Process to co-create a set of insights and ideas to inform the design of quality, free Physical and Health Education curriculum resources that meet teachers' diverse needs, along with easy ways to access and share them
 - Led a Mental Well-being Mentor Coaching Initiative. The initiative paired expert coach/mentors with school district teams (consisting of one senior administrator, a district-wide teaching or counselling role, and a health authority partner) to support the development and implementation of district-wide approaches to promoting student and/or staff wellbeing. An evaluation aiming to learn about the contribution of coaching and Healthy Schools BC regional grants is running alongside the initiative. Both will continue into the 2018-19 school year.
- [Farm to School BC](#) continued to expand its provincial network to bring healthy, local, and sustainable food into schools by creating a fourth regional hub in the Nanaimo-North region, in addition to the hubs in Victoria, Vancouver, and Kamloops. In the 2017-18 school year, 55 schools received grants to plan for and implement Farm to School activities.
- The [Canadian Institute for Substance Use Research](#) (CISUR) is developing a series of self-directed learning tools for school professionals through their [Helping Schools](#) initiative. These tools are designed to maximize reach by being available online and developed in a way that allows individuals or groups to build capacity without the need for a local instructor.



Government of Canada

Highlights 2017-2018

- Health Canada launched the federal cannabis public education effort in March 2017 ahead of the implementation of the proposed Cannabis Act.
- PHAC's Family Violence Prevention Investment supports 22 [multi-year projects](#) to deliver and evaluate innovative health promotion interventions designed to improve health outcomes for survivors of family violence.
- Immigration, Refugees and Citizenship Canada (IRCC) partners with school boards and service provider organizations across Canada to deliver the Settlement Workers in Schools (SWIS) outreach program to support settlement and integration and promote student achievement.

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

Leadership

- The 2017-2018 Health Behaviour in School-Aged Children survey is in its 7th cycle, and includes new content on military and veteran's families, teen dating violence, and energy drinks, as well as new protocols for collection of data in communities with a high proportion of Indigenous peoples and the use of abridged versions of the questionnaire for specific populations.
- On March 29, 2018, the Public Health Agency of Canada, together with the provinces and territories, released the first national Autism Spectrum Disorders (ASD) prevalence estimates among children aged 5-17 years. The report, [Autism Spectrum Disorders Among Children and Youth in Canada 2018: A report of the National Autism Spectrum Disorder Surveillance System](#), was developed in cooperation with the provinces, territories and ASD



RESEARCH ALIGNED WITH INITIATIVES

[Watson, T. M., & Erickson, P. G. \(2018\). Cannabis legalization in Canada: how might 'strict' regulation impact youth?](#)

IMPRoving Outcomes for children exposed to domestic ViolencE (IMPROVE): an evidence synthesis. Howarth E, Moore THM, Welton NJ, et al. Southampton (UK): NIHR Journals Library; 2016 Dec. (Public Health Research, No. 4.10.)

Gagné, M., Shapka, J. D., & Law, D. M. (2012). The impact of social contexts in schools: Adolescents who are new to Canada and their sense of belonging. In C. Garcia-Coll (Ed.) *The impact of immigration on children's development* (pp. 17- 34). Basel, Switzerland: KARGER.

Ratković, S., Kovačević, D., Brewer, C. A., Ellis, C., Ahmed, N., & Baptiste-Brady, J. (2017). Supporting refugee students in Canada: Building on what we have learned in the past 20 years. Report to Social Sciences and Humanities Research Council of Canada, Brock University, St. Catharines, ON.

stakeholder groups. The report estimates that 1 in 66 Canadian children and youth have an ASD diagnosis, which is in line with findings in similar studies conducted in the United States. The data establishes a baseline that will help researchers determine if ASD prevalence rates change over time. The data will also help inform the development of policies and services to support Canadians with ASD and their families. PHAC simultaneously released an [infographic](#), [blog](#) and a [document](#) [which explained the key findings from the report](#).

- The Government of Canada addresses the public health problem of tobacco use through the [Federal Tobacco Control Strategy \(FTCS\)](#). In Budget 2018, the Government is looking to modernize the FTCS. The Government of Canada is committed to achieving a significant reduction in tobacco use in Canada. This commitment will focus long-term federal action and help Canadians to lower tobacco use. The Government will collaborate with stakeholders, provinces and territories, Indigenous peoples and all Canadians to work together to reduce tobacco use to less than 5 percent by 2035.
- The Government of Canada is proposing a public health approach to cannabis legalization and regulation to address high rates of cannabis use among Canadian youth as well as the extensive illegal market in cannabis, which poses significant health and safety risks. In April 2017, legislation was introduced to legalize, strictly regulate and restrict access to cannabis. This legislation was informed by the Task Force on Cannabis Legalization and Regulation's extensive consultation with experts in health, law enforcement and many other fields, as well as Canadians from across the country, including youth. The proposed Cannabis Act includes provisions to restrict youth access to cannabis, penalize adults who sell or give it to them, and restrict advertising and promotion of cannabis. The Government's objective is to delay the age of initiation to cannabis and reduce the frequency of use, through both this legislation and early and sustained public education and awareness. The proposed Cannabis Act would also create a legal framework for controlling the production, distribution, sale and possession of cannabis in Canada. This new approach will be a shared responsibility between the federal, provincial and territorial governments.

Knowledge Development

- The Public Health Agency of Canada's Aboriginal Head Start in Urban and Northern Communities program provided funding to Aboriginal Head Start Association British Columbia to work with 70 AHSUNC sites across Canada to hold community engagement sessions about [Indigenous Early Learning and Child Care](#) (IELCC). Approximately 1854 participants participated in an engagement session or completed an online survey on IELCC. The results of the engagement sessions were captured in an IELCC report that summarized survey results and discussions. In addition, a [slideshow presentation](#) was developed to outline the national survey results and overall recommendations.
- Health Canada's [Substance Use and Addictions Program](#) (SUAP) provides \$26.3 million annually to support evidence-informed and innovative initiatives across health promotion, prevention, harm reduction, treatment and rehabilitation, targeting a broad range of licit and illicit substances

including alcohol, cannabis and prescription drugs. Western University is receiving \$869,913 over two years to support the [COMPASS study](#), which collects student and school-level data pertaining to substance use and other risk factors. In 2017-18 SUAP supported the expansion of the COMPASS study from participating secondary schools in British Columbia, Quebec and Nunavut to use the data to inform school improvements plans, assess needs/challenges to better target curriculum programming.

- Health Canada launched the federal cannabis public education effort in March 2017 ahead of the implementation of the proposed Cannabis Act. Using promoted content on social media platforms, as well as organic content and web banners, this digital campaign targeted parents of teens and encouraged them to talk to their kids about the health and safety effects of cannabis. In March 2018, a new phase of the campaign launched, this time targeting youth (13-17) and young adults (18-24) with specific cannabis health effects information.
- With an objective of raising awareness that drugs impair one's driving ability and that drug-impaired driving is illegal, Public Safety launched its [Don't Drive High](#) campaign, targeting youth 16-24. This paid advertising campaign ran from November 2017 – March 2018 and included TV and cinema ads, digital screens on school campuses, digital media and promoted social media. A drug-impaired driving Facebook page was also released which provides users with more information about drug-impaired driving.
- In addition to advertising campaigns, Health Canada established a partnership with Drug Free Kids Canada which resulted in the production and distribution of the [Cannabis Talk Kit](#), a resource that provides adults with guidance and advice on how to have non-judgmental, safe conversations about cannabis with youth. Over 210,000 copies have been shipped across Canada to date and the kit was sent directly to schools, doctors' offices and community centres. On November 10, 2017, Health Canada brought together partner organizations including JCSH, for a one-day Partner Symposium on Cannabis Public Education and Awareness to discuss collaboration on cannabis public education and awareness.
- The [Interim Federal Health Program \(IFHP\)](#) supports the learning, health, and well-being of children and youth in school communities across Canada by providing eligible beneficiaries with health-care coverage for medical, dental and pharmaceutical services and products. In addition, the IFHP coverage includes services and products to support active learning and participation in daily activities like audiology services, speech-language therapy, physiotherapy, products related to vision care, mobility aids as well as hearing and communication aids, among others.
- The Public Health Agency of Canada's Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund (NSPF) funds organizations to develop nationally applicable tools, resources and knowledge in order to raise awareness of FASD amongst Canadians and to build prevention and intervention capacity amongst health and allied professionals.

- A study undertaken by the Centre for Addiction and Mental Health and funded through PHAC's FASD Initiative's NSPF, was released in April 2018. The study provided an estimate of the prevalence of FASD among elementary school students (7–9 years of age) in the Greater Toronto Area. The report, however, also recommends that it would be beneficial for other provinces and territories to conduct similar studies to obtain additional population-based prevalence rates.

Capacity Building

- PHAC's Family Violence Prevention Investment supports 22 [multi-year projects](#) to deliver and evaluate innovative health promotion interventions designed to improve health outcomes for survivors of family violence. Projects funded through this investment are reaching a variety of populations, including children and youth, through initiatives such as: trauma-informed sports curriculum for vulnerable youth; school-based programming for adolescent girls in the North; parenting support programs for families that have experienced abuse; peer support for street-involved youth; and Indigenous arts and culture programming offered through women's shelters.
- PHAC's Innovation Strategy (IS) is a national program that funds the delivery and testing of evidence-based population health interventions. In 2017-2018, the IS supported 11 projects to achieve healthier weights and positive mental health across the country, including interventions focused on school health. Achievements by IS funded projects in 2017-18 include
 - The Fourth R project engages and empowers youth within the school system through programs such as the Uniting Our Nations Peer Mentoring program. In 2017-18, the programme contributed to the development of the first Indigenous Student Trustee spot within the Thames Valley School District, in London, Ontario.
 - The Healthy Start project works to increase healthy eating and physical activity opportunities in early learning environments. In 2017-2018, Healthy Start provided training for early learning and pre-kindergarten programs throughout Saskatchewan. The project has trained over 200 educators and reached over 2,000 children.
 - The Immunization Partnership Fund (IPF) is a grants and contributions program that supports initiatives aimed at improving vaccination coverage in Canada, as well as strengthening Canada's research. In February 2018, the IPF funded the Public Health Association of British Columbia's project entitled Kids Boost Immunity (KBI) <https://kidsboostimmunity.com/>, a school-based, online learning platform that is designed to raise student literacy around the importance of vaccines by affecting changes in knowledge, attitudes and beliefs. KBI utilizes a variety of interventions, including quizzes and classroom competitions, to engage both students and teachers. Over the course of a three-year period, KBI will be implemented in up to 1,500 schools across the country.

- Immigration, Refugees and Citizenship Canada (IRCC) partners with school boards and service provider organizations across Canada to deliver the Settlement Workers in Schools (SWIS) outreach program to support settlement and integration and promote student achievement. SWIS places settlement workers from community agencies in schools where resources and services are offered on a regularly scheduled or itinerant basis. SWIS focuses on addressing “newness to Canada” as a barrier to school success and enables students to integrate more easily and reach their full potential.
- IRCC also recognizes the importance of engaging directly with newcomer youth, who have diverse skills, knowledge and experience. Work is underway at IRCC to engage with newcomer youth on Canadian integration and immigration issues and ensure that a youth-centered lens is reflected in the department’s work. IRCC is in the process of establishing a Youth Advisory Group that will consist of individuals ages 16-24 who have lived experience with the Canadian immigration system. This initiative will provide IRCC with a youth perspective in order to identify youth needs and inform current and future policy and programming decisions.
- In 2017-18, Sport Canada contributed approximately \$723,000 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 has contributed approximately \$1.4 million (matched by the provinces and territories) towards activities promoting the well-being of youth in school settings through its sport participation bilateral agreements with the provinces and territories.
- The Canada Games Council was approved for a \$1 million funding contribution (over two years from 2016-2017 to 2017-2018) from the Canada 150 Fund (Canadian Heritage) to undertake the Canada 150 Signature project, [Canada Games Activity Challenge](#). This was an interactive program designed to engage children aged 5-12 in an effort to build daily active healthy habits. An estimated 489,176 students, educators and parents participated in this initiative, of which 187,825 students aged 5-12 across Canada have participated in fun-filled, age-appropriate activities, while receiving online incentives, encouragement and educational curriculum content along the way.
- Between 2015-2016 and 2017-2018, ParticipACTION received a further \$5.425 million from the Canada 150 Fund to support the [ParticipACTION 150 Play List](#) signature project which engages Canadians through sport and physical activity. More specifically, ParticipACTION assembled 150 of the most “uniquely Canadian” physical activities (voted on by Canadians) and invited Canadians to participate in community activities, and record their activities via the ParticipACTION website. The ParticipACTION 150 Play List was promoted via a campaign that included radio and television advertisements and the creation and distribution of celebration kits across Canada. The ParticipACTION 150 Playlist that ended on December 2, 2017 has resulted in: 97 tour stops in 80 different communities across Canada with at least two tour stops in each province and territory and 42,295 participants reached on the tour; 39 television advertisements aired and two radio

advertisements played multiple times in partnerships with Corus and Quebecor; 1,200 Celebration Kits produced and distributed across Canada.

- Through Budget 2017 funding, Sport Canada worked collaboratively with Aboriginal Sport (ASC) to ensure the organization had the capacity to provide a leadership role on Indigenous sport. Sport Canada continues to work with the ASC to use culturally relevant sport to intentionally promote social development goals and address gaps in social development through a collaborative Sport for Indigenous Social Development Initiatives. Budget 2018 proposes to invest \$47.5 million over five years and \$9.5 million on-going for the use of sport for social development in Indigenous communities that will contribute to the objectives of the Truth and Reconciliation Calls to Action in the areas of health, education, the reduction of at-risk behaviour and improved employability.

Moving Forward

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

In 2018-19, we will continue to maintain connections and make new ones with research, policy, and practice leaders in school health in Canada. In this way, JCSH maintains its commitment to bridging these essential links to health and education for children and youth. As this annual report goes to press, the Consortium continues work with these stakeholders in three areas: release of our newly-revised Youth Engagement Toolkit; strengthened inclusiveness initiatives to support health/well-being and education in diverse populations, including Indigenous peoples and those in northern regions; and the next research and dissemination pieces for our work on the Core Indicators Model of Student Achievement and Comprehensive School health.

These are just a few examples of how the JCSH supports and influences a policy- and practice-informed research agenda on comprehensive school health. We look forward to another year of progress with our partners, in all our member jurisdictions.



Appendix A: Agreement

Pan-Canadian Joint Consortium for School Health Agreement 2015 - 2020

Background

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

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

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

1.0 Purpose of the JCSH

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

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

- strengthen cooperation among ministries, agencies, departments, and others in the support of healthy schools
- build the capacity of the education and health sectors to work together more effectively and efficiently
- 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

- 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 JSCH 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 Agreement⁹.

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the JCSH

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

7.2 In the event of withdrawal, the party shall pay a pro-rated portion of its contribution fees for the fiscal year in which it withdraws from the JCSH.

8.0 Funding

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

8.2 The Parties agree to fund the salary, benefits and program costs associated with the obligations of SHCC members. Travel costs associated with committee meetings for one school health coordinator member per jurisdiction will be covered by the JCSH. Travel costs associated with attendance at the Management Committee meetings will be covered by the JCSH for one SHCC co-chair.

⁹ See Schedule 1.

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
- 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 unanimous 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), 8 (withdrawal), and 9 (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
Federal					\$250,000
Totals	27,701,095	100%	\$24,000	\$226,000	\$500,000

Schedule 2: Management Committee Terms of Reference

Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial and territorial Deputy Ministers and Ministers of Health and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and facilitate a comprehensive and coordinated approach to school health by building the capacity of the school and health systems to work together. The Consortium enhances the capacity of provincial/territorial education and health systems to work together to promote the healthy development of children and youth through the school setting.

The JCSH is governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH). Under the terms of the Agreement, these committees must establish a Management Committee as the operational committee of the Consortium and approve its Terms of Reference.

Purpose

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The Committee is a forum for information sharing and consideration of strategic-level issues related to the purpose of the Consortium.

The Management Committee is responsible for ensuring that the purpose of the Consortium is carried out. It is accountable to the ACDME and the CDMH for the success of the Consortium in meeting its goals.

The Management Committee provides direction to the Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium.

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support decisions that strengthen partnerships across jurisdictional boundaries and across traditional health and education sectors.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet the needs of the members, not just their own jurisdictional needs.
- **Integration:** Members will support decisions that strengthen integration of health and education objectives and goals.

- **Effectiveness:** Members will support decisions that are based on effective practices.
- **Open Communication:** Members will share information openly with other members where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring decisions are made in a timely manner.

Mandate and Objectives

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 ACDME and the CDMH, 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, as outlined in the strategic plan and annual business plan; and
- offering a forum for discussion on other health and educational issues where appropriate.

Operational responsibilities of the Management Committee are as follows:

- prepare a five-year strategic plan for approval by the ACDME and the CDMH , updated as necessary;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee (SHCC), including setting direction and priorities;
- approve the annual operating plan and budget prepared by the Secretariat;

- oversee the financial and administrative matters of the Consortium, in conjunction with the Lead Jurisdiction (as host of the Secretariat function);
- establish the Secretariat Executive Director's responsibilities based upon the annual budget and operating plan;
- participate in the hiring and evaluation of the Secretariat's Executive Director;
- approve an annual report and financial statements prepared by the Secretariat and submit them to the ACDME and the CDMH each fiscal year, on or before July 31;
- approve Terms of Reference for the SHCC; and
- approve mandate, work plans and Terms of Reference on an annual basis for external committees and working groups deemed necessary by members of the Committee to carry out the work of the Consortium. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on work plans.

Membership and Process:

Membership: Management Committee 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.

The Management Committee will invite the Public Health Agency of Canada (PHAC) to appoint a senior executive representative to participate in discussions of the Management Committee in an advisory capacity, but that representative will not be a member of the Committee.

Committee Chair: The Management Committee will be chaired by a Management Committee member from the Lead Jurisdiction.

Meetings: The Management Committee will meet a minimum of four times each year. Two meetings will be face-to-face. In addition, the Committee will meet as required to provide oversight and direction/advice on major issues.

SHCC co-chairs are to attend Management Committee meetings on an alternating basis.

The Secretariat Executive Director will attend meetings of the Management Committee.

Alternates at Meetings: An alternate may attend in place of a member, but must be empowered to make decisions on their behalf at the meeting.

Decisions: The Committee is a decision-making body. Representation from a minimum of fifty percent of the member jurisdictions is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). All members will have a say. Divergent views will be fully discussed. If

consensus cannot be reached, the majority will rule. Differing opinions will be noted in the meeting records.

The following process will be used to reach consensus on an issue and to make a decision / recommendation. A decision timeframe will be determined by the urgency in which the decision or recommendation must be made:

Each member will state their position on the following four point scale:

Level 1: Fully support; Level 2: Support with reservations; Level 3: Require more information; Level 4: Cannot support.

Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations or level of support as part of the meeting record.

If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.

If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed upon timeframe. Members failing to respond by the agreed upon time forfeit the opportunity for further input into any related decision.

Communications: The JCSH Secretariat will keep meeting records of the Management Committee, including records of its decisions, and will distribute them to Management Committee members.

Accountability and Reporting: Accountability is to the ACDME and the CDMH.

An annual report including financial statements must be submitted to ACDME and CDMH on or before July 31. The annual report must include information on the progress made by the Consortium in meeting its goals and objectives as laid out in the five-year strategic plan approved by the ACDME and the CDMH.

Management Committee Budget: Administrative costs associated with meetings are covered by the JCSH budget. Travel and accommodation expenses of Members will be the responsibility of each jurisdiction.

Duration: Ongoing per Agreement.

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

For The Year Ended March 31, 2018

	2018	2017
Revenue		
Membership Fees	\$250,000	\$250,000
Public Health Agency of Canada	\$250,000	\$250,000
Other Revenue	\$1,544	\$1,047
Total	\$501,544	\$501,047
Expenses		
Leadership	\$43,347	\$42,004
Knowledge Development and Exchange	\$41,733	\$43,087
Capacity Building	\$58,590	\$17,523
Monitoring, Evaluation and Accountability	\$7,461	\$34,200
Operations	\$324,676	\$317,847
Total	\$475,807	\$454,661
Operating Surplus/(Deficit)	\$25,737	\$46,386
Accumulated Surplus/(Deficit) - Opening	\$302,403	\$256,017
Accumulated Surplus/(Deficit) - Closing	\$328,140	\$302,403

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

Appendix C: Strategic Plan 2015-2020

Context

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

Today, the JCSH comprises the Ministries of Education and Ministries responsible for Health and / or Wellness in 12 of the 13 provinces and territories¹⁰. 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
- 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 approach¹¹ have been found to

¹⁰ While Quebec is not a member, it intends to contribute to the work of the Consortium through sharing information and best practices.

¹¹ World Health Organization website. Available at www.who.int/school_youth_health/en/. Accessed April 16, 2014

be the most effective¹², demonstrating significant improvements in student achievement, behaviour and health outcomes¹³.

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.

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

¹² 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).

¹³ 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/.

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

Goals And Strategies

Goal 1: Leadership

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

Strategies:

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

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

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

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

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

Goal 2: Knowledge Development and Exchange

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

Strategy:

Develop a comprehensive research and knowledge exchange strategy.

Goal 3: Capacity Building

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

Strategies:

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

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

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

Goal 4: Monitoring, Evaluation, and accountability

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

Strategy:

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

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

British Columbia

School Health Coordinators:

Scott Beddall

Director, Wellness and Safety

Ministry of Education

Tel: 250-514-4961

Scott.Beddall@gov.bc.ca

Christie Docking

Healthy Schools Manager

Healthy Settings and Physical Activity

Ministry of Health

1515 Blanshard St, 4-2

PO Box 9646 Stn Prov Gov't

Victoria BC V8W 9P1

Tel: 250-952-1956

Christie.docking@gov.bc.ca

School Health Links:

<http://www.healthyschoolsbc.ca/>

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

www.healthyfamiliesbc.ca/your-community/health-and-learning

www.healthyschoolsnetwork.org

Alberta

School Health Coordinator:

Patricia Martz

School Health and Wellness Manager

Alberta Health & Alberta Education

24th Floor, ATB Place - 2433

10025 Jasper Avenue

Edmonton, AB T5J 1S6

Tel: 780-427-5249

Fax: 780-422-5474

patricia.martz@gov.ab.ca

School Health Links:

<https://education.alberta.ca/programs-of-study/>

<https://education.alberta.ca/healthy-schools/program-supports/everyone/comprehensive-school-health/?searchMode=3>

<http://www.albertahealthservices.ca/info/Page7123.aspx> (Steps for Building Healthy School Communities)

<https://www.ualberta.ca/alberta-healthy-school-community-wellness-fund/about-us>

<https://everactive.org/comprehensive-school-health/>

Saskatchewan

School Health Coordinators:

Jocelyn MacLeod

Consultant, Student Supports Unit
Student Achievement and Supports Branch
Ministry of Education
2220 College Avenue
Regina, SK S4P 4V9
Tel: 306-787-1332
Fax: 306-787-2223
jocelyn.macleod@gov.sk.ca

Trish Wolbaum

Government of Saskatchewan
Program & Policy Consultant
Primary Health Services Branch
Ministry of Health
3475 Albert Street
Regina, SK S4S 6X6
Tel: 306-787-3329
trisha.wolbaum@health.gov.sk.ca

Anna Grumbly

Consultant, Student Supports Unit
Student Achievement and Supports Branch
Ministry of Education
2220 College Avenue
REGINA SK S4P 4V9
Tel: 306-787-4350
anna.grumbly@gov.sk.ca

School Health Links:

- <http://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing> (Comprehensive School Community Health, Caring and Respectful Schools, Anti-Bullying, Digital Fluency, Healthy Foods for School)
- <http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education> (Improving education outcomes for First Nations and Métis Students)
- <https://www.edonline.sk.ca/webapps/moe-curriculum-BBLEARN/> (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:

Jennifer Wood

Comprehensive School Health Policy Analyst
Active Living, Population & Public Health
Manitoba Health, Seniors and Active Living
4099-300 Carlton Street
Winnipeg, MB R3B 3M9
Tel: 204-788-6369
Fax: 204-948-4748
Jennifer.Wood@gov.mb.ca

Stephen Howell
Physical Education Consultant
Manitoba Education and Training
Tel: 204-945-6943
Stephen.Howell@gov.mb.ca

School Health Links:

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

Ontario

School Health Coordinator:

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

School Health Links:

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

New Brunswick

School Health Coordinator:

Marlien McKay
Director, Wellness
Department of Social Development
Sartain MacDonald Building
551 King Street
Fredericton, NB E3B 1E7
Tel: 506-444-4633
Tel: 506-453-2280
Fax: 506-444-5722
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Beth Morrison

Policy Analyst/Analyste des politiques
Policy and Legislative Affairs/ Politiques et affaires législatives
Department of Education and Early Childhood Development
Ministère de l'Éducation et du Développement de la petite enfance/
Tel/Téléphone: 506-238-0639
Fax/Télécopieur: 506-453-3111
beth.morrison@gnb.ca

School Health Links:
http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness.html

Nova Scotia

School Health Coordinator:

Kari Barkhouse
Manager, Healthy Communities, Science and System Performance Unit
Public Health
Suite 200 Bridgewater, NS
B4V 2K7
Tel: 902-543-2431
Kari.Barkhouse@nshealth.ca

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

Prince Edward Island

School Health Coordinator:

Sterling Carruthers
School Health 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
sdcarruthers@edu.pe.ca

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

Newfoundland and Labrador

School Health Coordinators:

Jaime Collins
Manager of Programs and Strategic Initiatives
Healthy Living, Sport and Recreation Division
Department of Children, Seniors and Social Development
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Tel: 709-729-0855
jaimecollins@gov.nl.ca

Ellen Coady
Program Development Specialist for
Health, Home Economics, Family Studies 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

School Health Links:
www.gohealthy.ca

www.livinghealthyschools.com

Nunavut

School Health Coordinators:

Shara Bernstein

Student Support Program Coordinator
Department of Education
Government of Nunavut
PO Box 1000, Station 960
Iqaluit, NU X0A 0H0
Tel: 867-975-5611
Fax: 867-975-5610
sbernstein@gov.nu.ca

School Health Links:

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

Northwest Territories

School Health Coordinators:

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Health and Wellness Coordinator
Health, Wellness and Student Support
Department of Education, Culture and Employment
Government of the Northwest Territories
3rd Floor, Lahm Ridge Tower
PO Box 1320
4501 50th Avenue,
Yellowknife NT X1A 2L9
Tel: 867-767-9342 Ext. 71291
Denine_McDonald@gov.nt.ca

Gillian Dawe-Taylor

Director/Directrice
Health, Wellness and Student Support Division/ Division de la santé, du bien-être et du soutien aux élèves
Department of Education, Culture and Employment/Ministère de l'éducation, de la culture et de la formation
Government of the Northwest Territories/Gouvernement des Territoires du Nord-Ouest
4501 – 50th Avenue, 3rd Floor Lahm Ridge Tower
Box 1320 | Yellowknife NT X1A 2L9
Tel: 867-767-9345 | Ext: /Poste 71020
Email/Courriel: [@www.ece.gov.nt.ca](mailto:Gillian-Dawe-Taylor)

School Health Links:

<https://www.ece.gov.nt.ca/en/services/curriculum-and-school-list/health-studies>

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

Liza Manolis

Manager, Student Support Services
Yukon Education
1000 Lewes Boulevard
Whitehorse, YT Y1A 3T9
Tel: 867-667-5130
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School Health Links:

<http://www.hss.gov.yk.ca/healthpromotion.php>

Public Health Agency of Canada**Jennifer Shortall**

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Health Promotion and Chronic Disease Prevention
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School Health Links:

<http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/school-health/>
<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/school-health/health-behaviour-school-aged-children.html>