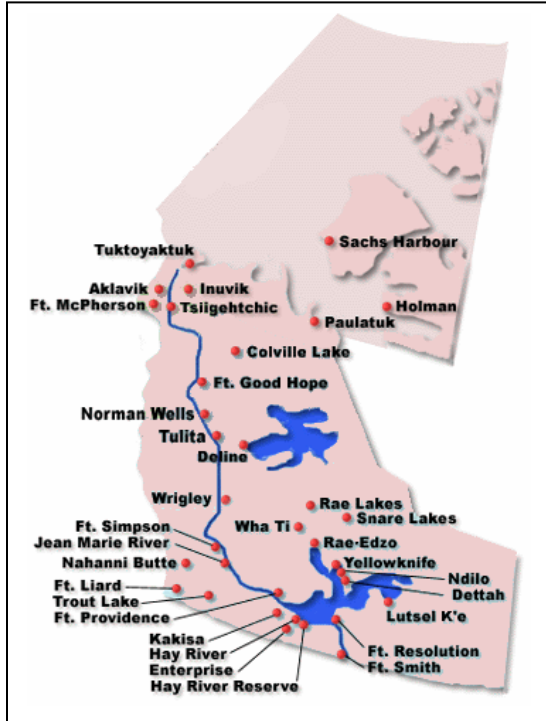


# School Health Promotion in the Northwest Territories (NWT)

## The NWT in Profile<sup>1</sup>

The NWT comprises 34 communities spread over 1.14 million square kilometers in Northern Canada. About one-third of the overall population currently lives in one of 29 smaller communities and 45% in the capital, Yellowknife.



Just over 50% of the 42,000 people living in the Northwest Territories are Aboriginal. This is the second largest percentage Aboriginal population of all provinces and territories reported in the 2001 Census. The 11 Official Languages of the NWT include 9 Aboriginal languages as well as English and French. English is the most common language spoken in the NWT, with 77% of the population reporting English as their first language (mother tongue). Language is an important element in society, maintaining or enhancing cultural diversity. Education programs and services, therefore, must be culturally appropriate.

## The Educational System in the NWT<sup>2</sup>

There are 33 District Education Authorities (DEAs) and 4 Divisional Education Councils (DECs) (outside Yellowknife), one Community Services Board and the Commission scolaire francophone. Parents and other community members serve as elected representatives, formulate policy, and make decisions that guide and direct 49 schools across the NWT and programming for 9,300 students.

## Health and Social Services in the NWT<sup>3</sup>

Under the direction of the Minister, the Department of Health and Social Services is mandated to provide a broad range of health and social programs and services to the residents of the NWT.

The Department's responsibilities are reflected in its mission statement:

*The Department's mission is to promote, protect and provide for the health and well-being of the people of the Northwest Territories.*

<sup>1</sup> Sources: *HSS Annual Report 2004-2005*; *Towards Excellence: A Report on Education in the NWT '05*; and *School Enrolment and Graduates, 2006-07*. Government of the Northwest Territories.

<sup>2</sup> Schools in the NWT at [http://www.ece.gov.nt.ca/Schools\\_inthe\\_NWT/indexSchools.htm](http://www.ece.gov.nt.ca/Schools_inthe_NWT/indexSchools.htm)

<sup>3</sup> The Health and Social Services System at [http://www.hlthss.gov.nt.ca/content/About\\_HSS/hss\\_system.asp](http://www.hlthss.gov.nt.ca/content/About_HSS/hss_system.asp)

While the Department provides leadership, policy, legislation, funding, and oversight, eight Health and Social Services (HSS) Authorities plan, manage, and deliver a full spectrum of community and facility-based services for health care and social services.<sup>4</sup> Several non-government organizations and private professional organizations work in collaboration with the health sector, providing a range of programs and services that interconnect with the education sector.

**Recently**, the Health and Social Services Department and the Health and Social Service Authorities undertook to update the system-wide strategic plan outlined in *Shaping Our Future 2006 - 2010* and the *Action Plan 2006 - 2010*. The goals focus on a variety of areas that affect the health of children, from environmental stewardship to programs that promote health.<sup>5</sup> A Health Promotion Strategy was developed in order to outline a plan for increased investment in promotion and prevention activities at the territorial, regional, local and individual levels. It was a result of the *Directions for Wellness* document and addresses priority areas for the Northwest Territories. The Strategy includes the following components: community development, an emphasis on communication, reorienting services, research and knowledge development, healthy public policy, training and skill development and an increased focus on working together.

### **The Healthy Choices Framework**

This Strategy was broadened in 2005 as a result of a collaborative effort between the Departments of Health and Social Services, Municipal and Community Affairs, and Education, Culture and Employment. This was the first time that the three departments formalized a joint plan for the health, education and recreation sectors to address priority issues within the local context. Since two of the six areas of focus of the Healthy Choices Framework<sup>6</sup> are active living and healthy eating, linkages to the Pan Canadian Healthy Living Strategy were acknowledged in the initial versions of the strategy. Linkages persist as a result of continued collaboration with the Public Health Agency of Canada and new initiatives, such as the bilateral agreements and the demonstration projects for health promotion and the prevention of chronic disease.

The *Healthy Choices Framework* brings together a series of strategic initiatives within the education, health, and sport/recreation sectors to maximize resources and create community momentum in encouraging youth to make positive lifestyle choices in the following areas:

- active living
- healthy eating
- tobacco harm reduction and cessation
- injury prevention
- healthy pregnancies

Each of the priorities involves collaboration with many partners to increase the focus on improving the physical and mental health of all NWT residents, especially children.

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<sup>4</sup> HSS Authorities at [http://www.hlthss.gov.nt.ca/content/About\\_HSS/hss\\_authorities.asp](http://www.hlthss.gov.nt.ca/content/About_HSS/hss_authorities.asp)

<sup>5</sup> Government of the Northwest Territories. (2004). *Self-reliant people, communities and Northwest Territories – a shared responsibility*, Government of the Northwest Territories Strategic Plan. June 2004.

<sup>6</sup> GNWT Healthy Choices Framework, 2005. unpublished.

## School Health Promotion

There is no official territorial-level mechanism for school health promotion. There is, however, significant collaboration between the departments of Education, Culture and Employment, Health and Social Services and Municipal and Community Affairs within the Healthy Choices Framework to promote health within school, health centre and community contexts. These departments also collaborate with non-government organizations, such as Food First Foundation, Northern Nutrition Association, Recreation and Parks Association and Sport North.

Current programs strive to be community-based as opposed to school-based. Within various programs and strategies, there may be a component particular to school contexts, but these are designed to align with community goals.

Decentralized systems of education and health result in education and health boards that have a significant degree of autonomy. Most schools have access to support from regional health boards but the type and degree of support varies from region to region. All health boards currently employ health promotion specialists who are involved in school health promotion.

Success stories with the Healthy Choices Framework (HCF) are a direct result of collaborative action of our many partners:

(a) Physical activity:

[\*Get Active NWT\*](#) and [\*Winter Active NWT\*](#). This challenge to all NWT communities to become more active was initially established in 2005 by the 3 HCF Departments. During the first 12-week campaign, 34 communities participated (82%). The campaign continues to capitalize on joint efforts of school and community, inter-community challenges, and to improve local recreational infrastructure.

In partnership with a local health and social services authority, School Active Living Kits are being distributed to schools. The kits promote being active in the classroom.

(b) Nutrition:

[\*Drop the Pop\*](#). This is an HCF initiative involving ECE and DHSS as well as several other partners in response to the significant issues of dental health and diabetes. *Drop the Pop* encourages students and their families to make healthier drink choices and capitalizes on interschool challenges and the school's capacity to address its own issues. There are two program dimensions – a 2-week pop-free challenge and funding for a school-based nutrition initiative.

As part of the initiatives for school nutrition promotion, a [food policy](#) for vending machines in health and social service facilities is now being reviewed for adaptation for school and recreation facilities as well. Such healthy food policy would create coherence at the community level and foster collaboration on common issues and great success in

the promotion of healthy eating. The next step is to learn what affects or drives lifestyle choices, e.g. resiliency, and improve each jurisdiction's ability to have a positive impact on the drivers.

- (c) Tobacco: [\*Don't be a Butthead\*](#), a project that aims to create NWT's first tobacco-free generation and counter the high use of tobacco in the adult population. A mass communications campaign, including school presentations and commitment card promotion, challenges children to commit to be smoke-free. Over 67% of students in the target age range (8 – 14 year olds) have committed at least once to being 'smoke-free'. The project creates a rallying point to unite students and create peer support and capitalizes on the school's need for external support while building student leadership capacity.
- (d) Health promotion collaboration exists for all six of the Healthy Choices Framework priorities, for example: Tobacco Advisory Steering Committee, Sexual Health Communications Strategy, Suicide Prevention Education, and joint meetings between Education and Health Boards.

### **Challenges and Keys to Success**

Mandates of key partners in school health need to be permeable. The development and implementation of school-based health promotion initiatives will continue to expand, based on 'win/win' thinking, and focused on capacity building. This will provide schools with a menu of options for health promotion that are relevant to their school settings.

Gaps that still exist:

- The lack of formalized connection between and among partners results in the formation of partnerships often dependent on goodwill and specific personalities and interests.
- The decentralization of responsibilities for the delivery of school health promotion programs requires much effort and marketing to get 'buy-in' from the education, health and social service sectors, and the communities.
- The NWT continues to strive to fulfill Chief Jimmy Bruneau's vision: ["strong like two people."](#)

However, with each fact of success, the NWT continues to build a vision that will eventually direct school-based health promotion.

## **Benefits of JCSH Membership**

The NWT is challenged in terms of small population, a large geographical area, and limited resources. The NWT continues to benefit from information and resource sharing among members of the Joint Consortium for School Health.

Specific examples:

- as a result of a delegation attending the Consortium's school health conference in Vancouver in 2006, there has been increased communication between District Educational Councils and Authorities and regional health boards.
- Information that was shared by the JCSH panel at the most recent WHO health conference regarding recognition of health promoting schools has resulted in collaboration between the School Health Coordinator and a regional health board to develop a similar program in the NWT.

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