

Governments Working Across the Health and Education Sectors

The Joint Consortium for School Health is an intersectoral governmental collaboration that acts as a catalyst in building the capacity of health and education systems to work together to promote the health of children and youth in the school setting. Recognizing that every province and territory has initiatives in place to foster healthy school environments, the Consortium brings together key representatives of federal, provincial and territorial government departments or ministries responsible for health and education, to:

- share information and learn from each other's experiences
- identify best practices
- leverage resources
- minimize overlap and duplication
- support new research in promising areas, and
- foster a sense of collaboration and shared responsibility.

The Consortium also works to promote understanding of the importance of comprehensive school health programs and services.

**Comprehensive school health** is an internationally accepted approach that incorporates policies and practices that support students' health and overall well-being into every aspect of the school environment, encompassing:

- $\sqrt{\text{Teaching and learning}}$ , which can include direct instruction as well as indirect learning, such as when adults lead by example and model healthy habits.
- $\sqrt{\text{School environment, culture and organization}}$ , which includes ensuring students feel safe at school, and feel like they belong there.
- $\sqrt{\text{Partnerships, supports and services}}$ , engaging members of the broader community such as health care professionals, local governments, businesses, etc.

This is important work because health and learning are interdependent. Many studies have shown that healthy children are better learners<sup>1</sup>. And children who do better in school are more likely to build healthy habits for a lifetime.

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Parcel, G.S., et al. (1989). School promotion of healthful diet and physical activity: Impact on learning outcomes and self-reported behavior. *Health Education Quarterly*, *16*(2), 181-199.