



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

July 31, 2007





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# Message from the Executive Director

The May 2005 agreement to establish the Joint Consortium for School Health marked a key turning point for Canada's health and education sectors. Never before had they formally agreed to collaborate both within and across provincial and territorial boundaries to support health promotion in schools.

This is a significant achievement. Although the two sectors share many of the same objectives, each is composed of specialized professions and each has its own distinct language, perspectives and mandates. Historically, this has limited opportunities for collaboration. There are also significant challenges inherent in collaborating across provincial, federal and territorial jurisdictions in a country as large and diverse as Canada.

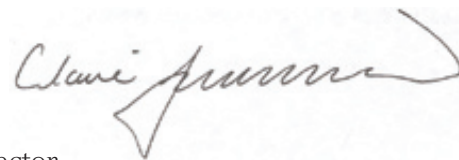
It is noteworthy, then, that Consortium members, representing ministries/departments responsible for health and education in 11 provinces/territories, together with representatives of the federal government – have worked together to create a vehicle for overcoming the very historic and systemic barriers that had prevented them from working together effectively in the past.

For example, as a direct result of the creation of the Joint Consortium for School Health, each member jurisdiction now has a school health coordinator – an individual accountable to both the health and education ministries/departments in that jurisdiction. School health coordinators from across the country meet monthly by

teleconference and two times a year in person. Senior representatives from each member jurisdiction also meet and teleconference regularly.

This degree of collaboration is unprecedented in Canada's health and education sectors. While there is still much work ahead, we can be proud of the progress Consortium members have made, and continue to make, to promote and encourage healthy behaviours and environments in our schools. As the legendary automaker Henry Ford said, "Coming together is a beginning; keeping together is progress; working together is success." In a relatively short time, we have spanned that continuum, laying the foundation for future successes.

Research and experience have shown that comprehensive school health initiatives can play a key role in efforts to improve the overall health and wellbeing of Canadians. In short, they can help build a better society and a better future for all of us. With that in mind, I look forward to building on the Consortium's, and our member jurisdictions' achievements in the year ahead.



Claire Avison  
Executive Director  
Joint Consortium for School Health

## 1. Introduction

### 1.1 Background and History

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in response to the First Ministers' Health Care Accord in 2004. The Council of Ministers of Education, Canada subsequently agreed to participate in an education/health consortium on health-promoting schools in response to a proposal put forward jointly by British Columbia and Prince Edward Island. The federal, provincial and territorial ministers of health, except Quebec's, endorsed the establishment of the Joint Consortium for School Health in October 2004; Quebec agreed to participate by sharing information and best practices.

The JCSH was established by written agreement in May 2005; it was operationalized in August 2005 with the support of a small Secretariat, currently located in the Lead Province of British Columbia. Its



work complements the Pan-Canadian Healthy Living Strategy, which aims to improve the overall health and wellbeing of Canadians by:

- encouraging healthy eating;
- encouraging physical activity; and
- supporting new and stronger partnerships to help ensure an integrated, collaborative approach, within and across Canadian jurisdictions.

Collaboration is critical to meeting these objectives. The Pan-Canadian Healthy Living Strategy recognizes that, while much is being done to improve the health of Canadians, initiatives are often disparate and ad hoc. As noted in the strategy, potential for success is greater when efforts are aligned and supported by partners outside, as well as inside, the senior levels of government.

The JCSH fosters this very combination of horizontal and vertical collaboration and integration. For the first time in Canadian history, it provides a single, unified structure for collaborating across the health and education sectors to promote comprehensive school health. The Consortium's work is also aligned with the World Health Organization's Global Strategy on Diet, Physical Activity and Health.

## 1.2 About the Consortium

### Mandate

The JCSH is a consortium of governments that brings together key representatives of provincial, territorial and federal departments/ministries responsible for health and education and serves as a catalyst 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.

### Activities

The JCSH 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.

### Governance Structure

The JCSH is headed by a Deputy Ministers' Committee composed of at least one Deputy Minister or other senior official from each jurisdiction. The committee receives and reviews annual reporting and operating plans and provides stewardship.

The Management Committee, composed of at least one Assistant Deputy Minister or other senior official from each jurisdiction, is the primary decision-making body. Some jurisdictions involve a second representative, such as a colleague responsible for French-language or a representative from the opposite sector. In order to reflect the imperative for integration, the practice has been to alternate representation from the health and education sectors. For example, if the Deputy Ministers' Committee representative is from the health sector, then the Management Committee representative will be from education, or vice-versa.

Comprehensive school health is an internationally accepted strategic framework, incorporating policies and practices that support achieving educational outcomes and contributing to students' health and overall well-being into every aspect of the school environment - extending well beyond the classroom to include the school environment, culture and organization, as well as partnerships, supports and services engaging members of the broader community. Research has shown that this is the most effective way to promote and encourage healthy behaviours that can last a lifetime.

Research and experience have also shown that healthy schools can act as a catalyst to help improve the health of whole communities - further underlining the importance of the Joint Consortium for School Health.

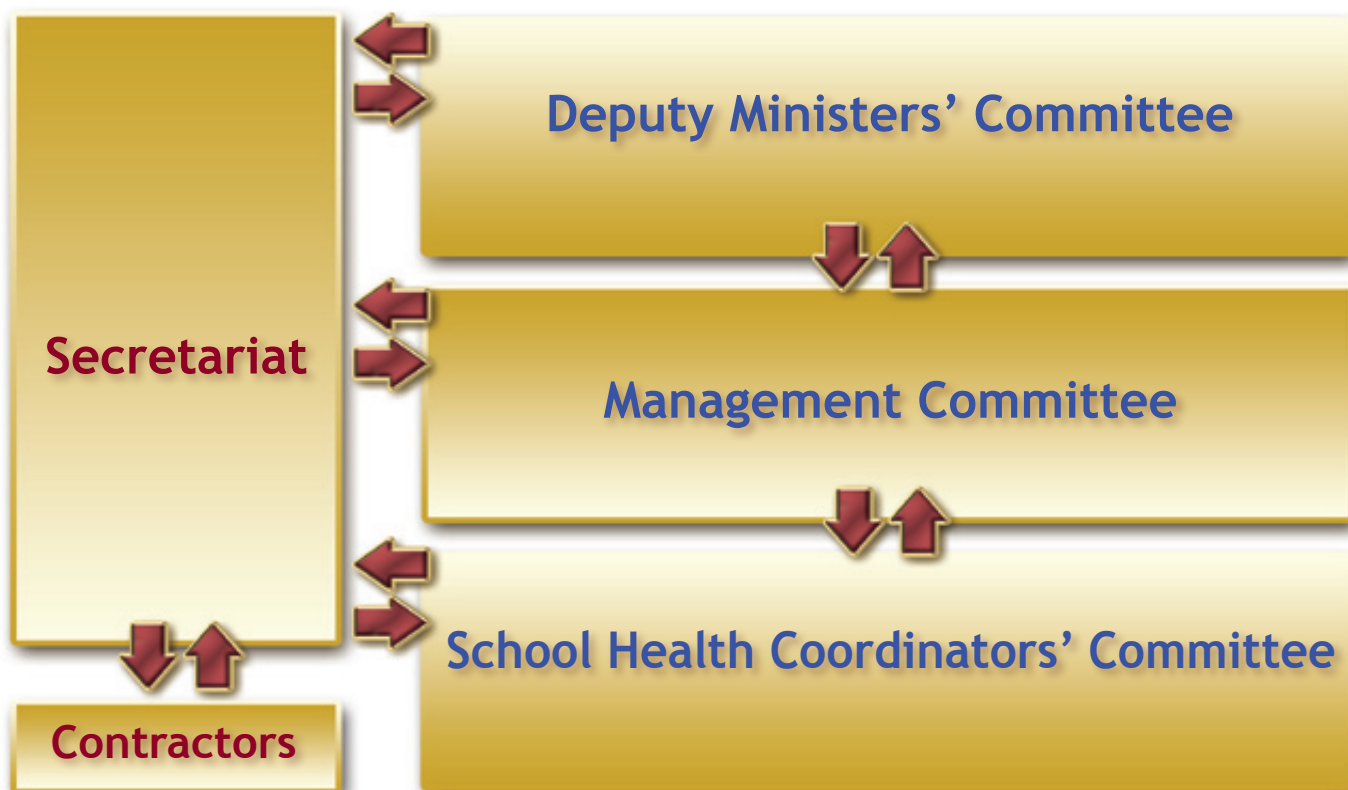
The third level is the School Health Coordinators' Committee, which is the primary operational body. It is comprised of a minimum of one representative from each jurisdiction, jointly appointed by health and education to further support and institutionalize collaboration.

This level is most closely connected to the field.

The Consortium is also supported by a small Secretariat located in the Lead Province. British Columbia will serve as Lead Province until 2010.

## Organizational Structure

### Joint Consortium for School Health



## Membership

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

- Yukon
- Northwest Territories
- Nunavut
- Newfoundland and Labrador
- Prince Edward Island
- Nova Scotia
- New Brunswick
- Ontario
- Manitoba
- Saskatchewan
- British Columbia
- Canada (Public Health Agency of Canada)



## Funding

Core funding is provided by member jurisdictions through a population-based formula, as follows:

Province / Territory	Total Population	P/T Share
British Columbia	4,146,580	42,939
Saskatchewan	994,843	10,302
Manitoba	1,162,776	12,041
Ontario	12,238,300	126,730
Nova Scotia	936,025	9,693
Prince Edward Island	137,781	1,427
Newfoundland and Labrador	519,570	5,380
Northwest Territories	41,872	434
Nunavut	29,384	304
New Brunswick	750,594	7,773
Yukon	31,060	322
11 P/Ts w/o Quebec or Alberta	20,998,785	\$217,345
Public Health Agency of Canada		\$250,000
	<b>TOTAL REVENUES</b>	<b>\$467,345</b>

### 1.3 Scope of this Report

This inaugural annual report covers the period from the Consortium's inception to July 31, 2007, recognizing that 2005/06 was primarily a building year. Although the JCSH was actively working to support comprehensive school health across Canada, much of its activity in the initial year focused on establishing an effective organizational structure, developing a work plan, setting up and staffing the Secretariat, and building relationships among Consortium members.

A new, more accountable and efficient governance structure was adopted in December 2006. The key changes included:

- having the Consortium's Secretariat function performed by staff employed by the Lead Province, rather than by contracted staff operating outside government;
- modifying the Board of Directors' (now called the Deputy Ministers' Committee) role to reflect a high level stewardship function and removing any operational management requirements; and
- extending the time British Columbia would act as Lead Province for another three years to July 31, 2010.

The Consortium's terms of reference have also been amended to reflect the new structure and to clarify roles, responsibilities and scope of work. The terms of reference are appended to this report.



## 2. Consortium Accomplishments

The Joint Consortium for School Health supports the advancement of comprehensive school health approaches. Research shows these initiatives can lead to improvements in children's academic achievements, as well as in their health and wellbeing – improving their quality of life and, not incidentally, helping to reduce pressures on our health care system over the long term.

This work is generally designed, led and implemented at the local, regional or provincial/territorial levels with direct involvement from teachers, students, parents, school administrators, school health coordinators and other health and community partners.

The Consortium is not involved in program design or implementation. Rather, it acts as a catalyst, supporting provinces, territories and the federal government to work together more closely, more effectively and more efficiently. It provides a forum, tools and resources for keeping up to date on, and working together to strengthen and improve, the latest approaches to comprehensive school health in Canada and around the world.

The following are highlights of the Consortium's accomplishments in each of its key activity areas. For highlights of progress in member jurisdictions, see section three.

links to the latest relevant research and information about upcoming events and opportunities;

- produced **scans** of school policies, programs and information on injury prevention, positive social development, sexual health, healthy school awards and incentives, nutrition, anaphylaxis, Aboriginal student health, youth engagement, French language resources, physical activity, and tobacco control; a scan (either “environmental” or “quick”) is a snapshot of what's happening across the country or a high level summary of key information;
- produced a **knowledge summary** on nutrition and work underway to produce knowledge summaries on physical activity and substance abuse; a knowledge summary is an in-depth review of the latest research findings in a topic area.

The JCSH has been recognized as a model with worldwide potential. The World Bank and the Pan American Health Organization have both expressed interest in the JCSH model, and in working with the Consortium more closely. The JCSH is also working with the European Network of Health Promoting Schools.

### 2.1 Knowledge Development

The work of building the Consortium itself was a key accomplishment in this area. Never before has Canada had a vehicle that brings together senior government leaders in the health and education sectors to share knowledge and information across federal, provincial and territorial boundaries.

Since its inception the Consortium has also:

- established a **Consortium website** ([www.jcsh-cces.ca](http://www.jcsh-cces.ca)) that serves as a portal to pan-Canadian school health issues as well as links to international and member jurisdictions' resources. The website also provides a forum for information exchange and collaboration for JCSH members;
- established a **Consortium newsletter** which keeps members and stakeholders up to date on JCSH activities, including news from member jurisdictions,

### 2.2 Leadership

Just as the work of building the Consortium played a key role in knowledge development, its day-to-day activities help to advance the national and global school health agendas and enhance alignment between health and education across multiple sectors. Specific examples of leadership during the reporting period include the following:

- established a **national network of school health coordinators** in every participating province and territory along with a representative from the Public Health Agency of Canada to help promote collaboration and information sharing between the health and education sectors within and among member jurisdictions; school health coordinators are accountable to both the health and education ministries/departments in their respective jurisdictions and serve as a key link between front-line personnel and senior levels of government;

“Connections through the JCSH have helped inform our own Healthy Choices Framework and enhance our understanding of working through the components of comprehensive school health. This information sharing has been very valuable.” —*Elaine Stewart, School Health Coordinator, NWT*

- conducted a **national consultation and analysis of data needs** related to student health and learning involving representatives from both the health and education sectors in all the member jurisdictions, Spring 2006;
- organized and hosted a **National Conference on School Health** held in Vancouver in May 2006. The conference focused on nutrition, physical activity and tobacco use and brought together health and education teams from across Canada to help strengthen sector relationships;
- pursued opportunities to move the school health agenda forward and align the work of the Consortium with other government priorities including **submissions/presentations/updates/meetings** to and with the following groups:
  - Advisory Committee of Deputy Ministers of Education, Newfoundland, September 2006;
  - House of Commons Standing Committee on Health re: childhood obesity, March 2007;
  - Federal Advisor on Healthy Children and Youth, April 2007.
- delivered **formal presentations** explaining the work of the Consortium and promoting the value of comprehensive school health approaches at a variety of forums, including:
  - Chronic Disease Prevention Alliance of Canada Second National Conference, Integrated Chronic Disease Prevention: Building It Together, November 5-8, 2006;
  - Manitoba's Agencies for School Health Conference, Healthy Schools . . . From Paper to Practice, November 23, 2006;
  - BC Public Health Nurses Leadership Conference, March 9, 2007;
  - National Learning Summit on Middle Childhood, April 22-24, 2007;
  - International Union of Health Promotion and Education Conference, June 10-15, 2007.
- contributed to the work of the **Conference Board of Canada Roundtable on the Socio-economic Determinants of Health**. This work provides a key opportunity to broaden the scope of partnerships supporting children's health and wellbeing to include leaders in business and economics, recognizing that schools have a limited capacity to address the socio-economic issues that affect health and learning;
- hosted a **workshop on systems integration** for school health coordinators from across the country on January 30 and 31, 2007. Led by a national expert, the workshop focused on concrete actions member jurisdictions can take to work more effectively across the complex and diverse health and education sectors. The workshop also addressed how the JCSH can leverage opportunities and advance the school health agenda;
- hosted an **invitational planning session with experts** in data collection and monitoring from



both the health and education sectors from each of the member jurisdictions to map out how to facilitate the development of a more coherent system for reporting on the health and social development of children and youth, February 2007;

*“Membership in the JCSH has given us the impetus to strike a new inter-sectoral committee on school health.”  
—Ian Parker, School Health Coordinator, Yukon*

- obtained funding to develop a **Healthy School Assessment Tool** that will provide sufficient information for schools to determine, quickly and effectively, their own “healthy school status”, March 2007;
- co-hosted the **World Health Organization Technical Meeting** entitled Building School Partnerships for Health, Education, Achievement and Development, in Vancouver June 5-8, 2007. The meeting was held to set direction and provide leadership in meeting future challenges in promoting health through schools, with a focus on addressing the wider determinants of health;
- developed an **evaluation plan** that includes a **literature review of comprehensive school health best practices** and a **logic model** as part of an evaluation framework for the JCSH to measure its effectiveness and help guide the work as it moves forward;
- contributed to the development of the **World Health Organization Chronic Disease Prevention in Schools Implementation Strategy** to support the Global Strategy on Diet, Physical Activity and Health;
- work to **align with other federal/provincial/territorial groups** and committees with links to school health to share information, support collaboration and make more effective use of resources;
- pursued opportunities to **broaden the dialogue on mental health** to include the promotion of mental fitness and resilience and not only illness prevention. A part of this work will include seeking opportunities to support the work of the Canadian Mental Health Commission.

## 2.3 Capacity Building

Historically, Canada’s health and education sectors have faced barriers to working together. Although they share many similar objectives, each is composed of specialized professions and has its own distinct culture, language, perspectives and mandates. A critical part of the Consortium’s work is to build the capacity of these two sectors to collaborate more closely – and to support the work of member jurisdictions to build their respective capacities to design and deliver comprehensive school health programs. A key to this work includes leveraging resources and mobilizing people to take action on collaborative comprehensive school health approaches. Activities in this area during the reporting period included the following:

- established a **regular schedule of meetings among member jurisdictions**. School health coordinators meet monthly by teleconference and twice a year in person. Senior representatives from each jurisdiction also teleconference regularly to support ongoing communication, coordination and collaboration and meet face to face twice per year for strategic planning purposes;
- formalized **relationships with established working groups** which align with the key priority areas of the Consortium’s activities. The working groups connect the JCSH with the research community and ensure expert vetting of knowledge products developed for use by member jurisdictions, to enhance their capacity to deliver comprehensive school health initiatives.





## 3. Highlights of Progress in Member Jurisdictions



International delegates attending the World Health Organization's technical meetings in Vancouver exercise together during a "hands-on" demonstration of the Action Schools! BC program at Braemar Elementary in North Vancouver, BC.

As noted in section two, 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 initiatives.

Highlights of progress in member jurisdictions are included here to illustrate the range of activities underway across Canada and demonstrate the work being done by partners at all levels to advance the comprehensive school health agenda. This list of activities is not an exhaustive one of the work being conducted within these jurisdictions, but is a sampling of these initiatives.

While these accomplishments listed below are not Consortium accomplishments, membership in the JCSH has, in some cases, supported their development. It is also important to note that, consistent with their individual strengths and characteristics, each jurisdiction contributes to, and benefits from, the JCSH in different ways.

For example, some jurisdictions are already recognized leaders in comprehensive school health and can provide valuable insight and information to JCSH members. Other jurisdictions, which may have less experience or fewer resources, have the opportunity to draw from and share in the successes of their fellow members.

School health coordinators from all member jurisdictions tele-conference monthly to keep abreast of progress nation-wide and encourage a culture of continuous improvement in the health and wellness of Canada's children and youth. In that way, and through the work of the Consortium in general, all jurisdictions benefit from the accomplishments outlined below.

The following member jurisdictions are listed in order beginning with the territories followed by the provinces from east to west across the country and the Public Health Agency of Canada.

### 3.1 Yukon Knowledge Development

- Conducted focus group discussions with youth and young adults to determine the effectiveness of sexual health marketing campaigns aimed at normalizing condom use and soliciting ideas for future campaigns.

#### Leadership

- Developed and published a paper on school health and its importance to the Yukon, emphasizing the connections between health and learning which has been used across the country;
- Initiated planning to host a Northern Health and Learning Conference in the fall of 2008;
- Established an annual Drop the Pop Challenge in which 1,733 students in grades K-7 participated in 2006; the following year, participation increased to 1,813. This initiative is modeled on the program developed by Nunavut;
- Established a new Yukon School Health Advisory Committee, made up of health professionals, educators and administrators representing both government and non government organizations; the goal is to help create environments where Yukon school communities can maximize opportunities for student health and learning.

Our membership in the JCSH clearly enhances my ability to create successful partnerships provincially and cross jurisdictionally. I am able to more effectively build policies and implement practices locally because I have access to school health colleagues across the country and benefit from the work they have done - thereby not recreating what already exists."

—Heather Hault, School Health Coordinator, British Columbia



## Capacity Building

- Provided in-person presentations to almost 1,000 students and more than 20 teachers in professional development workshops, through the Yukon Health Promotion Unit. The number of requests for classroom presentations on health related topics increased significantly as schools began to renew their focus on comprehensive health;
- Coordinated the fourth annual Smoke Screening Project which sees grades 4-12 classrooms across the territory viewing anti tobacco advertisements, discussing the relative effectiveness of each and then voting on the ones they think are most likely to prevent young people from taking up smoking or encourage them to consider quitting if they have already started.

“The formation of the JCSH enables us to share information and resources, analyze best practices within their context, and provide input into the development of joint projects.”  
—Elaine Stewart, School Health Coordinator, NWT

rewards and incentives, including a draw for \$1,000 worth of sports equipment;

- Funded reductions in the pupil teacher ratio by factor of one over two years to improve/ increase physical activity /physical education in schools;
- Initiated work to develop a Sexual Health Communications Strategy to emphasize community partnerships, youth involvement and a comprehensive approach.

## 3.2 Northwest Territories

### Knowledge Development

- Used information provided through the Consortium network to develop briefing files for senior education management support of communication between health and education boards;
- Conducted a school nutrition survey in all schools; feedback will be used to develop supports for nutrition policies/programs.

### Leadership

- Launched Drop the Pop NWT, a program designed to encourage children, youth and families to make healthier beverage choices; 6,000 students participated in the program in 2007. Drop the Pop NWT is modeled on the program developed in Nunavut;
- Worked with public health personnel in regional health boards to establish criterion for health promoting school awards;
- Developed Active Living Kits for classroom use; training of educators to begin in the fall of 2007;
- Initiated work with Nunavut to host Building Resiliency through Yoga Workshop for NWT/NU educators in November 2007.

### Capacity Building

- Introduced Get Winter Active for youth aged 5 to 18 to encourage physical activity. The program offers

## 3.3 Nunavut

### Leadership

- Developed and launched Drop the Pop, a program designed to encourage children, youth and families to make healthier beverage choices;
- Identified school health as a priority for interdepartmental cooperation under the six year action plan for Nunavut's Promise to Children and Youth government working group.

### Capacity Building

- Launched community hip hop workshops to engage students, families and community members in physical activity and demonstrate its positive effect on overall wellness;
- Introduced Building Resiliency for Youth through Yoga to several schools, providing benefits for teachers and students. Teachers say they noticed how quickly students became calm after yoga, and were in a better state of mind for learning. Students reported feeling calm, happy, and not angry any more.

## 3.4 Newfoundland and Labrador

### Knowledge Development

- Developed and implemented Provincial School Food Guidelines and support resources; School District

Healthy Eating Policies; and Smoke Free School Grounds Policies in all school districts;

- Developed and implemented physical education curriculum for grades K-12; health education curriculum being developed for grades K-9;
- Conducted a provincial school needs assessment; a physical education and physical activity survey and a Memorial University evaluation of the school health promotion liaison consultants' impact on development of Healthy Schools;
- Completed papers on physical education and physical activity and recommendations.

## Leadership

- Established provincial Healthy Students Healthy Schools Committee (Departments of Education and Health and Community Services, School Districts, Regional Health Authorities) and School Health Promotion Liaison Consultant positions in each School District;
- Partnered with Newfoundland and Labrador Teachers Association, School Milk Foundation, Kids Eat Smart, School Councils Association, Coalition for School Nutrition and Department of Tourism, Culture and Recreation;
- Held meetings/workshops with school district principals, school cafeteria workers, and school health professionals.

## Capacity Building

- Funded new physical education equipment for all schools; new cafeteria equipment for schools based on newly developed cafeteria criteria; provincial wellness grants for school health promotion projects; Regional Health Authority grants for health promoting schools and Regional Wellness Coalition community grants for schools around health promotion;
- Supported student initiatives with a Living Healthy Schools website; Provincial Healthy Schools Student Summit; Regional Living Healthy Student Summits; and annual 'Living Healthy Commotions' in all schools across the province;
- Included health promotion and wellness criteria in the mandated school development process.



Kaiva dancer, Lee Cloutier-Eusworth, performing during Toonik Tyme 2007

## 3.5 PEI

### Knowledge Development

- Developed and implemented a new health curriculum for grades 1-3 (2006) and 7-9 (2007) which focuses on wellness choices, relationship choices and life-learning choices; this curriculum was developed by the Department of Education in consultation with other departments, provincial Healthy Living Alliances and other key stakeholders;
- Implemented the Elementary and Consolidated School Nutrition Policy in all P.E.I. school boards. This policy was developed by the P.E.I. Healthy Eating Alliance in collaboration and partnership with students, teachers, and school board staff. This policy is supported by training, networking, and resources such as the "Health Eating Toolkit" which is provided to all schools. The P.E.I. Healthy Eating Alliance is currently leading the development of school nutrition policies for intermediate / senior high schools as well;
- Developed a Minister's Directive (February 2007) to provide guidance to parents and school personnel concerning procedures for managing students who have life threatening allergies and are at risk of anaphylaxis; this directive is supported by training and an Information Handbook on Anaphylaxis, published by the Department of Education and the Department of Health.



Kaiva dancers, Leetia Tiglik and Christine 'Lil' Bear' Lamothe, performing at the Alianait Festival- Iqaluit, NU

- Released the Fundraising with Healthy Food and Beverages Guide to further assist the implementation of the Nova Scotia School Food and Nutrition Policy;
- Established partnership between the Department of Health Promotion and Protection and the Department of Education to expand support in the areas of drug education, prevention of problem gambling and alcohol and other drug education resources for senior high students;
- Released research data on physical activity levels and dietary intake of children and youth in the Province of Nova Scotia, 2005; will be used to inform a refreshed Active Kids, Healthy Kids Strategy through the Department of Health Promotion and Protection.

## Leadership

- Established an intergovernmental committee, in support of the Provincial Strategy for Healthy Living, representing the Departments of Health, Education, Community and Cultural Affairs, and Social Services and Seniors. The committee supports collaboration and communication across departments and has great potential to support a variety of school health efforts across the province;
- Amended the P.E.I. *Smoke-free Places Act* to prohibit smoking on all school grounds effective July 1, 2006.

## Capacity Building

- Provided individualized support to schools participating in the school development pilot project in the areas of healthy eating, physical activity, tobacco reduction, emotional/social wellbeing, and youth leadership.

## Leadership

- Committed to making physical education a mandatory high school credit. Students graduating in 2011 will be required to have a physical education credit. Learning resources and equipment will also be provided to support the new mandatory high school physical education credit;
- Provided increased targeted funding for boards to hire more physical education teachers for grades 3-6 and grades 7-9. This funding continues the Learning for Life II commitment to work toward the goal of funding 60 additional physical education teachers to assist boards in delivering quality daily physical education in the elementary and junior high grades. To date we have 18 new teachers in grades 3-6;
- Funded school boards to hire Active Healthy Living Consultants responsible for leading and supporting implementation of health education and physical education curricula.

## 3.6 Nova Scotia

### Knowledge Development

- Launched the Food and Nutrition Policy for Nova Scotia public schools. Created by educators, parents, health professionals and students, the policy outlines standards for food and beverages that can be served and sold in schools. It also promotes nutrition education, encourages community partnerships and provides supportive environments for healthy choices;

### Capacity Building

- Provided sustainable funding for all nine of the regional Health Promoting Schools (HPS) Teams which are co-chaired by a school board representative and a representative from the district health authority;
- Created a Provincial Health Promoting School Steering Committee. This committee is chaired by the N.S. School Health Co-ordinator and includes the co-chairs for the regional Health Promoting

School Teams. To date this committee has completed a Provincial (HPS) Logic Model and will have a draft (HPS) Evaluation Framework completed for the Fall of 2007;

- Collaborated with Sport Canada in an initiative entitled Sport Participation for Children and Youth in Nova Scotia to connect resources inside and outside the school system to facilitate non-curricular physical activity, sport and recreation opportunities for students.

## 3.7 New Brunswick

### Knowledge Development

- Provided JCSH information/resources to the network of school district school health coordinators (Healthy Learners in School Program) on a regular basis;
- Supported development of the University of New Brunswick Health and Research Group (HERG) website; a resource to support school action on wellness;
- Introduced Healthier Foods and Nutrition in Public Schools Policy, which applies to all schools kindergarten to grade 12. The policy was developed by Department of Education with support from health and wellness providers.

“The results of the consultation and analysis in early 2006 on national data needs related to student health and learning were very useful in informing the development of the NB wellness surveillance effort in schools. Ensuring our approach addressed issues that were raised by education sectors across the country contributed to the overwhelming positive response and participation of schools in this survey.”

—Marlien McKay, School Health Coordinator, NB

### Leadership

- Produced Healthy Learners in School Program Guidelines and logic model. This program embeds public health nurses in each school district office to support a comprehensive approach to student health and wellness promotion;
- Released the Provincial Wellness Strategy, which focuses on children/youth in a variety of settings including schools. It promotes an integrated and comprehensive approach to tobacco free living,

healthy eating, physical activity and mental fitness/resilience;

- Released a new education plan – *When kids come first* - which includes commitments, among others: to engage communities and partners in improving schools and to create healthy and safe schools.

### Capacity Building

- Introduced the Healthy Eating Grant Program to support grade 6-8 schools in implementing comprehensive school health action plans to increase consumption of vegetables/fruit;
- Continued to provide Tobacco Free Grant Program to support high schools in implementing comprehensive school health action plans to prevent and reduce tobacco use;
- Conducted a Student Wellness Survey with students in grades 6-12, and, to support school-community mobilization, provided participating schools with four feedback reports personalized with their own school specific results in the areas of tobacco free living, healthy eating, physical activity and mental fitness/resilience.

## 3.8 Ontario

### Knowledge Development

- Mandated 20 minutes of daily physical activity during instructional time for students in grades 1-8;
- Provided all high school students with the opportunity to learn the life-saving skills of cardiopulmonary resuscitation (CPR);
- Supported a water survival program for grade 3 students;
- Introduced recommended nutrition standards for elementary school vending machines;
- Introduced Raise the Bar, a new program geared to improving intramural sport programs across Ontario schools by providing information and tools to help schools develop physical activity programs that any student can participate in, regardless of ability.

### Leadership

- Implemented requirement for every school board to establish and maintain an anaphylactic policy to help ensure the safety of children with severe allergies;



- Established the Healthy Schools Working Table, bringing together key education and health stakeholders to discuss and provide advice on healthy initiatives for Ontario schools;
- Supported the Active and Safe Routes to Schools Program that responds to the need for safe, walkable neighbourhoods so children can walk or bike to and from school as well as taking action on environmental issues such as air pollution;
- Developed the Foundations for a Healthy School Framework.

“The JCSH has provided impetus to explore new opportunities for coordinated approaches to school health in Ontario. Combined with a new emphasis on health initiatives in the Ministry of Education, and the creation of a Ministry of Health Promotion, provincial initiatives are being implemented to positively influence Ontario’s children and youth through the school setting.”  
 –Sarah Lambert, School Health Coordinator, Ont

## Capacity Building

- Developed the Healthy Schools Recognition Program, a partnership by the Ministries of Education and Health Promotion that encourages every school in Ontario to work with students, parents and community partners to find ways of making schools healthier. Close to 1,300 schools accepted the challenge, introducing almost 2,500 new healthy activities;
- Provided funding to support secondary student-led activities focused on making their schools healthier;
- Provided funding to school boards to help them open up schools to non-profit community groups after hours;
- Provided High School Grants as part of Ontario’s Smoke-Free Ontario Strategy to engage in student-initiated tobacco-control projects;
- Launched the Northern Ontario Fruit and Vegetable Pilot Project, providing fruits and vegetables three times a week to elementary students in northern Ontario communities.

## 3.9 Manitoba

### Knowledge Development

- Conducted a baseline survey of all schools in Manitoba in the spring of 2005, to understand

the strengths and challenges for schools in supporting health. The survey was repeated in the spring of 2007;

- Launched Healthy Schools eNews, an electronic subscription service that provides the latest information about Manitoba Healthy Schools;
- Launched the online Healthy Schools Contact Directory, a searchable online listing of services, programs and organizations throughout Manitoba related to child health and education, as well as a variety of other useful topics;
- Released the Manitoba School Nutrition Handbook: Getting Started with Guidelines and Policies to assist schools with nutrition policy development. To support schools with development, educator workshops, a Healthy Food in Schools website and a toll-free information line were also introduced.

## Leadership

- Formed a new School Health Interest Partners Committee that includes representatives of the health, education and recreation sectors;
- Held provincial consultation to examine how the Manitoba Healthy Schools Initiative has grown since its inception and identify ways of strengthening it;
- Mandated implementation of the K-10 Physical Education/Health Education instructional time for September 2007 based on the Healthy Kids, Healthy Futures Task Force Report (2005) as well as new physical/health education requirements for grades 11 and 12 by September 2008. This included the development of a new resource for school administrators to support the implementation of physical education and health education programs in grades K to 8 and a policy document on implementation of grades 11 and 12 Physical Education/Health Education;
- Conducted Safe School Forums for school/division teams focusing on substance use and abuse prevention grades 7 - 9.

## Capacity Building

- Distributed the Healthy Living Challenge 2006 and 2007 to all grade 3 and 4 students. The challenge is a game that encourages families to adopt healthier lifestyles, covering a range of health topics;
- Introduced Healthy Schools *in motion* in October 2005



Children exercising during a “hands-on” demonstration of the Action Schools! BC program at Braemar Elementary in North Vancouver, BC.

(part of the provincial Manitoba *in motion* Strategy to help Manitobans make physical activity part of their daily lives). Schools become *in motion* by working toward 30 minutes of physical activity every day for every student. Currently almost 50 percent of schools have registered. As part of this strategy, October was proclaimed *I Love to Run Month*. It is designed to help teachers and families promote moderate and vigorous physical activity;

- Developed a Low Cost Bicycle Helmet Program to provide families the opportunity to purchase low cost bicycle helmets. Over 18,500 helmets were purchased in spring 2006. Additionally, over 1,200 helmets were provided at no cost to low income children and families;
- Funded school divisions to facilitate their ability to work with regional health authorities and other local resources in developing and/or implementing healthy schools activities;
- Held two Healthy Schools Campaigns per year, where schools are eligible to receive funding for an activity focusing on specified health topics (e.g. safety, mental wellness, physical activity, and healthy eating).

## 3.10 Saskatchewan

### Knowledge Development

- Began revitalizing the school curriculum in all subject areas, with renewed emphasis on health education and a focus on teaching the ‘whole’ child;
- Engaged students in grades 6-12 in choosing the most effective anti-tobacco television advertisement. International, American and Canadian

advertisements were used as tools to generate discussion; students then voted for the one they felt was most persuasive.

### Leadership

- Implemented a new accountability indicator under Saskatchewan’s Population Health Promotion Strategy to assess the percentage of schools with effective school nutrition policies as of September 2006. The implementation strategy has enabled more collaborative work among health regions and school divisions on policy development and implementation.

### Capacity Building

- Worked to develop a partnership to undertake a webinar (online seminar)-based project to encourage a comprehensive school health approach to key issues in school divisions around Saskatchewan;
- Developed a Provincial Youth Sexual Health and Wellness Community Grant Program, which includes provisions to ensure that teaching and learning, support services, and the social environment are integrated;
- Established the Minister of Healthy Living’s Graduating Grade 12 Class Tobacco Free Challenge. Participating classes and their students make a commitment to support each other in reaching their goal of becoming a graduating class that does not use tobacco and if successful receive recognition from the Minister.

## 3.11 British Columbia

### Knowledge Development

- Released a new physical education curriculum, emphasizing daily opportunities for students;
- Developed new learning resources to promote physical activity and healthy eating, and to help reduce harm from crystal methamphetamine;
- Developed a series of Healthy Living for Families Guides to help promote physical activity and healthy eating among students in grades K-12 and their families; translated versions are available online in 12 languages;
- Developed provincial Guidelines for Food and Beverage Sales in B.C. Schools;
- Initiated work to develop performance standards based on health literacy.

## Leadership

- Developed and piloted a school health assessment tool;
- Launched the Healthy Schools Network to enhance the ability of individual schools to implement comprehensive school health;
- Introduced legislation banning smoking in public places, including schools.

## Capacity Building

- Expanded the School Fruit and Vegetable Snack Program to allow all B.C. public schools to participate by 2010; the program engages partners in the agriculture and retail sectors to bring fresh fruits and vegetables to schools;
- Continued to expand Action Schools BC to grades K-3 and middle school students (2006/07); Action Schools BC is a best practices model that helps schools create individualized action plans to promote healthy living.

## 3.12 Federal Government/ Public Health Agency of Canada

### Knowledge Development

- Released the revised Eating Well with Canada's Food Guide and companion pieces, including the Resource for Educators and Communicators and the Food Guide website that expands on the information and tips in Canada's Food Guide and features interactive tools. For the first time, a national Food Guide tailored to First Nations, Inuit, and Métis was also released. Continued to support the Canada Physical Activity Guides for Children and Youth;
- Collaborated with the World Health Organization (WHO) to develop the WHO School Policy Framework, which will help guide policy makers and stakeholders in the implementation of the WHO Global Strategy on Diet, Physical Activity and Health. The framework will facilitate the development and implementation of policies that promote healthy diet and physical activity in the school setting, through environmental, behavioural and educational changes;
- Fund several national surveys, including the Canadian Community Health Surveys, Health Behaviour of School Aged Children, the National

Longitudinal Survey of Children and Youth, and the Childhood National Immunization Coverage Survey, to maintain up-to-date information on the health and behaviour of children in Canada.

## Leadership

- Established a new Federal Coordinator Committee on School Health (FCCSH) to act as a forum for sharing information among the various federal areas/departments who undertake activities linked in school health;
- Established and maintain the Working Group on Sexual Health which provides expert advice to the JCSH on issues related to the sexual health status of Canadian youth and school-based sexual health education promotion;
- Support the activities of the National Immunization Strategy to ensure federal/provincial/territorial (F/P/T) collaboration on all immunization related issues, including immunization awareness campaigns, educational material development, as well as the introduction of and monitoring of school-based immunization programs;
- Provided a \$5 million commitment over two years to help launch the next generation of ParticipACTION. Through this initiative, the Government of Canada is delivering on its commitment to promote sport and physical activity;
- Introduced in 2007 the Children's Fitness Tax Credit, which aims to increase physical activity among children under 16 by providing parents or guardians with a \$500 tax credit for enrolment in eligible physical activity and sport programs;
- Appointed Dr. Khristinn Kellie Leitch as the Ministerial Advisor on Healthy Children and Youth. Dr. Leitch has undertaken stakeholder consultations across the country. She will submit her report with recommendations to the Health Minister on how the government can further enhance the health of children and youth.

## Capacity Building

- Fund the Physical Activity Contribution Program, a national contribution program focusing on physical activity and healthy eating. Specifically targeted populations or sub-groups include children and youth. The Program supports school health related initiatives;

- Fund sport participation projects and activities in schools. In 2005-06 Sport Canada funded sport participation projects and activities mainly through F/P/T bilateral agreements, while others were funded through contributions to national sport organizations. The Government of Canada provides more than \$140 million in annual funding to support participation and excellence in sport from the playground to the podium;
- Fund projects through the National Crime Prevention Centre that prevent and reduce crime by addressing known risk factors in high-risk populations and places. Specifically, priority is given to projects that address early risk factors among vulnerable families and children and youth at risk; respond to priority crime issues (youth gangs, drug-related crime); prevent recidivism among high-risk groups; and foster prevention in Aboriginal communities;
- Contributed funding to school-based initiatives that target vulnerable populations, through the Canadian Diabetes Strategy, Population Health Fund, and PHAC Children's Programs;
- Supported SummerActive and WinterActive, national F/P/T social marketing and community mobilization initiatives designed to help Canadians, including Aboriginal Peoples, improve their health by encouraging and supporting their first steps towards regular physical activity, healthy eating, living a tobacco-free lifestyle and participating in sport activities. These initiatives are disseminated by a wide range of stakeholders, in various settings including schools.

## 4. Moving Forward

In the year ahead, the Joint Consortium for School Health will build on its progress with member jurisdictions to help build capacity for integration and collaboration nation-wide. Work will continue to focus on the key activities of knowledge development, leadership and capacity building with specific emphasis on areas such as:

- facilitating the development of a more coherent system for reporting on the health and social development of children and youth;
- publishing reports on emerging issues and trends;
- engaging youth; and

- collaborating with international agencies including the World Health Organization, the Pan American Health Organization, the World Bank and the European Union Healthy Schools Collaborating Centre.

The work of the Consortium will also continue to directly support the goals and objectives in the Pan-Canadian Healthy Living Strategy, which is designed to improve the overall health and wellbeing of Canadians. By focusing on schools, the Consortium is working to support young people, and the adults they become, to live healthier, longer, more satisfying lives. Ultimately, that will benefit society as a whole.



# 5. Attachments

## 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; and
- 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, e.g. nutrition/healthy eating; social behaviors (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 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 sectors.

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, 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 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 two times per year.

## 9.0 Chairs

The Management Committee will be chaired by 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 per cent 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.

## APPENDIX A

### 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 \$217,343 annually. Funds are committed for five years commencing April 1, 2005.

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
Saskatchewan	994,843	10,302
Manitoba	1,162,776	12,041
Ontario	12,238,300	126,730
Nova Scotia	936,025	9,693
Prince Edward Island	137,781	1,427
Newfoundland and Labrador	519,570	5,380
Northwest Territories	41,872	434
Nunavut	29,384	304
New Brunswick	750,594	7,773
Yukon	31,060	322
11 P/Ts w/o Quebec or Alberta	20,998,785	\$217,345
Public Health Agency of Canada		\$250,000
	TOTAL REVENUES	\$467,345



# Joint Consortium for School Health Financial Statement

April 2006 - March 2007

## Assets

Directorate of Agencies for School Health .....	165,678.00
Ministry .....	136,284.00

## Liabilities

Accounts payable .....	30,422.00
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**Net Assets** ..... \$271,540.00

## Revenues

Membership Fees .....	467,345.00
External Funding.....	230,694.15
Other Revenue .....	100,000.00

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\$798,039.15

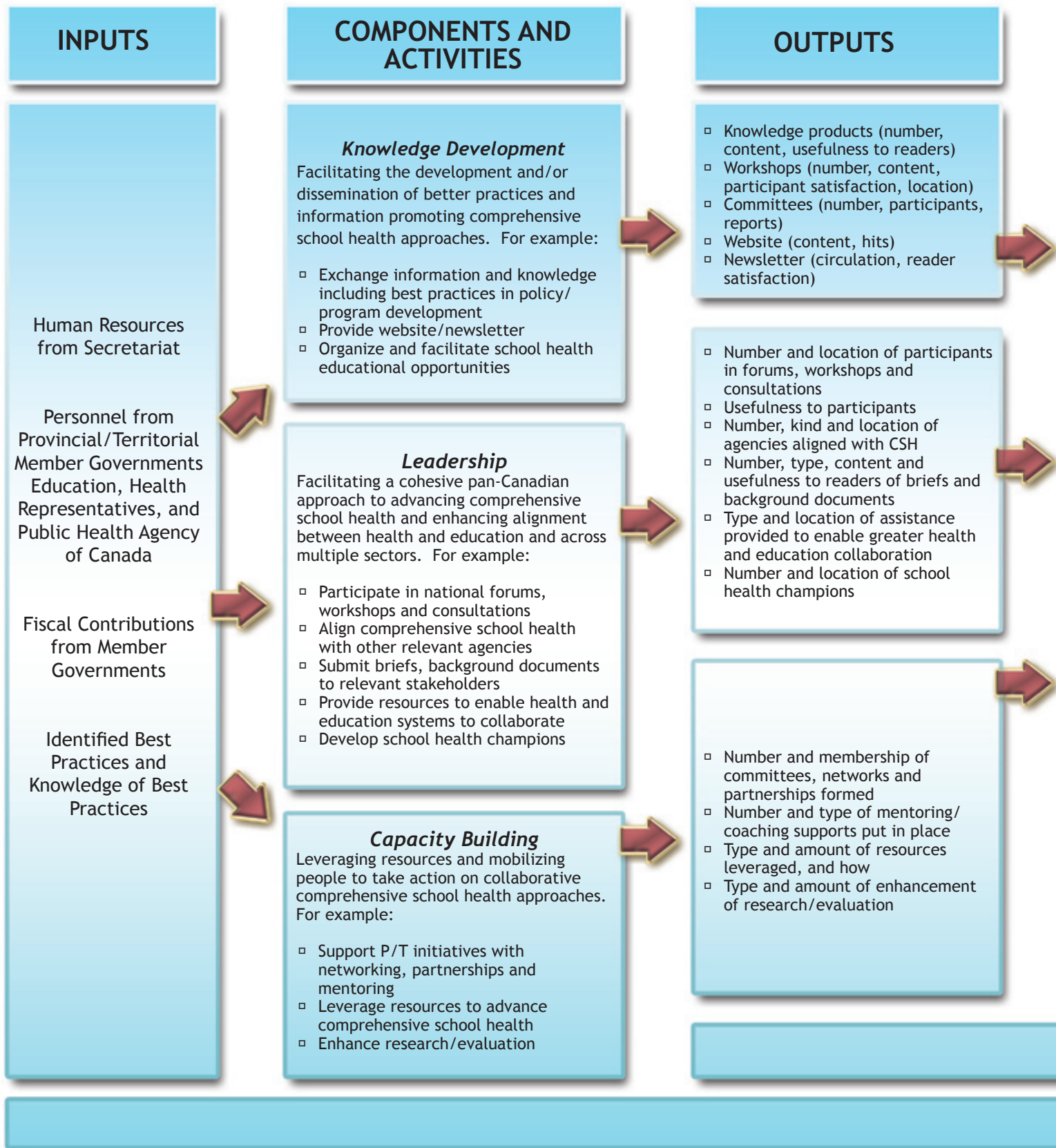
## Expenses

Governance .....	38,261.44
Salaries and Compensation.....	185,047.30
Program Expenses .....	320,328.21
Operating Expenses .....	41,006.81

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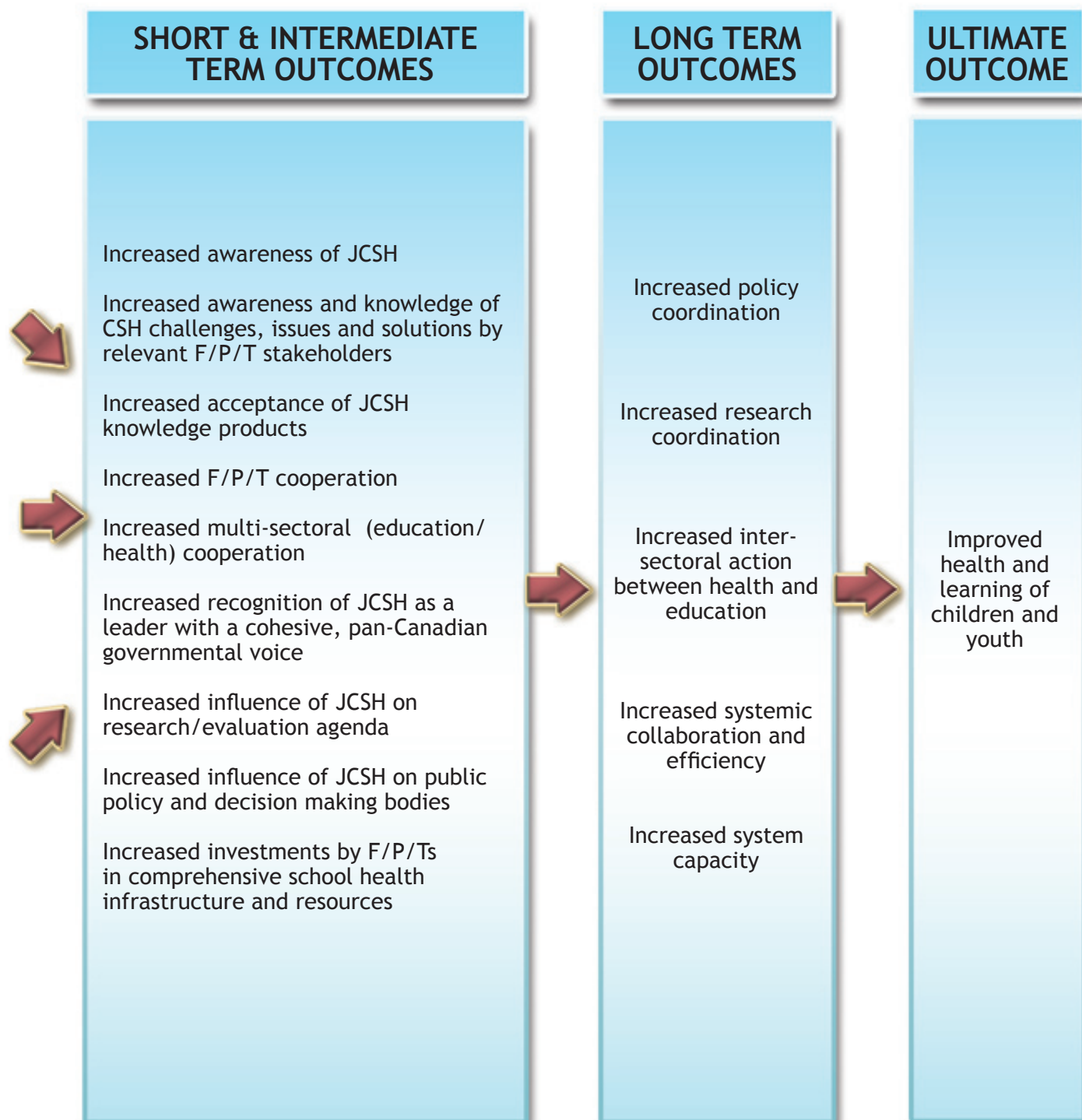
\$584,643.76

# JOINT CONSORTIUM FOR SCHOOL HEALTH 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.



## Monitoring and Evaluation

**Approaches:** Comprehensive Best-practice focused Collaborative

# School Health Coordinators and Website Links

## British Columbia: (Lead Province)

### School Health Coordinator:

Heather Houlton  
Director, Health Promoting Schools  
BC Ministry of Education / Ministry of Health  
Address: PO Box 9161, Stn Prov Govt  
Victoria, BC V8W 9H3  
Tel: 250-356-0194  
Fax: 250-387-1008  
[heather.houlton@gov.bc.ca](mailto:heather.houlton@gov.bc.ca)

### School Health Links:

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

## Manitoba:

### School Health Coordinators:

Laura Morrison  
Healthy Schools Coordinator  
Address: 2114-300 Carlton Street  
Winnipeg, Manitoba, R3B 3M9  
Tel: 204-788-6679  
Fax: 204-948-2258  
[laura.morrison@gov.mb.ca](mailto:laura.morrison@gov.mb.ca)

Heather Willoughby  
Manitoba Education, Citizenship & Youth  
Address: Rm W210, 1970 Ness Avenue  
Winnipeg, Manitoba, R3J 0Y9  
Tel: 204-945-8143  
Fax: 204-948-2131  
[heather.willoughby@gov.mb.ca](mailto:heather.willoughby@gov.mb.ca)

### School Health Links:

[www.gov.mb.ca/healthyschools/index.html](http://www.gov.mb.ca/healthyschools/index.html)

## New Brunswick

### School Health Coordinator:

Marlien McKay  
Manager, Wellness  
New Brunswick Department of Wellness,  
Culture & Sport  
Address: Place 2000, 250 King Street  
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:

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

## Newfoundland and Labrador

### School Health Coordinator:

Carol Ann Cotter  
Wellness Consultant  
Health Promotion and Wellness Division  
Department of Health and Community Services  
Address: 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)

Mark Jones

Program Development Consultant, Phys. Education  
Department of Education  
Address: PO Box 8700  
St John's, NL A1B 4J6  
Tel: 709-729-1371  
Fax: 709-729-6619  
[markjones@gov.nl.ca](mailto:markjones@gov.nl.ca)

### School Health Links:

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

## Northwest Territories

### School Health Coordinator:

Elaine Stewart, Coordinator  
Early Childhood and School Services  
Education, Culture and Employment  
Address: 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@ece.learnnet.nt.ca](mailto:elaine_stewart@ece.learnnet.nt.ca)

### School Health Links:

[http://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  
Education & Health Promotion & Protection  
School Health Coordinator  
Address: 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 Links:

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



## Nunavut

### School Health Coordinators:

Carol Gregson  
Health Promotion Specialist  
Dept of Health & Social Services  
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Nunavut X0A 0H0  
Tel: 867-975-5746  
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[cgregson@gov.nu.ca](mailto:cgregson@gov.nu.ca)

### School Health Links:

[www.healthytoolkit.ca](http://www.healthytoolkit.ca)  
[http://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  
Address: 393 University Avenue, 21st Floor  
Toronto, ON M5G 1E6  
Tel: 416-314-5494  
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[sarah.lambert@mhp.gov.on.ca](mailto:sarah.lambert@mhp.gov.on.ca)

### School Health Links:

[www.opha.on.ca/ohsc/healthyschools](http://www.opha.on.ca/ohsc/healthyschools)  
<http://www.edu.gov.on.ca/eng/parents/healthyschools.html>

## Prince Edward Island

### School Health Coordinator:

Sterling Carruthers  
School Health Specialist  
P.E.I. Department of Education  
Address: 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 Links:

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

## Public Health Agency

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## Saskatchewan

### School Health Coordinators:

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Carol Marz  
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Population Health Branch Saskatchewan Health  
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Tel: : 306-787-4086  
Fax: 306-787-3237  
[cmarz@health.gov.sk.ca](mailto:cmarz@health.gov.sk.ca)

### School Health Links:

[www.saskatchewaninmotion.ca](http://www.saskatchewaninmotion.ca)  
<http://www.learning.gov.sk.ca/branches/curr/evergreen/health.shtml>  
[http://www.health.gov.sk.ca/ic\\_phb\\_hlthbook.pdf](http://www.health.gov.sk.ca/ic_phb_hlthbook.pdf)

## Yukon

### School Health Coordinator:

Anne Aram  
Health Promotion Coordinator  
Health and Social Services, Yukon Government  
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Whitehorse, Yukon, Y1A 3H8  
Tel: 867-456-6844  
Fax: 867-456-6502  
[Anne.Aram@gov.yk.ca](mailto:Anne.Aram@gov.yk.ca)

### School Health Links:

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

# JSCH Secretariat Contact information

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**Joint Consortium for School Health**

Governments Working Across the Health and Education Sectors

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





**Joint Consortium for School Health**

Governments Working Across the Health and Education Sectors

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