



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

Governments Working Across the Health and Education Sectors

**Annual Report**

July 31, 2008





## Table of Contents

Message from the Executive Director .....	1
Introduction.....	2
How Healthy Are Canada's Children and Youth? .....	2
What Difference Can Schools Make? .....	3
About Comprehensive School Health .....	4
About the Joint Consortium for School Health .....	4
Mandate .....	4
Mission .....	5
Strategic Direction .....	5
Activities .....	5
Working Horizontally.....	5
Membership .....	6
JCSH Organizational Structure .....	6
Consortium Accomplishments .....	7
Knowledge Development .....	7
Leadership .....	8
Capacity Building .....	9
Highlights in Member Jurisdictions.....	11
Moving Forward .....	29
Appendices.....	30
Appendix A: Terms of Reference .....	30
Appendix B: Financial Statement 2007/08.....	35
Appendix C: Long Term Strategic Framework: The JCSH Logic Model .....	36
Appendix D: Member Contact Information and Web Links .....	38





# Message from the Executive Director

We all want our children to grow up strong and healthy, with the capacity to achieve their full potential. Ultimately, that is what comprehensive school health is all about. It recognizes that children spend a significant amount of time in school, and that this environment has the ability to positively influence both academic achievement and overall well-being.

The links between health and education don't stop there – improving the health and education of our children will also help to reduce pressures on the health care system and support our increasingly knowledge-based economy.

The notion of school health is not new – school health promotion has been practiced in virtually every industrialized country for well over 50 years. What has changed is how we approach school health. We have moved from a medical model – screening for disease and impairment and a curriculum perspective – to a comprehensive or “whole school” approach, with a healthy living focus embedded in all aspects of the broader school environment.

There is strong evidence confirming what teachers have always known – increased student connection to school promotes improved attendance and increased academic achievement. Students who feel connected to their school are also less likely to engage in unhealthy behaviours.

The challenge – in a country as vast and diverse as ours – lies in finding better ways to do this work together.

How can we better support our education and health professionals to work more effectively together? How can we promote sharing of the latest research knowledge from around the world? How can we extend the best practices and evaluation results developed within our respective jurisdictions to ensure they benefit children and youth from coast to coast to coast?

These are the kinds of questions that led the Ministers of Health and Education to develop the Consortium's unique model in 2005 and their visionary leadership continues to guide our work.

As this annual report demonstrates, we have come a long way since our inception, with progress being made on a national scale, as well as in each of our member jurisdictions. As the comprehensive school health movement continues to gain momentum, we expect more successes in the years to come – with more of our children getting the support, assistance and encouragement they need to build healthy futures.



Claire Avison  
Executive Director  
Joint Consortium for School Health

# Introduction



## How Healthy Are Canada's Children and Youth?

Young people's lives are complicated, and many factors influence their physical, social and emotional well-being. Relationships within families, relationships with peers, connectedness to school and socio-economic status all play key roles. Research increasingly points to the school setting as a primary factor with great potential to make a positive difference.

This is good news because, of the four major factors influencing children and youth, the school setting lends itself best to professional and community support, leadership and guidance.

So how healthy are our children? And how can the school setting make a difference? The following snapshot comes from a number of recent Canadian research reports.

### Kids today face a shorter lifespan than their parents

In 2007 the House of Commons Standing Committee on Health published *Healthy Weights for Healthy Kids*, a report warning that if current health trends continue, this generation of children will experience life spans that are shorter than their parents.

### Inactivity and obesity continue to rise

According to the 2008 *Health Behaviour in School-aged Children* study, conducted by the Public Health Agency of Canada in collaboration with the World Health Organization, one in five Canadian students is overweight or obese.

Active Healthy Kids Canada, a non-profit group that issues annual report cards on levels of physical activity, gave Canada a failing grade in 2008. It noted that inactive children are likely to be even less active adults with a higher risk not only for being overweight or obese, but also for anxiety, depression and low self-esteem.

### Screen time is increasing

The Canadian Paediatric Society reports that the average Canadian child watches almost 14 hours of television each week. These viewing patterns expose kids to 12,000 violent acts on television per year, which has been linked to increases in aggressive behaviour, particularly in boys.

Extensive screen time also puts children at higher risk for anxiety, depression, low sense of belonging, and low self-esteem.

## Did You Know?

Barely three out of every 10 Canadians aged 15 and over participated regularly in one or more sports in 2005. That's a dramatic decline from the early 1990s when the proportion was closer to one-half. The findings are from Statistics Canada's latest General Social Survey (GSS), released in February 2008.

## Suicide is the leading cause of teenage deaths

The Canadian Mental Health Commission reports that Canada's child/youth suicide rate is the third highest among all 29 OECD countries, making this the leading cause of death among Canadian adolescents.

As many as one in four Canadian children has at least one mental health problem, ranging from depression and anxiety to eating disorders and substance abuse. According to the chair of the commission, these rates have not changed since 2002.

## Injury is the leading cause of death in children under 14

Unintentional injury remains the leading cause of death for children ages one to 14. In fact, a 2007 report by Health Canada's Advisor on Healthy Children and Youth points out that injuries account for more deaths of children than all other causes of death combined.

# What Difference Can Schools Make?

The school setting appears to have a positive association with most youth health behaviours and outcomes. The 2008 *Healthy Settings for Young People in Canada* report examined these connections and concluded that students exhibiting positive attitudes towards school are less likely to engage in high risk behaviours, be involved in bullying or sustain a serious injury. Strong school connectedness is linked to increased chances for stronger emotional health and well-being. They also show a greater likelihood of engaging in healthy living behaviours, including being physically active and consuming fruits and vegetables.

## Healthy children learn better

The good news is that there is a growing body of research demonstrating that children who are healthy are better able to learn. Students who engage in healthy living behaviours such as being active, eating well and refraining from risk behaviours have a greater likelihood of attaining high academic achievement, have better emotional health and report feeling more connected to school.

## Did You Know?

Of the 29 nations within the Organisation for Economic Cooperation and Development (OECD), Canada ranks:

- 21<sup>st</sup> in child well-being, including mental health
- 22<sup>nd</sup> when it comes to preventable childhood injuries and deaths
- 27<sup>th</sup> in rates of childhood obesity

These figures, reported in *Reaching for the Top: A Report by Canada's Advisor on Healthy Children and Youth*, show that there is much more we can do to support our young people.



# About Comprehensive School Health



Health education has long been a part of our school systems in Canada but, until the 1980s, most efforts focused on instruction in the classroom or addressed single topics such as smoking, drug use or sexual abstinence. In the last few decades, research has shown that it is much more effective to work comprehensively – building policies and practices that support student learning, health and well-being into every aspect of the school environment.

Comprehensive school health (CSH) is an internationally recognized framework. Although models vary (e.g., World Health Organization, International Union for Health Promotion and Education, Centre for Disease Control, etc.), all approaches recognize that there is no one solution to this complex issue and that a comprehensive approach is key. Successful models integrate health promotion in a planned and coordinated way to encourage healthy habits that can enhance learning. This framework:

- recognizes that healthy children learn better and achieve more;
- understands that schools can directly influence children's health and behaviours;
- encourages healthy lifestyle choices;
- incorporates health into all aspects of school and learning; and
- involves the community at large.

A number of recent large-scale evaluations have shown that the comprehensive school health approach can deliver positive results for young people. CSH has been embraced internationally as the most effective way known to promote the health of children, adolescents and the school community.

## About the Joint Consortium for School Health

### Mandate

The Joint Consortium for School Health (JCSH) is a consortium of governments that brings together, within each province and territory along with the federal government, key health and education representatives responsible for school health. Established in 2005, it 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.

## 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).

## Activities

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

- **Knowledge Development:** facilitating the development and/or dissemination of better practices and information promoting comprehensive school health approaches.
- **Leadership:** facilitating a cohesive pan-Canadian approach to advancing comprehensive school health and enhancing alignment between health and education across multiple sectors.
- **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. These are broadly defined as initiatives 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.

Although the uniqueness of this approach is challenging, it also holds great promise. As the Consortium works to support healthy school environments, it can also teach us valuable lessons about collaboration and horizontal governance.



## Supporting the Pan-Canadian Healthy Living Strategy

The JCSH supports the broader Pan-Canadian Healthy Living Strategy, which aims to improve the overall health and well-being 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.

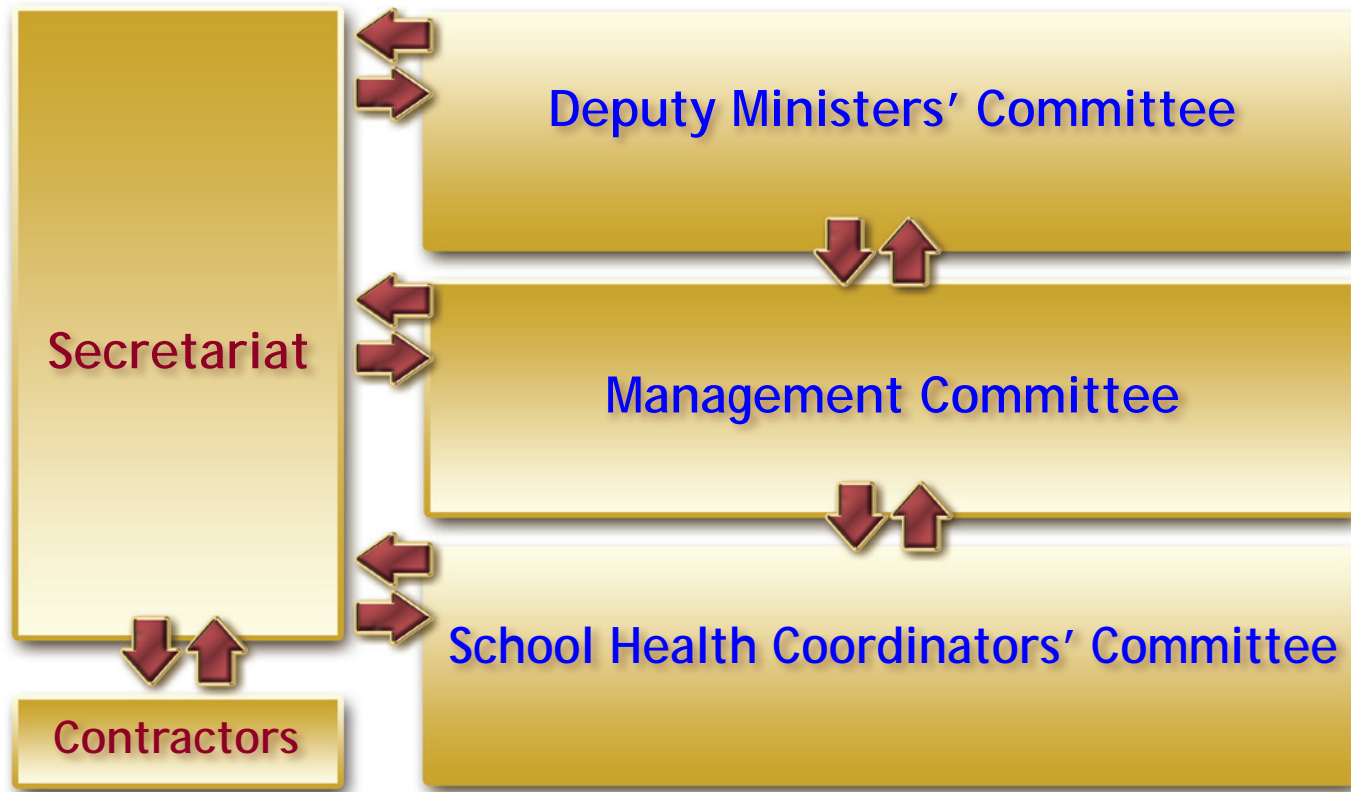
## JCSH Membership

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



## Joint Consortium for School Health Organizational Structure



# Consortium Accomplishments

The Joint Consortium for School Health supports the advancement of comprehensive school health approaches – incorporating policies and practices that support better learning and better health into every aspect of the school environment. This includes teaching and learning, the school culture and organization, and partnerships that engage members of the broader community in the provision of supports and services.

Research shows that comprehensive school health initiatives can lead to improvements in children's academic achievements, as well as in their health and well-being – improving their quality of life and, not incidentally, helping to reduce pressures on our health care system over the long term.

These initiatives are 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 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 latest approaches to comprehensive school health in Canada and around the world.

Following are highlights of the Consortium's accomplishments in each of its key activity areas for the fiscal year 2007/08. Highlights of progress in member jurisdictions are reported separately, beginning on page 11.

## Knowledge Development

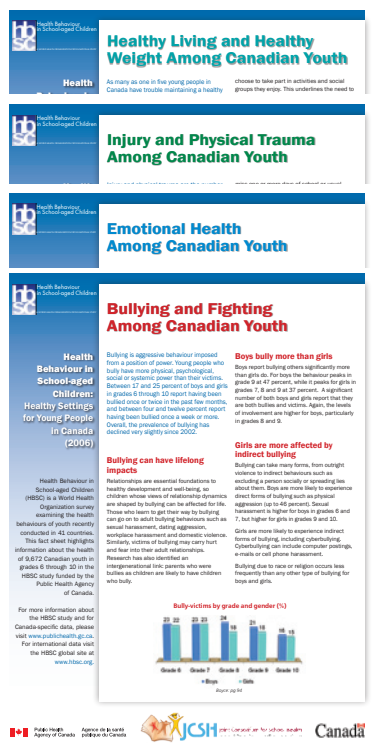
During 2007/08, the Joint Consortium for School Health continued to serve as a link between international researchers and Canadian school health leaders and practitioners. In this context, the Consortium has worked to provide easy access to the most relevant, meaningful information from studies conducted across the country. It has also facilitated exchanges of best practices and other information among member jurisdictions. Highlights of these activities in 2007/08 include the following:

- developed a **series of fact sheets** in partnership with the Public Health Agency of Canada and Queen's University, summarizing the most important findings of the *Healthy Settings for Young People in Canada* report. The report, released in early 2008, details the latest Canadian findings from the long-running, international Health Behaviour in School-aged Children (HBSC) research initiative, a survey conducted every four years in collaboration with the World Health Organization;



## Did You Know?

Across Canada, more than 50 federal, provincial and territorial government agencies share responsibility for health and education services. A central part of the Consortium's role is to bridge the gaps among these agencies and the professionals working within them to promote a truly collaborative and comprehensive approach to building healthy school environments for Canada's children and youth.



- developed three **scans of resources and activities** in Canadian schools in the areas of **sexual health**, **mental resilience** and **injury prevention**. Previous scans have provided high level snapshots of what is happening in schools across the country in areas including school policies, positive social development, healthy school awards and incentives, nutrition, anaphylaxis, aboriginal student health, youth engagement and French language resources;
- developed **jurisdiction profiles** highlighting school health initiatives underway in Canada's provinces and territories. The profiles include geographical, organizational and cultural contexts and are available on the Consortium website. These profiles demonstrate both the common elements as well as the rich diversity among provinces and territories in their approaches to comprehensive school health;
- enhanced the **Consortium website** to improve navigation and to include a members-only forum for information exchange and collaboration. The website serves as a portal to pan-Canadian school health issues as well as a link to international and member jurisdictions' resources;
- refined the **Consortium newsletter** to include two special editions each year to highlight work being done in the Consortium's top priority areas. Started in 2005, the newsletter keeps members and stakeholders up to date on JCSH activities, including news from member jurisdictions, links to the latest relevant research and information about upcoming events and opportunities.

## Leadership

More than 50 federal, provincial and territorial government agencies have an interest in the health and education of Canada's children and youth. While each organization has its own distinct culture and mandate, the Consortium provides leadership at the national level to share information, coordinate priorities and enhance alignment between health and education across multiple sectors. In 2007/08 the Consortium Secretariat:

- facilitated member jurisdictions' contributions to the development of the International Union for Health Promotion and Education's new international **Guidelines for Health Promoting Schools**;
- developed a detailed **annual operating plan** with measurable targets to improve transparency and accountability, as well as to assist in making linkages to other national organizations with an interest in comprehensive school health;
- commissioned a **literature review of successful horizontal initiatives** to support a formal evaluation of JCSH activities and structures;
- welcomed **Alberta as the newest member** jurisdiction – further supporting development of a cohesive pan-Canadian approach;
- worked to **engage a variety of stakeholders** to seek alignment with common goals through presentations at meetings and forums including:
  - Canadian Public Health Association Conference





- Federal Coordinating Committee on School Health
- Federal/Provincial/Territorial Mental Health Advisory Group
- Public Health Network's Population Health Promotion Expert Group
- British Columbia Education Advisory Committee

## 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 effectively – and to support the work of member jurisdictions to build their respective capacities to design and deliver comprehensive school health programs. Activities in this area during the reporting period included the following:

- with support from the Public Health Agency of Canada, JCSH began working with the University of Waterloo's Centre for Behavioural Research and Program Evaluation to develop the **Healthy Schools Assessment Tool**, a simple tool schools can use to gauge their school health environment;
- explored opportunities for partnerships to **influence the national agenda** in various sectors with stakeholder groups including:
  - Canadian Association of Principals
  - Canadian Mental Health Commission
  - Conference Board of Canada Roundtable on Socioeconomic Determinants of Health
  - McGill Think Tank on Childhood Obesity
  - National Advisor on Healthy Children and Youth
  - Public Health Network Mental Health Issue Group
- **facilitated networking and interface opportunities** for Consortium members by managing 16 meetings in the year. School Health Coordinators meet monthly by teleconference and two times a year in person. Senior public servants 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;
- compiled **policy overviews** comparing approaches across jurisdictions to the topics of nutrition, physical activity, anaphylaxis and made these available to jurisdictions via the members' web page;



## Preventing Injuries

A scan of the current state of injury prevention activities in Canadian schools concludes that comprehensive approaches can be more effective than single-exposure educational programs. The scan, conducted by JCSH, notes the importance of taking steps to strengthen individuals' knowledge and skills, thereby increasing students' resources and their capacity for preventing injury.

- working with the Public Health Agency of Canada (PHAC), reviewed existing JCSH knowledge tools to identify programs/practices and resources for inclusion in PHAC's **Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention**. The review focused on physical activity and substance use in the school setting and systems integration of the health and education sectors to increase the effectiveness of comprehensive school health approaches;
- encouraged, supported and celebrated the systemic shifts occurring within member jurisdictions. For example:
  - three years ago BC had one official school district health coordinator position. Today, 17 districts have dedicated funding for this function;
  - in the Northwest Territories, it is now common to see school superintendents and health authority professionals in attendance at the same meetings. This is a new way of doing business in the territory;
  - with a school health representative in both the health and education sectors, Saskatchewan is moving forward to better coordinate and integrate services. This includes having both sectors represented at inter and intra ministerial meetings and/or presentations.

For more on progress in the member jurisdictions, see page 11.



# 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 2007/08. For a more complete picture, visit the jurisdictions' respective school health websites. See Appendix D for member contact information and web links.

## Alberta

### Knowledge Development

- *Alberta Nutrition Guidelines for Children and Youth* were developed with input from experts in the field of nutrition and childhood obesity, in consultation with stakeholders, and in collaboration with an advisory committee that consisted of representatives from six government ministries: Alberta Health and Wellness, Alberta Children's Services, Alberta Education, Alberta Municipal Affairs, Alberta Community Development and Recreation and Alberta Agriculture, Food and Rural Development. The guidelines were released in June 2008 to help organizations and facilities (childcare, school and recreation settings) offer healthy food choices for children and youth;
- A new public awareness campaign called *Create A Movement* was launched in September 2007 consisting of television, radio, public transit, print and cinema advertisements. The website [www.createamovement.ca](http://www.createamovement.ca) has been designed to engage and motivate youth to take action on the challenges of healthy living, as well as link them to reliable information on healthy eating and physical activity;
- An online survey of teachers and principals was completed in 2007 to gain a greater understanding of the impact of daily physical activity (DPA) in grade 1 to 9 schools and to provide feedback on promising practices and implementation challenges. The results were published in a summary report in spring 2008 and will be used to inform future decisions;
- Alberta Education is currently reviewing all wellness-related programs of study (K – 12 Physical Education, K – 9 Health and Life Skills and Career and Life Management) to ensure that they continue to meet the needs of Alberta students.



## Leadership



- *Healthy Kids Alberta! A wellness framework* (2007 – 2017) for Alberta's children and youth was developed as a cross-ministry initiative and approved in June 2007. The strategy calls for a "determinants of health" perspective to support the efforts of parents, families and communities to be well, make healthy choices and create environments that support those choices;
- The *Healthy Alberta School Communities Strategic Plan* is a joint initiative between Alberta Education and Alberta Health and Wellness to provide a comprehensive, multifaceted approach to support the development and implementation of health promotion strategies that enhance the wellness of school-aged children and youth;
- Children's Mental Health Plan for Alberta was developed to implement *Positive Futures - Optimizing Mental Health for Alberta's Children and Youth: A Ten Year Framework for Action* (2006 – 2016) released in September 2006 to support a common and integrated approach to optimize the mental health of children and youth ages 0 – 24 and their families, and to align with the Provincial Mental Health Plan. Alberta is committed to supporting the mental well-being of children, youth and their families, and to providing effective services for those who are experiencing mental health problems;
- A province-wide smoking ban in all public places and workplaces became law on January 1, 2008. Alberta's new *Tobacco Reduction Act* prohibits smoking in public places and workplaces by removing the previous exception of adult-only smoking areas, and by prohibiting smoking within a prescribed distance of a doorway, window or an air intake in public places.

## Capacity Building

- Alberta *Healthy School Community Wellness Fund* was implemented in 2007 to support projects that promote healthy school communities and improve the health and wellness of school-aged children and youth. To date, 30 projects have received funding; 17 larger grant projects have received up to \$50,000 per year for up to three years (2007 to 2010) and 13 smaller grant projects have received up to \$10,000;
- *Healthy School Community Award* was awarded for the first time in June 2007 to celebrate students, teachers, parents, school administrators, other school staff, families, community groups, health professionals, businesses, health authorities and school authorities committed to developing or expanding initiatives that support the health of children and youth in school communities;
- Two Regional Health Promotion Coordinator positions were initiated in each of the nine health regions to support healthy eating and active living initiatives for children and youth. The role of the coordinators is to facilitate innovative community-based approaches to promote healthy weights for children and youth through education and awareness programs, the implementation of the Alberta Nutrition Guidelines in a variety of settings, and the promotion of healthy eating and physical activity in school communities.



# British Columbia

## Knowledge Development

- The Ministries of Education and Health develop and circulate a monthly *Healthy Schools Newsletter* to ministry, sector and non-profit partners [www.bced.gov.bc.ca/health/hsnetwork/newsletters.htm](http://www.bced.gov.bc.ca/health/hsnetwork/newsletters.htm);
- The BC Provincial Health Officer released *An Ounce of Prevention Revisited: A Review of Health Promotion and Selected Outcomes for Children and Youth in B.C.* The report explores how schools can work effectively to influence the health and well-being of young British Columbians. The report updates and expands the scope of the original report released by BC's top public health official in 2003. [www.health.gov.bc.ca/pho/pdf/phoannual2006.pdf](http://www.health.gov.bc.ca/pho/pdf/phoannual2006.pdf);
- *School Food Sales and Policies Provincial Report II* (2008) measures progress on the elimination of unhealthy foods and beverages in BC public schools since 2005, and assesses the impact of *Guidelines for Food and Beverages* (2005) on reaching this goal. The report also assesses the economic impact of school food and beverage sales, identifies opportunities for action, and highlights examples of progress in schools and districts province-wide [www.bced.gov.bc.ca/health/sales\\_policy\\_feb08.pdf](http://www.bced.gov.bc.ca/health/sales_policy_feb08.pdf).



## Leadership

- Developed and implemented a new *Anaphylaxis Protection Order* [www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf](http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf) and BC *Anaphylactic Child and Safety Framework* [www.bced.gov.bc.ca/health/bc\\_anaphylactic\\_child\\_safety.pdf](http://www.bced.gov.bc.ca/health/bc_anaphylactic_child_safety.pdf);
- In September 2007, the Ministry of Education announced mandatory daily physical activity (DPA) to be fully implemented by September 2008. Mandated DPA applies to all public and independent schools grades K – 12;
- Revised BC's *Guidelines for Food and Beverage Sales in B.C. Schools* to align with the 2007 revised Canada Food Guide. Accelerated timeline for full implementation is September 2008.

## Capacity Building

- Hosted the BC Healthy Schools Network Annual Foundational Meeting. In September 2007, the Ministries of Education and Health held a two day workshop on comprehensive school health – 150 educators/administrators attended along with representatives from BC's six health authorities. The event provided an excellent opportunity for BC's Healthy Schools Network member schools to share and learn from one another;
- The Ministries of Education and Health developed anaphylaxis support materials, including a generic policy and best practice resources to support provincial consistency for managing anaphylaxis in the school setting [www.bcsta.org:8080/docushare/dsweb/View/Collection-7655](http://www.bcsta.org:8080/docushare/dsweb/View/Collection-7655).

# Manitoba

## Knowledge Development

- Released three documents to support the implementation of the new grade 11 and 12 physical education/health education (PE/HE) credits. They are:
  - Implementation of *Grades 11 and 12 Physical Education/Health Education – A Policy Document*
  - *Grade 11 Active Healthy Lifestyles: Manitoba Physical Education/Health Education Curriculum Framework of Outcomes and a Foundation for Implementation*
  - *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education*
- Launched the *Healthy Schools Resource Index*. The resource index provides online information and educational materials to assist school communities in promoting healthy school environments. It includes an annotated list of over 2000 resources on various health topics.



## Leadership

- Conducted a follow up *Healthy Schools Survey* to capture changes schools had made since the baseline survey in 2005. All schools that participated in the survey received their school results compared to provincial outcomes;
- Conducted regional workshops in fall 2007 and spring 2008 for teachers and administrators preparing to implement the grades 9 – 12 *OUT-of-Class Physical Activity Practicum* and mandated grade 11 and 12 *Active Healthy Lifestyles Curriculum* effective September 2008;
- Conducted an environmental scan and review of health-education partnerships and leadership models within Manitoba;
- Collected health data using an instrument called the *Youth Health Survey* as a baseline for future evaluation of the new physical education/health education (PE/HE) policy. Manitoba Education, Citizenship and Youth (MECY) and the Healthy Child Manitoba Office (HCMO) are working in partnership with Regional Health Authorities (RHAs), CancerCare Manitoba (CCMB), Manitoba Health and Healthy Living, University of Waterloo, University of Manitoba and other stakeholders on this study.

## Capacity Building

- Distributed *Healthy Living Challenge 2008* 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. 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 eating (spring 2007) and physical activity (fall 2007);
- Implemented the *Low Cost Bike Helmet Campaign* for the second year. Pre-school and school-aged families were given the opportunity to purchase low cost bike helmets. Over 11,000 helmets were purchased in spring 2007. The campaign continued in spring 2008;
- Committed funding to support schools in the implementation of grade 11 and 12 Physical Education/Health Education;
- As part of [Manitoba in motion](#), hosted a sharing and learning workshop for all registered *in motion* schools and developed a resource entitled *Getting "in motion" at School*, which provides activity ideas for classrooms, gyms and playgrounds. In addition, proclaimed October as I Love to Run Month, a program designed to increase the moderate and vigorous physical activity levels of grades 5 and 6 students.



## New Brunswick

### Knowledge Development

- Developed, with educators, *Wellness Curriculum Connectors* for teachers in grades 6 – 8 to provide learning ideas that promote cross-curricular utilization of the results of the Wellness Survey school feedback reports;
- Developed provincial fact sheets summarizing the results of the *Student Wellness Survey*.



### Leadership

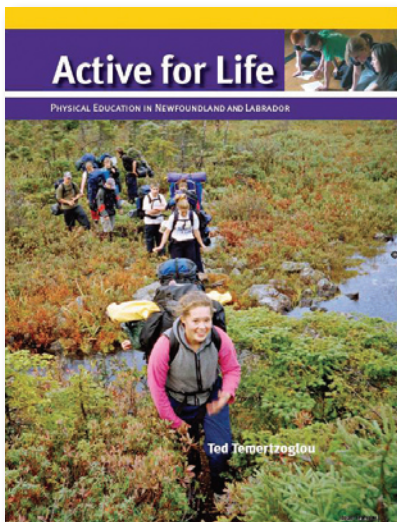
- Developed criteria for fat, salt, sugar and other factors that identify foods in the maximum, moderate and minimum nutritional categories identified in *Policy 711 - Healthier Foods and Nutrition in Public Schools*;
- Initiated *Wellness Surveillance* in a randomized sample of 22 grade K – 5 schools. This effort includes a Student Wellness Survey (students in grades 4 and 5), a Home Wellness Survey (for parents/guardians of all K – 5 students), direct measures (students in grades 1, 3 and 5) and a Physical Activity Measure of grade 5 students. Schools will receive feedback reports of their results;
- Included grade 6 – 12 student wellness survey data in the [Benchmark Report on the Targets of When Kids Come First 2007](#) (Department of Education).



### Capacity Building

- Conducted, through the Health and Education Research Group (University of New Brunswick and Université de Moncton partnership), knowledge mobilization ("data that moves") activities to support comprehensive action on the results of the student wellness survey data collected last school year. Activities included school district presentations and provision of ongoing support/consultation for districts, schools and wellness champions;





## Active for Life

is a comprehensive physical education student resource to help students assess their current fitness, set goals for maintenance or improvements and plan how to achieve fitness goals.

- Signed a Memorandum of Understanding between the Department of Education and the New Brunswick Business Council to establish a working relationship which will provide support to community schools by facilitating, with school districts, specific school-business partnerships. This partnership model is based on the PALS (Partners Assisting Local Schools) program, which was initiated in Saint John, New Brunswick in 2000.

## Newfoundland and Labrador

### Knowledge Development

- Commenced the process of reviewing the provincial draft *School Food Guidelines* based on the two year pilot process;
- Created a food and beverage review process to assess new products;
- Completed a nutrition criteria review of all food groups in the draft *School Food Guidelines*;
- Developed and implemented a new senior high school nutrition course and a new grade 12 physical education curriculum;
- Developed and implemented the *Active for Life: Physical Education in Newfoundland and Labrador* student resource to support the provincial senior high school physical education curriculum;
- Research around the Active Schools pilot projects was completed in participating school districts across the province;
- Developed and provided outdoor signage to all schools (K – 12) promoting smoke-free school ground district policies;
- Provided quarterly updates on the *Healthy Students Healthy Schools* initiative to the Provincial Wellness Advisory Council.

### Leadership

- Provided leadership around school health initiatives through the *Healthy Students Healthy Schools* Provincial Committee;
- Funded school health promotion liaison consultant positions for the third year in all school districts;
- Worked with Environmental Health around public health and safety issues in schools (safe food preparation and storage, hand washing, cafeteria equipment requirements);
- Developed provincial partnerships around the promotion and implementation of *Active Transportation* initiatives;
- Coordinated workshops related to the draft *School Food Guidelines* for school caterers and suppliers in all school districts across the province.



## Capacity Building

- Purchased physical education equipment for all primary and elementary schools as part of a three year provincial school equipment funding initiative;
- Purchased school cafeteria appliances for schools in all districts to support the draft School Food Guidelines;
- A variety of school health promotion projects were funded through Provincial Wellness, Regional Health Authority and Regional Wellness Coalition grants;
- Student and school health promotion initiatives were highlighted and shared through the provincial *Living Healthy Schools* website [www.livinghealthyschools.com](http://www.livinghealthyschools.com);
- *Living Healthy Commotions* were successfully held in all schools (K – 12) across the province for the second consecutive year;
- Partnered with the 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.

## Northwest Territories

### Knowledge Development

- Provided guidelines/supports to district educational councils and authorities for use of supplemental funding to support physical education and physical activity;
- Developed and distributed a directory of health authorities' dietetics personnel to support school-based nutrition programs.

### Leadership

- Partnered with Nunavut to offer *Building Resiliency in Youth Through Yoga* school presentations and workshops for Northwest Territories/ Nunavut educators;
- Conducted training in comprehensive school health approach with an emphasis on physical education and physical activity for regional trainers both in education and health sectors;
- Training provided to educators in use of classroom active living kits targeted at grades 4 – 6;
- In partnership with Department of Health and Social Services, conducted an evaluation of the *Don't Be a Butthead: Take the Challenge to Be Smoke-Free* program to determine if the commitment card program was supporting youth to engrain smoke-free commitment.



## Did You Know?

In the Northwest Territories, it is now common to see school superintendents and health authority professionals in attendance at the same meetings. This is a new way of doing business in the territory.

## Capacity Building

- Provided additional funding to district educational councils/authorities to support hiring of physical education specialists and/or offer additional physical activity programming;
- Established partnerships criterion as an incentive for schools to partner with regional health authority staff in planning and implementing school-based nutrition projects;
- In partnership with Department of Municipal and Community Affairs, Sport and Recreation Division, directed incentive funding to community level organizations to host “winter active” projects focusing on intergenerational activity.



## Nova Scotia

### Knowledge Development

- Highlighted some of the great work that is being engaged in throughout the province through the *Health Promoting School Showcase* in the spring of 2008. The event displayed the latest provincial school health practices, including, but not limited to, healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention, as well as other student supports and services within the school community. Nova Scotia's Health Promoting Schools (HPS) is a collaborative approach that has been funded by the province since 2005/2006, which provides a framework for coordinating school health initiatives;
- Released *Fundraising with Healthy Foods and Beverages* guide. Fundraising can be complementary to the health of students and the community that supports them when non-food and healthy food and beverage options are chosen. Fundraising provides another opportunity to support nutrition messages taught in the classroom, home and broader community. It also provides schools the opportunity to show their commitment to promoting healthy living while addressing their financial needs;
- Launched *Provincial Breakfast Program Standards* which are intended to ensure quality breakfast programs in Nova Scotia public schools. The primary function of breakfast programs is to provide nourishment to students. However, programs can also provide opportunities for nutrition education, leadership and socialization, as well as for building relationships and self-esteem. Breakfast programs encourage community, parental and student engagement and foster a culture of caring and well-being within the school community;
- Brought about changes to make physical education a mandatory high school credit. Beginning in 2008/2009, students entering grade 10 will be required to earn one physical education credit over three years at high school to meet the

new graduation requirement which applies to all students wishing to earn the Nova Scotia High School Graduation Diploma in 2011. New courses include Fitness Leadership, Physically Active Living and Physical Education Leadership;

- As part of its *Learning for Life II: Brighter Futures Together* (2005) plan, the Department of Education committed to increasing the number of qualified physical educators in grades 3 – 6. So far the department has invested \$2.6 million in more than 25 additional physical educators towards its goal of 60.

## Leadership

- Conducted research related to physical activity and healthy eating of students in grades 3, 7 and 11. The *Physical Activity Levels and Dietary Intake of Children and Youth (PACY 2)* study was carried out to objectively measure physical activity levels and determine the usual food intakes of children and youth in Nova Scotia. Several government departments and four Nova Scotia universities worked together on this research project;
- Developed a school-based tool for monitoring the impact of the *Food and Nutrition Policy for Nova Scotia Public Schools*. The policy requires school boards to monitor and evaluate policy implementation and effectiveness related to nutrition and the promotion of healthy eating, and to participate in the provincial evaluation of the policy. In October 2007, a subgroup of the Food and Nutrition Policy for Nova Scotia Public Schools Advisory Committee began developing a tool for school boards to provide to schools to monitor the impact of the policy. This tool helps to identify the resources required to implement the policy directives; inform future planning for government departments, school boards, district health authorities and schools; and form the basis for evaluating the effectiveness of the policy;
- Developed a health promoting school structural framework entitled Conseil scolaire acadien provincial (CSAP) HPS Structural Framework. The CSAP school board with support from the Department of Education and the Department of Health Promotion and Protection, held a strategic planning session to develop the framework which will allow CSAP to provide health promoting school initiatives to all of their schools throughout the province.



## Capacity Building

- The Department of Health Promotion and Protection released the updated *Active Kids Healthy Kids Strategy* (AKHK), a comprehensive, innovative, multi-year plan for improving physical activity opportunities and participation rates for children and youth. The renewal of AKHK was informed by two physical activity levels studies, evaluation, shared expertise, partner consultation, an environmental scan, research and promising practices. The updated AKHK places additional emphasis on engaging adolescents, particularly females; communication with parents/guardians; supporting built environments for active transportation and play; supporting physical activity leaders in municipalities; and developing early childhood programs.

# Nunavut

## Knowledge Development

### Aulajaaqtut – Developing Lifelong Learners in Nunavut

Aulajaaqtut is an Inuktitut word which means a V formation of geese. The symbolism of the flight of geese connotes freedom through the support of others, supported leadership and supported participation. Being in flight also provides the ability to see the big picture from a new perspective.

It is the goal of the Aulajaaqtut school curriculum to equip students in Nunavut with this same sense of supported freedom and the understanding that each individual has a role to play in leading, supporting leadership and participating in activity. When birds fly in formation, they are in flight for a long time and will not rest until they reach their destination. Aulajaaqtut is aimed at developing lifelong learners who are self-directed and community-directed. Having this sense of direction and the stamina to keep pressing on towards the desired goal are important concepts developed through the curriculum.

- The Department of Education signed a memorandum with Manitoba Education to use their new physical education program from kindergarten to grade 6;
- The Department of Education distributed the last two modules of the grade 12 curriculum entitled *Aulajaaqtut* to schools. The program is now complete from grades 10 to 12;
- The Department of Health and Social Services developed a dental health manual for teachers to support the health curriculum and for use by community health representatives, dental assistants and dental therapists who work in the schools.

## Leadership

- Developed *Nutrition in Nunavut: A Framework for Action* which prioritizes nutrition issues by establishing goals and objectives for 2007–2017. One of the ten goals is to improve the nutritional status of infants, preschoolers and school-age children. Building partnerships with schools and the Department of Education to improve school food programs and nutrition education has been identified as key to accomplishing this goal. The website link is: <http://www.gov.nu.ca/healthylivinginnunavut/>;
- Supported children with Fetal Alcohol Spectrum Disorder (FASD) in a Nunavut community. The school and the *Kugluktumi Ikayukatigiit Pilot Project* combined their efforts to open the school library and computer lab for students who want to drop by and do homework or hang out. Two high school mentors monitor this program as well as a teacher. This allows people who have a disability to participate in community activities. High school students also provide support and mentoring to grade 7 students during evening activities such as cooking and sports. Preschool children who are considered at risk are provided with one-on-one support at day care and in the Aboriginal Head Start program and this assistance continues with the child through kindergarten.

## Capacity Building

- Implemented *Smoke Screening 5*, a pan-territorial project targeting grades 6 – 12 in all Nunavut schools. Two communities run active Tobacco Clubs in their senior high schools and a further five schools have submitted proposals for Tobacco Reduction Community Program Grants;
- Implemented community-based projects and territory-wide initiatives through *Aboriginal Diabetes Initiative* (ADI) funding from Health Canada, administered by the Department of Health and Social Services. The goal is to prevent diabetes by promoting good nutrition, physical activity and offering diabetes prevention educational and resources to community members and health workers across the territory. Examples of school-based projects are:



- *Makkuktuk Ajunginiliit* (Our Youth Have Strength). High school students were taught a wide range of traditional skills such as igloo building, hunting and fishing practices, and meat and skin preparation by the Elders and community members. They learned about the connection between academic and athletic success, healthy eating and active living habits;
- *Skilqaluit* is a multiyear program of cross country skiing that teaches students about healthy living by promoting physical activity with diabetes prevention and health promotion workshops;
- *Sport Mentor Program* is an after school program that enables all students under 13 to participate in different team sports with no enrollment fees. They learn about good nutrition and receive healthy snacks and three high school students act as mentors to the participants;
- *Kugluktuk High School Healthy Initiatives*. Elders take the students out on the land for caribou hunting, ice fishing and teach how to set and maintain fishing nets. The school holds weekly cooking events to learn how to cook with healthy foods;
- *Summer Youth Sports Camp/After-School Program*. In Kugluktuk this summer camp was open to 5 – 12 year olds and promoted physical activity, proper nutrition and diabetes awareness while engaging the kids in sports. The activities were carried over into an after-school program;
- *Physical Activity Kits*. Sample kits for junior and senior grades are being distributed to the 42 schools in Nunavut. An advisory committee has been formed with representatives from the Departments of Education, Health and Social Services and Culture Language Elders and Youth (CLEY).



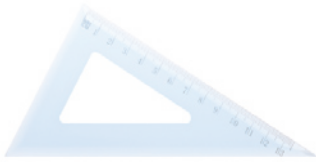
## Ontario

### Knowledge Development

- Creation of a comprehensive [Healthy School Framework](#) that outlines the components of a healthy school and health-related topics.

### Leadership

- The *Healthy Foods for Healthy Schools Act* will require schools to drop trans fat from food and beverages sold in schools. Ontario is also in the process of revising its nutrition standards for schools;
- Developed Ontario's proposed new standards for public health which will include comprehensive school health as a requirement. The standards are expected to be approved and implemented by January 2009.



## Capacity Building

- For a second year, Ontario encouraged school staff, students, parents and community partners to find ways of making schools healthier through the *Healthy Schools Recognition Program*. Over the last two years, approximately 2,189 schools have participated, pledging more than 4,550 new activities;
- To support the implementation of daily physical activity (DPA), as part of the curriculum, Ontario provided support to boards for teacher training and launched a [DPA e-learning module](#);
- Supported the Lifesaving Society to deliver the *Swim to Survive* program. More than 45,000 elementary school students will benefit annually from this new program that will teach them how to survive an unexpected fall into deep water;
- The *Northern Ontario Fruit and Vegetable Pilot Project* expanded to reach approximately 12,000 students in 61 schools in the Porcupine and Algoma regions of Northern Ontario, and a physical activity component was added. A recent evaluation found that students had significantly increased their daily fruit and vegetable consumption and had changed their preferences favourably towards certain fruit and vegetables.

## Prince Edward Island

### Knowledge Development

- Conducted a variety of professional development sessions for teachers to support the implementation of the new grade 7 – 9 health curriculum. Currently developing a new health curriculum for grades 4 – 6 which focuses on wellness choices, relationship choices and life-learning choices. This curriculum is being developed by the Department of Education in consultation with other departments, provincial healthy living alliances and other key stakeholders;
- Launched a school health newsletter called *Healthy School Communities*. Used as a communication tool, this newsletter shares information regarding school health programs, and services and supports available to schools. It is also used to celebrate and share success stories happening within a variety of school settings. This newsletter is distributed to all teachers across the province and to the School Health Information Network, which consists of other government departments, provincial alliances, school boards, and other key stakeholder groups;
- Completed the 2007 *PEI Student Drug Survey* which was part of a collaborative Atlantic Canada initiative. Led by the Department of Health, approximately 3,000 grade 7, 9, 10 and 12 students on PEI were surveyed, using qualitative and quantitative methods, to describe the extent and patterns of drug use among adolescents. The results of this survey provide the best estimates currently available to describe alcohol and drug use and to provide insights into students' perceptions of the consequences of these choices;

- Supported the *School Nutrition and Activity Project (SNAP)*, which is a five year research project led by Dr. Jennifer Taylor (University of Prince Edward Island) and Dr. Paul Veugeliers (University of Alberta), to help evaluate school nutrition policies in elementary and consolidated schools. To date, data has been collected from over 2,000 students (food and physical activity surveys, BMI measurements) which will be used to assess the effect of the policies on children's food intake and weight status. Policy adherence surveys and qualitative assessment of principal, student and parent perceptions of the policy will also be used to understand the successes and challenges of implementing these new policies.

## Leadership

- Supported a consultative process, led by the PEI Healthy Eating Alliance, to develop intermediate/senior high school nutrition policies. This process engages Student Nutrition Action Committees (SNAC) from all intermediate/senior high schools. Teams, consisting of students and a support teacher from each school, help to identify practical changes that they, as students, can affect to improve healthy eating habits of students and the healthy food choices available in their own schools. They will also help to provide a student voice in the process of school nutrition policy development;
- Contributed to the development of a provincial *Youth Substance Abuse and Addictions Strategy*. Led by the Department of Health, a series of public consultations were held to gather public input and help inform the development of this strategy. Parents, youth, community, government departments and other stakeholders are actively involved in developing this strategy through a variety of committees and working groups. These working groups are exploring the current services available and identifying needs in the areas of prevention, education, early intervention, treatment, counseling and aftercare. The school system, as a setting of particular interest for prevention and education, as well an avenue to reach youth and provide supports, has been actively involved in all steps of this process.

## Capacity Building

- Developed and implemented an orientation session to the *Quit 4 Life* youth tobacco cessation program. In response to needs expressed by individual schools, and in support of a comprehensive approach to tobacco reduction efforts, this session was offered to all high schools across the province. In partnership with the Departments of Education and Health and the Canadian Cancer Society–PEI Division staff, an orientation session was provided to school counsellors, youth workers and teacher volunteers. As a result, a number of new youth tobacco cessation programs are being offered in schools, which complement the smoke-free schools policy and, the health curriculum, and demonstrate schools' desire to support the health of students;
- Supported a variety of *Healthy Choices* programs which have been developed in a number of intermediate and senior high schools. Used as a universal prevention strategy, and in support of the health curriculum taught in the classroom, these programs are often formatted as a series of topics offered to all students, or students within a particular grade, regarding a wide variety of



health, wellness and personal growth topics. Often, the sessions are designed in response to topics that have been identified by the students themselves as areas of interest or of importance to them;

- Provided individualized support to schools, using a community development approach, to support self-identified needs in the areas of healthy eating, physical activity, tobacco reduction, emotional/social well-being and youth leadership.



## Did You Know?

With a school health representative in both the health and education sectors, Saskatchewan is moving forward to better coordinate and integrate services. This includes having both sectors represented at inter-and intra-ministerial meetings and presentations.

## Saskatchewan

### Knowledge Development

- As part of provincial curriculum renewal, the Ministry of Education is making explicit efforts to reflect First Nations, Métis and Inuit content and perspectives as foundational aspects of the learning program, including health education. In addition, renewed curricula will focus on higher level outcomes with indicators to demonstrate the breadth and depth of each outcome. Grades 6 – 9 Health Education curricula will be available to schools in the fall of 2008;
- A new Saskatchewan *School and Community Health* electronic bulletin produced by the Ministries of Health and Education was launched which will profile Saskatchewan comprehensive school health examples and highlight promising health promoting practices. The e-bulletin will be distributed four times a year to a broad provincial electronic network of education and health contacts.

### Leadership


- A school health coordinator is housed in each of the Ministries of Education and Health and together they have established a bi-ministerial initiative to promote comprehensive school health models to intersectoral partners in the province. Presentations have been provided to public health staff from health regions and pre-service teachers at the University of Regina, in consultation with newly formed health and education partnerships within the province;
- Provincial school health coordinators facilitate discussions about comprehensive school health approaches into all relevant inter-ministerial meetings (e.g., nutrition, physical activity, safe and caring schools) to promote the coordination of multiple approaches and interventions at the provincial level;
- Provincial school health coordinators presented at the Canadian/International School Health Conference in June 2007. The presentation, within the context of health education curriculum renewal, explored how health education curricula can evolve in areas such as empowering young people to make healthier decisions as well as to act as advocates for changes in their schools and communities.



## Capacity Building

- One of the Saskatchewan school health coordinators is a member of the *Regina and Area Drug Strategy*. The goal of the strategy is to improve the quality of life of all citizens, and provide a healthier and safer community by reducing the impact of addictions. Currently, 21 community organizations and departments from all levels of government have joined together to reach this goal because they recognize the profound impact addictions have on our communities.

The following five working groups have been formed as part of the implementation plan, most of which work within a comprehensive school/ community health approach:

- Prevention
  - Healing Continuum
  - Harm Reduction
  - Community Justice
  - Capacity Building
- 
- Saskatoon Health Region, the most populous health region in the province, has initiated the development of a health-promoting school framework and approach to be co-led by rural and urban school divisions across the region. The framework/approach links with existing mechanisms within both sectors and the community to engage youth, teachers, administrators, researchers, service providers and school community councils in dialogue and action on the conditions that support healthy schools and healthy school communities.

## Yukon

### Knowledge Development

- A partnership between the Health Promotion Unit and a local grade 8 teacher resulted in the development of *Health Matters*, a course to further emphasize the importance of comprehensive health information for students. All grade 8 students are currently required to take a *Health and Career Education* course; however, this new course specifically draws on a host of community resources and covers a wide range of health issues that maintain a high level of student interest;
- Developed tool kits on birth control, smokeless tobacco and media awareness for classrooms. Kits include lesson plans and hands-on teaching tools. These kits are used by health promotion coordinators and are also available on loan for teachers/educators/community groups.

## Leadership

- The Health Promotion Unit received funding through the *Territorial Health Access Fund* for a community dietician. In addition to working with communities, this position will support and assist schools, school councils, parents, principals and teachers in promoting healthy eating and safe food practices within the school environment. The creation of this position has stimulated discussion with schools about specific food-related issues and the development of healthy food policies;
- Introduced reverse lunch hour in a number of Yukon elementary schools whereby students are given free time to play before sitting down to eat their lunch. Teachers and administrators have found that when students return to eat following recess the eating environment is more relaxed, students are less inclined to rush through their lunches just so they can get outside, whole lunches rather than just some of the lunches are consumed, and there is less food garbage in the playground. Teachers have also found that this low-cost initiative allows for a more natural transition from eating in desks to starting into classroom work again.



## Capacity Building

- Developed a *Bison Hunt Program* for elementary school students in grades 6 and 7. Students spend one week out on the land learning about traditional lifestyles, First Nations culture, hunting ethics and outdoor safety skills. At the end of the hunt, children host a feast of traditional foods for the whole school community. Various aspects of elementary curriculum are incorporated into the program such as English, Physical Education and Music;
- Developed *Safe Partying and Peer Pressure* presentations for grades 8 through 10 in a partnership between Health Promotion Unit and Alcohol and Drug Services. Presentations focus on the negative effects of alcohol and drug use on decision making and keeping safe while ensuring to use a harm reduction approach is used;
- Coordinated the distribution of *Grad Packs* to all Yukon high school graduates for the fourth year through a partnership between the Department of Health and Services, Yukon Liquor Corporation, Workers Compensation Health and Safety Board, Women's Directorate, Yukon Cancer Society and Yukon Dental Association. The packs are focused on healthy living messages about "planning ahead to stay safe" and include both information as well as practical tools for the students to use in order to make healthier choices as they move into the next stage of their lives.

# Federal Government

## Knowledge Development

- Released the *2005-06 Canadian Survey Report of the Health Behaviour in School-Aged Children* which examines smoking, alcohol and drug use, physical activity/body image, eating patterns, emotional health and injuries in children and youth aged 11 to 15;
- Supported the development of two scientific papers entitled, *Physical Activity in Schools and Healthy Eating in Schools*; background papers for the June 2007 Satellite Expert Roundtable on the School Policy Framework: Implementation of the WHO Global Strategy on Diet, Physical Activity and Health;
- Released two in a series of Improving the Health of Canadians reports on Mental Health and Resilience. The first, *Improving the Health of Canadians: Mental Health and Homelessness*, discusses many issues relate street youth and looks at protective factors for youth within the school, family and community environments. The second, *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*, examines the relationships between mental health, delinquency and criminal activity and their various determinants. Reports are available at: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=cphi\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_e);
- Coordinated and supported a scientific review of Canadian physical activity guidelines by the Canadian Society for Exercise Physiology to determine whether updates to Canada's *Physical Activity Guides* are required;
- Coordinated the CANPLAY program, a partnership of the Public Health Agency of Canada, the provinces and territories and the Canadian Fitness and Lifestyle Research Institute. This is the first Canadian large-scale nationally representative study measuring physical activity in children and youth;
- Funded the Joint Consortium for School Health Working Group on Sexual Health that provided data and trends on sexual health indicators among Canadian youth; models of effective sexual health education that influence positive behaviours; analysis of influencing factors that may affect the delivery of sexual health education; and evidence-based sexual health information sites for teachers and school administrators. These were made available through the JCSH website;
- Co-sponsored an international symposium entitled *The Role of Educators in the Promotion of Sexual Health in Schools–Development of a Consensus Statement at the First World Congress for Sexual Health*;
- Developed and disseminated family violence publications such as the *Sexual Abuse Information Series* (10 booklets); the UNICEF poster series on violence against children; and *Little Eyes, Little Ears – How Violence against a Mother Shapes Children As They Grow*;



## Sexual Health Education in Canada

A scan of the current state of sexual health education in Canadian schools concludes that a more balanced approach – acknowledging the positive aspects of sexuality, as well as the potentially harmful outcomes – could be more effective. The scan, conducted by JCSH, also notes the importance of continuing sexual health education into the senior high school grades. Most programs in Canada focus on students in grades K – 9.



- Published National Crime Prevention Centre documents designed to mobilize interest in school-based programs including bullying prevention and addressing school gang problems;
- Coordinated Canada's participation in the *United Nations Study on Violence against Children* by participating on the study planning committee and by gathering national level input via an Interdepartmental committee.

## Leadership



- Launched the first *Healthy Living E-bulletin* on National Child Day, November 20. The theme was "Children and Youth: The Right to be Active". The e-bulletin is a quarterly newsletter designed to keep healthy living stakeholders informed of efforts to promote physical activity, healthy eating and healthy weights across the country;



- Continued to fund *ParticipACTION*, which launched an advertising campaign promoting physical activity to children and their parents in October 2007;
- 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;



- Coordinated the development of the *2007 Report on the Pan-Canadian Healthy Living Strategy (PCHLS)* for Conferences of federal/provincial/territorial Deputy Ministers of Health and Ministers of Health. The objective of the report is to demonstrate momentum toward the achievement of the PCHLS goals – to improve health outcomes and to reduce health disparities. A second objective is to present the baseline for eventually measuring progress toward the PCHLS targets.



## Capacity Building

- Funded the Joint Consortium for School Health to develop educator-friendly fact sheets based on *Healthy Settings for Young People in Canada*;
- Funded the Joint Consortium for School Health to develop an easy-to-use *Healthy School Assessment Tool* to position schools to track whether the school environment contributes to chronic disease risk factor reduction;
- Funded new intervention research that was published by the Canadian Population Health Initiative: *Effectiveness of School Programs in Preventing Childhood Overweight: A Natural Experiment Created by New Policy*. The summary is available on the following website: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=cphi\\_communities\\_pveugellers\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_communities_pveugellers_e);
- Funded community-based projects under the *Aboriginal Diabetes Initiative* that target schools to undertake healthy eating and physical activity;
- Announced two-year funding (2007–2009) for 12 new national projects under the national stream of the *Healthy Living Fund – the Physical Activity and Healthy Eating Contribution Program*. Nine of the projects target children and youth;





- Established bilateral agreements in healthy living with provinces and territories as a means to deliver a pan-Canadian response to the issues of physical inactivity, unhealthy eating and their relationship to unhealthy weights. Funded jointly by federal and provincial or territorial governments, community-based joint projects will be implemented over a three-year period, ending March 31, 2010. A number of projects will focus on children and youth;
- Supported *SummerActive* and *WinterActive*, national federal/provincial/territorial 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;
- Provided more than \$140 million in annual funding to support participation and excellence in sport from playground to the podium. In 2007/08 Sport Canada funded ongoing and new sport participation projects and activities in schools, mainly through bilateral agreements with provinces and territories and contributions to national sport organizations;
- Funded collaborative projects on bullying prevention in schools and school-based interventions to tackle crime. Collaborated at local, provincial, territorial and international levels to address factors that put individuals at risk.



## Moving Forward

Bringing comprehensive school health to life will be a strong focus in the year ahead as the Consortium looks to enhance networking opportunities across the health and education sectors and strengthen linkages with key national bodies.

At the same time the Consortium will continue to support cross-sector collaboration within jurisdictions by developing resources to assist its members to build support for comprehensive school health across the country.

Many lessons have been learned in the early years of the Consortium. As it begins to reach maturity as an organization, the Consortium will be turning its attention to a formal evaluation of the effectiveness of its approach to comprehensive school health – recognizing that the Consortium's mission, mandate and structure are unique, with no clear precedent in Canada or elsewhere. Based on the results of a preliminary evaluation in 2008/09 the Consortium will be seeking to secure a commitment from its members to continue this important work.



# Appendix A

## 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 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 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 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.

## 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	3,153,580	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

April 2007/2008

### Assets

Cash in bank ..... \$ 250,160.03

### Revenue

Membership fees ..... 483,673.50

External funding ..... 179,425.00

Other revenue ..... 301,284.00

\$ 964,382.50

### Expenses

Governance ..... 45,642.51

Salaries and compensation ..... 351,111.20

Program expenses ..... 299,742.88

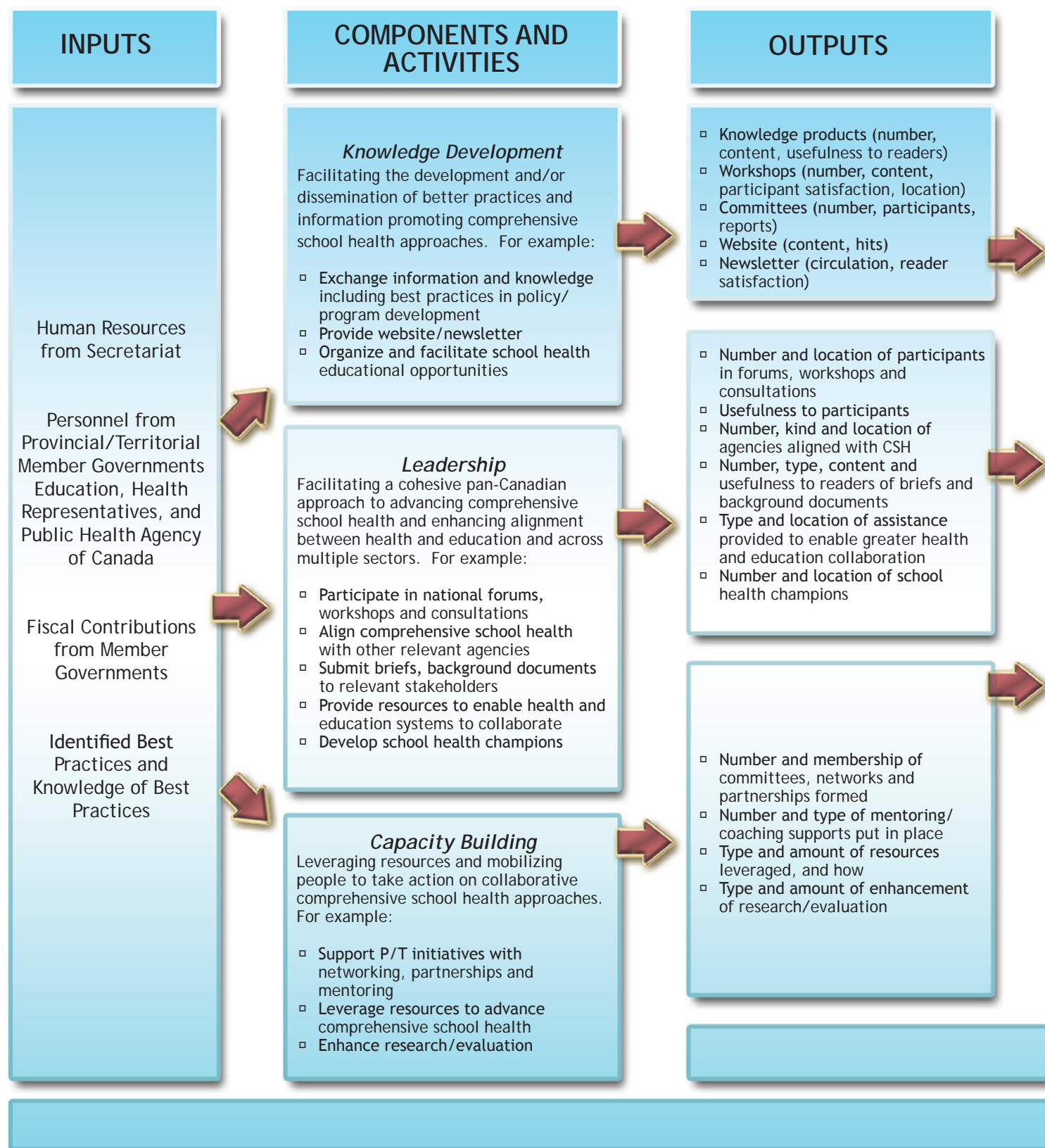
Operating expenses ..... 19,744.64

\$ 716,241.23

**Net income** ..... **\$ 2,019.03**

# Appendix C Long Term Strategic Framework:

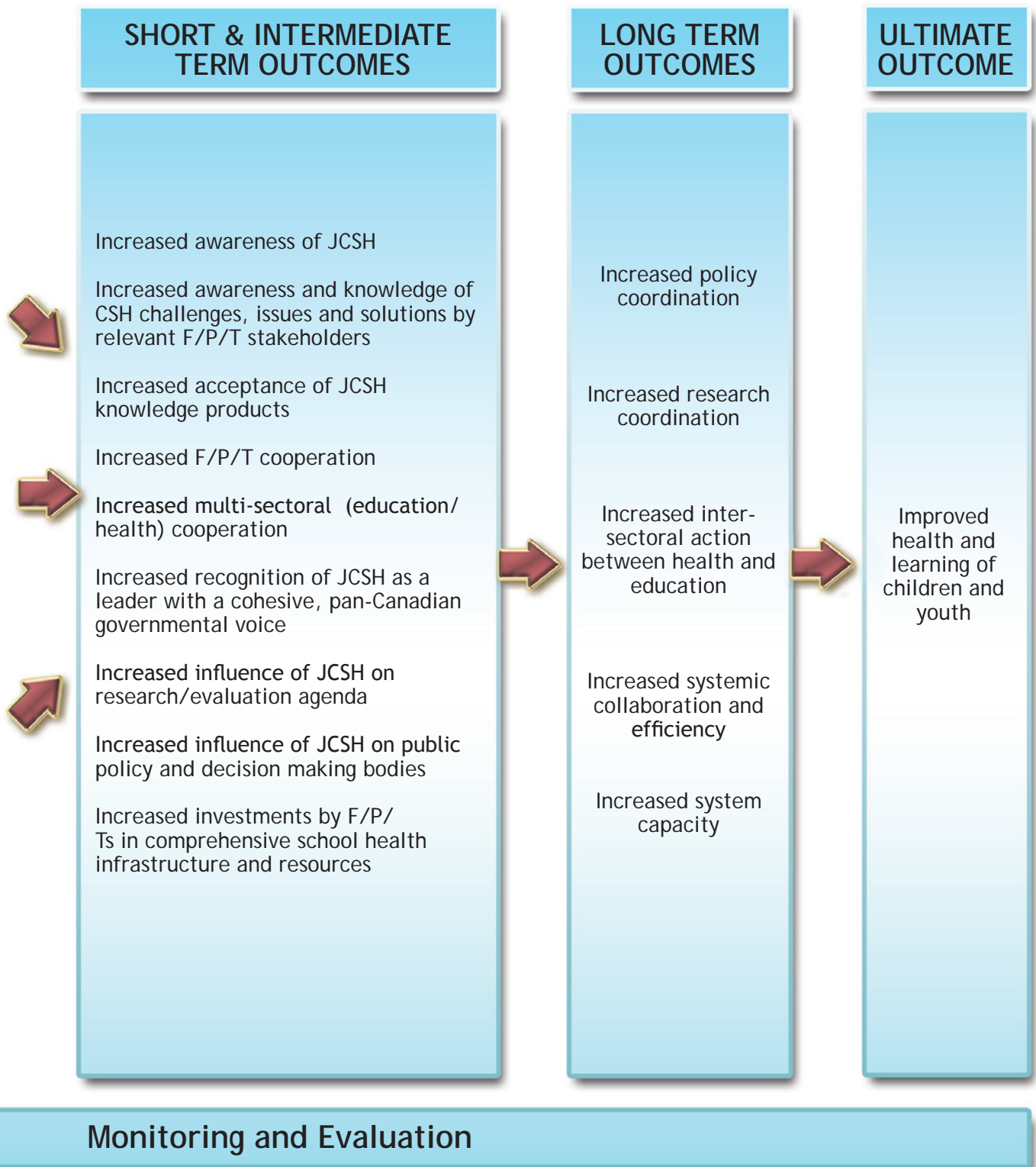
## LOGIC MODEL





**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.



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

# Appendix D Member Contact Information and Web Links

## Alberta

### School Health Coordinator:

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

## British Columbia (Lead Province)

### School Health Coordinator:

Vacant  
Director, Healthy Schools  
Ministry of Education / Ministry of  
Healthy Living  
Government of British Columbia  
PO Box 9161, Stn Prov Govt  
Victoria, British Columbia V8W 9H3  
Tel: 250-356-0194  
Fax: 250-387-1008

### 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  
Manitoba Health and Healthy Living  
Government of Manitoba  
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  
Consultant, Physical Education/Health  
Education  
Manitoba Education, Citizenship and  
Youth  
Government of Manitoba  
Room 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)  
[www.edu.gov.mb.ca/k12/cur/physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physlth/index.html)

## New Brunswick

### School Health Coordinator:

Marlien McKay  
Manager, Wellness  
Department of Wellness, Culture and  
Sport  
Government of New Brunswick  
Place 2000, 250 King Street  
Fredericton, New Brunswick 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 Coordinators:

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

Vacant  
Program Development Consultant,  
Physical Education  
Department of Education  
Government of Newfoundland and  
Labrador  
PO Box 8700  
St. John's, Newfoundland A1B 4J6  
Tel: 709-729-5097  
Fax: 709-729-6619

### 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  
Department of Education, Culture and  
Employment  
Government of the Northwest  
Territories  
Box 1320  
Yellowknife, Northwest Territories  
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  
School Health Coordinator  
Department of Education and  
Department of Health Promotion and  
Protection  
Government of Nova Scotia  
PO Box 578  
2021 Brunswick Street  
Halifax, Nova Scotia B3J 2S9  
Tel: 902-424-6153  
Fax: 902-424-0820  
[provoda@gov.ns.ca](mailto:provoda@gov.ns.ca)

### School Health Links:

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

## Nunavut

### School Health Coordinator:

Carol Gregson  
Health Promotion Specialist  
Department of Health and Social  
Services  
Government of Nunavut  
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/healthylivinginnunavut](http://www.gov.nu.ca/healthylivinginnunavut)  
[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  
Government of Ontario  
393 University Avenue, 21st Floor  
Toronto, Ontario M5G 1E6  
Tel: 416-314-5494  
Fax: 416-314-5497  
[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/curriculum/elementary/health.html>  
<http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html>

## Prince Edward Island

### School Health Coordinator:

Sterling Carruthers  
School Health Specialist  
Department of Education and Early  
Childhood Development  
Government of Prince Edward Island  
PO Box 2000  
Charlottetown, Prince Edward Island  
C1A 7N8  
Tel: 902-368-4682  
Fax: 902-368-4622  
[sdcarruthers@edu.pe.ca](mailto:sdcarruthers@edu.pe.ca)

### School Health Links:

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

## Saskatchewan

### School Health Coordinators:

Kyla Christiansen  
Health Education Consultant  
Curriculum and E-Learning Branch  
Ministry of Education  
Government of Saskatchewan  
6th Floor, 2220 College Avenue  
Regina, Saskatchewan S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2223  
[Kyla.Christiansen@gov.sk.ca](mailto:Kyla.Christiansen@gov.sk.ca)

### Vacant

Public Health Nursing Consultant  
Population Health Branch  
Ministry of Health  
Government of Saskatchewan  
3475 Albert Street  
Regina, Saskatchewan S4S 6X6  
Tel: 306-787-4086  
Fax: 306-787-3823

### 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:

Ian Parker  
Health Promotion Coordinator  
Department of Health and Social  
Services  
Government of Yukon  
#2 Hospital Road  
Whitehorse, Yukon Y1A 3H8  
[Ian.Parker@gov.yk.ca](mailto:Ian.Parker@gov.yk.ca)  
Tel: 867-667-8563  
Fax: 867-456-6502

### School Health Links:

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

## Public Health Agency Canada

Patricia Walsh  
Manager, Strategic Policy and Research  
Unit  
Division of Childhood and  
Adolescence  
Centre for Health Promotion  
Public Health Agency of Canada  
Government of Canada  
AL 1909C2, Jeanne Mance Building,  
Tunney's Pasture  
Ottawa, Ontario K1A 0K9  
Tel: 613-941-0970  
Fax: 613-954-5568  
[Patricia\\_Walsh@phac-aspc.gc.ca](mailto:Patricia_Walsh@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)

620 Superior Street, 2nd Floor  
PO Box 9161 Station Prov Govt  
Victoria, BC  
V8W 9H3

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