



Pan-Canadian  
**Joint Consortium for School Health**  
Governments Working Across the Health and Education Sectors  
**Annual Report**

July 31, 2009



**Artwork credit:**

The Joint Consortium for School Health is pleased to feature the winning designs in the 2009 Richmond Public Health bookmark contest.

Over 2,700 students from 46 schools in Richmond, British Columbia submitted entries to the contest. This year's theme was "Go for the Gold! Make Healthy Choices!" Eight winning designs were selected and over 100,000 bookmarks will be distributed this spring to school aged children, libraries and community partners throughout the City of Richmond.

The bookmark contest has been running since 2005 and is a partnership with the Richmond School District, the City of Richmond, Richmond Public Library and Vancouver Coastal Health. The contest offers an opportunity for students to learn about health as well as showcase their creative talents to their community.

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Educators have always intuitively known the value of school health promotion.  
Here the teacher engages students in active play in Cheam, British Columbia in 1945.

Photograph courtesy of B. C. Archives I-00525, from the Archival Photo Collection of the B.C. Ministry of Education.

# Message from the Executive Director

Nellie Mooney was just 16 when she found herself, as a newly-trained teacher, in charge of a one-room school in Manitoba in 1890. The students were full of energy, much of which they burned off in schoolyard fights and arguments – making it difficult to focus on the lessons of the day.

Nellie knew intuitively how to overcome this. She instituted regular, vigorous morning and afternoon activity sessions, with boys and girls alike engaged in games of rough and tumble football.

It worked. The students were calmer, less quarrelsome and more attentive. The pigskin football soon became emblematic of their school. Nellie – who would later marry a man named McClung and go on to pioneer the cause of women’s rights – was, as it turns out, also a pioneer of what we now call comprehensive school health.

Many things have changed since then; our education system has become more complex, with many more participants, a much broader scope and, in many cases, higher expectations; but the fundamental principles and value of the comprehensive school health approach endure. As you will see in this annual report, they are also taking hold in schools across the country – to the benefit of students, teachers and whole school communities.

Whereas Nellie was guided by instinct, comprehensive school health practitioners today can draw from a growing body of evidence and take advantage of proven tools and strategies. And, through increasingly effective cross-sectoral partnerships, they can share in and learn from one another’s successes.

All of these advances are directly supported by our work in the Joint Consortium for School Health, which is nearing the conclusion of its first five-year mandate. In the months ahead, as we evaluate our progress and set priorities for the next five years, I want to encourage all of our partners to celebrate their own roles as true pioneers in the modern comprehensive school movement. We have faced, and will continue to face, challenges Nellie could not have imagined – from fast foods and video games to myriad levels of bureaucracy – and yet, at its heart, our work remains the same.

We want all our children to grow up healthy, to fulfill their potential as learners and to make smart choices throughout their lives. And we know that what happens in the school setting can make all the difference. With that in mind, we dedicate this annual report to the educators, health professionals and partners in every province and territory working every day to build a better future for Canada’s children. It is a real honour to support their achievements, and I look forward to building on our progress in the years to come.



Claire Avison  
Executive Director  
Joint Consortium for School Health

## The Case for Cross-Sector Collaboration

In recent years as governments have grappled first with climate change and then with the global economic crisis, people worldwide have been reminded of our innate interconnectedness. Borders and boundaries have their purposes but, more and more, we recognize the need to work across them; to transcend our differences and work in partnership to meet shared goals and to serve the common good.

The Joint Consortium for School Health is at the leading edge of this innovative new, cross-sectoral approach to governance. It brings together health and education representatives from nine Canadian provinces and all three territories, along with leaders in the federal government. It does not design or deliver programs; that responsibility remains with member governments. But through its collaborative, cross-sectoral structure, it provides tools, resources and a national forum for sharing information, coordinating priorities and aligning the work of health and education professionals from coast to coast to coast. Through their membership, jurisdictions benefit by leveraging resources to enhance capacity within their broad school health communities.

Research has proven the effectiveness of this approach in building healthier learning environments. Educators can provide remarkable supports for children, as can nurses, nutritionists and a long list of other health professionals. We have had some form of health education in our schools for generations, but we now know that when the two professions collaborate, children and youth are supported to achieve the best results in terms of both learning and wellness.

This is critical, not just for the children themselves but for the wellbeing of Canadian society. Chronic illnesses such as heart disease and type 2 diabetes account for a large and growing share of suffering and health care costs in all of our communities, and most of these illnesses can be prevented through healthy lifestyle choices. That means, for every child who learns to love physical activity and chooses more nutritious foods, we can expect to see a corresponding drop in long-term health care needs and costs throughout that child's life.

Working together across sectors and jurisdictions also has significant shorter-term benefits. By sharing best practices, leveraging resources and coordinating strategies, policies and actions, we can greatly reduce the waste that comes with overlaps and duplication. When we collaborate, we understand that we are not competing with each other. And while each jurisdiction and each sector is unique, we can all contribute towards our common goals.

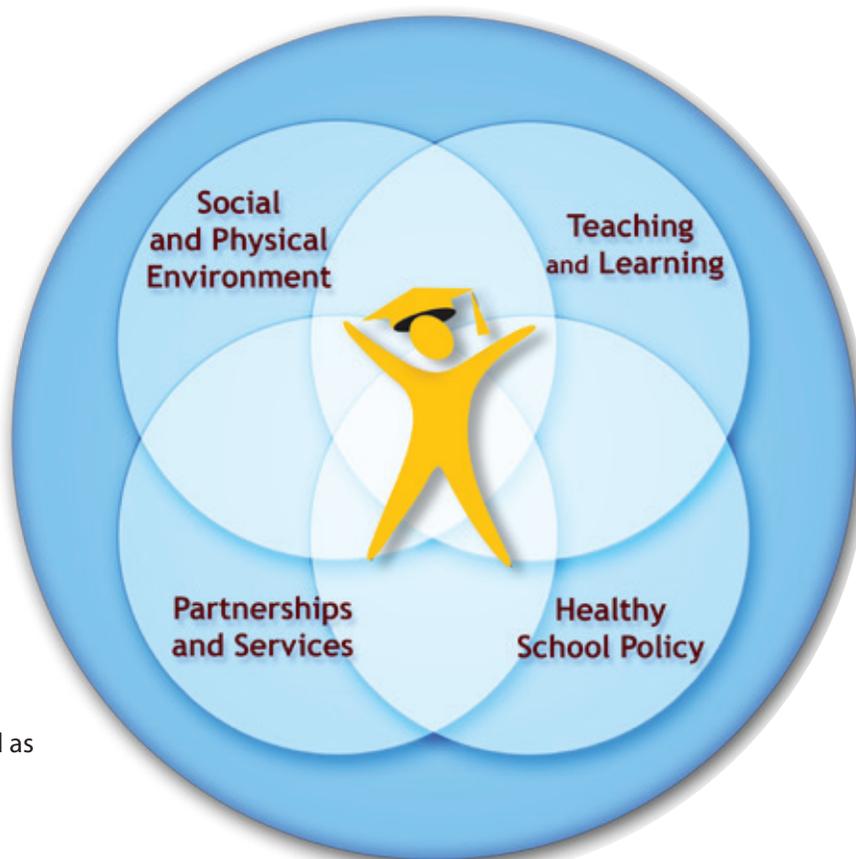
As the Consortium reflects upon its first five-year term and contemplates a renewed mandate beyond 2010, the case for cross-sector and cross-jurisdiction collaboration has never been stronger. As U.S. President Barak Obama told world leaders at the 2009 G20 Summit, our progress as societies depends on our willingness to move beyond "stale debates and false divides." Simply put, to achieve our best, we must work together and the Joint Consortium offers a proven way to do that effectively.

# About Comprehensive School Health

Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It can include formal instruction, but it's not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing four distinct but inter-related pillars:

- social and physical environment
- teaching and learning
- healthy school policy
- partnerships and services.

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



## Why Do We Need Comprehensive School Health?

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier. Research has shown that *comprehensive school health* is an effective way to tap into that linkage, improving both health and educational outcomes and encouraging healthy behaviours that last a lifetime.

In the classroom, *comprehensive school health* facilitates improved academic achievement and can lead to fewer behavioural problems. In the broader school environment, it helps students develop the skills they need to be physically and emotionally healthy for life.

## Comprehensive School Health in Canada

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

# About the Joint Consortium

## Mandate

Established in 2005, the Joint Consortium for School Health is a partnership of federal, provincial<sup>1</sup> and territorial governments from across Canada, working 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 government departments or ministries responsible for health and education to:

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

## Mission

To provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.

## Strategic Direction

The Consortium's long term strategic direction is set out in its logic model (see Appendix C for a visual depiction of the strategic framework).



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<sup>1</sup> All provinces and territories except Quebec.

## JCSH Membership

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

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



While Quebec is not an official member of the Consortium, members work with their Quebec counterparts whenever possible to facilitate an open exchange of information and resources.

## Activities

The Joint Consortium for School Health fulfills its mission and mandate through activities in three key areas:

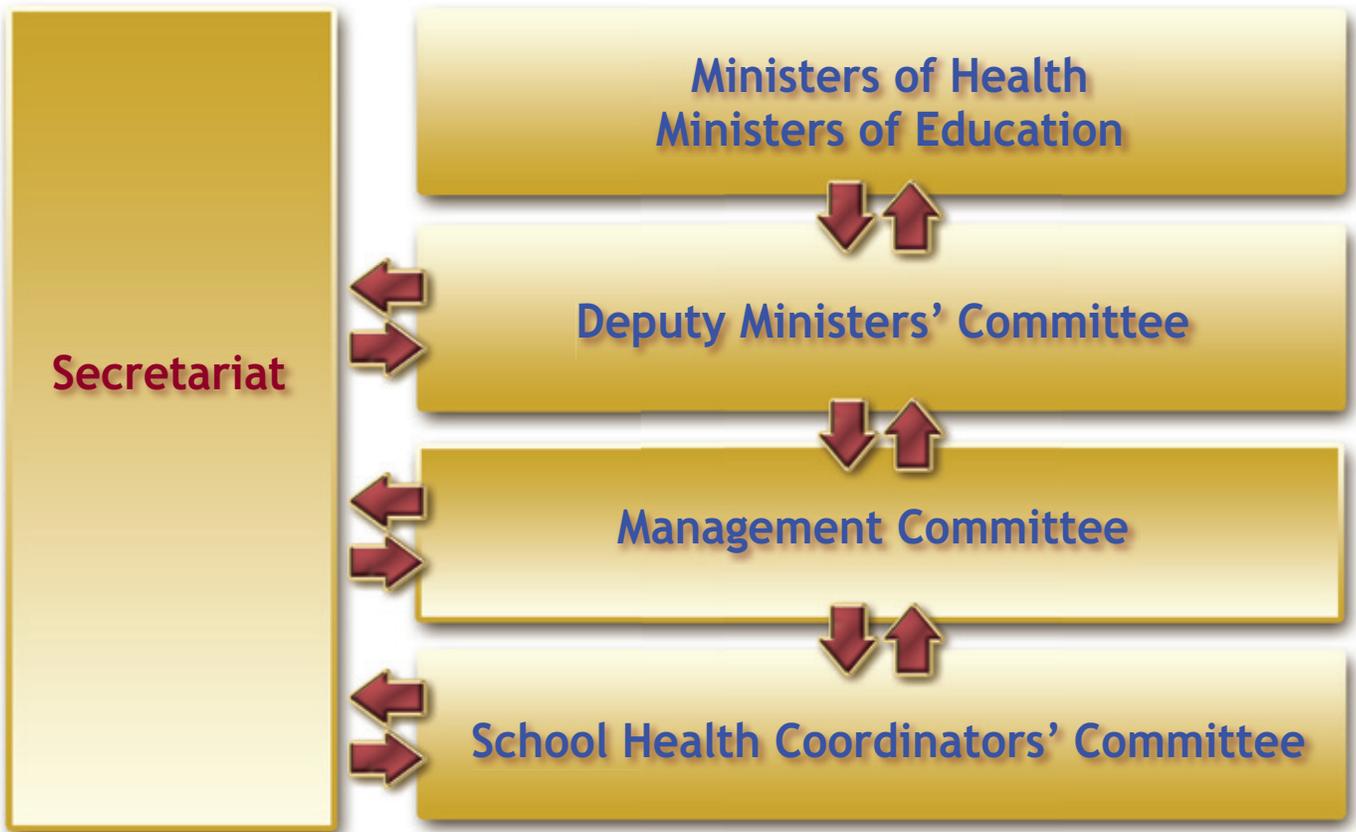
- 1. Knowledge Development:** facilitating the development and/or dissemination of better practices and information promoting comprehensive school health approaches.
- 2. Leadership:** facilitating a cohesive pan-Canadian approach to advancing comprehensive school health and enhancing alignment between health and education across multiple sectors.
- 3. Capacity Building:** leveraging resources and mobilizing people to take action on collaborative comprehensive school health approaches.

## Working Horizontally

Government services have traditionally used a “vertical” delivery structure in which each agency or organization has drawn a direct line from its leadership to the members of the public it serves. Today, governments are increasingly recognizing the value of “horizontal” initiatives – structures in which partners from two or more organizations have established a formal funding agreement to work toward shared outcomes.

The Joint Consortium for School Health breaks new ground in horizontal governance. Its mandate not only spans the health and education sectors, it also spans more than a dozen individual jurisdictions – each with its own legislation, policies, history, culture and bureaucracy.

# Joint Consortium for School Health Organizational Structure



# Consortium Accomplishments

Comprehensive school health has been embraced internationally as the most effective way of promoting the health of students and the school community. While many successful CSH initiatives are brought about by passionate individuals at the grassroots level – be they educators, parents or health professionals working in the school setting – these initiatives benefit greatly from effective cross-sector collaborations focused on the coordination of policy and funding from the health and education sectors at both the national and the provincial/territorial levels.

The Consortium plays a critical role in providing its member governments with tools, resources and a national forum through which to share information, coordinate priorities and enhance alignment between health and education professionals across multiple jurisdictions.

Governments around the world are increasingly recognizing the value of cross-sector – and cross-jurisdictional – collaboration and the Joint Consortium for School Health is on the forefront of this new approach to governance. Although the uniqueness of this approach can be challenging at times, the following list of accomplishments for 2008/09 illustrates just how much can be attained when governments and sectors work together to share resources, realize synergies and achieve economies of scale. Highlights of progress in member jurisdictions are reported separately, beginning on page 11.

## Knowledge Development

A big focus for the Consortium in 2008/09 was to continue the support of cross-sector collaboration within jurisdictions by developing resources based on current and sound research as well as communications materials promoting a shared approach to comprehensive school health among Consortium members and partners. Highlights of these activities include the following:

- Partnered with the Canadian Association of Principals to produce a **special edition journal on comprehensive school health**. The publication featured articles by some of Canada's leading researchers in the field of school health promotion and was distributed to over 12,500 school principals and school administrators across the country.
- Published five issues of the Joint Consortium's newsletter in both French and English including two **special editions newsletters** on the topics of *Substance Use in Canadian Schools* and *Physical Activity in Canadian Schools*.
- Updated **two quick scans** of Canadian resources and activities: *Investigating Positive Psychology Themes in School Health and Mental Resilience* and *Quick Scan of Activities and Resources in Resilience/Positive Asset-Based Social Development in Canadian Schools*. These documents are both available on the Resources page of our website.
- Distributed the **2008 Annual Report** to over 500 partners and stakeholders across the country. The publication included recent research data on the health status of Canadian students as well as a description of the Consortium's newly endorsed comprehensive school health framework.



## Leadership

As the JCSH matures as an organization it is gaining a strong presence on the national and global stage. In 2008/09 the JCSH received numerous invitations to participate in collaborative projects, attend working sessions and present at various national events focused on advancing the school health agenda in Canada and internationally.

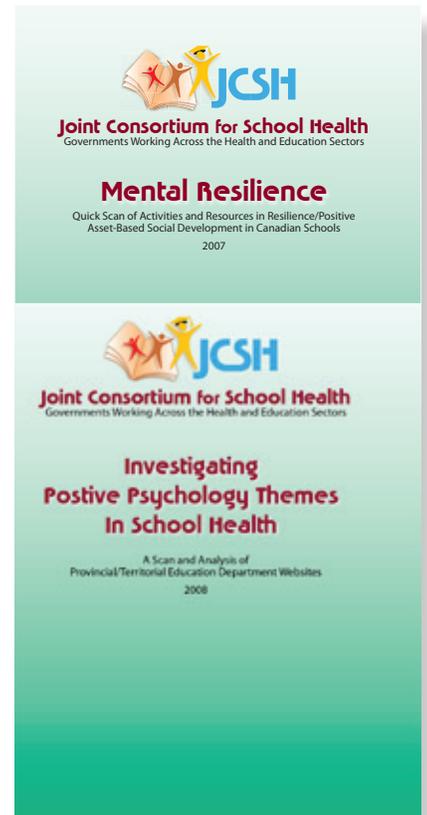
- In collaboration with the World Health Organization (WHO), the United Nations and other international organizations, the Joint Consortium for School Health co-authored a peer-reviewed article entitled ***Schools for Health, Education and Development: A Call for Action*** published in the November 2008 issue of *Health Promotion International*. The article is based on results of an international review of school health evidence conducted during the 2007 WHO Technical meeting, co-hosted by the JCSH in Vancouver, BC.
- Reconciled various school health models being utilized by individual jurisdictions through the development of the **JCSH Comprehensive School Health Framework**. Approved and endorsed by all members, this unifying framework brings cohesion to work being conducted across the country and has since been adopted by various other organizations including the Canadian Association of Principals.
- Submitted a background discussion paper entitled ***Increasing Physical Activity Levels in Canadian Children and Youth through Cross-Sector Collaboration*** to the national meeting of deputy ministers of sport in Saint John's Newfoundland, November 17 – 18, 2008. The JCSH was invited to participate as a full member at this meeting to explore opportunities for joint government action aimed at meeting Canada's first ever pan-Canadian physical activity targets for children and youth aged 5 – 19 by the year 2015.
- Amplified efforts to **influence the national agenda** by making linkages with key national bodies and events including:
  - Active Healthy Kids Canada Symposium, October 22 – 23, 2008
  - Centre for Science in the Public Interest: Championing Public Nutrition Conference, October 22 – 23, 2008
  - Mental Health Promotion Think Tank, November 4, 2008
  - McGill Health Challenge Think Tank, November 6 -7, 2008
  - The Learning Partnership: National Dialogue on Resiliency in Youth, November 17–19, 2008
  - Federal/Provincial/Territorial Problematic Substance Use Liaison Committee, November 29, 2008
  - Healthy Living Issue Group, January 9, 2009
  - Sexual Health Working Group, February 16 – 17, 2009
  - Public Health Network: Joint Meeting of the Population Health Promotion Expert Group and the Chronic Disease and Injury Prevention and Control Expert Group, February 18, 2009

- World Health Organization Technical Workshop on School Health Promotion Policy, Toronto, March 25 – 27, 2009
- Physical and Health Education Canada, April 30 – May 2, 2009
- Participated on the National Advisory Group on Youth Substance Abuse Prevention, led by the Canadian Centre for Substance Abuse

## Capacity Building

A critical part of the Consortium’s work is to build the capacity of the health and education sectors to collaborate more effectively while at the same time supporting the work of member jurisdictions to build their respective capacities to design and deliver comprehensive school health programs. This year the Consortium was particularly proud to produce a number of high quality resources to assist members with capacity building. Highlights during 2008/09 include:

- Designed and pilot tested the **Healthy School Planner**, a web-based tool to assist schools in conducting annual assessments. The Healthy School Planner was developed in partnership with the University of Waterloo, building on their School Health Action, Planning and Evaluation System (SHAPES). The Planner includes assessment, planning and evaluation functions that address the four pillars of comprehensive school health, and covers three health topics (healthy eating, physical activity and tobacco use). In addition to supporting a self-assessment approach by schools, the HSP offers the ability to report on aggregate environmental school health data at a regional level. This will assist the Consortium in determining the extent to which the comprehensive school health framework is being implemented across Canada. The tool is now available free of charge through the JCSH web site.
- Produced a comprehensive toolkit entitled **Addressing Substance Use in Canadian Schools** which is available for download in both official languages from our website. The toolkit summarizes the most recent evidence in substance use and includes the following models tailored for various players within the school health community:
  - *Effective Substance Use Policy: A Knowledge Kit for School Administrators*
  - *Effective Substance Use Education: A Knowledge Kit for Teachers*
  - *Responding to the Needs of Higher Risk Youth: A Knowledge Kit for Counsellors and Health Workers*
  - *School Family Community Partnerships: A Knowledge Kit for School and Community Leaders*
- Completed the production of the evidence document entitled **Physical Activity within a Comprehensive School Health Model: A Best Practices Toolkit**. The resource is available in both French and English on the JCSH website. The toolkit series provides an in-depth understanding of how Canadian schools can use a comprehensive school health approach to increase physical activity levels. The four modules in the toolkit are:
  - *Physical Activity within a Comprehensive School Health Model: A Best Practices Toolkit*



- *Physical Activity within a Comprehensive School Health Model: A Toolkit for Decision Makers*
- *Physical Activity within a Comprehensive School Health Model: A Toolkit for Researchers*
- *Physical Activity within a Comprehensive School Health Model: A Toolkit for School Policymakers*
- **Enhanced the JCSH website**, particularly the members' forum, a secure area for jurisdictions to candidly share ideas and resources for the purposes of building better policies and programs across the country. Both the English and French home pages were also revamped to be more appealing and easier to navigate for first time visitors. This was timed to coincide with the Healthy School Assessment Tool online pilot project for educators.
- Strengthened opportunities for **federal/provincial/territorial health and education collaboration** by managing 16 meeting: four face-to-face meetings and 12 teleconferences. Ten additional sub-committee meetings were also supported by the JCSH Secretariat. In surveys of meeting participants, 100% of respondents agreed, or strongly agreed that the meetings were a valuable mechanism for gaining new knowledge that can be applied in their respective jurisdictions, as well as an opportunity to strengthen existing partnerships. Web-based meeting software along with regular exchanges via email and telephone all contributed to ongoing and open communication among members.
- Prepared a proposal for a **renewed mandate** beyond 2010 including the development of a more detailed accountability framework which expands upon the original founding document by better defining the working relationships among Consortium members and articulating specific terms of reference for each of its sub-committees.



# Highlights of Progress in Member Jurisdictions

As noted earlier in this report, the Joint Consortium for School Health does not design or deliver programs. Rather, it serves as a catalyst to promote cooperation and collaboration between and among member jurisdictions – and the health and education sectors – in support of comprehensive school health approaches.

Highlights of progress submitted by member jurisdictions are included here to illustrate the range of activities underway across Canada and to demonstrate the work being done by members at all levels to advance the comprehensive school health agenda.

Please note: The accomplishments listed in this section reflect progress made during 2008/09. For a more complete picture, visit the jurisdictions' respective school health websites. See Appendix D for member contact information and web links.

## Alberta

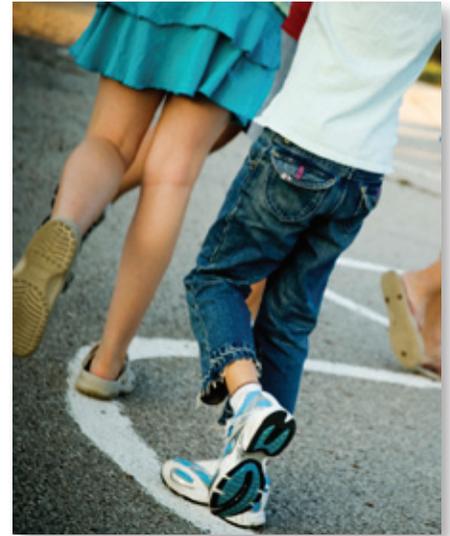
Supported by Alberta Education and Alberta Health and Wellness, the Healthy Alberta School Communities plan identifies initiatives to strengthen the development of healthy school communities throughout Alberta.

### Knowledge Development

- Healthy Active School Symposia hosted by the Ever Active Schools program in partnership with regional health promotion coordinators were held across Alberta. In total these eleven events brought together close to 1,000 teachers, administrators, students and parents from 150 schools to learn ways to create and support healthy active school communities.
- Create A Movement, a social marketing campaign launched in 2007, encouraged children, youth and parents to join the “movement” for better health in communities and schools across Alberta. This campaign launched in September 2009 with the slogan “Catch Health,” an ironic twist on a traditional public health campaign that cautioned kids, adults and communities about the symptoms of health, how they can catch health and how they can spread the condition.
- Projects that demonstrate a comprehensive school health approach to healthy eating, active living and positive social environment in school communities were featured at a symposium on March 23 – 24, 2009. Hosted by the Alberta Coalition for Healthy School Communities and the Alberta School Board Association, the symposium brought together more than 200 participants from the education and health sectors.

### Leadership

- Alberta Education made a major commitment to examine the wellness-related programs of study (K-12 Physical Education, Career and Life Management, K-9 Health and Life Skills) and will begin revisions in 2009 – 2010, with a focus on high school programming. As part of this process, the ministry developed a Draft Framework for kindergarten to grade 12 Wellness Education. Copies



## Alberta

A well-designed professional development session is credited for sparking positive change at Fort Saskatchewan elementary in Alberta. The “Math Movements, Word Workouts and More” workshop incorporated physical activity with teaching math and literacy, consistent with the school’s healthy living goals. The school agreed to foot the bill so teachers could attend and, according to assistant principal Christine Romanko, “Our staff [now] feels prepared and excited for an active and fun year!”



of the draft framework can be found at <http://education.alberta.ca/teachers/program/pe.aspx>. Stakeholders were asked to provide feedback in March and April through discussion groups and by completing an online questionnaire. All comments received will be reviewed and considered in the development of the final framework, anticipated to be made available in June 2009.

- Baseline data for the Evaluation of the Healthy Weights Initiatives was completed in spring 2008 using the Raising Healthy Eating and Active Living Kids (REAL Kids Alberta) Survey. The five Healthy Weights Initiatives include regional health promotion coordinators to facilitate healthy eating and active living in school communities, Alberta Nutrition Guidelines, Alberta Healthy School Community Wellness Fund, Healthy School Communities Award and a social marketing campaign, Create A Movement. The survey gathered information on physical activity, screen time, dietary habits and nutrient intake, as well as measured heights and weights of more than 3,900 grade 5 students in 174 randomly selected schools.
- Alberta Nutrition Guidelines were distributed to all schools, recreational facilities and day cares in English and French to help these facilities make policies that support healthy food choices for children and youth.

## Capacity Building

- The Alberta Healthy School Community Wellness Fund provided funding to an additional 38 projects in 2008/2009 for a current total of 50 projects benefiting more than 300 school communities in Alberta. The funding is used to promote healthy school communities and improve the health and wellness of school-aged children and youth with a focus on healthy eating, active living and positive social environments.
- Nine Healthy School Community Award recipients were recognized by the Minister of Health and Wellness and the Minister of Education in June 2008 for their work to support the health of children and youth in school communities.
- Approximately \$1.2 million was provided annually to school authorities to support the implementation of Daily Physical Activity (DPA). Based on the results of the Daily Physical Activity Survey in 2008, two DPA tip booklets (Take Action!) were developed in collaboration with Ever Active Schools in French and English to complement the DPA handbook that features promising practices, scheduling, funding, mentoring tips and information on equipment and facility use. French and English brochures were also distributed to Alberta schools to promote the success of the initiative.
- Ever Active Schools has revised and expanded its membership criteria to allow more schools to become part of the provincial network, assess their capacity for health promotion and develop school health action plans that support the implementation of comprehensive school health.

## British Columbia

British Columbia's Healthy Schools branch was established in 2005 as a joint partnership between the ministries of Education and Health (now Healthy Living and Sport). The core mandate of the branch is to facilitate cross-sector collaboration between health and education stakeholders, and promote policy

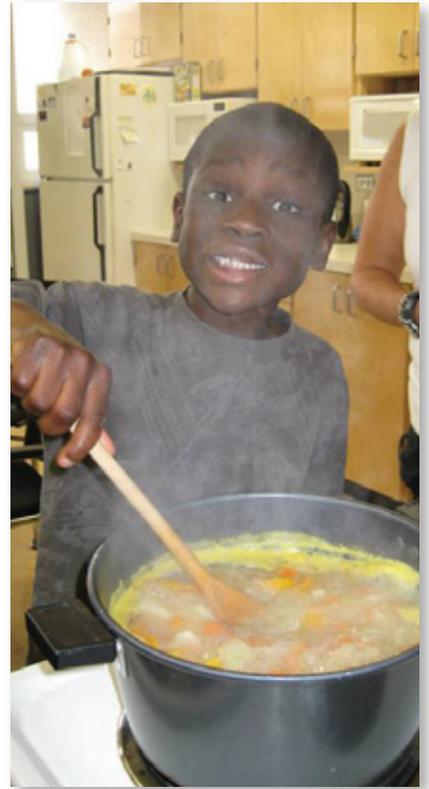
development and practice that reflect a comprehensive school health approach. The BC Healthy Schools Network, now in its third year of operation with 109 member schools, continues to be the branch's lead initiative for embedding the comprehensive school health model into the BC school system. The Healthy Schools branch also leads the development and implementation of various school health initiatives that align with the province's health promotions framework, ActNow BC, goals of increased physical activity, increased healthy eating and decreased tobacco use.

## Knowledge Development

- Developed a preliminary draft of the Healthy Living Performance Standards, which provide formative assessment for the curricular areas of Health and Career Education, Planning, Graduation Transitions, Physical Education and Home Economics. The performance standards support a criterion-referenced approach to evaluation that will enable teachers, students and parents to have clear criteria for learning and to compare student performance to provincial standards. Healthy Schools Network members played a key role in the development of the draft performance standards.
- Developed and distributed the Healthy Eating and Physical Activity Learning Resource – a kindergarten to grade 10 grade-by-grade set of classroom-based lesson plans for the BC school system. [www.bced.gov.bc.ca/health/healthy\\_eating/physical\\_activity\\_learning.htm](http://www.bced.gov.bc.ca/health/healthy_eating/physical_activity_learning.htm).
- Collaborated with education and health stakeholders to develop and disseminate an array of resources to support students in physical activity and healthy eating. Resources include Daily Physical Activities for Families booklets, physical activity tracking tools, program and planning guides, Brand Name Food List website, Dial-a-Dietitian service, healthy recipe and fundraising publications, and tools for stocking healthy food and beverage items. [www.bced.gov.bc.ca/health/](http://www.bced.gov.bc.ca/health/).

## Leadership

- Supported the creation of the provincial Education Partners Healthy Schools Committee to exchange information on school health initiatives and policies, examine best practices for implementation of school health initiatives and promote the benefits of comprehensive school health. The committee is co-chaired by the Director of Healthy Schools and a BC school trustee, and committee members include representatives from BC School Trustees Association, BC School Superintendents Association, BC Principals' and Vice-Principals' Association, BC Teachers' Federation, First Nations Education Steering Committee, the BC Confederation of Parent Advisory Councils, the Public Health Nursing Provincial School Age Committee and the Directorate of Agencies for School Health (DASH) BC.
- Implemented the Daily Physical Activity initiative for all public and independent schools, effective September 2008. All K – 9 students are required to complete at least 30 minutes of physical activity each day and grades 10 – 12 are required to complete at least 150 minutes of physical activity each week. [www.bced.gov.bc.ca/dpa/](http://www.bced.gov.bc.ca/dpa/).
- Fully implemented the *Guidelines for School Food and Beverage Sales in BC (2007)*, effective September 2008, requiring public schools to eliminate the



Learning to make soup with ingredients grown in the school garden.

## British Columbia

Look through the minutes of a recent meeting of the district's health promoting schools committee and you get a good sense of what they mean by "comprehensive" in B.C.'s Central Okanagan region. Agenda items include a presentation from the local child and youth mental health team leader, a report on local water quality, an update on a behavioural support program for students, news from the group's employee wellness subcommittee and details of a new tree-planting program. Comprehensive indeed!

sale of unhealthy foods and beverages to students. The Guidelines encompass vending machines, food service outlets and fundraisers. [www.bced.gov.bc.ca/health/healthy\\_eating/food\\_guidelines/](http://www.bced.gov.bc.ca/health/healthy_eating/food_guidelines/).

- Co-hosted the first ever BC Roundtable on Resilience in Youth with the Ministry of Healthy Living and Sport, and collaborated on the first Child Health in BC Forum. These events were very successful in reinforcing partnerships between the health and education sectors, and providing support for new directions in policy and program development at all levels.

## Capacity Building



Students enjoy fresh vegetables they grew themselves in the school garden.

- Developed additional tools to support school districts in meeting their obligations under BC's tobacco-free school grounds legislation. These supports include signage, strategies for implementing tobacco-free school grounds policy, data on tobacco use among youth and tobacco cessation resources. [www.bced.gov.bc.ca/health/hsnetwork/newsletter\\_apr08.pdf](http://www.bced.gov.bc.ca/health/hsnetwork/newsletter_apr08.pdf).
- Launched the "Walking School Bus" and "Bicycle Train" program on International Walk to School Day 2008, through collaboration between the ministries of Education and Healthy Living and Sport, the Directorate of Agencies for School Health (DASH BC) and the Hub for Action on School Transportation Emissions (HASTE). Program resources include "how-to" guides, interactive training webinars, online mapping tools and free starter kits and incentives to support schools in establishing their active transportation programs. [www.hastebc.org/walking-school-busbicycletrain](http://www.hastebc.org/walking-school-busbicycletrain).
- Committed, along with partner ministries, over \$8.5 million towards grants for playground enhancements through 2010 via various granting programs.

## Manitoba

In Manitoba, Healthy Schools is a partnership between Manitoba Health and Healthy Living, Manitoba Education, Citizenship and Youth and Healthy Child Manitoba Office (a partnership of all departments connected to children, run by the Healthy Child Committee of Cabinet which is comprised of eight cabinet ministers). Manitoba Healthy Schools was first introduced in 2000 and is consistent with a comprehensive school health approach. Healthy Schools reflects the province's commitment to supporting and empowering school communities to positively influence the interdependency between health and learning and to create school environments that enhance the healthy development of children and their families by working in partnership with community service providers and resources.

## Knowledge Development

- Released two documents to support the implementation of the new grade 11 and 12 physical education/health education credits. They are:
  - Grade 12 Active Healthy Lifestyles: Manitoba Physical Education/Health Education Curriculum Framework of Outcomes and a Foundation for Implementation;
  - Physically Active and Healthy Lifestyles for All Students: A Parent's Guide for Grades 11 and 12 Physical Education/Health Education.

## Leadership

- Conducted workshops in fall 2008 for teachers planning to offer the grade 11 Physical Education/Health Education web-based course. Regional workshops were also conducted in spring 2009 for teachers and administrators to support the implementation of the new grade 12 *Active Healthy Lifestyles Curriculum*.
- Held a Healthy Schools Conference on March 23, 2009 entitled *Partnering for Healthy Schools: It Takes Us All to Create and Sustain a Healthy School*. Approximately 300 delegates attended from health and education sectors including representatives from school divisions, schools, regional health authorities, non-government agencies and government.
- New legislation requires that every school have a written food and nutrition policy, and that foods prepared, sold or distributed in schools do not exceed prescribed artificial trans fat content levels.
- A school fruit and vegetable pilot program is underway, funded by the province and coordinated through the Child Nutrition Council of Manitoba. Students in 13 schools will receive fruit and vegetable snacks for a 12 week period in winter 2009 and a 12 week period in fall 2009.
- A school nutrition survey was conducted in spring 2009 to assess changes in school food environments since the introduction of the school nutrition policy requirement. Results will be compared to a 2006 baseline study.
- As part of Manitoba *in motion*, hosted a sharing and learning workshop for all registered *in motion* schools.

## Capacity Building

- Distributed *Healthy Living Challenge 2009* to grade 3 and 4 students. The challenge is a game that encourages families to adopt healthier lifestyles covering a range of health topics. It includes both a take-home activity calendar for families and a classroom kit for teachers.
- Funded school divisions to facilitate their ability to work with their local regional health authorities and other local resources in developing and implementing Healthy Schools plans.
- Held two Healthy Schools Campaigns where schools were eligible to receive funding for an activity focusing on healthy relationships (spring 2008) and environmental health (fall 2008).
- Implemented the Low Cost Bike Helmet Campaign for the second year. Preschool and school-aged families were given the opportunity to purchase low cost bike helmets. Over 11,000 helmets were purchased in spring 2008. The campaign has continued in winter 2009.
- Committed to increase funding from \$2.1 million to \$3.7 million to support schools in the implementation of grade 11 and 12 Physical Education/Health Education.
- Distributed over 200 pedometer kits to all Level 2 and 3 *in motion* schools.

## Manitoba

Parents are partners in supporting a healthy environment at Maple Leaf Elementary in Winnipeg. They joined forces with teachers in 2003 to create a School Nutrition Action Committee – and now they're helping to get more parents and guardians on board. With support from local community sponsors and leadership from the school principal, the Maple Leaf committee has developed a healthy eating handbook and distributed copies to all students' families. The handbook reflects the school's nutrition policy and helps ensure that children and youth have healthy supports at home.



With help from a local artist, New Brunswick students created a fruit and vegetable mural in their school cafeteria.

## New Brunswick

The New Brunswick Healthy Learners in School Program, initiated in 2000, is aimed at promoting student health and wellness through creation of healthy, safe and supportive physical and social environments. Public Health Nurses in each school district office work with District Health Advisory Committees and with educators, students and parents to promote student wellness. Their efforts are supported by Provincial Wellness Strategy initiatives focused on physical activity, healthy eating, tobacco-free living and mental fitness and resilience. A key component of the strategy is multi-year data collection efforts which monitor progress and includes support for schools in efforts to use their own results to take action on wellness. The Provincial Education Plan reinforces a comprehensive school health approach through commitments to community schools as well as healthy and safe schools.

## New Brunswick

A healthy-school project at Arc-en-ciel Elementary in New Brunswick is turning older students into fruit and vegetable experts. Each student in grades 6 – 8 has chosen a fruit or veggie to champion, creating a fact-filled brochure about its benefits, along with a promotional poster. These are used as tools in presentations to younger students. They are also posted online for sharing with parents, teachers and students in other schools around the province. The project was part of a comprehensive school action plan which is funded by a grant from the province that encourages a comprehensive school health action plans on fruit and veggie consumption.

## Knowledge Development

- Developed provincial fact sheets summarizing the results of the 2007 – 2008 Student Wellness Survey (focus on elementary schools).
- Utilized data from the Student Wellness Survey (elementary to grade 12) to raise awareness of mental fitness and resilience in schools, homes, communities and workplaces as a precursor of positive behavior change and promote its role in creating healthy lifestyles and reducing risky behaviours.
- Launched first issue of the *School Wellness Programs Provincial Newsletter*, intended to provide updates on wellness news to schools across the province, as well as to share success stories.

## Leadership

- Utilized Student Wellness Survey data to develop indicators and targets for the newly launched Enhanced Provincial Wellness Strategy, *Live Well, Be Well* (2009 – 2013).

## Capacity Building

- Launched the Link Program province wide. Through this program, a resource person, known as a Link Companion, is available to direct students to community

services available in their region. The link companions are supported by a “decisional tree” which identifies resources available specific to each region.

- Launched the School Pedometer Challenge program, following a successful pilot last year which was made possible through a partnership with four provincial healthy charities (Canadian Diabetes Association – NB Division, Canadian Cancer Society – NB Division, NB Heart and Stroke Foundation and the Kidney Foundation of Canada NB Branch). Forty-eight schools who participated in the first year of the Program were provided with pedometers and support material for use in a variety of curricular, co-curricular and extra-curricular activities within the school-community.
- Conducted an evaluation of three existing school grant programs: Tobacco Free (grade 9 – 12) Grant Program, Vegetable and Fruit (grade 6 – 8) Grant Program, School Communities in Action program, to assess process and impact of the programs from a comprehensive school health perspective.
- Hosted a joint Wellness / Education Forum to support regional Public Health Nutritionists and district Public Health Nurses working in the Healthy Learners in School Program by enhancing their understanding of provincial level policies and strategic approaches such as provincial school food policy, school wellness survey data, the newly revised provincial Wellness Strategy, Joint Consortium for School Health tools and resources, etc.



Students do the “Health Hustle” as part of Newfoundland and Labrador’s Living Healthy Commotions.

## Newfoundland and Labrador

In 2004, the Departments of Health and Community Services and Education partnered to develop and implement the provincial school health initiative *Healthy Students Healthy Schools*. HSHS aims to support and promote healthy school environments for students to learn and to foster healthy lifestyles for life. *Healthy Students Healthy Schools* is a priority of the Provincial Wellness Plan, *Go Healthy*. Based on a comprehensive school health approach, HSHS supports the development and implementation of policies and programs that promote healthy eating, physical activity and living smoke-free in both the school and the larger school community. Additional priorities include injury prevention, mental health promotion, environmental health and support for vulnerable populations.

### Knowledge Development

- Continued to implement School District Healthy Eating/Nutrition Policies, based on the revised provincial School Food Guidelines.
- Revised and distributed School Food Guideline resources including Supporting School Food Guidelines – Information for Parents and Caregivers, as well as the School Food Guidelines for School Providers.
- Developed the Nutrition Criteria for all Food Groups, the Food and Beverage Item Review Process and the Brand Name Food List. All are available on the provincial school health website.
- Distributed surveys to all school principals to receive feedback on the implementation of their School District Healthy Eating/Nutrition Policies and their Smoke Free School Grounds Policies.

## Newfoundland and Labrador

Ascension Collegiate in Bay Roberts, Newfoundland has a Healthy Lungs Mentor Program as part of its comprehensive school health approach. Non-smoking students are paired with smokers who want to quit and meet with them at recess and lunchtime to provide support, encouragement and helpful information. The program has been so successful that student mentors are now hosting booths during parent teacher interviews, so they can encourage parents and guardians to become tobacco free themselves.

- Continued to share school health promotion initiatives, information and new resources on healthy eating, physical activity, living smoke-free, addictions prevention and environmental health with students, teachers, parents and the larger school community through the provincial Living Healthy Schools website: [livinghealthyschools.com](http://livinghealthyschools.com).

## Leadership

- Continued to fund five school health promotion liaison consultant positions for the fourth year to help strengthen partnerships, build regional capacity and facilitate health promotion action in the school districts.
- Implemented and provided resources (September, 2008) for a new grade 9 health course in the Anglophone school districts. A team of education and health promotion consultants collaborated to produce the student text, *Human Sexuality, First Canadian Edition* (2008). A new kindergarten health curriculum is currently being piloted in the Anglophone districts.
- Contracted a registered dietitian to support school food providers, fundraisers and the food and beverage industry and created a Brand Name Food List to support the implementation of the School Food Guidelines.
- Partnered on the development of an action plan to integrate healthy eating, physical activity and the creation of smoke-free environments into the policies and practices of sport teams and youth groups and at recreation events and in sport facilities.

## Capacity Building

- Continued to support the implementation of School District Healthy Eating/ Nutrition Policies through the provision of funds to purchase food service equipment for school cafeterias and canteens in all districts.
- Continued for the third year, in all school districts, “Living Healthy Comotions” – organized by K – 12 schools to highlight the creation of healthier school environments.
- Partnered on school health initiatives with the Department of Tourism, Culture and Recreation, Memorial University, Newfoundland and Labrador Teacher’s Association; Regional Health Authorities; School Districts; School Development; School Councils Association; Regional Nutritionists; Safe and Caring Schools; and Environmental Health Inspectors.
- Supported healthy eating opportunities in schools through funding provided to the Kids Eat Smart and the School Milk Foundations.



Healthy eating messages are being incorporated into classroom learning and school-wide activities in the Northwest Territories.

## Northwest Territories

The Northwest Territories “Healthy Choices Framework” (HCF) is a collaboration of the departments of Education, Culture and Employment, Health and Social Services, and Municipal and Community Affairs initiated in 2005. The Department of Justice joined the HCF in 2007. The school-targeted successes of this partnership include a nutrition education funding program subscribed to by over eighty percent of our schools, the development and implementation of middle

school physical activity supports and a new coalition of education councils and education/health partners to identify and develop comprehensive health supports for NWT students.

## Knowledge Development

- Distribution of JCSH substance use tool kits to partners and schools.
- Sharing comprehensive school health framework and examples of planning tools to ensure a comprehensive approach with program partners and education personnel.

## Leadership

- Delivery of very well received “Health Promoting Schools”, “Increasing Physical Activity in Schools” and “Traditional Foods” sessions at NWT Educators’ Conference, February, 2009.
- Evaluation of nutrition education program (“Drop the Pop”) with tri-territorial partners.

## Capacity Building

- Chaired “Together for Healthy Learning” initiative, a coalition of education boards working to develop/promote nutrition supports within the four “pillars” of comprehensive school health with a particular emphasis on the promotion of traditional foods.
- Forged new funding partnership with private industry (BHP Billiton) to support school health initiatives.
- Established or expanded partnerships with regional district education councils, health authorities, regional sport and recreation coordinators and the retail food sector.

## Nova Scotia

Over the past year, Nova Scotia has continued its expansion of Health Promoting Schools (HPS) throughout the province. As a result there has been tremendous progress since the establishment of HPS in 2005. Nova Scotia’s HPS approach addresses healthy eating, physical activity, youth sexual health, tobacco reduction, addiction, mental health, injury prevention and a range of other health issues within the school setting.

## Knowledge Development

- Website – The Nova Scotia Health Promoting Schools (NSHPS) website has a dual focus. It allows for improved internal communications to better co-ordinate programs and information among key partners by giving the Department of Education, Health Promotion and Protection and its partners an information portal that pulls together all the programs being offered in an easy-to-access site. The site will also provide parents with tips and information to promote

## NWT

Community partnerships have made all the difference at Weledeh Catholic school in Yellowknife, NWT. Noting a growing interest in developing healthy food policies but lacking support and financial resources, the school reached out for help – and got it. Everyone from government agencies to restaurants to the women’s auxiliary at the local church now pitches in with students, teachers and parent volunteers to provide healthy meals for students. Healthy eating messages are also being incorporated into classroom learning and school-wide activities as part of a CSH approach.



health in their own homes. The NSHPS website became functional in March 2009 and will be officially launched in May 2009. Our NSHPS logo (see sidebar) will be an ambassador to the public and communicate our identity visually.

- Physical Education Textbook 10 – 12 - *Active Healthy Living: Physical Education in Nova Scotia* is the province's first resource developed to directly support physical education. It addresses a range of topics including exercise science, personal fitness, the promotion of life-long physical activity and nutrition. The textbook and teacher manual are among a number of resources, grants and new curricula developed over the past year to support the new compulsory physical education graduation requirement. Students can choose from a range of physical education courses including Physical Education 10, Physically Active Living 11, Physical Education 11, Fitness Leadership 11 and Dance 11. Other courses under development include Yoga 11, Physical Education Leadership 12 and Exercise Science 12.
- Health Education Learning Outcomes Framework – Nova Scotia is revising the Health Education and Healthy Living learning outcomes framework from primary–9. The new curricula will highlight best practices for Health Education and comprise fewer outcomes than previously. The framework will be ready for consultation with teachers in May 2009.
- Healthy Mind, Healthy Body – *Healthy Mind, Healthy Body 4–6: Did You Know, Daddy, I feel Sad Sometimes* and *Healthy Mind, Healthy Body 7–9: I'm in Control* are mental health curriculum resources for each teacher of grades 4, 5 and 6. These resources are shaped by a vision that mental health will be a part of children and youths' concept of health and well-being, enabling and encouraging them to speak as openly about feelings and behaviours as they would about physical health and to speak freely about mental illness without shame. A pamphlet for parents, *Let's Talk about ... How the Teacher Helps Your Child Learn about Mental Health* has also been developed.
- Anaphylaxis – The Department of Education and its partners are working on a provincial standardization of an anaphylaxis prevention protocol for Nova Scotia schools, including education, documentation and training.

## Leadership

- Health Promoting School Showcase – The second annual Nova Scotia Health Promoting Schools Showcase was held in May 2009. The Showcase highlighted Regional HPS teams and their approach to supporting Nova Scotia schools incorporating healthy, active living into everyday school life.
- Health Promoting Schools Provincial Evaluation Implementation – An HPS Evaluation Implementation Committee will make recommendations to the Departments of Education and Health Promotion and Protection regarding the provincial evaluation of HPS. The committee will review the Provincial Evaluation Framework, prioritize outputs and impacts for measurement and develop an evaluation implementation plan.
- Food and Nutrition Policy for Nova Scotia Public Schools – The Food and Nutrition Policy has been implemented over a three-year period with the final implementation required by June 2009. We conducted our first round of monitoring in 2008 and additional monitoring is slated for 2010. The Departments of Education and Health Promotion and Protection are committed to the ongoing support of the policy through human and financial resources, such as annual core funding for policy implementation.

## Capacity Building

- Schools Plus – Schools Plus, a component of the *Our Kids Are Worth It: Strategy for Children and Youth* (2007), is a collaborative interagency approach to supporting the whole child and family. Schools become centres of service delivery by bringing professionals and programs together to help children, youth and families in a welcoming, accessible place. Schools Plus promotes the co-location of services within a school such as Community Services, Justice, Health Promotion and Protection, Mental Health, Addiction Services, Health and other community organizations.

Four school boards have Schools Plus pilot sites. Each board has a Schools Plus facilitator who is the liaison and link between the school and the community, navigating the system and breaking down the complexities of access to required services for students and families. Schools Plus is designed to support all children, youth and families, particularly those for whom additional supports and services are needed for their success.

- Positive Effective Behaviour Support (PEBS) – There has been considerable work with school boards over the past four years on the province-wide initiative, Positive Effective Behaviour Support (PEBS), to implement school-wide systems of behavioural supports for students. Research shows that implementing PEBS decreases office referrals and suspensions by approximately fifty percent in the first year and that this decrease continues with successful programs.

Nova Scotia's *Provincial School Code of Conduct* and the *School Code of Conduct Guidelines* outline the behaviour we expect of everyone in our school system. We have also developed an extensive teacher resource on meeting behavioural challenges. At least two people from every school have received a two-day introductory PEBS training session.

## Nunavut

One goal in the Government of Nunavut's mandate, as set out in *Pinasuaqtavut: 2004–2009*, is to build healthy communities, including the healthy development and well-being of children and youth. *Pinasuaqtavut* holds as a fundamental belief that the health of Nunavut depends on the health of each of its physical, social, economic and cultural communities. The values that guide the health community's goals are:

- People come first.
- People are responsible and accountable for their own well being.
- Building the capacity of communities will strengthen Nunavut.
- All levels of government working together will strengthen Nunavut, will provide for those who are not able to care for themselves, and will provide options and opportunities which build the strengths of individuals, families and communities.
- This year the highlights focus on building resilience for children and youth through programs during school hours and outside of school to encourage healthy lifestyles.



## Nunavut

School health planners in Nunavut are collaborating with colleagues by developing a framework to evaluate the ongoing Drop the Pop program, which is supported by a number of government and private-sector partners in Yukon, Nunavut and the Northwest Territories. Pop consumption tends to be high in the north, partly because healthier options like milk can be costly. But Drop the Pop is making a difference in turning that around. Stores involved are providing free fruit and milk coupons and many schools are organizing creative activities to support students to make healthier choices.



Students enjoy fresh fruit smoothies during the "Drop the Pop" program in Nunavut.

## Knowledge Development

- During the 2009 Teacher's Conference, the Kivalliq region teachers gained Yoga skills to provide the Building Resilience for Youth through a yoga program developed by the Department of Health and Social Services. Requests are coming in from more and more schools to have the program and partnering with education at the regional teacher's conference in Arviat made it cost effective. Two separate Yoga manuals were translated into Inuktitut; one is primarily for schools and the other is for community use.
- The Territorial 2008 Healthy Living postcard art contest was successful and from the hundreds of entries, three winners were selected and their art was made into postcards which were distributed to all the schools. Their work was also incorporated into the new Drop the Pop poster for the Nunavut 2009 Drop the Pop Challenge and is available in all communities and schools.
- The Nunavut Department of Health & Social Services funds a program to support pregnant teens and young mothers in three schools to teach healthy living skills for ages 13 – 21. In Iqaluit, the Suputiit program has up to 20 participants and a coordinator and elder organize daily special events with learning activities to help with life skills such as sewing and cooking. Invited guest speakers and public health staff present on many topics such as birth control, sexually transmitted infections and fetal alcohol syndrome disorder. They also play fun educational games. Program staff is available from 8:00 until 3:00 Monday to Friday.

## Leadership

- A tri-territorial partnership initiated by the Nunavut Department of Health & Social Services with the Northwest Territories and the Yukon developed an evaluation framework for the popular Drop the Pop campaign with all three jurisdictions. The new tools include a program logic model and three separate survey component for the schools, students and for parents. The next step is an implementation plan to carry out the formal evaluation.
- In March 2009 the first ever Hip Hop Leadership Summit took place in Pangnirtung with 27 youth leaders from 8 communities in Nunavut gathered together to learn new moves and to put on a show for the entire community at the end of the week while gaining new skills towards becoming community leaders to help sustain and develop their community Hip Hop programs.

## Capacity Building

- In the Building Smoking Reduction Small Grants Project, funded by Health and Social Services, communities applied for funding of up to \$1000.00 for an anti-tobacco event. Eleven communities across Nunavut took part and four schools were involved. Some of the school activities included dividing up students for a series of rotational presentations with visual aids. They created anti-smoking posters featuring community members with pictures and a testimonial of how they quit or why they never started smoking. Another school held a smoke-free games night with pizza and prizes promoting the idea of living smoke free. A four week contest was also held and students signed up and had meetings twice a week. For every day a student didn't smoke they completed a ballot and had a higher chance of winning the grand prize of a return plane ticket to Iqaluit for the annual Toonik Tyme Festival.

## Ontario

Since 2006, the Foundations for a Healthy School framework has guided school health initiatives. The framework provides many examples of healthy activities that schools can implement. Significant strides have been made to advance opportunities for healthy eating among Ontario students with the introduction of the Healthy Foods for Healthy Schools Act and the expansion of the Ontario Student Nutrition Program. Other key initiatives in 2008/09 include the Health and Physical Education curriculum review and the introduction of new Ontario Public Health Standards.

The Ministries of Education and Health Promotion continue to work together and with partners to address the health of children and youth through schools.

### Knowledge Development

- Health and Physical Education Curriculum Review – The Health and Physical Education curriculum, grades 1 – 12 is currently being revised as part of an ongoing cycle of curriculum review that ensures that the Ontario curriculum remains current, relevant and age appropriate. The curriculum review involves inter-jurisdictional research and consultation with educators, administrators, universities, colleges, parents, students, other ministries and other stakeholders. Building upon the strengths of the existing curriculum, the draft revised Health and Physical Education curriculum has a strengthened vision, more coherence of learning from grade 1 to 12, and highlights the application of living skills across the curriculum. There is a shift to more student-centred learning with a focus on building skills for living and promoting a healthy active life in an ever-changing global society.
- Ontario Public Health Standards – In November 2008, Ontario released the new Ontario Public Health Standards to direct the work of the provincial public health system. Comprehensive school health features in the standards, as the public health system is directed to work with schools in a comprehensive manner to address many topics related to child and youth health including: healthy eating, healthy weights, physical activity, comprehensive tobacco control, alcohol use, exposure to ultra-violet radiation, injury prevention, substance misuse, parenting preparation and dental health. Training to support the implementation of the standards was implemented in November 2008 and further supports are being planned including the development of a School Health Guidance Document.
- School Health Environment Survey – The School Health Environment Survey (SHES) was developed by the University of Waterloo and the Public Health Research, Education and Development (PHRED) Program in support of Ontario's Action Plan for Healthy Eating and Active Living (HEAL) to assess programs, activities, committees and guidelines that support healthy eating and physical activity in Ontario schools. The design and process are intended to contribute to local (school, school board) and public health unit planning and action. Following validation and testing, in the spring and early summer of 2008, the School Health Environment Survey was completed in 369 schools. An additional 73 non-respondent schools completed a telephone survey with a sub-set of the most critical items to inform the evaluation of Ontario's HEAL Action Plan. A final report was submitted to government in December 2008 with separate recommendations to inform future policy-making and program initiatives.



## Ontario

Student involvement has been key to the success of “Taking Steps” – an anti-bullying project at Alexander Mackenzie School in Sarnia, Ontario. Other partners include police, the school board and the local community health services department. By forming partnerships with outside agencies, particularly the Sarnia Police, the school strengthened the capacity of students and staff to take positive action. Student leaders planned, implemented and evaluated activities in cooperation with project staff, giving them a sense of ownership that has helped promote a safer, healthier learning environment.

## Leadership

- Healthy Food for Healthy Schools Act – Building on an overall plan to help develop healthier lifestyle habits in children and youth, the Ontario government introduced the *Healthy Food for Healthy Schools Act*. The Act addresses healthy eating in schools and provides the Minister of Education with the authority to develop comprehensive school nutrition standards.

As a first step under the Act, the Trans Fat Standards Regulation (O.Reg.200/08) came into effective on September 1, 2008. The Regulation prohibits food or beverages (or ingredients used in their preparation) that exceed specific trans fat levels from being sold in schools.

Ontario is also in the process of consulting with education and health stakeholders and the food industry on school nutrition standards to align with the Canada Food Guide. These standards will apply to food and beverages sold in school cafeterias, vending machines, tuck shops/canteens and other daily food services. For more information about the Healthy Food for Healthy Schools Act, the Trans Fat Regulation and nutrition standards for schools, please visit the Ministry of Education’s website at [www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools).

- After-School Strategy – The 2008 Ontario Budget committed the government to invest “\$10 million annually towards a childhood obesity strategy to encourage children to eat healthy and be physically active”. This led to the development of a Child and Youth Health and Wellness Strategy specifically identified for the after-school hours. The After-School strategy will be implemented in September 2009, targeting some of Ontario’s children of greatest need in priority communities.

## Capacity Building

- Student Nutrition Program – In 2008, Ontario announced an investment of an additional \$32 million in the student nutrition program over three years. Approximately 700 new breakfast programs will be created and 300 existing programs will be expanded in communities with the highest need. Nearly 400,000 students across the province are benefiting from more than 3,000 existing breakfast, lunch and snack programs supported by the Ontario government.
- Eating Well Looks Good on You – The ‘Eating Well Looks Good on You’ pilot project is designed to bring healthier food to school cafeterias in Ontario. David Rocco, a well-known chef on the Food Network, is helping to spread the word about the importance of healthy eating by bringing his expertise and fresh ideas to four Ontario high schools. The pilot project provides healthy recipes to schools using fresh, locally grown food. The students in grade 11 and 12 enrolled in the Specialist High Skills Major for Hospitality and Tourism use the recipes provided to prepare healthy meals to be served in their school cafeterias. Hands-on learning is a key component of the major. Recipes for the pilot project were developed in collaboration with David Rocco, Real Food for Real Kids and Foodland Ontario. These recipes are available on the Ministry of Education’s website at [www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools).
- Youth Gambling Awareness Program – Youth are a priority population of the Ontario Problem Gambling Prevention Program and two programs focus on programming for children and youth are delivered within schools by educating children and youth on the signs of problem gambling, ways to

avoid gambling problems and resources for help. In 2008 – 2009 the Youth Gambling Awareness Program operated by the YMCA of Ontario developed a new awareness session designed to meet curriculum expectations outlined by the Ministry of Education for ages 11 – 14. The Responsible Gambling Council implemented two awareness raising initiatives in high schools. These included 30 drama performances delivered from May – December and a yearly poster contest reaching secondary school students in 980 schools (138 French) throughout Ontario.

- High School Grants – Recipients of Smoke-Free Ontario High School Grants to support student-initiated tobacco-control projects in Ontario were encouraged to apply for the provincial Healthy Schools Recognition Program, which is a result of the expansion of their scope of service to address additional health topics (e.g., Physical Activity and Nutrition) using an integrated approach. This speaks to provincial efforts to help schools make connections to comprehensive school health by addressing not only isolated health topics but additional health topics as appropriate. We want to help schools keep building on the good work they're doing to promote health!

## Prince Edward Island

On Prince Edward Island, the Department of Education and Early Childhood Development, the Department of Health, the University of Prince Edward Island, school boards, schools, provincial alliances, community organizations and community volunteers alike have been working together to support the health and well-being of Island students. Over the past few years, collaborative efforts have resulted in a wide variety of new and strengthened comprehensive school health supports. Below, are but a few examples of the positive developments from the past year.

### Knowledge Development

- Implemented, in partnership with the University of Prince Edward Island, the School Health Action Planning and Evaluation System (SHAPES). The SHAPES survey collected information from students in grades 5 – 12 regarding their knowledge, attitudes and behaviours related to healthy eating, physical activity, tobacco use and mental fitness. Schools received two individual feedback reports specific to student-level survey results and an analysis of the programs, policies and supports in place at the school-level. Aggregated data was also used to produce both school board and provincial feedback reports. Annual funding from the Department of Education and Early Childhood Development will be utilized to support biannual data collection and to develop school health programs and supports in response to the data collected.
- Developed and implemented a new health curriculum for grades 4 – 6 which focuses on wellness, relationship and life-learning choices. This curriculum was developed by the Department of Education and Early Childhood Development in consultation with a variety of key stakeholders. In response to the challenge of finding Canadian health resources for the new curriculum, the Department worked with a publisher to customize the *Health and Wellness* text to create a new Canadian edition. This resource is now available for other provinces or territories to consider as a resource. The grade 4 – 6 health curriculum completes the implementation of the new health curriculum for grades 1 – 9.





- Investigated the needs of elementary/consolidated schools in regards to school nutrition policy implementation and adherence. The PEI Healthy Eating Alliance, funded by the Department of Health and the Department of Education and Early Childhood Development, held network meetings with schools to identify policy implementation needs and to develop resources to meet these needs. The PEI Healthy Eating Alliance also worked with school boards to amend the existing policy to require foods sold or served in all schools to meet established criteria for sugar, fat, sodium and other contents. This policy also guides the foods served in school cafeterias and vending machines within intermediate and senior high schools. This draft policy (grades 1 to 12) is expected to be fully implemented by all school boards by the fall of 2009.

## Leadership

- Established a partnership between the Department of Education and Early Childhood Development and the Department of Health to align complementary funding agreements to the PEI Healthy Eating Alliance. This partnership helped to coordinate a variety of school supports regarding the implementation of school nutrition policies in the provision of a variety of school food programs (breakfast/snack). The departments, school boards and schools continue to support school nutrition policies and the promotion of healthy eating to students and families through curriculum, school food programs, community partnerships and support to individual schools.
- Established an Education Subgroup as part of the P.E.I. Youth Substance Use and Addictions Strategy. In partnership with Department of Education and Early Childhood Development, Department of Health and school board representatives, this committee is exploring school curriculum, policy and program components related to substance use prevention and education. The grade 1 – 9 health curriculum is a key component in providing consistent substance use prevention and education. *Leaps and Bounds*, an Alberta Alcohol and Drug Abuse Commission (AADAC) resource, was adapted as a learning resource for the new grade 4 – 6 health curriculum. This resource encourages children to make sound, informed decisions about drug and alcohol use and gambling. Students examine media and peer influences, stress management, refusal strategies and the significance of supportive relationships, positive role models and healthy self esteem.

## Capacity Building

- Initiated a Provincial School Health Network through a partnership between the Department of Education and Early Childhood Development, the University of Prince Edward Island and a variety of key stakeholders and partners. This committee will support increased linkages between research, policy and programming to enhance healthy schools and support healthy school communities. This committee will enhance school health efforts through coordination, information sharing, support for policy and program development, identification of strengths and gaps and the encouragement of partnerships.
- Committed annual funding to support the expansion of school breakfast programs through a partnership between the Department of Education and Early Childhood Development and the P.E.I. Healthy Eating Alliance. School food programs (breakfast/snack) are but one component of a strong school nutrition policy. This funding provides not only an opportunity to expand the number of school food programs offered but it also helps to provide support

and resources to schools regarding school nutrition policy implementation. This initiative has raised the awareness of the needs experienced by some students, increased the number of programs available, helped to meet some of the nutrition needs of students and encouraged good nutrition habits which positively impacts academic achievement.

## Saskatchewan

In Saskatchewan the Ministries of Health and Education, along with other provincial ministries and organizations, work together to promote the health and well-being of children and youth. Priority health areas for Saskatchewan include promoting healthy school food policies, increasing physical activity, promoting mental well-being, advancing substance abuse prevention strategies, reducing substance use (including tobacco control) and collaborating on efforts to reduce overlapping of strategies. Below are a few examples of the healthy developments from the past year.

### Knowledge Development

- The Ministry of Education is pleased to provide the links to the renewed Middle Level Health Education and the Middle Level Physical Education curricula. The renewed curricula require a deeper understanding of skills, issues, confidences, challenges and opportunities related to overall health and well-being. Please see [www.education.gov.sk.ca/health-ed-curricula](http://www.education.gov.sk.ca/health-ed-curricula) and [www.education.gov.sk.ca/pe-curricula](http://www.education.gov.sk.ca/pe-curricula).
- The Ministry of Education, in collaboration with the Ministries of Health, Social Services and other stakeholders is working to develop a comprehensive school health policy framework to address healthy school food policies. A draft of the framework has been vetted by all school divisions and a renewed version will be shared with school divisions this spring.
- The Ministry of Health worked with public health nutritionists in Saskatchewan health regions to develop *Healthy Foods for My School*. This resource includes criteria for selecting healthier packaged foods and is available at [www.health.gov.sk.ca/healthy-foods-for-my-school](http://www.health.gov.sk.ca/healthy-foods-for-my-school).

### Leadership

- Ministry of Education officials have joined with representatives from other ministries, including the Ministries of Health and Tourism, Parks, Culture, and Sport, to form a Provincial Advisory Group on Physical Activity. This group is discussing the possibilities for a comprehensive strategic plan that will support the Ministry in working with school boards towards the goal of ensuring that children and youth engage in daily, vigorous physical activity.

### Capacity Building

- Curriculum consultants facilitated four two-day curriculum workshops for all school divisions in the province. Central office personnel participated in learning about the “Big Picture” within curriculum renewal, recognizing implications for each subject area, asking specific questions about curriculum, teaching and learning, as well as identifying key messages to share with their teachers.

## Saskatchewan

In Saskatchewan, the Prince Albert Parkland Health Region plays a role in the School Health Promotion Team, in partnership with school boards and a range of community partners. The team includes administrators, community school coordinators, teachers, public health and dental health professionals, members of the city recreation department and specialists in mental health, addictions and nutrition. Students are also invited to participate where feasible. In addition to building partnerships and leading health promotion initiatives, the team provides resources such as a staff wellness newsletter.



- Two *40 Developmental Assets* Training of Trainers Workshops were held in the province for health regions and their intersectoral partners. The *40 Developmental Assets* is an approach to child and youth engagement – and when present, increase children’s and youth’s chances at experiencing healthy social, physical and mental development. The sessions led to numerous regions actively engaging their partners in working towards incorporating the *40 Developmental Assets* as a part of everyday interactions with children and youth.
- Drug strategies have been formed in several regions throughout the province with intersectoral representation from various governmental levels and community organizations. This past year these strategies made significant progress in addressing the issues that exist around alcohol and drug related harms, addictions and preventions. A province-wide workshop was held to discuss challenges and successes of the strategies and to engage other organizations in addressing alcohol and drug related issues.

## Yukon

The Department of Education and the Department of Health and Social Services work with educators, health professionals, non-governmental organizations and school councils to coordinate a range of health promotion activities for Yukon students and schools. This past year we had the opportunity to host the first ever Pan-Territorial Symposium on Health and Learning in the North on behalf of the Canadian Council. This forum allowed colleagues across the North to share expertise and experiences unique to small, remote communities. Other achievements for 2008/09 include:

### Knowledge Development

- The Health Promotion Unit supported the annual *Drop the Pop - Re-Think Your Drink* annual challenge. A Drop the Pop Toolbox on sugar content of drink choices was created and distributed for use in schools and classrooms. This resource includes activity ideas and the materials necessary for a comprehensive bulletin display.
- *Smoke Screening* is a pan-territorial media awareness and evaluation classroom activity for Grades 5 – 12. Students view 12 of the best tobacco education television ads from around the world and vote on the one they feel is the most effective. The winning ad is announced on World No Tobacco Day, May 31. This program has been running for the past six years.
- The Health Promotion Unit provides classroom presentations throughout the Yukon to develop student knowledge and awareness of tobacco and its dangers.
- Critters is a Health and Social Services initiative that teaches children from Kindergarten to grade 5 the importance of sneezing or coughing into their elbow or into a tissue and washing their hands to prevent the spread of colds and flus. It features characters developed by Yukon artist Chris Caldwell and a number of age-appropriate teaching tools such as fortune tellers, puzzles and activity books, as well as individual tissue packs, soaps and magnets that feature the main characters in the campaign. The campaign went to all schools throughout the territory and was translated and launched in French classrooms as well.

## Leadership

- The Health Promotion and Communication Units of the Department of Health and Social Services collaborated to distribute materials to promote healthier food and drink choices for athletes at the Polar Games. This initiative provided all grade 5 and 6 students with information on healthy eating for sports and healthy snacks. As well, this initiative supported school concession stands to include healthy snacks and beverages, along with their regular fare, to sell or give away at the event. An evaluation of the Polar Games initiative through a survey distributed to all participants of the games has been conducted and analyzed. The evaluation will inform the approach to offering nutrition information at similar events in future years.
- The Yukon School Health Advisory Committee (YSHAC), made up of members from the Health Promotion Unit, Department of Education, Recreation and Parks Association of Yukon and others, hosted the Northern Health and Learning Symposium, a pan-territorial gathering of health providers, educators and others involved in health promotion from all across the North. The Symposium, which was funded by the Health and Learning Knowledge Centre of the Canadian Council on Learning, was held in Whitehorse in September 2008 and was a great success in terms of sharing school health information and experience in the North.



## Capacity Development

- The Health Promotion Unit developed and distributed *Good Nutrition = Good Learning*, a written resource for parents of school-aged children. This resource supports parent's efforts to provide healthy breakfasts, lunches and snacks for children attending school.
- The Recreation and Parks Association (RPAY) has many programs and supports many activities to foster active schools. Using the Action Schools BC framework, RPAY offers student leadership development, revitalizing playground games and support for teachers and students alike. RPAY works with multiple stakeholders to enhance physical activity in Yukon schools. RPAY accomplishes this through unique programming such as ice sculpting, school orienteering challenges and working with the Yukon School Athletic Association to fill gaps in Yukon schools' physical education programs.

## Federal Government

### Knowledge Development

- Supported the development and release of the *WHO School Policy Framework: Implementation of the WHO Global Strategy on Diet, Physical Activity and Health*. The Framework is a guide for policy-makers at the national and sub-national levels in the development and implementation of policies that promote healthy eating and physical activity in the school setting through changes in environment, behaviour and education.
- Funded and co-hosted a special meeting for representatives of the provincial and territorial ministries of health and education, the JCSH Secretariat,

Queen's University, Health Canada and the Public Health Agency of Canada for the development of the Health Behaviour in School-Aged Children survey questionnaire for the upcoming cycle in 2009/10.

- Supported and collaborated with the Canadian Society for Exercise Physiology (CSEP) to undertake a scientific review of Canadian physical activity guidelines (children, youth, adults and older adults), including an International Consensus Conference in January 2009.
- Coordinated and supported the ongoing Canadian Physical Activity Levels Among Youth (CANPLAY) Survey, a major national survey to examine physical activity levels of children and youth. CAN PLAY is the first nation-wide study of its kind, providing an objective means of studying physical activity patterns of Canada's young people.
- Developed and submitted an article for publication in the April 2009 edition of the Canadian Teacher's Federation Health and Learning magazine. The article, entitled *Child Maltreatment - What Schools Should Know*, provides an overview of child maltreatment, outlines the role for school personnel and provides advice for those who suspect or are aware of maltreatment of their student(s).
- Built and shared practical knowledge on promising and model prevention programs and policies to prevent crime. Produced a report on school-based drug prevention and provided training to partners about effective prevention strategies.
- Released a 2008 edition of the *Canadian Guidelines for Sexual Health Education*. The revisions were done in consultation with sexual health experts from across Canada and the Joint Consortium for School Health Working Group on Sexual Health. This document is an important resource for educators, health professionals, curriculum and program planners, policymakers and others engaged in sexual health education and promotion in and out of school settings.
- Revised and released a pamphlet for youth, ages 12 – 18 years entitled *STI: Sexually Transmitted Infections*. This is an educational resource that provides information on sexually transmitted infections and sexual health issues.
- Supported the development of a series of questions and answers (Qs and As) on a variety of subjects, including sexual orientation and sexual diversity, in collaboration with the JCSH Working Group on Sexual Health. These resources are intended for educators, school administrators, public health professionals, parents and other working with youth in school to assist in the creation of supportive and healthy environments for youth struggling with issues of gender and sexual identity.
- *The Indigenous Children's Health Report: Health Assessment in Action* was released by the Centre for Research on Inner City Health (University of Toronto) in March 2009, with funding support from the First Nations and Inuit Health Branch, Health Canada. The focus of the report is First Nations, Inuit and Métis children's health status and assessment in Canada, from ages birth to twelve years. There are also chapters on Indigenous children's health status and assessment for Australia, New Zealand and the United States. The report includes information describing what is known about the health of Indigenous children, as well as best practices on how health assessment information can be applied to improve Indigenous children's health.



maximize their investments in healthy living and to address challenges in a coordinated manner.

- In Canada's Economic Action Plan, the Federal Government also allocated \$500 million over two years to support construction of new recreational facilities across Canada – including hockey arenas, soccer fields and tennis and basketball courts – which will help promote physical fitness among young people.
- Provided funding to the following organizations under the national stream of the Healthy Living Fund – the Physical Activity and Healthy Eating Contribution Program:
  - The Canadian Parks and Recreation Association – to implement the project, Everybody Gets to Play. It will create accessible recreation opportunities for children and youth living in low-income families and further address the healthy eating and physical activity needs of Aboriginals.
  - Active Healthy Kids Canada – to support Canada's Physical Activity Report Card for Children and Youth. The project will provide a comprehensive measurement of how Canada is delivering on its responsibility to provide physical activity opportunities for children and youth and increase awareness and common understanding of the issue of physical inactivity.
  - The Boys and Girls Club of Canada – to develop and pilot a healthy lifestyle program module, Get B.U.S.Y. The project will increase the capacity of member clubs, partners and other organizations to lead physical activity and healthy eating programs that engage at-risk children and youth. It will also support the development of youth as role models and leaders of physical activity and healthy eating.
  - The Active Living Alliance for Canadians with a Disability – Physical Activity and Healthy Eating: A Project for Children and Youth is a project that will help to ensure that teachers, coaches, community leaders and associations are equipped with the necessary knowledge, training, resources and support to include children and youth with disabilities in their physical education and recreation programs.
  - Physical & Health Education Canada – to implement the Weight of the World Challenge. This project will provide a comprehensive educational toolkit to educate Canadian youth about the importance of healthy eating and physical activity in an interesting and challenging way.
  - Green Communities Canada – for the Canadian School Travel Planning pilot project. The project will create a comprehensive Canadian school travel plan reflective of regional differences that will help increase the number of children and youth walking and cycling to school, improve personal security and traffic safety, and aid in improving air quality.
- Funded collaborative school-based projects and interventions among at-risk children and youth through the National Crime Prevention Centre (NCPC).

- Provided \$152 million in annual funding to support participation and excellence in sport from playground to the podium. This included sport participation projects and activities in schools, mainly through bilateral agreements with provinces and territories and contributions to national sport organizations, such as:
  - Sport Participation for Children and Youth in Nova Scotia initiative in which school boards, schools and teachers work together to offer students organized, safe programs focussing on physical literacy and active for life concepts; and
  - 2008 North American Indigenous Games (NAIG) in Cowichan, British Columbia, in which more than 3,200 Aboriginal youth athletes from across Canada competed.

## Moving Forward

With comprehensive school health initiatives underway and jurisdictions building their capacity for collaboration, the Joint Consortium is planning for a second five-year mandate. Since its inception in 2005, much of the Consortium's work has focused on foundation building. Now, with the prospect of a second mandate, it has the opportunity to refine its terms of reference to improve its effectiveness and further advance the comprehensive school health agenda.

As this annual report goes to print, the Consortium is finalizing details of its proposed new mandate. A number of changes are suggested to provide greater clarity regarding roles and responsibilities, improve accountability and create new opportunities for people at all levels to support cross-sector collaboration.

With renewed support from its founding governments, the Joint Consortium will be well positioned to advance the comprehensive school health movement in Canada – and to position our nation as a leader in supporting the health and education of children and youth and building the healthiest society possible.

# Appendix A: Terms of Reference

## Pan-Canadian Joint Consortium for School Health

### Terms of Reference

#### 1.0 Purpose

The establishment of the Pan-Canadian Joint Consortium for School Health (JCSH) is endorsed 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 Consortium 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 will enhance the capacity of provincial/territorial public education and health systems to work together to promote the healthy development of children and youth through the school setting.

The work of the Consortium will be guided by principles of:

- integration
- partnership
- coordination
- cooperation
- open communication
- effective practices
- recognition that more can be accomplished by partners working together at the interface of health and education than by any one sector alone

#### 2.0 Mandate

The Consortium will serve as a catalyst to strengthen cooperation and capacity among Consortium members to better accomplish mutual goals and support shared mandates pertaining to the promotion of the health of children and youth in the school setting.

The Consortium will develop tools to assist members in the development of programs, policies and practices that improve the overall health of young people and address specific issues and risk factors, for example, nutrition/healthy eating, social behaviours (drugs, bullying and positive social development), physical activity, Aboriginal students, immunization, emergency response and public health roles in schools.

### **3.0 Membership**

Membership will be comprised of:

- Ministry of Health (Ministry of Health Promotion, Ministry of Wellness or other related Ministries) or Ministry of Education Deputy Ministers or designates from Canadian provinces and territories;
- Deputy Minister or a designate of the Public Health Agency of Canada.

Each jurisdiction shall have a minimum of one representative on the Deputy Ministers' Committee and a minimum one representative on the Management Committee from health or education, but preferably not both from the same sector.

Each provincial/territorial health and education member jurisdiction shall jointly name a minimum of one school health coordinator (SHC) and agree to a mutual approach to school health. The School Health Coordinator's Committee (SHCC) will work with the Secretariat in support of the Consortium's priorities and provide advice and expertise as required. The Public Health Agency of Canada shall name a SHC to the SHC Committee.

Given the responsibility for First Nations education on reserves, Indian and Northern Affairs Canada (INAC) will participate as an observer, providing its input through the Public Health Agency of Canada.

Payment as outlined in the cost-sharing arrangement below shall be a condition of membership. Membership will be from April 1 to March 31 in each year of the Agreement, commencing April 1, 2005. Members agree to submit fiscal payment by July 1 in each year of membership.

Funding is committed for five years commencing April 1, 2005.

Membership withdrawal requires written notification to the Consortium.

### **4.0 Operating Plan**

The Secretariat Executive Director, in conjunction with the Lead Province, will develop an annual operating plan for consideration by the Management Committee, defining the Consortium's work priorities. Work priorities must be attainable within the Consortium's existing resources and budget.

### **5.0 Review and Evaluation**

An evaluation of the Consortium to determine whether this initiative is meeting its objectives will commence no later than April 1, 2008. The first phase of this work will include the development of a logic model and corresponding evaluation plan.

The implementation of the evaluation plan will commence no later than October 1, 2009.

### **6.0 Reporting**

The Consortium is accountable to its members, to the Council of Ministers of Education, Canada, Ministers of Health and to the respective Deputy Ministers of Health and Education. The Joint Consortium shall provide an annual report and financial statements each fiscal year, on or before July 31.

## 7.0 Governance

The Deputy Ministers' Committee will receive and review annual reporting by the Consortium and provide stewardship.

The Management Committee will be the primary operational decision making authority for the Consortium, including providing direction and advice.

The Deputy Ministers' Committee shall be comprised of one representative from each member jurisdiction in the Consortium. This may be a Deputy Minister or a designate.

One representative from either health or education shall be chosen by member jurisdictions to serve on the Management Committee, selected from the sector not represented by the official sitting on the Deputy Ministers' Committee.

Representatives on the Management Committee may be Deputy Ministers, Assistant Deputy Ministers or other delegated government officials.

## 8.0 Meetings

The Deputy Ministers' Committee will receive and review the Consortium's annual report and work priorities plan but is not required to meet. This may be a paper process.

The Management Committee will meet bi-monthly by teleconference and face to face two times each year.

The School Health Coordinators' Committee will meet monthly by teleconference and face to face three times per year.

## 9.0 Chairs

The Management Committee will be chaired by the Lead Province representative.

The School Health Coordinators' Committee will be co-chaired by two representatives selected by consensus by the committee, one of which shall be from the Lead Province.

## 10.0 Decision Making

Decision making will be reached through consensus whenever possible. Where not possible, a majority of the Management Committee present shall decide.

Each member of the Management (one vote per jurisdiction) will have an equal vote.

A minimum of fifty percent of the Management Committee is required to constitute a quorum for meetings.

## 11.0 Committees

- A. Management Committee: This committee, in conjunction with the Lead Province, is responsible for:
- overseeing the financial and administrative matters of the Consortium;
  - providing leadership and guidance to the Secretariat, including setting of directions and priorities.

Management Committee travel expenses will be covered by individual jurisdictions.

- B. School Health Coordinators' Committee: This committee will work closely with the Secretariat, providing input and advice into Consortium work priorities and will serve as a forum for information exchange with regard to effective mechanisms to support coordination and alignment between health and education sectors in the promotion of health through the school setting. This committee will provide a regular report to the Management Committee and one of the Committee Co-Chairs will participate in Management Committee meetings.
- C. Select Working Groups: The Management Committee may create limited working groups to carry out activities. These may be led by any jurisdiction. Costs associated with such work groups will require Management Committee approval.

Select working groups may seek outside sources of funding or work in cooperation with other organizations to meet their goals, in consultation with the Management Committee.

## 12.0 Operation

The coordinating, management and administrative activities of the Consortium will be carried out by a small Secretariat led by an Executive Director.

The Lead Province will host the Secretariat and hire, supervise and evaluate the performance of the Executive Director. The Management Committee will participate in the hiring and evaluation of the Secretariat's Executive Director. The Secretariat Executive Director is responsible for hiring, supervising and evaluating Secretariat staff. The Secretariat's responsibilities will be shaped by the annual budget and operating plan.

The selection of the Lead Province will be by consensus and will rotate amongst the member jurisdictions each 3–5 years. This timeframe will be reviewed annually.

## 13.0 Budget

The Budget will be developed by the Secretariat Executive Director in consultation with the Lead Province and will be presented for approval by the Consortium Management Committee.

## Membership Cost-Sharing Arrangement

The cost of the national Secretariat will be shared among the federal and the provincial/territorial jurisdictions. The Public Health Agency of Canada will contribute \$250,000 and the provinces and territories will contribute \$250,000 annually. Funds are committed for three years commencing September 15, 2007.

The table represents an estimated participation of the jurisdictions at its founding meeting. Should any jurisdiction decide not to participate, contributions may need to be adjusted by the Management Committee as part of the approval of the budget each year.

## Core Revenues

Proportional breakdown of the provincial/territory contribution:

Province / Territory	Total Population	P/T Share
British Columbia	4,146,580	42,939
Alberta	3,153,723	32,657
Saskatchewan	994,843	10,302
Manitoba	1,162,776	12,041
Ontario	12,238,300	126,730
New Brunswick	750,594	7,773
Prince Edward Island	137,781	1,427
Nova Scotia	936,025	9,693
Newfoundland and Labrador	519,570	5,380
Yukon	31,060	322
Northwest Territories	41,872	434
Nunavut	29,384	304
12 P/Ts without Quebec	24,142,508	\$250,000
Public Health Agency of Canada		\$250,000
	<b>TOTAL REVENUES</b>	<b>\$500,000</b>

# Appendix B:

## Joint Consortium for School Health Financial Statement

2008 - 2009

### Revenue

Membership fees .....	500,000.00
External funding.....	39,860.00
Other revenue .....	250,160.03
	<hr/>
Total	\$ 790,020.03

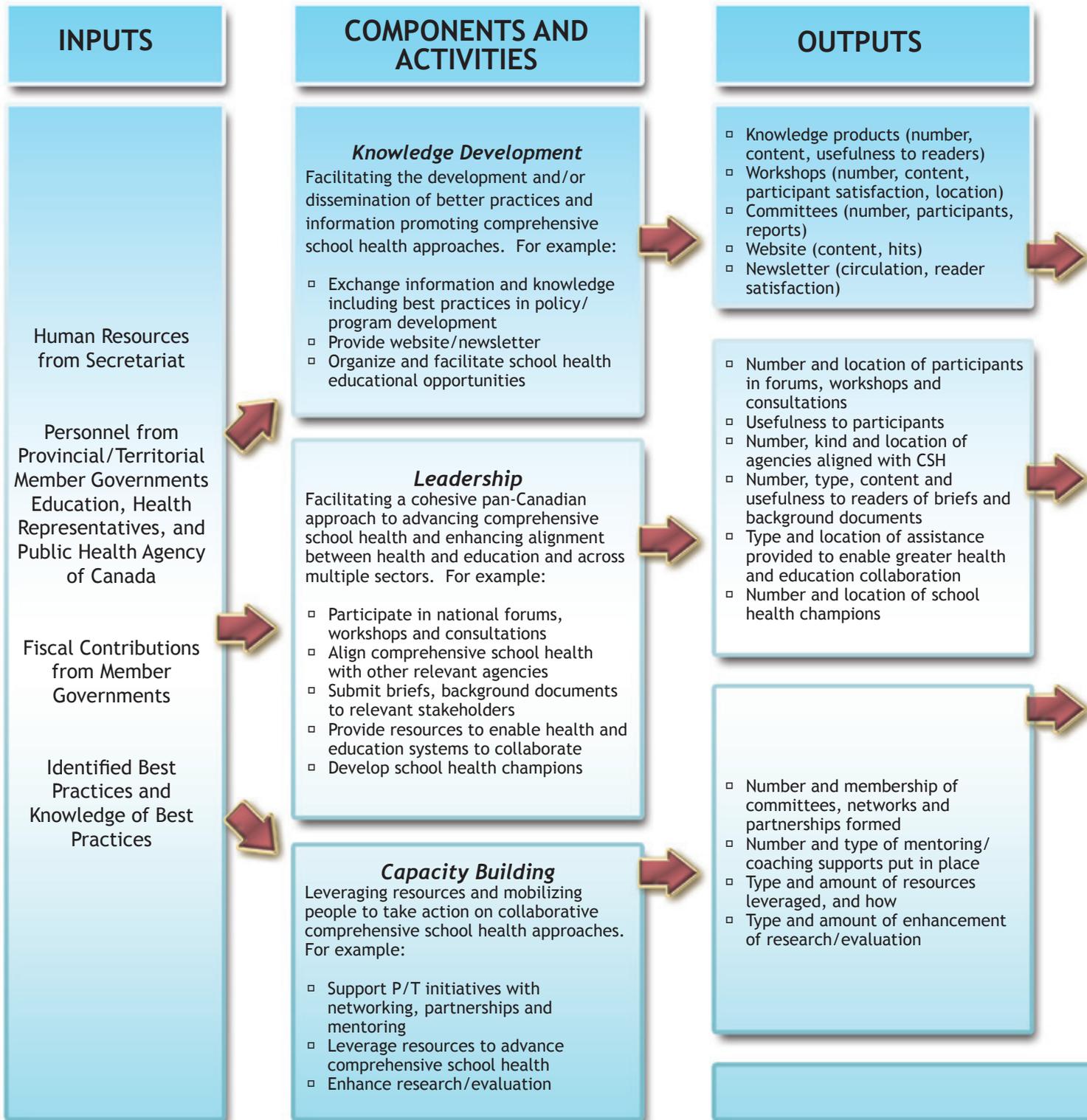
### Expenses

Knowledge Development .....	42,553.61
Leadership.....	32,134.74
Capacity Building.....	286,127.29
Governance and Operation .....	343,056.78
	<hr/>
Total	\$ 703,872.42

<b>Net income</b> .....	<hr/>
	\$ 86,147.61

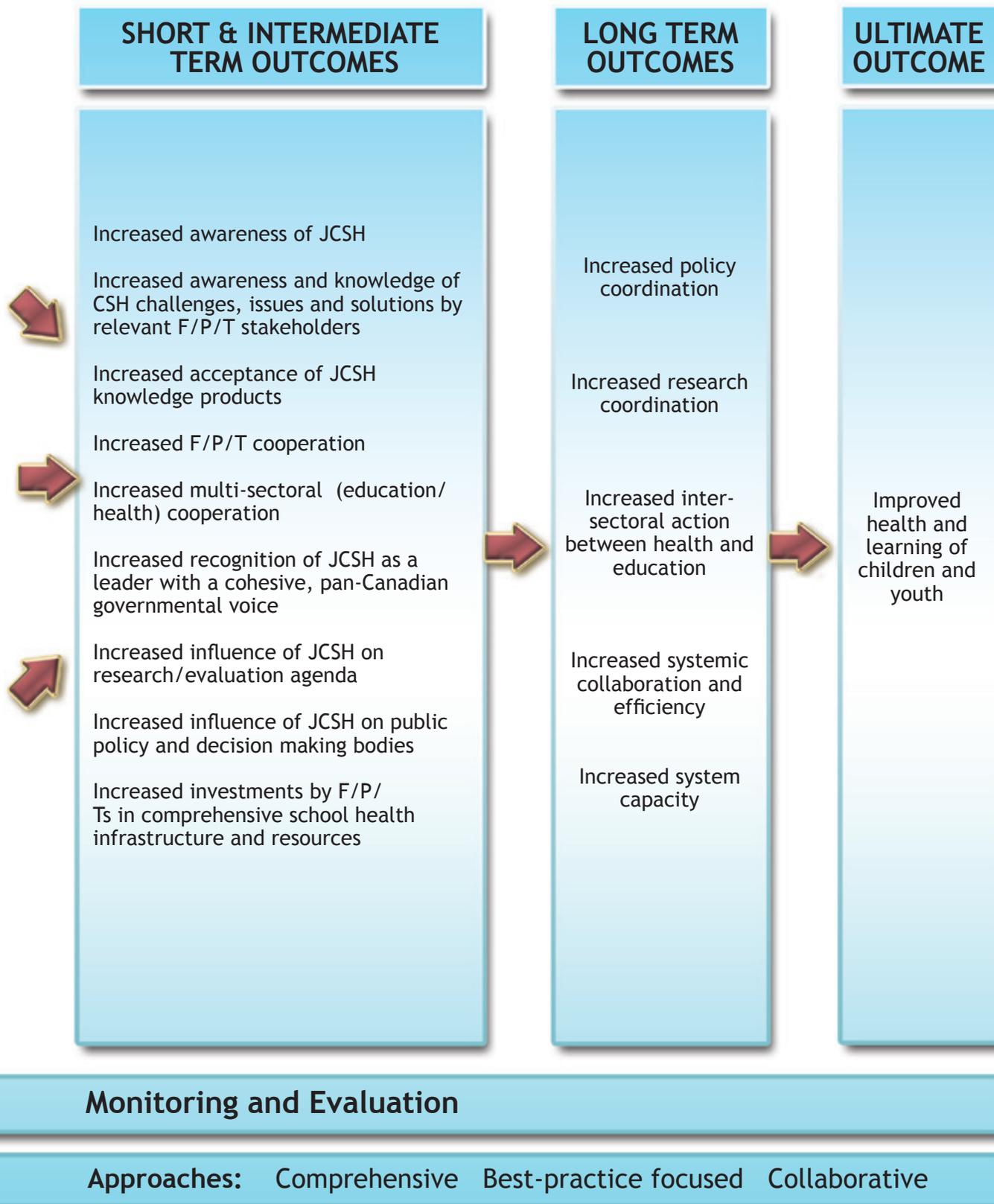
# Appendix C Long Term Strategic Framework:

## LOGIC MODEL



**Vision:** Canadian children and youth experience optimal health and learning

**Mission:** To provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.



# Appendix D Member Contact Information and Web Links

## Alberta:

### School Health Coordinator:

Gail Diachuk  
School Health and Wellness Manager  
Program Development and Standards  
Division  
8th Floor, 44 Capital Boulevard  
10044-108 Street  
Edmonton, AB T5J 5E6  
Tel: 780-644-5274  
Fax: 780-422-9735  
[gail.diachuk@gov.ab.ca](mailto:gail.diachuk@gov.ab.ca)

### School Health Links:

[www.healthyalberta.com/HealthyPlaces/282.htm](http://www.healthyalberta.com/HealthyPlaces/282.htm)  
[www.education.alberta.ca/teachers/program/health.aspx](http://www.education.alberta.ca/teachers/program/health.aspx)

## British Columbia: (Lead Province)

### School Health Coordinator:

vacant  
Director, Healthy Schools  
Ministry of Education / Ministry of  
Healthy Living and Sport  
PO Box 9161, Stn Prov Govt  
Victoria, BC V8W 9H3  
Tel: 250-356-6057  
Fax: 250-387-1008  
[www.Healthy.Schools@gov.bc.ca](http://www.Healthy.Schools@gov.bc.ca)

### School Health Link:

[www.bced.gov.bc.ca/health/hsnetwork](http://www.bced.gov.bc.ca/health/hsnetwork)

## Manitoba:

### School Health Coordinators:

Andrea Lamboo Miln  
Healthy Schools Consultant  
Manitoba Health and Healthy Living  
2076 – 300 Carlton Ave  
Winnipeg MB R3B 3M9  
Tel: 204-788-6620  
Fax: 204-948-2366  
[Andrea.Lamboo-Miln@gov.mb.ca](mailto:Andrea.Lamboo-Miln@gov.mb.ca)

Paul Paquin  
Curriculum Consultant  
Manitoba Education, Citizenship &  
Youth  
509-1181 Portage Avenue  
Winnipeg, Manitoba R3G 0T3  
Tel: 204-945-3529  
Fax: 204-945-1625  
[Paul.Paquin@gov.mb.ca](mailto:Paul.Paquin@gov.mb.ca)

### School Health Links:

[www.gov.mb.ca/healthyschools/index.html](http://www.gov.mb.ca/healthyschools/index.html)  
[www.edu.gov.mb.ca/k12/cur/physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)

## New Brunswick

### School Health Coordinator:

Marlien McKay  
Manager, Wellness  
New Brunswick Dept Wellness, Culture  
and Sport  
Place 2000, 250 King Steet  
Fredericton, NB E3B 5H1  
Tel: 506-444-4633 Tel: 506-453-2280  
Fax: 506-453-8702  
[marlien.mckay@gnb.ca](mailto:marlien.mckay@gnb.ca)

### School Health Links:

[www.gnb.ca/0131/wellness\\_Sch-e.asp](http://www.gnb.ca/0131/wellness_Sch-e.asp)

## Newfoundland and Labrador

### School Health Coordinators:

Carol Ann Cotter  
Wellness Consultant  
Health Promotion and Wellness Division  
Dept. of Health & Community Services  
PO Box 8700  
St. John's, NL A1B 4J6  
Tel: 709-729-3939  
Fax: 709-729-5824  
[carolanncotter@gov.nl.ca](mailto:carolanncotter@gov.nl.ca)

Robert Leaman  
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Tel: 709-729-5946  
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Ellen Coady  
Program Development Specialist for  
Health, Family Studies and Home  
Economics  
Department of Education  
PO Box 8700  
St John's, NL A1B 4J6  
Tel: 709-729-6051  
Fax: 709-729-6619  
[ellencoady@gov.nl.ca](mailto:ellencoady@gov.nl.ca)

### School Health Links:

[www.gohealthy.ca](http://www.gohealthy.ca)  
[www.livinghealthyschools.com](http://www.livinghealthyschools.com)

## Northwest Territories

### School Health Coordinator:

Elaine Stewart  
Coordinator, Early Childhood and  
School Services  
Education, Culture and Employment  
Government of the Northwest Territories  
4501-50th Ave, Box 1320  
Yellowknife, NWT X1A 2L9  
Tel: 867-873-7676  
Fax: 867-873-0109  
[Elaine\\_Stewart@gov.nt.ca](mailto:Elaine_Stewart@gov.nt.ca)  
[Elaine\\_Stewart@learnnet.nt.ca](mailto:Elaine_Stewart@learnnet.nt.ca)

### School Health Link:

[www.ece.gov.nt.ca/Divisions/kindergarten\\_g12/indexK12.htm](http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/indexK12.htm)

## Nova Scotia

### School Health Coordinator:

Dwayne Provo  
Department of Education and  
Department of Health Promotion and  
Protection  
School Health Coordinator  
P.O. Box 578, 2021 Brunswick Street  
Halifax, NS B3J 2S9  
Tel: 902 424-6153  
Fax: 902 424-0820  
[provoda@gov.ns.ca](mailto:provoda@gov.ns.ca)

### School Health Link:

[www.ednet.ns.ca](http://www.ednet.ns.ca)

## Nunavut

### School Health Coordinator:

Carol Gregson  
Health Promotion Specialist  
Department of Health & Social Services  
Box 1000, Station 1000  
Iqaluit, Nunavut X0A 0H0  
Tel: 867-975-5746  
Fax: 867-979-8648  
[cgregson@gov.nu.ca](mailto:cgregson@gov.nu.ca)

### School Health Links:

[www.gov.nu.ca/education/eng/css/progstudies7\\_12.htm](http://www.gov.nu.ca/education/eng/css/progstudies7_12.htm)

## Ontario

### School Health Coordinator:

Sarah Lambert  
School Health Coordinator  
Chronic Disease Prevention and Health  
Promotion Branch  
Ministry of Health Promotion  
393 University Avenue, 21st Floor  
Toronto, ON M5G 1E6  
Tel: 416-314-5494  
Fax: 416-314-5497  
[sarah.lambert@ontario.ca](mailto:sarah.lambert@ontario.ca)

### School Health Links:

[www.opha.on.ca/ohsc/healthyschools](http://www.opha.on.ca/ohsc/healthyschools)  
[www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html)  
[www.edu.gov.on.ca/eng/curriculum/secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html)

## Prince Edward Island

### School Health Coordinator:

Sterling Carruthers  
School Health Specialist  
P.E.I. Department of Education and  
Early Childhood Development  
P.O. Box 2000  
Charlottetown, PEI C1A 7N8  
Tel: 902-368-4682  
Fax: 902-368-4622  
[sdccarruthers@edu.pe.ca](mailto:sdccarruthers@edu.pe.ca)

### School Health Link:

[www.gov.pe.ca/educ/](http://www.gov.pe.ca/educ/)

## Saskatchewan

### School Health Coordinators:

Kyla Christiansen  
Health Education Consultant  
Ministry of Education  
2220 College Avenue  
Regina, SK S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2273  
[Kyla.christiansen@gov.sk.ca](mailto:Kyla.christiansen@gov.sk.ca)

Flo Woods  
Population Health Promotion  
Consultant  
Health Promotion Branch  
Ministry of Health  
3475 Albert Street  
Regina, SK S4S 6X6  
phone: (306) 787-2750  
fax: (306) 787-3823  
[Flo.Woods@health.gov.sk.ca](mailto:Flo.Woods@health.gov.sk.ca)

### School Health Links:

[www.education.gov.sk.ca/health-ed](http://www.education.gov.sk.ca/health-ed)  
[www.education.gov.sk.ca/Bullying-Prevention](http://www.education.gov.sk.ca/Bullying-Prevention)  
[www.education.gov.sk.ca/SchoolPLUS](http://www.education.gov.sk.ca/SchoolPLUS)  
[www.saskatchewaninmotion.ca](http://www.saskatchewaninmotion.ca)  
[www.health.gov.sk.ca/ic\\_phb\\_hlthbook.pdf](http://www.health.gov.sk.ca/ic_phb_hlthbook.pdf)

## Yukon

### School Health Coordinator:

Ian Parker  
Manager, Health Promotion Unit  
Department of Health and Social  
Services  
305 Jarvis Street  
Whitehorse YK Y1A 2H3  
Tel: 867-456-6576  
Fax: 867-456-6502  
[Ian.Parker@gov.yk.ca](mailto:Ian.Parker@gov.yk.ca)  
[Mark.Nassiopoulos@gov.yk.ca](mailto:Mark.Nassiopoulos@gov.yk.ca)

### School Health Links:

[www.hss.gov.yk.ca/programs/health\\_promotion/](http://www.hss.gov.yk.ca/programs/health_promotion/)

## Public Health Agency

Heather Caughey  
Policy Analyst  
Division of Childhood and  
Adolescence  
Centre for Health Promotion  
Public Health Agency of Canada  
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Tunney's Pasture  
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Fax: 613-954-5568  
[heather\\_caughey@phac-aspc.gc.ca](mailto:heather_caughey@phac-aspc.gc.ca)



## **Joint Consortium for School Health**

Governments Working Across the Health and Education Sectors

[www.jcsh-cces.ca](http://www.jcsh-cces.ca)

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Victoria, BC  
V8W 9H3

250-356-6057 (tel)  
250-387-1008 (fax)  
[inquiry@jcsh-cces.ca](mailto:inquiry@jcsh-cces.ca)

