



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

**Annual Report**

July 31, 2012







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# Message from the Executive Director



The health of Canada's children and youth requires creative, collaborative approaches. This need for collaboration is being recognized increasingly in Canada and in countries around the world. The Mental Health Commission of Canada's *Changing Directions, Changing Lives: The Mental Health Strategy for Canada unveiled*, as well as the *Actions Taken and Future Directions 2011 – Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, are but two examples of recent pan-Canadian initiatives that acknowledge the complexity and enormity of the issue of youth health, and emphasize that responsibility for this issue cannot be left to any one government, sector, or jurisdiction. Within the public sector, governments at all levels representing many different portfolios are learning to share leadership, knowledge, and resources to work more collaboratively. Moreover, governments are doing more to engage and build coalitions with non-governmental sectors such as those in the research community and practitioners in the field.

In 2011-2012, the JCSH continued to set a leading example in pan-Canadian cross-sectoral collaboration by building upon existing coalitions that are committed to improving the health of children and youth in the school setting. Such a commitment to a collective approach to school health is foundational to this Consortium of provincial and territorial ministries of education and of health/health promotion/healthy living, with support from the Public Health Agency of Canada. Examples of JCSH collaboration with partners outside of government include a number of research centres: the Propel Centre for Population Health Impact at the University of Waterloo, in making improvements to the Healthy School Planner as well as in co-hosting the 2011 National Forum on Youth Health; W. Morrison & Associates Inc. of New Brunswick, in developing the JCSH Positive Mental Health Toolkit; and the Social Program Evaluation Group at Queen's University and the Public Health Agency of Canada, in releasing, in February 2012, the 2009/10 National Report of the Health Behaviour in School-aged Children study.

While relationship-building and collaboration takes time –whether across jurisdictions or across sectors, whether in identifying a common purpose for working together or in reaching the implementation stage– the JCSH has shown its commitment to a shared platform for success, and a working environment that supports new approaches, new relationships, creativity, and innovation. Current work of the Consortium supports national priorities for child and youth health and complements the work of the member ministries and departments by contributing to areas such as data collection, knowledge development/translation and exchange, and continuous monitoring and evaluation.

Moving forward, the JCSH considers how it might explore initiatives and directions in youth engagement and research that attends to the perspective of the Canadian north. These areas are critical to child and youth health and will be integral in next steps in advancing student achievement and child/youth health strategies. The JCSH continues to offer a strong pathway for shaping future priorities, communications mediums, and actions, all leading to increased involvement of core partners and improved outcomes for the next generation.



Katherine Kelly  
Executive Director  
Pan-Canadian Joint Consortium for School Health



## The Case for Cross-Sector Collaboration

From its beginnings in 2005, the Pan-Canadian Joint Consortium for School Health has been at the leading edge of the horizontal or collaborative approach to governance. The Consortium recognizes the need to explore mutual interests and transcend sectoral differences. In doing so, the JCSH brings together representatives from health and education ministries from nine provinces and all three territories in Canada, as well as support from the federal government through the Public Health Agency of Canada.

This collaborative effort enables the Consortium to provide tools, resources, and a national forum for sharing knowledge, coordinating priorities, and aligning the work of health and education ministries throughout the country. Their membership in the Joint Consortium allows the jurisdictions to leverage products and knowledge to enhance capacity within their broad school health communities.

Working together across sectors and jurisdictions has valuable short-term benefits. By sharing program innovations, working with practice and research experts, exchanging knowledge, and coordinating strategies, duplication and overlap in the work of member and supporting jurisdictions are minimized. Our agreement of collaboration means, by definition, that we are not competing. While each jurisdiction's needs and strengths are unique, combining forces allows each to reach, together, the goals that are shared.

There are also significant long-term rewards for governments working across the health and education sectors. Research shows, and teachers and health professionals know, that healthy learning environments support student health, well-being, and achievement. Educators, public health professionals, and other school experts in JCSH member and supporting jurisdictions are able to share evidence and best practices from Canada and around the world. The Consortium engages with national and international leaders in policy, practice, and research to work toward shared outcomes so that all students are able to benefit from new educational and wellness directions. For example, the JCSH Comprehensive School Health framework aligns directly with the national and international attention being paid to 21<sup>st</sup> century learning: Team learning, problem solving, technological awareness, global appreciation, and critical thinking are enhanced within a holistic, health-focused approach to education.

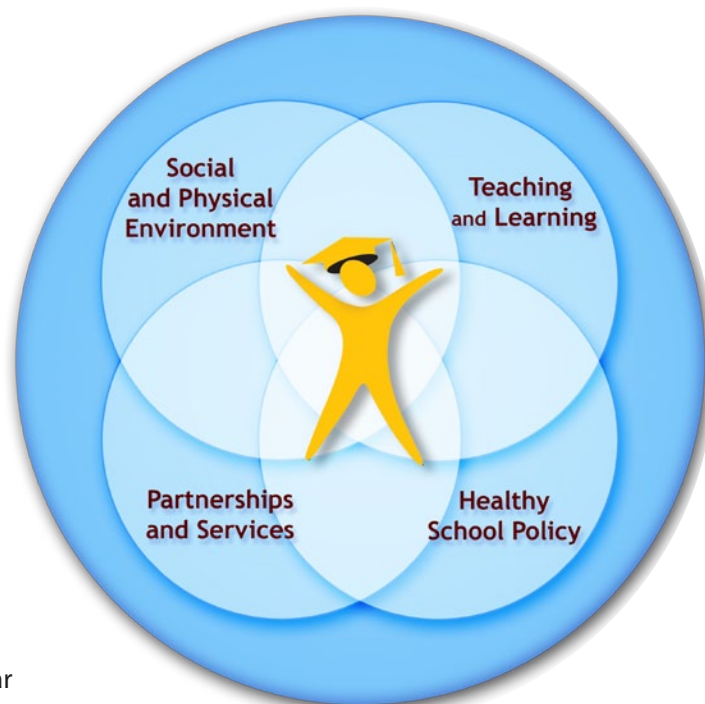
# About Comprehensive School Health

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

- **Social and Physical Environment** - the quality of the relationships among and between school staff and students, the emotional well-being of students, and the buildings, grounds, play space, and equipment in and surrounding the school.
- **Teaching and Learning** - curricular and non-curricular education of students and training of teachers in resources, activities, and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health, wellbeing, and academic outcomes.
- **Healthy School Policy** - the management practices, decision-making processes, rules, procedures, and policies at all levels that promote health and wellbeing, and shape a respectful, welcoming, and caring school environment.
- **Partnerships and Services** - community- and school-based partnerships and services that support and promote student and staff health and well-being; health, education, and other sectors working together to advance school health.

Comprehensive school health (CSH) is an approach rather than a program or an initiative. As such, CSH is the mechanism through which issues such as physical activity, positive mental health, or injury prevention are addressed in school. For instance, in using a CSH lens, an issue such as healthy weights is not addressed through any one program, school assignment, or nutrition class. Rather, work to address healthy weights is reflected in many facets: through a social club in the school, and in the bicycle racks outside the school; as part of the teaching curriculum, as well as through professional development days for teachers and other school staff; through policy on the kinds of foods sold in schools, as well as the school's linkages with parents, community facilities, and groups.

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



## A Comprehensive School Health approach to Health Promoting Schools

Health and education are interdependent: healthy students are better learners, and better-educated individuals are healthier. Research has shown that *comprehensive school health* is **an effective approach to tap into that linkage**, improving both health and educational outcomes and encouraging healthy behaviours that last a lifetime<sup>1</sup>.

In the school, comprehensive school health facilitates improved student achievement and can lead to fewer behavioural problems. In the broader school environment, it helps students develop the skills, autonomy, and competencies they need to be physically, mentally, and emotionally healthy for life<sup>2</sup>.

## Comprehensive School Health in Canada in the context of 21st century learning

Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors. These factors lead to a sense of working together that aligns with the direction of 21<sup>st</sup> century learning. The challenge, both for CSH and for the 21<sup>st</sup> century learning approach, is to coordinate efforts so that partners combine resources and develop action plans together and in support of the ultimate goals.

The goal of 21<sup>st</sup> century learning is to foster a generation of young people who are healthy, happy, educated, and productive members of society. This approach aligns the education of students to real-world issues. It celebrates technology and global and cultural awareness as well as student mental fitness and student learning communities. The curriculum must be interdisciplinary, project-based, and research-driven. For both 21<sup>st</sup> century learning and comprehensive school health approaches, families and communities matter; after-school activities programs improve student learning, activity levels, and eating habits; risky behaviours are reduced<sup>3</sup>.

## About the Joint Consortium

### Mandate

Established in 2005, the Pan-Canadian Joint Consortium for School Health is a partnership of provincial and territorial governments from across Canada with federal support from the Public Health Agency of Canada, all working together to promote the health of children and youth in the school setting. Recognizing that every province and territory has initiatives in place to foster healthy school environments, the Consortium provides a forum for key representatives of government ministries responsible for health and education to:

- strengthen cooperation among ministries, agencies, departments, and others in support of healthy schools;

1 Murray, N.D., Low, B.J., Hollis, C., Cross, A., Davis, S. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77(9), 589-599.

2 Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Health Evidence Network Report. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.

3 Heuveline et al, 2010.





- 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).

## Monitoring and Evaluation

In 2012, the JCSH reviewed and revised its Operating Plan. Monitoring and evaluation of JCSH directions and initiatives are continuous and fundamental to the Consortium's Operating Plan and Logic Model.

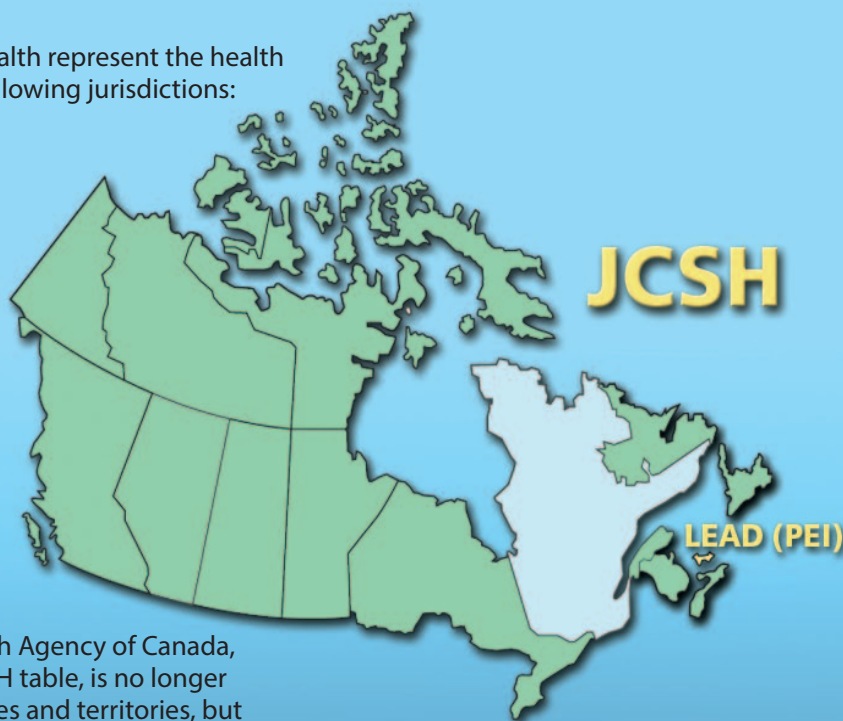
## JCSH Membership

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

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

Under the 2010-2015 mandate, the Public Health Agency of Canada, representing the federal government at the JCSH table, is no longer a member of the Consortium alongside provinces and territories, but serves in a funding and advisory capacity.

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



## Activities

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

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

## Working Horizontally

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

The Pan-Canadian Joint Consortium for School Health continues to break new ground in horizontal governance. Its mandate not only spans the health and education sectors, it also spans a dozen individual jurisdictions – each with its own legislation, policies, history, and culture.



## Pan-Canadian Joint Consortium for School Health Organizational Structure



# Consortium Accomplishments

The goal of optimal health and educational success in all children and youth is one adopted by governments throughout the world. Canada advances this goal in health and education ministries in provincial and territorial jurisdictions throughout the country through the work of the Pan-Canadian Joint Consortium for School Health (JCSH). Because of this measure of cooperation, the JCSH is able to develop and maintain enduring partnerships and is recognized as a leader in the area of comprehensive school health.

The JCSH provides its members with tools, resources, and a national forum through which to share knowledge, coordinate priorities, and strengthen alignment among Canada's health and education sectors. Its consistent and harmonized approach to horizontal collaboration is assisting this country in moving beyond traditional barriers to improve health and learning for children and youth in the school setting.

Highlights of progress in member and supporting jurisdictions are reported beginning on **page 16**.

## Leadership

The JCSH proactively leads in the advancement of comprehensive school health in Canada through collaborative engagement from health and education ministries across the country. In just seven years since its formation, the commitment and sustained efforts of all involved have helped increase recognition across the sectors of the essential linkages between health and education in the lives and futures of all children and youth. During the past year, representatives from the JCSH membership and Secretariat have contributed to forums and conferences on issues from youth health to healthy weights to positive mental health.

- Provided direction in real application of evidence and practice into schools through the development and launch of the JCSH Positive Mental Health Toolkit.
- National Forum on Youth Health: Co-chaired and co-developed the program for the National Forum on Youth Health held October 25-26, 2011 in Toronto, ON. The work of the JCSH with the Propel Centre for Population Health, University of Waterloo, brought together policy, practice, and research representatives from 11 of the 13 provinces and territories in Canada as well as from national organizations and the federal government. *'Catching the Jellyfish: Extracting and Applying Lessons to Advance Youth Health'* was designed to assist participants in the following areas:
  - \* gain knowledge from experts in systems thinking and youth engagement,
  - \* acquire learnings from case studies of three provinces that have built youth health knowledge exchange networks, and
  - \* network and share within and across jurisdictions to develop and enhance action plans on youth health.
- HBSC Fact Sheets: Provided consultation with Public Health Agency of Canada (PHAC) on the development of a series of fact sheets to exchange the findings of the latest Health Behaviour in School-aged Children (HBSC) study. Conducted in collaboration with the World Health Organization Regional Office for Europe, the



HBSC study is a cross-national, school-based survey conducted every four years to obtain data on the health and well-being of young people (aged 11 to 15) and the social context of their health attitudes and behaviours. The most recent survey of more than 26,000 students represents the 2010 cycle of HBSC.

- **Healthy Weights:** As a leader in contributing to and sharing evidence on the work on healthy weights and obesity reduction in children across Canada, JCSH had a number of involvements in the past year. In February 2012 AB Management Committee member Neil MacDonald delivered a plenary session on *Obesity: From Prevention to Promoting Healthy Weights* to the 4th Pan-Canadian Conference of the Chronic Disease Prevention Alliance of Canada (CDPAC) in Ottawa. The presentation focused on the framework approved by Ministers of Health / Healthy Living / Health Promotion entitled *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*.
- **Physical Activity Models:** Contributed to a cross-Canada knowledge dissemination and exchange meeting on adoption and implementation of school-based physical activity models. This meeting, hosted by BC Ministry of Health, included School Health Coordinators from BC and MB as well as the JCSH Executive Director in discussions with practitioners and researchers.
- **FPTGN:** Assisted in the development and coordination of a meeting in Ottawa, ON of JCSH representatives from, largely, the education ministries and representatives of the Federal Provincial Territorial Group on Nutrition (FPTGN) -- February 29, 2012. During this meeting, the Comprehensive School Health framework championed by JCSH was used to direct initiatives and approaches in school nutrition. JCSH will continue to engage this group in facilitating the collective work of education and health ministries across the country with respect to school nutrition guidelines and implementation of school nutrition policies in the jurisdictions.
- **Strengthened JCSH's leadership role in, and the understanding of, comprehensive school health by initiating or maintaining partnerships across Canada:**
  - \* Federal Coordinating Committee for School Health (FCCSH)
  - \* Public Health Agency of Canada's Mental Health Promotion Unit and Injury Prevention Unit
  - \* Health Canada (HC)
  - \* Physical and Health Education (PHE) Canada
  - \* Federal/ Provincial/Territorial Group on Nutrition (FPTGN)
  - \* Canadian Association of Principals (CAP)
  - \* School-Based Mental Health and Substance Abuse (SBMHSA) Consortium
  - \* Canadian Partnership Against Cancer



## Knowledge Development

In 2011-2012, the JCSH emphasized positive mental health as a foundational approach for improving academic and health outcomes for all children and youth. In continuing its emphasis on solid relationships of policymakers, practitioners, and researchers around mutual goals, the JCSH remains at the forefront of knowledge development and exchange in comprehensive school health and youth health.

- On invitation from Summit organizers, the Consortium presented its work on Positive Mental Health to the Mental Health Summit 2012: *Mental Health Promotion and Mental Illness Prevention for All* – February 15-16, 2012 in Winnipeg, MB. The national Summit was hosted by the Government of Manitoba to build on discussions held by Canadian Premiers on the importance of mental health promotion and mental illness prevention. Representing the Consortium were Management Committee and School Health Coordinators' Committee representatives from MB, BC, and NU as well as the Executive Director.
- Launched the Positive Mental Health Toolkit. This e-learning kit builds on previous work by JCSH, including the 2010 literature and better practices review: *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives*. The toolkit features
  - \* introductory video pieces,
  - \* an overview of key concepts of positive mental health,
  - \* checklists, guidelines, and questions to guide school-based analysis of positive mental health practices and planning efforts,
  - \* available in online and offline format, and
  - \* available in English and French.
- Presented the Positive Mental Health work of the JCSH, including the toolkit, during a number of conferences and workshops throughout the year:
  - \* In a plenary to the entire participant body during the National Symposium on Child and Youth Mental Health – May 30 to June 01 2012, Calgary AB.
  - \* In a presentation to the annual conference of Canadian Association of Principals (CAP) – May 24 to 26 2012 in Montreal QC.
  - \* In a plenary presentation at the Manitoba School Boards Association's Healthy Minds, Successful Students: A Forum on Student Mental Health and Wellness – April 27 2012 in Brandon MB.
  - \* In an animated poster during the 4th Pan-Canadian Conference of the Chronic Disease Prevention Alliance of Canada (CDPAC) in Ottawa – February 06 to 10 2012. This conference also featured a panel on comprehensive school health as part of the Childhood Obesity conference stream – the JCSH Executive Director was a member of this four-person panel.
  - \* During the Shaping the Future conference – January 26 to 28 2012, Kananaskis AB.



- In addition to already noted conferences, workshops, meetings, and symposia, JCSH members and Secretariat were in attendance at the following events, making and maintaining connections and linkages with colleagues on national and international scales on the work of the JCSH and the value of a comprehensive school health approach to health and education improvements in children and youth:
  - \* *Schools that Promote Health, Well-being and Educational Success in the Next Decade* – a pre-conference of the international *Journées annuelles de santé publique (JASP)* conference – November 28 to 29 2011, Montreal, QC.
  - \* *Canadian Cancer Prevention Research Draft Strategic Framework: Stakeholder Consultation Workshop*, sponsored by Canadian Partnership Against Cancer – December 01 2011, Toronto, ON.
  - \* *Healthy Weights Summit* – February 27 2012, Ottawa, ON.
- Continued to update and maintain most recent publications in an evergreen repository of research relevant to comprehensive school health, including government reports, international reports, peer-reviewed literature, and grey literature.

## Capacity Building

A critical part of the Consortium's work is to build the capacity of the health and education sectors to collaborate more effectively. At the same time, it supports the work of member jurisdictions and the Federal Government to build their respective capacities to design and deliver comprehensive school health initiatives. In the past year, the JCSH has also grown the level of direct collaboration among the Management Committee members, the School Health Coordinators' Committee members, and the Secretariat, thus providing clear and concrete indication of the evolving and fluid mix of pan-Canadian and jurisdictional voices on school health issues.

- Consulted and collaborated with stakeholders in the evaluation work completing the first Phase of Youth Excel CLASP; contributed to and provided direction and feedback on the development of the YE CLASP Phase II proposal for 2012-2014 funding from Canadian Partnership Against Cancer (CPAC).
- Coordinated and connected practitioners and researchers in teams with policymakers, culminating in the October 2011 National Forum on Youth Health. From this forum, provincial / territorial youth action teams were created or enhanced to explore and advance a systems approach to planning, acting, and learning around youth health.
- In consultation with representatives from research, policy, and practice across the country, worked to make significant revisions to the Healthy School Planner's content, look, and feel (work to continue through 2012). Developed in partnership with the University of Waterloo, the Healthy School Planner currently covers three key topics: healthy eating, physical activity, and tobacco use. The JCSH is now looking at ways to improve the tool's usefulness for schools, including the development of a new foundational module on how to approach healthy school planning using a comprehensive school health approach. The revised Planner will be launched in late 2012.



- Enhanced the capacity of JCSH's communication with members, supporting governments, and community, national, and international partners and supporters through revision of the Consortium's website.
- Held a JCSH Strategic Planning session with members of the Management Committee, School Health Coordinators' Committee, and the Secretariat to discuss the direction of the Consortium over the three remaining years of its second mandate (2010-2015). Feedback garnered at this session was used to guide the development of the 2012-2015 JCSH Operating Plan and associated annual work plans of the School Health Coordinators' Committee and JCSH Secretariat.
- Strengthened opportunities for federal, provincial, territorial health and education collaboration by holding four pan-Canadian face-to-face meetings and 12 teleconferences of our member and supporting jurisdictions. Evaluations showed that members agreed or strongly agreed that face-to-face meetings are a valuable use of their time and provide opportunity for cross-jurisdictional connections and resources sharing.



# Highlights of Progress in Member and Supporting Jurisdictions

The Pan-Canadian Joint Consortium for School Health serves as a catalyst, promoting cooperation and collaboration between and among member and supporting jurisdictions – and the health and education sectors – in support of comprehensive school health approaches.

Highlights of progress in member and supporting jurisdictions are included here to illustrate the range of activities underway across Canada during the year, and to demonstrate the work being done at all levels to advance comprehensive school health.

Please note: The accomplishments listed in this section reflect progress made during 2011-2012. For more information on any initiatives listed, visit the jurisdictions' respective school health websites. See Appendix D for member and supporting jurisdictions' contact information and web links.



## British Columbia

In British Columbia, the ministries of Education and Health have worked in partnership since 2005 to facilitate cross-sector collaboration and promote policy development and practice that reflects a comprehensive school health approach. Building on the successes of this shared leadership model, Healthy Families BC Schools, a key initiative of the province's new health promotion strategy, aims to further enhance health-education sector coordination and capacity-building for healthy schools in BC. Key components of the Healthy Families BC Schools initiative include new provincial healthy school leadership structures and youth engagement strategies, enhanced regional health-education partnerships, improved coordination of provincial programs and resources, and new school health assessment and planning tools.

### Leadership

- The BC Teachers Federation, the Provincial Health Services Authority, and other partners from government, school districts, and communities convened the **Summer Institute 2011: Promoting Mental Health in BC Schools** to increase knowledge about mental health and substance use in schools, and build skills to promote positive mental health and school connectedness. The Summer Institute is now an annual event and future sessions will be coordinated through the **BC School-Based Mental Health Coalition** - a cross-sector stakeholder group of practitioners, policymakers, researchers, and advocates which aims to promote school connectedness and positive mental health in BC schools.
- The Directorate of Agencies for School Health presented a [paper](#) to 480 delegates at the International Congress for School Effectiveness and Improvement on how British Columbia's education system is working to develop partnerships with the health sector.
- The **BC Youth Excel Knowledge Exchange Network** enhanced collaboration and knowledge exchange focused on youth health in the areas of tobacco, physical activity, healthy eating, and positive mental health amongst researchers, policy makers, and practitioners. The Network hosted monthly webinars and distributed



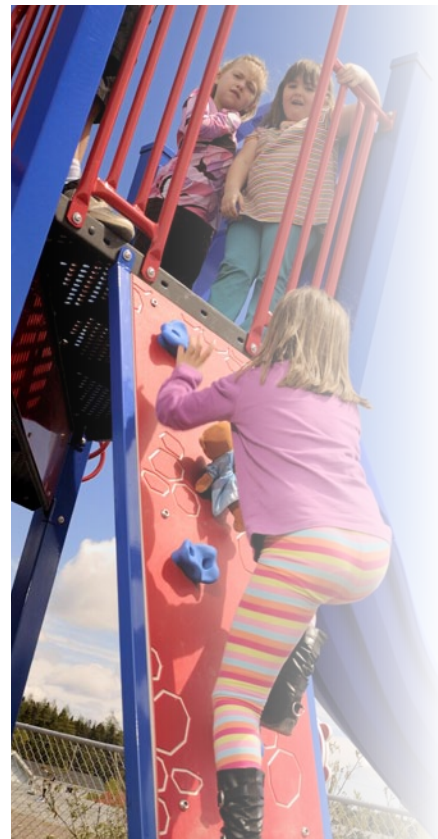
quarterly newsletters; facilitated a provincial forum on youth health; conducted a provincial planning meeting for youth health surveillance; and held a national meeting setting the research, policy, and practice agenda for physical activity implementation in schools. The Network is part of the national Youth Excel Coalition Linking Action and Science for Prevention (CLASP) initiative funded by the Canadian Partnership Against Cancer.

## Knowledge Development

- The [Healthy Schools BC Portal](#) was launched to provide “one stop” access to the broad array of school health resources available in British Columbia, and to demonstrate how existing resources can be coordinated under the Comprehensive School Health framework. The Directorate of Agencies for School Health BC also created a short [video](#) on comprehensive school health and how it can be implemented in the school setting.
- Action Schools! BC, in partnership with BC health and mental health stakeholders, developed a new [Being Me resource](#) to promote positive body image in elementary and middle schools. The resource complements the newly revised [Classroom Healthy Eating Action Resource](#) and aligns with the Ministry of Education’s prescribed learning outcomes.
- The McCreary Centre Society conducted 17 community consultations and engaged young people across the province to enhance on the BC Adolescent Health Survey instrument. McCreary also published [Making the Right Connections](#), a report that offers a detailed look at the mental health of BC youth, and the role of various protective factors in promoting positive mental health.
- The Directorate of Agencies for School Health BC developed the [Healthy Schools BC Learning Framework](#), which provides the health and education sectors with a process for assessing, planning, implementing, and evaluating a comprehensive school health approach within BC schools and districts/regions.

## Capacity Building

- The [BC School Fruit and Vegetable Nutritional Program](#) was expanded to include First Nations schools and most public schools in the province, currently providing BC-grown fruits and vegetables 13 times in the school year to over 433,000 students. Schools receiving the program were eligible to apply for grants to purchase refrigerators.
- Phase Two of the **BC After School Sport Initiative** was launched in selected communities where children face barriers to participation in sport and physical activity. Selected schools received funding to partner with community service providers and local sport organizations to introduce children to fundamental movement and sport skills. Five new communities were added to the initiative during this phase, bringing the total to ten, with further expansion to seventeen communities planned by 2013.
- The [Roots of Empathy Program](#) was expanded to 360 Kindergarten classrooms in British Columbia, and the **Seeds of Sympathy** program into 22 preschools or child care settings. The [BC FRIENDS Program](#), an anxiety prevention and resiliency promotion program provided by teachers in the classroom and sponsored by the Ministry of Children and Family Development, has expanded to include K-1 and grades 4-7, and the [BC FRIENDS Parent Program](#) to provide greater accessibility and support to parents.



- The new **Mind Check** mental health and substance use literacy program was implemented, including an interactive website, targeted education in schools and other educational institutions, and a province-wide public awareness campaign. British Columbia also launched a pilot of **Tools of the Mind** in 12 Kindergarten classrooms, which fosters strong self-regulation skills in young children that contribute to healthy social, emotional, and cognitive development.
- British Columbia committed to provide \$8 million over two years to build new playgrounds in over 40 schools and repair or upgrade hundreds of others across the province. In addition to this funding, the Ministry of Education changed the requirements for building new elementary schools to ensure a playground with adventure-style play equipment is included.

## Alberta

Since 2007, Healthy Alberta School Communities, a joint initiative supported by Education and Health, has been designed to strengthen the development of healthy school communities in Alberta. The commitment to Healthy Alberta School Communities is integral to addressing the health and learning outcomes for Alberta students. Established in 2000, *Ever Active Schools* is a program of the Health and Physical Education Council of the Alberta Teachers' Association and funded by three provincial ministries: Education; Health; and Tourism, Parks and Recreation, has provided support to school communities for the implementation of comprehensive school health. Initiated in 2007, the *Alberta Healthy School Community Wellness Fund* has supported projects that promote healthy school communities.

## Leadership

- Alberta Education solicited input from Albertans through the *Our Children, Our Future: Getting It Right* consultations to inform legislation, including the proposed Education Act, as well as future regulations and policies. This public engagement process resulted in extensive face-to-face, online, and written input from the public between November 2011 and January 2012.
- The *Framework for Student Learning: Competencies for Engaged Thinkers and Ethical Citizens with an Entrepreneurial Spirit* is the culmination of work involving engagement with Alberta stakeholders and experts, review of trends and research, and development of ideas and recommendations. The *Framework* highlights the significance of students being able to demonstrate an understanding of the importance of education, safety, financial literacy, and personal wellness, with commitment to lifestyle choices based on healthy attitudes and actions.
- The International Action on Wellness Symposium was held in Banff from October 11-13, 2011 with almost 500 health and non-health delegates in attendance. The goal of the Symposium was to promote wellness by providing participants opportunities to interact with leading experts from around the world and to develop new partners and strategies to promote wellness. Student leaders from the Education Minister's Student Advisory Council participated in the event bringing the voice of Alberta's youth to the Symposium. They were seen as key contributors to the dialogue around improving wellness in Alberta.
- Alberta hosted an *Engagement Dialogue – Improving Consistency of School Food Guidelines* at the International Action on Wellness Symposium. The main focus of the dialogue with representatives from industry, commodity groups, NGOs, and government representatives was improving the consistency of nutrient criteria for the school environments. This work is a step toward improving school food and

beverage environments and supporting children and youth to become healthy, productive learners.

- Opportunities to promote and support the development of healthy school communities in Alberta were continued in 2011-2012 through the Alberta Healthy School Community Wellness Fund. Over the last five years, the Wellness Fund has supported the implementation of more than 150 projects across Alberta in promoting healthy eating, active living, and positive social environments in school communities. To date, these projects have reached over 250,000 students in more than 750 school communities across Alberta.

## Knowledge Development

- For the 2011-2012 operating year the Wellness Fund expanded the focus of its initiative to meet the needs of school communities in Alberta. Readiness Grants were awarded to 13 previously unfunded districts to provide the opportunity to action plan the development of their healthy school community. Curriculum Grants have been awarded to six school districts to support high schools in embedding health and wellness across the whole curriculum. Developing Healthy Relationships Grants were awarded to 11 school communities to support high schools in addressing healthy relationships including responsible sexual behaviour.
- *Speak Out* – the Alberta Student Engagement Initiative has created both a space and a means to allow students aged 13 to 19 from across Alberta to reflect on and discuss their education with other students and key stakeholders. The 4<sup>th</sup> Annual Speak Out Conference, held April 13-14, 2012, featured sessions with students from across Alberta, and discussed how they can contribute to healthy school environments and what students think schools should do to support healthy lifestyle choices. Asking for students' input and taking action on students' ideas will help to create more actively engaged citizens and a stronger education system.
- Raising Healthy Eating and Active Living Kids (REAL Kids Alberta) is an evaluation of the effectiveness of Healthy Weights Initiatives. Since 2008 the survey has been used to gather information on physical activity, screen time, dietary habits, and nutrient intake, as well as measured heights and weights of more than 3,900 Grade 5 students in 174 randomly selected schools. 2011 marked the first year of participation for Francophone school communities in the Real Kids Alberta Evaluation. Survey instruments, questionnaires, and school and jurisdiction results were translated into French and used to gather information on the Grade 5 students in all 30 participating schools. There was overwhelming support from students, parents, and school principals to continue to promote healthy eating and active living in Francophone school communities.



## Capacity Building

- On September 19, 2011 the Youth Excel Coalition Linking Action and Science for Prevention (CLASP) hosted the second Alberta Youth Health Knowledge Exchange Roundtable. The goal of this roundtable was to bring together multiple stakeholders in youth health – researchers, policy makers, practitioners, and youth leaders – to share success stories and challenges of knowledge exchange (KE). The information gathered served as a foundation to identify and build upon other mechanisms to support KE in Alberta.
- The Connecting in Kananaskis – Knowledge Exchange meeting and workshop, held in January 2012, built upon the seminal KE work of the Youth Excel Coalition Linking Action and Science for Prevention (CLASP-AB/National) and facilitated ground-level

knowledge exchange with stakeholders, including participants from the recreation, education, and health sectors. Everyone's commitment to school health was apparent at these valued and energetic events.

- In January 2012, Ever Active Schools hosted the 3<sup>rd</sup> Annual Shaping the Future – Engaging Healthy School Communities Conference bringing together 250 people from across Alberta and Canada with a vested interest in the assessment, planning, and implementation of Comprehensive School Health. The Conference focused on promising practices, success stories, research, and opportunities to network, learn, share, and revitalize. Preconference sessions were held on Wellness Policy in Alberta Schools and Building Healthy First Nations, Métis, and Inuit Schools.
- Alberta Health has funded a new project called *Healthy Schools – Healthy Futures*. Integrating the learnings from the APPLE Schools project, with those of other provincial projects such as Ever Active Schools and the Wellness Fund, the proposed project will:
  - \* Improve healthy behaviours of school aged children
  - \* Improve health promoting environments in Alberta school communities
  - \* Use evidence to drive and influence practice
  - \* Introduce efficiencies of implementation and financial resources by collaborating in a more coordinated fashion.



## Saskatchewan

The *Healthy and Health-Related Behaviours Among Young People: Saskatchewan* (2011) report determined that there are relatively few areas of healthy behaviours of Saskatchewan adolescents that differ from their counterparts in the rest of Canada. The most prominent relative strength for Saskatchewan students lies in their better interpersonal relationships. Students in SK report fewer behavioural problems, greater trust in others, more school belonging, and increased teacher caring. The only case of concern spanning all Saskatchewan students rests in fruit and vegetable consumption, which could well reflect issues of accessibility and affordability. Other causes of concern are isolated to the Grades 9-10 school population including lower life satisfaction, higher participation in risk behaviours, decreased physical activity for males, and increased bullying for females. Highlights of Saskatchewan's accomplishments that reflect the work of Comprehensive School Community Health for the fiscal period 2011-2012 include:

### Leadership

- The Ministries of Health and Education are working with [Safe Saskatchewan](#) as this group facilitates and coordinates the creation of a provincial, community-based safety education strategy targeted at educating children and youth. We continue to dialogue about how this strategy will be developed through a comprehensive school community health framework to influence a transformation of a provincial culture that will position injury prevention as a core value.
- In June 2011, the Ministry of Health and Public Health Agency of Canada (PHAC) co-hosted a Healthy Weights Roundtable as part of the Federal/Provincial/Territorial (FPT) Childhood Obesity Engagement Strategy. The purpose of the Roundtable was to discuss the [FPT Framework for Action to Promote Healthy Weights: Curbing Childhood Obesity](#) (2011) as well as to recommend principles and an approach for



Saskatchewan. The Ministries of Health; Education; and Parks, Culture and Sport (PCS) are exploring opportunities for a cross-government approach to healthy weights.

- Provincial data on the health and mental well-being of Saskatchewan students, made available to Saskatchewan through the Public Health Agency of Canada (PHAC), will be a mechanism for monitoring and addressing shared priorities among the Ministries of Health, Education, and Parks, Culture and Sport (PCS).

## Knowledge Development

- Wellness 10 was piloted in the fall of 2011 and the renewed curriculum will be available to schools in the fall of 2012. The Ministry of Education is pleased to provide this secondary level credit that broadens, extends, and reaches beyond the traditional ideas of fitness and health. Wellness 10 invites teachers and students to engage in learning within meaningful contexts that relate personal, family, and community well-being.
- Comprehensive School Community Health (CSCH) continues to be reflected in health promotion in Saskatchewan by strengthening the partnership between the Ministries of Health and Education. Examples include:
  - \* KNOW Tobacco resources developed by the Lung Association of Saskatchewan in partnership with the Saskatchewan Ministry of Health and with guidance from the Ministry of Education are now available on the [Got-Lungs/KNOW Tobacco](#) website.
  - \* View and Vote 4 provided Saskatchewan students with the opportunity to choose an anti-tobacco ad to be aired province-wide online and at cinemas in advance of age appropriate movies. Participating teachers were also given an opportunity to win one of three classroom prizes to support CSCH. The partnership between the Ministries of Health and Education supported transitioning View and Vote to the first online process in Canada. To view the winning ad visit [View and Vote](#).
  - \* [Smokestream.ca](#) is dedicated to collecting the thoughts, opinions, and beliefs of young people, ages 11 to 14 years, on tobacco use. This interactive site was launched by the Ministry of Health in March 2012. It has been accompanied by classroom visits by an experiential marketing team, consisting of young adults. The exchange that has been created will shape a new social marketing campaign to reduce tobacco use.

## Capacity Building

- *Learning Resources Evaluation Guidelines (2011)* was renewed to better assist schools in accessing appropriate learning resources, including health education and physical education resources. These guidelines establish criteria for selecting a variety of high-quality learning resources that offer students the opportunity to choose, to explore, and to discover. It is recommended that schools use the criteria to ensure students have access to resources that portray respect and dignity for both genders, for those in specific cultural groups, for people with varying physical and intellectual abilities, for individuals of various ages, and for people of differing sexual orientations.
- To support resource evaluation in the area of nutrition and healthy eating, the Ministry of Education provided public health nutritionists with a professional learning opportunity about the renewed provincial health education curricula and the process for reviewing learning resources. The purpose of this opportunity was to better position the nutritionists to review and recommend culturally responsive

and developmentally appropriate resources that align with the provincial curricula, and to support the schools in their respective regional health authorities.

- The public health nutritionists in regional health authorities have collaborated to determine *The Cost of Healthy Breakfasts and Snacks for School Aged Children in Saskatchewan* based on food costing data collected in 2009. The tool is to support those who plan and budget for nutrition programming. Also, through a partnership with the North West Regional College, the public health nutritionists developed a low-cost independent-study nutrition course that focuses on planning and preparing nutritious, affordable snacks and meals for children. It is intended for school nutrition coordinators throughout the province but is available to anyone in the community.



## Manitoba

First introduced in 2000, Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. The Healthy Schools Initiative recognizes that good health is important for learning and that schools are uniquely positioned to have a positive influence on the health of children, youth, and their families. Healthy Schools reflects the province's commitment to support progress towards enhanced health and education outcomes for all students. The Healthy Schools Initiative is a partnership between Manitoba Healthy Living, Seniors and Consumer Affairs, Manitoba Education, and Healthy Child Manitoba.  
[www.manitoba.ca/healthyschools](http://www.manitoba.ca/healthyschools)

## Leadership

- Manitoba released *Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans*. *Rising to the Challenge* is Manitoba's five-year plan, outlining goals, objectives, and strategic actions to provide direction to planning in the area of mental health and well-being.  
[www.manitoba.ca/health/mh/challenge](http://www.manitoba.ca/health/mh/challenge)
- Manitoba hosted a national summit on Mental Health Promotion and Illness Prevention. Leading mental-health researchers, government representatives, and other stakeholders dedicated to the many issues related to mental health and mental illness took part in the national summit. The summit included sessions on social determinants of mental health, opportunities to prevent mental illness, indigenous and cultural approaches to mental health, the economics of mental-health promotion, and effective approaches for families, schools, workplaces, and communities.  
<http://news.gov.mb.ca/news/index.html>
- A share and learn workshop on geocaching was held for registered **in motion** schools. Healthy Schools **in motion** is a component of Manitoba **in motion**, a provincial strategy to help all Manitobans make physical activity part of their daily lives for health benefits and enjoyment. Healthy Schools **in motion** work towards the goal of 30 minutes of physical activity every day for every student.  
[www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)

## Knowledge Development

- Manitoba released *Suicide Prevention: Guidelines for Public Awareness and Education Activities*. Developed in partnership with government departments, regional health authorities, and community partners, the guidelines will assist those working in the important area of suicide prevention. The guidelines were created to support the

use of leading and promising practice in public awareness and education efforts for suicide prevention. They are intended to guide and enhance creative and effective education and awareness campaigns.

- Manitoba released the *2009 Manitoba School Nutrition Survey Report*. The report is based on a three-year follow-up survey to the baseline report conducted in 2006 prior to the provincial requirement for establishment of written school nutrition policies. The results of the 2009 survey are very encouraging and demonstrate the progress that schools have made in developing and implementing school nutrition policies in the initial three-year period. Results describe numerous positive changes in school food environments and practices that have occurred.

[www.manitoba.ca/healthyschools/foodinschools](http://www.manitoba.ca/healthyschools/foodinschools)

- Launched the Healthy Schools *in motion* Geocaching Loaner Program. The *Geocaching Loaner Program* provides *in motion* schools with the tools, equipment, and resources they need to geocache. Geocaching is a popular outdoor adventure game for all ages and abilities and combines play with team building, problem-solving, and other valuable educational outcomes. Through the *Geocaching Loaner Program*, Manitoba schools can provide students with a cross curricular, innovative experience while being physically active.

[www.manitobainmotion.ca/schools/resources/annual\\_resource](http://www.manitobainmotion.ca/schools/resources/annual_resource)

## Capacity Building

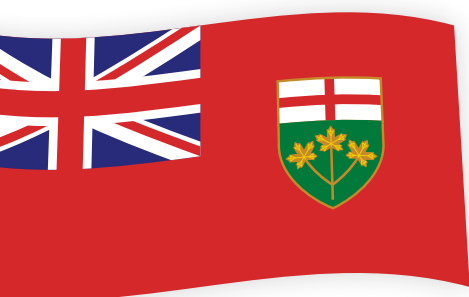
- Launched new, online *Respect in School Program*. The province is partnering with former National Hockey League player Sheldon Kennedy to promote safer, more respectful schools. *Respect in School* is a bilingual, online program that helps support all adults working with students in a school environment to better understand and respond to incidents of bullying, abuse, harassment, and neglect.
- [www.respectinschool.com](http://www.respectinschool.com)
- Launched a new provincial grant program, *Youth Making a Difference*. The *Youth Making a Difference Grant* provides students and youth, ages 16 to 24, with a grant of up to \$1,000 to develop and implement social justice and community development projects in their schools and communities. [www.manitoba.ca/cyo/youth/leadership/youthmakingadifference](http://www.manitoba.ca/cyo/youth/leadership/youthmakingadifference)
  - Launched a province-wide pilot of the *PAX Good Behaviour Game* in 200 schools in Manitoba, including First Nations and independent schools. Short and long-term outcomes of the pilot will be measured over time. The *PAX Good Behaviour Game* is a set of proven strategies (originally invented by an elementary school teacher) that help children develop social, emotional, and self-discipline skills. These skills are crucial for lifelong learning and physical and emotional health. Participating Grade 1 students play the PAX Game in the classroom for a few minutes a day, every day throughout the school year. Playing the PAX Game improves the classroom environment by reducing disruptions and reclaiming instruction time for more effective and focused learning.
- [www.manitoba.ca/healthychild/pax](http://www.manitoba.ca/healthychild/pax)
- Provided annual funding through *Healthy Schools Community-based Funding* to school divisions and independent and First Nations schools to support them in working with their regional health authorities and partners to develop and implement Healthy Schools plans and activities.
- [www.manitoba.ca/healthyschools/community](http://www.manitoba.ca/healthyschools/community)
- Provided annual funding to schools through Healthy Schools Provincial Campaigns to undertake projects that support and increase awareness of important health and



wellness issues in their school community. In 2011-2012, schools received funding for activities focused on Healthy Relationships (fall 2011) and Environmental Health (spring 2012).

[www.manitoba.ca/healthyschools/campaigns](http://www.manitoba.ca/healthyschools/campaigns)

- Manitoba initiated the *Active Schools Fund*, a new, multi-year gymnasium construction and renewal program. There is now a five-year, fifty million dollar program for Manitoba public schools, which will ensure high-quality gymnasium facilities are available to provide the required instructional facilities for healthy living and high-school graduation. This program builds on the successful implementation of mandatory physical education in Manitoba high schools.  
<http://news.gov.mb.ca/news/index.html>
- Provided funding to support programs and projects focused on the before and after school time period. The *Active and Safe Routes to School Program* and the *After the School Bell Rings Project* target children, families, and schools to encourage active travel to and from school and support school divisions and schools in the area of school travel planning.  
[www.greenactioncentre.ca/program/asrts](http://www.greenactioncentre.ca/program/asrts)  
[www.afterschoolmanitoba.ca](http://www.afterschoolmanitoba.ca)



## Ontario

Since 2006, Ontario has made great progress in creating healthier schools. Working with a variety of partners in the education and health sectors, as well as other ministries, the Ministry of Education has a number of initiatives to support a comprehensive healthy schools strategy, including:

- Healthy Eating
  - \* the School Food and Beverage Policy;
  - \* the Trans Fat Standards Regulation (O. Reg. 200/08);
  - \* the Healthy Food for Healthy Schools Act, 2008;
- Foundations for a Healthy School framework;
- Swim to Survive – Injury Prevention;
- Healthy Schools Recognition Program;
- Anaphylaxis – Sabrina's Law – An Act to Protect Anaphylactic Pupils;
- Daily Physical Activity;
- Healthy Schools Working Table; and,
- Student Well-being Research Framework.



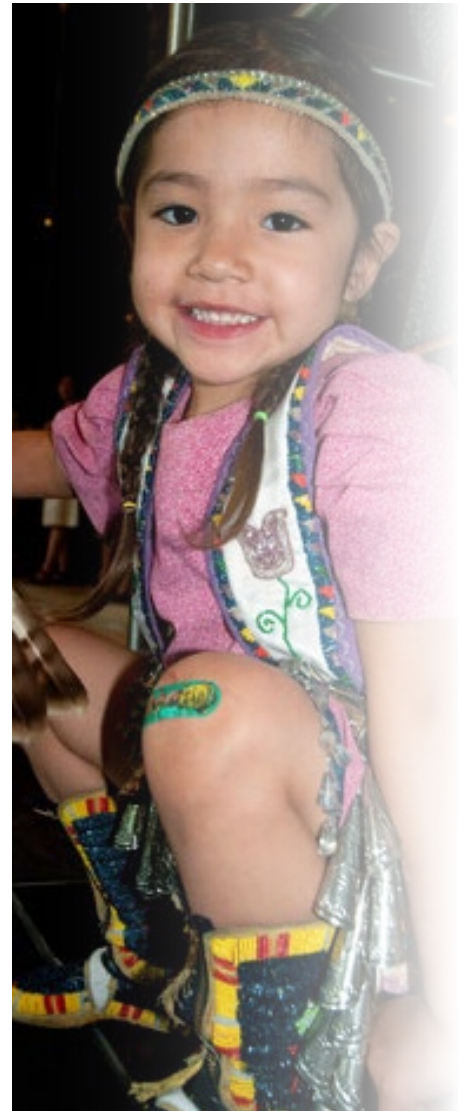


## Leadership

- On January 15th, 2010, the Ministry of Education released the School Food and Beverage Policy (PPM 150). The policy outlines detailed nutrition standards and requires that school boards ensure that all food and beverages sold on school premises for school purposes meet the requirements set out in the policy by September 1, 2011. The nutrition standards apply to all food and beverages sold in all venues (e.g., cafeterias, vending machines, tuck shops), through all programs (e.g., catered lunch programs), and at all events (e.g., bake sales, sports events).
- In October 2011, the Ministry of Education distributed elementary teacher PPM 150 resources to all elementary schools to support implementation and encourage integration of healthy eating into classroom teaching.
- In January and February of 2012, the Ministry of Education held 11 regional training sessions for secondary school teachers and school board staff on the School Food and Beverage Policy. The Ministry of Education has developed teacher resource guides, online modules for teachers and interactive tools for students that make connections between the requirements of the School Food and Beverage Policy and the information taught in the elementary curriculum. For more information about the School Food and Beverage Policy or the resources to support implementation, please visit the Ministry of Education's website at <http://www.ontario.ca/healthyschools>

## Knowledge Development

- The Ontario Curriculum, Grades 1-8: Health and Physical Education, Interim Edition, 2010 (revised) is currently being implemented. It is posted on the ministry website at [www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html). The revised secondary Health and Physical Education curriculum (Grades 9-12) is in the final stages of the review process.
- On June 5th, 2012, the Accepting Schools Act (Bill 13) <http://www.ontario.ca> was passed by the Ontario Legislature. Bill 13 creates legal obligations for school boards and schools to take additional measures to prevent and address bullying. The new law comes into effect in September 2012. Legislation is just one part of a comprehensive action plan to end bullying in schools. The plan also includes:
  - \* New mental health workers in schools – as part of Ontario's 10-year Mental Health and Addictions Strategy – and expanded telepsychiatry (video counselling) services for kids;
  - \* Direction to Ontario's Curriculum Council to report on strengthening equity and inclusive education principles, and bullying prevention strategies across the curriculum and suggesting ways to support this learning in Ontario schools;
  - \* A public awareness campaign that will stress that all Ontarians have a role in preventing and ending bullying; and
  - \* An Accepting Schools Expert Panel to provide advice on evidence-informed resources and practices that focus on a whole school approach, including bullying prevention and intervention.
- In August 2011, the ministry distributed a Student Well-being Research Framework to assist school boards in promoting student achievement and well-being, as required under Bill 177, the Student Achievement and School Board Governance Act.



## Capacity Building

- To build on the effective work being done by Ontario school boards to support students with mental health and addiction needs, the Ministries of Education (EDU), Children and Youth Services (MCYS), Health and Long-Term Care (MOHLTC) and Training, Colleges and Universities (MTCU) are working collaboratively to:
  - \* Implement mental health literacy and cross-sectoral training on early identification and intervention for educators;
  - \* Hire new workers through schools and community-based agencies;
  - \* Identify and refer students for treatment; and
  - \* Enhance mental health resources in schools.
- Beginning in the 2011-12 school year, all school boards in Ontario have access to education-focused provincial initiatives such as a mental health and addictions resource guide, professional learning opportunities for educators, and the support of new mental health workers and nurses with mental health and addictions expertise. The supports and services offered through the strategy started in the fall of 2011 and will be phased in over three years.
- In October 2009, the Ontario Government launched a \$10 million after-school program that provides Ontario's young people in Grades 1 to 12 with access to safe, active and healthy activities during the after-school time period (between 3 pm and 6 pm). As a critical component of "Ontario's Poverty Reduction Strategy", these programs target priority neighbourhoods such as low-income, First Nation and northern/rural communities. The goals of the after-school program are to help decrease childhood obesity, increase healthy eating and physical activity, improve student achievement, and help reduce youth violence and child poverty. Programs are unique to the needs of the participants and communities, but each must dedicate time as follows:
  - \* 30% - Physical activity (such as recreation, dance, sport);
  - \* 20% - Healthy food choices and nutrition (such as food label reading, cooking classes);
  - \* 20% - Wellness and personal health (such as tobacco, substance abuse, bullying and violence prevention); and,
  - \* 30% - Programming to reflect local needs and capacity such as cultural programs, homework assistance and arts and crafts.

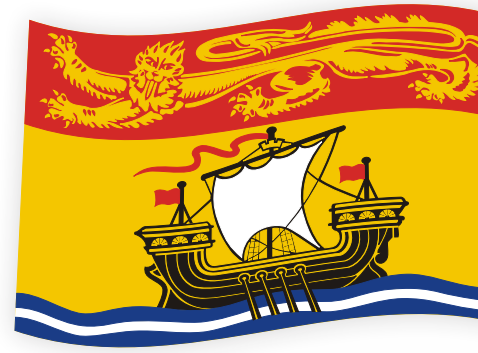
Communities and organizations across Ontario have been very receptive to the government's after-school Initiative; as of December 15, 2011:

- \* 326 sites currently deliver after-school programs in the province
- \* 107 organizations are funded, including 10 First Nation communities
- \* Up to 18,000 children and youth are registered in the after school program.



## New Brunswick

The New Brunswick Healthy Learners in School Program, initiated in 2000, is a Public Health program available through the Regional Health Authorities which is aimed at promoting student health and wellness through creation of healthy, safe, and supportive physical and social environments. Public Health (Public Health Nurses and Dietitians) work with school districts and some high schools through Health Committees that include representatives from schools (principals and school staff), parents, and the community. Their efforts are supported by the Department of Culture, Tourism and Healthy Living's (DCTHL) Wellness Strategy which focuses on physical activity, healthy eating, tobacco-free living, and mental fitness and resilience in schools, communities, workplaces, and homes. A key component of this Strategy is multi-year data collection, which monitors progress and includes support for schools in efforts to use their own results to take action on wellness. The NBCTHL also funds two School Wellness Program Coordinators who collaborate with school and district wellness champions. They support comprehensive school health approaches through the distribution of grants and resources, providing training to school and district employees, provision of a School Wellness Newsletter, and helping to connect schools to other resources in their communities such as Wellness Networks. The Department of Education and Early Childhood Development (DEECD) reflects a comprehensive school health approach through policy, curriculum delivery, student services, and commitment to community schools.



### Leadership

- DEECD established the Ministerial Advisory Committee on Positive Learning and Working Environments (anti-bullying) which will make recommendations to the Minister of Education and Early Childhood Development on ways to foster positive learning and working environments in the public school system. This includes proposing amendments to enhance legislation, policy, and practices throughout the school system with the goal of preventing and addressing instances of bullying.
- DEECD hosted a meeting of health and physical education specialists from each Anglophone district in the province in February 2012 to determine priorities for health and physical education in the next three years.
- DEECD distributed a survey to teachers currently teaching Formation Personnelle et Sociale (Personal and Social Development) curriculum from K-10 to gather feedback on their perception of the curriculum. In addition, surveys were also sent to students from Grades 6 to 10 to gather their opinion on the curriculum. The purpose of these surveys is to identify the strengths and challenges of the curriculum, to provide support to teachers in the areas identified as challenging, and to get a perspective for future directions for curriculum re-design.

### Knowledge Development

- DEECD piloted the new *Wellness Through Physical Education 110* curriculum in all Anglophone school districts. The goal of the curriculum is to promote healthy active living for life. Students will experience a variety of wellness activities, design a wellness opportunity for a community group, and are expected to create and implement a personal healthy active living plan. The course is intended to allow a broad-based exploration of various dimensions of wellness and encourage a healthy, balanced lifestyle.
- DEECD developed a wellness curriculum based on NB's Wellness Strategy as an optional course for students in Grades 11 and 12 (Francophone districts).



This course is currently being offered to about 350 students in 12 out of 22 Francophone schools. The goal is for students to acquire the fundamental knowledge needed to understand, use, and promote the principles of the seven dimensions of wellness as defined in the NB Wellness Strategy. The acquisition and application of this knowledge will allow students to be more responsible, self-directed, and motivated to actively participate in our society.

- Participated in the Youth Excel CLASP project which included completion of a case study of knowledge exchange capacity in NB (and in two other provinces) and hosted a provincial forum with 78 participants from education, health, community, and youth groups. They heard inspiring practice stories and discussed next steps for knowledge exchange in the province.

## Capacity Building

- DCTHL implemented *Join the Wellness Movement*, a social marketing initiative intended to encourage New Brunswick communities, groups, schools, and workplaces to make commitments to a healthy lifestyle. Over 225 schools made Wellness Commitments to date and commitments continue to come in. Ten of these schools were drawn as winners of a \$1000 or \$500 grant to continue their ongoing wellness initiatives.
- DCTHL implemented a project with a school district in northern NB to promote a whole school approach to mental fitness and resilience by offering workshops to all school employees. Schools identified strategies and interventions that met the psychological needs of the students according to the self-determination theory and are now used throughout the school (not limited to one program or the classroom). Evaluation indicated that participating schools saw a number of benefits including increased performance on the provincial evaluations as well as positive impact on student behaviour and significant decreases in suspensions. The Department of Education and Early Childhood Development is exploring opportunities to apply learnings from this project to other districts in the province.
- DCTHL and DEECD provided support and guidance in the development of a new school resource (*Mon ÉCOLE en santé*) being developed for students by « Mouvement Acadien des Communautés en Santé du N.-B. Inc ». The purpose of this resource is to provide guidance to students wishing to establish a student led Health and Wellness Committee which will then organize activities and initiatives around wellness.

## Nova Scotia

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

## Leadership

- Comprehensive regulations and standards for child care centres, announced in April 2011, ensure nutritious food for the pre-schoolers who attend the centres. These regulations model the food and nutrition guidelines of the K-12 schools, and also give the child-care centres more support and flexibility in preparing healthy meals and snacks. The regulations allow centres to develop and change menus based



on a clear set of standards for nutrition: The regulations and standards ensure that menus are based on food groups identified by Health Canada; Clean drinking water and food safety are ensured; Special dietary considerations can be met; Nutrition education is provided; Breast milk is labeled and stored correctly.

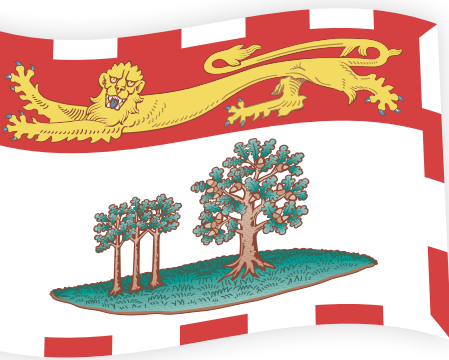
- The 2011 tobacco strategy, Moving Toward a Tobacco-Free Nova Scotia, builds on the successes Nova Scotia achieved with the 2001 tobacco control strategy that banned smoking in public establishments. As a result of the strategy, the province is: (1) focusing on the behaviour of the tobacco industry in Nova Scotia by looking at advertising and sales-to-minors compliance rates; (2) aiming to reduce from 15 % to 10 % the number of teens (15 to 19) smoking; and (3) exploring treatment options and legislation to help smoking reduction efforts. A key part of the strategy is the tobacco anti-smoking social-marketing campaign to change the way teens think about smoking. [www.gov.ns.ca/hpp/cdip/tobacco-control.asp](http://www.gov.ns.ca/hpp/cdip/tobacco-control.asp)
- The Department of Health and Wellness, in partnership with the district health authorities, has built on strategies and approaches aimed at increasing awareness of youth gambling and youth problem gambling to develop and implement measures designed to mitigate their impacts on youth. Many stakeholders have expressed concern over the risk that youth and young adults present for developing gambling problems.

## Knowledge Development

- SchoolsPlus is a collaborative interagency approach to supporting the whole child and family. It promotes an integrated service delivery model through the co-location and/or partnership of services within a school such as: Community Services, Justice, Health and Wellness, and other community organizations. The vision of SchoolsPlus is for schools to become centres of service delivery, enabling enhanced access to services and programs.
- Nova Scotia Department of Education's African Canadian Services Division (ACSD) continues to work toward creating an awareness of the importance of providing supportive environments for all students. The current focus is centered around three initiatives: (1) Restorative Practices - training opportunities for board and school staff in an approach utilized to create a safe and healthy school environment. (2) Professional Development-Questioning our Practice Inservice - The African Canadian Studies 11 and English 12: African Heritage courses ensure that African Canadian students are being presented with a history reflective of their experiences locally and on a global basis. The goal is to enhance their self efficacy and further solidify their social and emotional well being to create an awareness of the necessity of providing supportive environments for all students. (3) Resiliency Parenting Workshops - The primary purpose of the Raising Resilient African Nova Scotian Children Program is to provide parents and adult participants with a practical and effective model to understand the emotional/social development in assisting young people as they reach their full potential.

## Capacity Building

- One of the greatest strengths of the Strait Regional School Board's Health Promoting School (HPS) team is in the partnerships that have been created and nurtured over the last seven years. There are many key stakeholders, including the Department of Health and Wellness, public health services, municipal recreation departments, St. Francis Xavier University, addiction services, mental health agencies, community services, and community health boards that play a big part in the enhancement of school and community health. <http://www.hps.srsb.ca>



## Prince Edward Island

On Prince Edward Island, the Department of Education and Early Childhood Development, the Department of Health and Wellness, University of Prince Edward Island researchers, school boards, schools, provincial alliances, community organizations, and community volunteers alike have been working together to support the health and well-being of Island students. Over the past year, collaborative efforts have resulted in a variety of new and strengthened supports for healthy school communities, using a comprehensive school health approach.

### Leadership

- Funded by the Canadian Institutes of Health Research (CIHR), the Comprehensive School Health Research Group at the University of Prince Edward Island hosted two workshops in the fall of 2011 to explore how best to engage students and parents in school health promotion, knowledge exchange, and dissemination. Students explored how their behaviours are influenced by others (family, friends, school, community, society, and culture) and what they could do to encourage, support, or design a health promotion activity. Parents discussed health priorities for their children, their role as parents and the role of the school, what information or support they might need to work with their schools, and how best to encourage a collaborative partnership between the two.
- With funding from Health Canada through the Canadian Partnership Against Cancer, the Comprehensive School Health Research Group of the University of Prince Edward Island partnered with the Department of Education and Early Childhood Development to host “Youth Health in the School Setting - Forum II” in the fall of 2011. The forum was one aspect of PEI’s participation in the Youth Health Collaborative: ‘Excel’erating evidence informed action (Youth Excel CLASP). The objectives of the forum were: to share information on youth health projects and programs taking place in school communities; to map the landscape of youth health promotion on PEI, focusing on the school setting; and to plan next steps for enhancing and sustaining collaborative efforts and maintaining attention on youth health in school settings. The forum brought together 43 people from government departments, NGOs, research groups, schools, school boards, parents, and students. Of the 43 participants, 13 were students from the workshop mentioned above.



### Knowledge Development

- The Department of Education and Early Childhood Development, in consultation with the Department of Health and Wellness and other key stakeholders, researched and developed a new physical education curriculum and resources for Grades 7 to 9. This new draft curriculum provides opportunities for students to develop knowledge, skills, and positive attitudes toward active living. There is an emphasis on fundamental movement skills and teaching games for understanding, and a de-emphasis on competition and traditional organized sports. The curriculum will support students in acquiring the understandings and skills to engage in movement activity and to develop a solid foundation for a balanced lifestyle.
- Funded through a partnership between the Department of Education and Early Childhood Development and the Department of Health and Wellness, the PEI Healthy Eating Alliance provided support to all PEI school boards to strengthen existing school nutrition policies. The school nutrition policies now include nutrition criteria (sugar, fat, sodium and other nutrients) for all foods to be sold or served in schools. As of April 2011, both English school boards have school nutrition

policies in place for all grade levels (K-12). A bilingual dietitian was hired to support policy revision, adoption, and implementation with the French language school board; as of January 2012 they have a revised school nutrition policy as well.

## Capacity Building

- Through the on-going partnership among the Department of Education and Early Childhood Development, the Department of Health and Wellness, and the Comprehensive School Health Research Group at the University of Prince Edward Island, the “School Health Action Planning and Evaluation System – Prince Edward Island (SHAPES-PEI) Partner Engagement Strategy” was implemented. Through the SHAPES-PEI system, school, school board, and provincial health profile reports have been created from the 2010-11 student health behaviour surveys. Individualized presentations were made to a variety of schools, school boards, student classroom, parents, and Provincial departments regarding the findings from these reports. This approach has encouraged and supported the use of SHAPES-PEI data in supporting various programs, policies, and learning outcomes. These presentations also provided the opportunity for conversations with key stakeholders regarding their impressions and responses to the data. The School Health Grant was offered again, and projects were increasingly more ‘comprehensive’ in nature and began to incorporate identified curriculum linkages and to address multiple health behaviours.
- In 2011-12, the Department of Education and Early Childhood Development provided funding to help address findings of a recent “*Evaluation of Breakfast Programs in Prince Edward Island Schools*”. This evaluation, conducted by the PEI Healthy Eating Alliance, assessed the extent to which school breakfast programs were meeting the “keys to success” program standards, established by Breakfast for Learning, and determined whether foods and beverages offered were consistent with school nutrition policies in terms of nutritional quality. Evaluation results were shared with all breakfast program organizers and volunteers, training sessions were offered, and appropriate resources were developed to support individual program improvements.



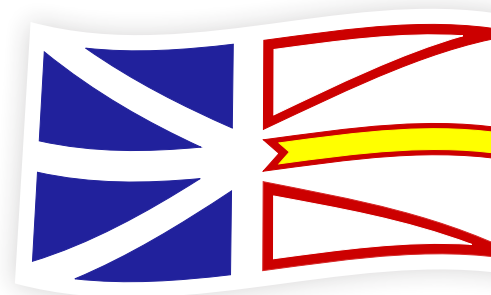
## Newfoundland and Labrador

*Healthy Students Healthy Schools (HSHS)* is a priority in the Provincial Wellness Plan supporting and promoting the creation and maintenance of healthy school learning environments and fostering healthier behaviours for life. Based on a comprehensive school health approach, HSHS supports and promotes research, policies, and practice around healthy eating, physical activity, and living smoke-free in the school community. HSHS also promotes, through regional and provincial partnerships, injury prevention, mental health promotion, environmental health promotion, positive social behaviours, and support for vulnerable populations.

In 2004, the Departments of Health and Community Services and Education partnered on the development and implementation of the provincial school health initiative, *Healthy Students Healthy Schools*. Since 2009, the Department of Tourism, Culture and Recreation has been a partner supporting this interdepartmental initiative.

## Leadership

- Provided permanent funding for five school health promotion liaison consultant positions to strengthen health region - school district partnerships, build capacity for school health, and facilitate health promotion initiatives in the school community.





- Partnered with Memorial University and Youth Excel to organize a Health Behaviour in School-aged Children Study Roundtable to highlight and discuss with the HSHS Provincial Working Committee the national findings from the 2009/10 research cycle.
- Added curriculum resources to the provincial on-line professional learning site for physical education and health education teachers: [www.k12pl.nl.ca/](http://www.k12pl.nl.ca/).
- Provided Safe and Caring Schools Project Awards to recognize district and school efforts to establish and maintain safe and caring learning environments, to create positive school climates, and to support and sustain safe and caring communities.
- Provided Graduating Student Awards to promote student awareness of Safe and Caring Schools policies and to acknowledge the contributions of youth in establishing and maintaining safe and caring schools and communities.

## Knowledge Development

- Promoted and supported school health promotion initiatives through the *Healthy Students Healthy Schools* provincial website, regional/school district living healthy newsletters, and health promotion workshops and presentations.
- Actively participated on the F/P/T Group on Nutrition to support the *Charter for Improving School Food and Beverage Environments for Canadian School Communities*.
- Piloted the Total Body Resistance Exercise Program (TRX) in five schools throughout the province. Teachers were provided with professional learning opportunities as part of the pilot implementation.
- Implemented and resourced Grade 2 health curriculum. Grade 3 health curriculum was pilot tested in nine schools across the province.
- Collaborated with Egale Canada (national lesbian, gay, bisexual, and transgender human rights organization) to produce *MY.GSA (Gay-Straight Alliance)* – equity and inclusive education resource kit for all junior and senior high schools.
- Developed, through an interdepartmental collaboration, *Students' Choice*, a Grade 9 tobacco education resource aimed at preventing young people from starting to use tobacco and encouraging those who do smoke to quit. The resource aligns with the Grade 9 curriculum outcomes and incorporates differentiated instructional strategies and inclusive practices.

## Capacity Building

- Collaborated with school districts in the promotion and support of policies around healthy eating, tobacco control, and physical activity to help create healthy school environments (i.e. Smoke-Free School Grounds policies, Healthy Eating/Nutrition policies, and Active School policies).
- Partnered on school health promotion initiatives with the regional health authorities, school districts, regional wellness coalitions, Alliance for the Control of Tobacco, Memorial University, Public Health Agency of Canada, Safe and Caring Schools, School Development, Environmental Health, sport and recreation associations, food service providers, and the food and beverage industry.





- Collaborated with the F/P/T Group on Nutrition to enhance nutrition criteria and the implementation of school food guidelines.
- Engaged in consultations with design and construction personnel to enhance school structures and equipment to support healthy eating in schools.
- Provided funding to the Kids Eat Smart and School Milk Foundations to promote healthy eating opportunities in schools.
- Partnered with school districts and regional health authorities to fund and promote Living Healthy Commotions to highlight the creation of healthier school environments.
- Partnered with school districts, the regional health authorities, and the Public Health Agency of Canada to fund and promote physical activity opportunities in primary and elementary schools through Active School and Quality Daily Physical Activity programs.
- Promoted and supported healthy living initiatives and opportunities for students and their families in the school community through Provincial Wellness Grants, Regional Wellness Coalition Grants, and Regional Health Authority Grants.
- Implemented a provincial After School Physical Activity pilot program to support the goals and objectives of the Provincial Recreation and Sport Strategy. This pilot is supported through collaboration amongst the departments supporting HSHS.
- Provided small grants (\$100.00) through the *Eat Great & Participate* program to recreation, school sport, and community youth organizations for the provision of healthy food and beverages in the after school time period.
- Collaborated with the Institute on Sexual Minority and Egale Canada to provide professional learning for education personnel (department and district) on issues faced by lesbian, gay, bisexual, transgender people to identify how the school community can be a safe place.
- Collaborated with school districts on the school development process of setting goals and objectives for continued improvement. Among the priorities, schools examine their progress in promoting a culture of wellness and active healthy living.

## Nunavut

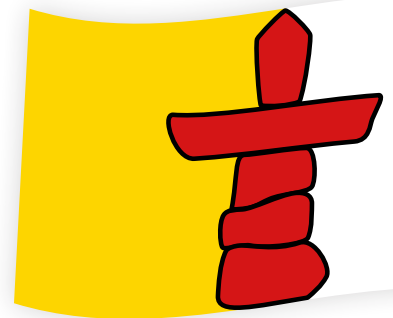
*Tamapta, Building Our Future Together* states the vision of the Government of Nunavut in this way:

### **"Guided by Inuit values and culture, by the year 2030:**

Nunavummiut will continue to have a highly valued quality of life and a much better standard of living for those most in need.

Individuals and families will all be active, healthy and happy." (p.3)

In 2011-2012, Nunavummiut continued to work at the community, territorial, and federal levels to actualize these goals. The Department of Education and the Department of Health and Social Services are pleased to be able to share territorial representation on the Joint Consortium of School Health.



## Leadership

- Recognizing the need for effective collaboration amongst all levels of government and organizations in Nunavut to address suicide in an effective manner, a partnership was created between the GN, Nunavut Tunngavik Incorporated, the Embrace Life Council, and the Royal Canadian Mounted Police. The Nunavut Suicide Prevention Action Plan was tabled in the Legislative Assembly on September 28, 2011, after two years of research.
- The Action Plan is targeted to address suicide in a holistic and comprehensive way with a particular focus on strengthening community supports, children and youth. An ongoing Partnership Implementation Committee oversees the implementation of the Action Plan to support ongoing dialogue, collaboration, and partnerships. Accomplishments for 2011-2012 included asset mapping, strengthening collaboration with community-level staff, and training for front-line workers, educators, RCMP, and community groups, including the Aboriginal Shield Program, Mental Health First Aid, and Applied Suicide Intervention Skills Training (ASIST), materials for which were recently adapted to the Nunavut context.



## Knowledge Development

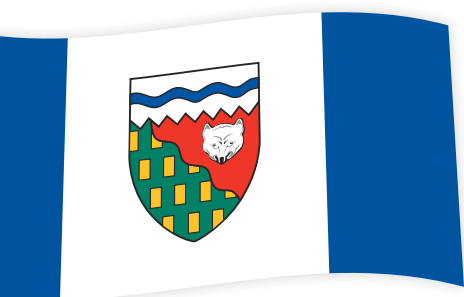
- A number of modules of the Aulajaaqtut Health and Wellness Curriculum for Grades 7 to 9 are currently in development and are slated for piloting in 2012-2013. The modules are: Relationships, Bullying Prevention, Leadership, Stress Management, Anger Management, Mental Health Fitness, Change and Growth, Communication in the Workplace and Career Options.
- The Department of Health and Social Services and Department of Education agreed to a formal collaboration to promote sexual health education in Nunavut schools and communities. As part of this agreement, the sexual health comic “Choices” was developed as a curriculum resource for Grade 9.
- Drop the Pop originated in Nunavut in 2003-2004 and currently runs across all three territories. Schools are encouraged to carry out Drop the Pop-related activities during one week of February. As a school-based initiative, it is designed to increase students’ awareness of the effect of sugary beverages on their health and to encourage them and their families to make healthier drink, food, and lifestyle choices.

## Capacity Building

- Staff in Nunavut schools participated in school-based professional development to learn more about the promotion of school-level health and wellness. Topics included reaching children with mental health challenges, bullying prevention strategies, supporting grieving children, and drug and alcohol awareness.
- The Nunavut Teachers’ Conference, held in Iqaluit in February 2012, had a strong focus on the promotion of school health and wellness. Teachers were able to access training in areas like Mental Health First Aid, First Aid, Resilience Building, Sport Fit, Daily Physical Activity, Aboriginal Shield, Suicide Prevention, Intervention and Postvention, Healthy Nutrition for Growing Children, Teaching Physical Education, Promising Practices in Tobacco and Drug Use Prevention, and Zumba Fitness. A number of these sessions were presented by personnel from the Departments of Health and Social Services and Culture, Language, Elders and Youth.

- The Department of Education, in collaboration with the Nunavut Teachers' Association and Department of Health and Social Services, made Applied Suicide Intervention Skills Training widely available to staff in Nunavut schools.
- Food guides and posters were disseminated to all schools. Nutritionists offered in-services to teachers on the new food guide in schools in all Nunavut communities, and an educators' handbook was provided. During nutrition month, a food guide colouring book was sent to all schools for students in K-2. The Government of Nunavut communities' web site was updated with the food guide and recipes, and this link has also been made available to schools <http://www.hss.gov.nu.ca/>
- On International FASD Day and during the Christmas FASD Awareness campaign, 38 primary FASD prevention events took place in 20 Nunavut communities. Some of the activities included an Elementary School Colouring Contest that culminated into a 12-month calendar, and school walk-a-thons and assemblies.
- The Suputiit program includes young women identified as at-risk of having an alcohol exposed pregnancy. The young women meet every day at the high school to learn about making healthy life style choices, good parenting skills, nutrition, and the harmful effects of alcohol (Iqaluit).
- The Early Intervention program provides support for children who have been identified as FASD suspected and are in need of extra support prior to school entry. The children are integrated into the existing day care program while the interventionist provides support to help the children develop specific skills they require to succeed within the program (Kugluktuk).
- The Kids Helping Kids mentoring program runs from 4 to 8 pm every day. Mentors are drawn from the high school and are students who have been identified as leaders and role models. Young children with FASD traits attend this program and are provided structure, purpose, and supervision in the hours after school (Kugluktuk).
- The goal of the Tobacco Has No Place Here campaign is to put a face to the harm caused by tobacco use in Nunavut and to encourage all Nunavummiut to work together to create safe and healthy tobacco-free communities. Posters carrying the "Atii – Be Smoke-Free" message were disseminated to all Nunavut communities to encourage Nunavummiut to keep cigarette butts off the ground so that children do not pick them up and to organize community initiatives – speaking to youth in schools, starting a support group, and declaring cars and homes smoke free. <http://www.nuquits.gov.nu.ca/apps/authoring/dspPage.aspx?page=change>
- Several school level programs related to health and wellness gained momentum this year. Among these were dental health programs, breakfast programs, and hip hop programs for children and youth.
- Dental health is a vital component to overall health, appearance, and emotional well being. These are some of the activities that target school-aged children:
  - \* Weekly Fluoride Rinse Program
  - \* Tooth Brushing Program
  - \* Dental Therapy Program

- \* Dental Health Promotion
- \* Children Oral Health Program
- The Department of Health and Social Services supplied communities with a \$500,000 enhancement for existing breakfast programs (for equipment and food). The Department of Health and Social Services is also currently working on the creation of a Breakfast Program Guidebook and Cookbook to be released in 2013. A follow-up discussion document, exploring ways to further strengthen breakfast programming in Nunavut, is also underway.



## Northwest Territories

In 2011 the Government of the Northwest Territories (GNWT) unveiled the new "Choose" brand which is the public face of the Healthy Choices Framework (HCF). The HCF is a collaboration among the GNWT departments of Health and Social Services; Education, Culture and Employment; Municipal and Community Affairs; Justice; and Transportation. Through the HCF and the 'Choose' brand initiatives, partner departments have been able to coordinate their efforts on many new NWT health promotion programs.

### Leadership

- An *Ever Active Schools* In-service was offered to Grades 4 through 6 teachers who are not Physical Education specialists. Alberta-based *Ever Active Schools* offered training in developing high quality physical education lessons for teachers whose specialty was not Physical Education.
- Aboriginal Student Achievement (ASA) Forums and the ASA Education Plan seek to improve academic achievement of Aboriginal youth in the NWT. The plan includes closer partnerships between Education and Health as well as support in early childhood development and school counseling services.
- Teachers from Kaw Tay Whee School in Dettah, NWT presented information on integrated school activities at the fourth Pan-Canadian conference of the Chronic Disease Prevention Alliance of Canada in Ottawa.
- A sexual health workshop was held to provide NWT teachers with education and training about the delivery of effective sexual health education to NWT youth. The workshop was accompanied by a new resource titled: "Respect Yourself: A Sexual Health Lesson Plan Kit for the Northwest Territories" which is meant to complement the NWT Health Curriculum and to provide interactive lesson plan activities.
- Funding from the Health Promotion Fund supported a variety of initiatives that focused on school nutrition, active living, and tobacco prevention. Specific examples include various cooking projects, Zumba dancing, and school gardens.

### Knowledge Development

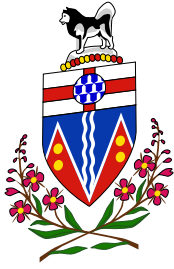
- Large scale pilot of the *Sip Smart NWT Program*: *Sip Smart NWT* aims to raise awareness among students in Grades 4 through 6 on the negative health effects associated with the consumption of sugary drinks and to provide children with the knowledge and skills that they need to make healthy beverage choices.



- Adaptation of *Screen Smart (B.C.)* for NWT schools: *Screen Smart* is a two-week program designed to increase awareness about screen-time among students in Kindergarten through Grade 7. The program teaches skills to manage screen time and encourages students to choose recreational activities that support good health. Pilot teachers have been trained in implementation and evaluation of the program.
- *School Travel Planning*: A Canada-wide initiative that aims to increase the number of children choosing active transportation modes to get to and from school. In the NWT, this initiative has helped school staff, parents, and community stakeholders identify barriers to active school travel and develop action plans to overcome those barriers.
- *Get Reel*: This project invited students to shoot their own anti-smoking advertisements and to share them with their Northern peers. Student submissions were shared across the three territories using social media, and prizes were given to the top ads from each of the three territories.
- The NWT has conducted a series of surveys to obtain information on vending machine use in NWT schools and recreation facilities.

## Capacity Building

- *Talking About Mental Illness (TAMI)* was developed in Ontario and implemented in two school boards within the NWT. TAMI is an evidence-based school program that focuses on reducing the stigma around mental health and mental illness in youth.
- The *My Voice, My Choice* campaign focuses on youth aged 11 to 18 by empowering them to explore and express healthy attitudes towards alcohol and drugs. Local recording artist, 'Godson', has been the spokesperson for this campaign and has partnered with schools throughout the NWT to conduct video workshops with youth.
- A series of basic cooking technique videos have been filmed in partnership with a Yellowknife high school foods program intended to support the delivery of Food Studies courses within the NWT. The target audiences include school food studies programs, teachers with limited food studies backgrounds, and other community-based programs.
- The annual tri-territorial *Drop the Pop* Campaign provides funds for school based nutrition programs that intend to create supportive school environments through school-driven activities. The program was extended to include a physical activity component, a video contest, and a community outreach component which encouraged schools to "spread the word" about healthy eating.
- The regional *Youth Sport Events Program* provides financial support to sport and recreation organizations and school authorities to organize and host regional youth sports events. The program helps to strengthen local programming, to support athletes and coaches in smaller communities, and to improve youth participation in physical activity.



## Yukon

The Health Promotion Unit of the Department of Health and Social Services continues to play a leadership role in advancing the school health agenda in Yukon. With new evidence drawing attention to priority areas with respect to the health and well-being of Yukon students, the Departments of Health, Education, Community Services, and other important partners such as the Recreation and Parks Association of the Yukon are exploring new and meaningful ways of working together.

### Leadership

- The Department of Health and Social Services, along with various partners, hosted a dialogue on *Achieving Healthy Weights for Children*. The purpose of the event was to share stories of community wellness initiatives, form connections, and build relationships that will lead to working together on healthy weights and will spark action by individuals and groups. Participants were given templates to create action plans; a total of 25 individual action plans were developed. These were divided into clusters that included food, networks, healthy food for children and youth, active transportation, sugar sweetened beverages and energy drinks, skill-building with parents and families, sports and recreation, and poverty. Each cluster has a volunteer lead to check in, offer encouragement, and explore ways to share ideas, skills, and knowledge.
- The Department of Education administered the Child/Youth Resiliency: Assessing Developmental Strengths (Dr. Wayne Hammond) questionnaire to all Yukon schools. This initiative was undertaken to assess the resilience of children and youth so that educators can identify which students may or may not have the required protective factors essential for success at school and in life. It is a strength-based approach that can further assist us in promoting our Social Emotional Learning outcomes as expressed in such programs as MINDUP (Hawn Foundation) and Social Thinking (Michelle Garcia Winner) which examine emotional regulation and social awareness in our students. The Department of Education was also interested in comparing the Child/Youth Resiliency questionnaire results to the Health and Health-Related Behaviours Among Young People in Yukon study in order to provide a coordinated approach to supporting the well-being of our children.

### Knowledge Development

- The **Health and Health-Related Behaviours Among Young People in Yukon** study uncovered important information about the self-reported health and well-being of students in Grades 6 through 10. This information has been used in the development of a youth engagement workshop and offered to schools and youth groups. The purpose of the workshop was to bring the results of the survey back to young people in a youth friendly format, attempt to discover the meaning behind the data, and brainstorm “next steps” - ways for youth to address key issues in their communities.
- The Health Promotion unit continued to offer the Drop the Pop program both in Yukon schools and in licensed childcare facilities. Through a grant program, Drop the Pop supports schools, daycares, and day homes in offering healthy eating and healthy drink initiatives.
- With funding from Health Canada’s Drug Strategy Community Initiatives Fund, an original play was developed to raise awareness about the consequences of illicit



drug use and to engage young people in conversations about healthy decision making. The *Wake and Bake* play was highly successful and affected viewers deeply. A digital *Supplemental Learning Resource* was created for teachers to keep the messages and lessons of the *Wake and Bake* project alive. It includes an archival DVD of *Wake and Bake*, the digital learning resource, play script, and lesson plans.

## Capacity Building

- The Health Promotion unit hosted an approachable adult workshop series entitled *What Adults Need to Know – Skills for Relating to Youth in the 21<sup>st</sup> Century*. This initiative was an interactive workshop series targeting parents, guardians, youth workers, and teachers. Topics covered included talking to youth about sexual health, bullying, gender and body image, social media and internet safety, and decisions around alcohol and drugs.
- The Health Promotion Community Dietitian partnered with the City of Whitehorse Canada Games Centre Summer Camp programs to offer healthy eating activities to camp participants aged 5-11. This initiative involved a weekly healthy eating activity related to the camp theme. Camp participants prepared a healthy snack and received healthy eating messages related to the foods they were using. This initiative developed both knowledge and skills and was very successful.

## Government of Canada

The Federal Government is represented by the Public Agency of Canada and supports the JCSH work in an advisory and funding capacity.

## Leadership

- Continued to collaborate with other sectors, including education, on the shared goals of increasing physical activity among children and youth and promoting healthy weights in the after-school time period between 3:00 pm and 6:00 pm. This collaboration was in follow-up to the 2010 release by F/P/T Health Ministers (except Quebec) of *Curbing Childhood Obesity: A Federal/Provincial/Territorial Framework for Action to Promote Healthy Weights* and the F/P/T Declaration, *Creating a Healthier Canada: Making Prevention a Priority*. These actions are expected to contribute to positive outcomes for children and youth impacting their social and emotional development, student achievement and healthy, active living.
- Provided \$149 million in funding to support participation and excellence in sport from playground to the podium. This included sport participation projects and activities in schools, mainly through bilateral agreements with provinces and territories, and contributions to national sport, multisport service organizations, and other non-governmental organizations.
- Supported a National Active and Safe Routes to School Summit in Vancouver, British Columbia. The Summit was attended by active school travel practitioners working in Canadian municipal and provincial governments, as well as by non-governmental organizations, from across Canada and internationally. A final report is posted on the Green Communities Canada's website on Active and Safe Routes to School. Outcomes and next steps are highlighted in the Report. (<http://www.saferoutestoschool.ca/>).
- Facilitated a dialogue at the request of the Federal/Provincial/Territorial Group on Nutrition (FPTGN) ([www.hc-sc.gc.ca/fn-an/nutrition/part/index-eng.php](http://www.hc-sc.gc.ca/fn-an/nutrition/part/index-eng.php)) on



school food guidelines and policy to discuss improving consistency of school food guidelines/policy and enhance implementation efforts. Key partners and stakeholders participated to include the JCSH. FPTGN and the JCSH continue to work together to identify areas of collaboration to advance healthy eating in schools.

## Knowledge Development

- Released the National Report on the 2010 Health Behaviour in School-aged Children (HBSC) study – *The Health of Canada's Young People: a mental health focus* – which examines mental health, unintentional injuries, healthy living, healthy weights, risky behaviours (including sexual health practices and substance use and abuse), and bullying in Canadian children aged 11 to 15 and their social contexts (peers, home, school and community). In collaboration with the Joint Consortium for School Health, the 2009/10 HBSC study included an expanded Canadian sample of 26,000 students (up from 9,000 in previous cycles).
- Supported an expert panel presentation at the Fourth Chronic Disease Prevention Alliance of Canada Pan-Canadian Conference. The panel representatives highlighted action in Canada that bridges research, policy, and practice in the promotion of healthy eating and physical activity in the school environment which built on evidence from the special supplement of the Canadian Journal for Public Health entitled *Supportive Environments for Learning: Healthy Eating and Physical Activity Within Comprehensive School Health*:  
<http://journal.cpha.ca/index.php/cjph/issue/view/271>.
- Supported the Mental Health Commission of Canada in funding a national survey, practice scan, and summary of the literature in the area of School-Based Mental Health and Substance Abuse. The survey targets schools and school boards capturing the needs, concerns, and institutional or cultural obstacles to implementation of mental health and substance abuse.
- Funded the Canadian Fitness and Lifestyle Research Institute (CFLRI) to carry out physical activity surveillance through two national surveys: the *Canadian Physical Activity Levels Among Youth* (CANPLAY) and the *Physical Activity and Sport Monitor* (PAM).
- Released *Telling the Story of Knowledge Mobilization*, an e-report that presents findings from a case study of The Children's Lifestyle and School-performance Study. This project examined factors that can contribute to the successful use of research knowledge in policy, using a comprehensive school health program as a case example. The aim of the e-report is to stimulate discussion about intervention research and the competencies that contribute to knowledge mobilization.

## Capacity Building

- Collaborated on the development of the *Eat Well and Be Active Educational Toolkit*. The Toolkit includes the Eat Well and Be Active Every Day educational poster, downloadable activity plans, and 54 healthy eating and physical activity images and related tips. The Toolkit is designed to help those who teach children and/or adults about healthy eating and physical activity, including encouraging them to take action to maintain and improve their health.  
[www.health.gc.ca/eatwell-beactive](http://www.health.gc.ca/eatwell-beactive).
- Supported the Drugs Strategy Community Initiatives Fund (DSCIF) in establishing 35 projects that promote the health of school-aged children and strengthen



comprehensive school health approaches in Canada. DSCIF facilitates the development of local, provincial, territorial, national, and community-based solutions to illicit drug use among youth; and promotes public awareness of illicit drug use among youth.

- Provided support to improve the health of Canadians and to reduce the impacts of many chronic diseases through the Healthy Living Fund. One of the priorities of the fund is to support initiatives that promote the after-school time period (3-6pm) in a variety of community settings including schools.
- Provided project funding directly to ParticipACTION for a social marketing campaign on physical activity and sport promotion. The Défi Pierre Lavoie was also funded to promote physical activity (including sport and basic concepts regarding healthy eating) by visiting 125 schools across Canada.
- Supported Physical & Health Education Canada (PHE Canada) in developing the Active Healthy Living After-School Project, a national-level, multi-stakeholder initiative addressing four key areas (policy development, knowledge development, capacity building, and program delivery) to enable the delivery of quality after-school programs focused on increasing access to physical activity and healthy eating.

## Moving Forward

There has been much to celebrate in the past year as the work of the Pan-Canadian Joint Consortium for School Health facilitates a cohesive pan-Canadian approach to advancing Comprehensive School Health and enhancing alignment between health and education across its member jurisdictions. Our mandate to champion a comprehensive school health approach to achievement and health improvements for all Canadian children and youth remains the solid direction of the Consortium. In moving forward with our vision and goals, we continue to collaborate and recognize the work being done within and between sectors and jurisdictions. In addition, we continue to develop and maintain our partnerships with researchers and practitioners, our work across the health and education sectors, and the creation and dissemination of tools that foster awareness and facilitate planning and action for school health initiatives across the country.

We continue to emphasize three key areas of activity – leadership, knowledge development, and capacity building – to further this country’s dedication to the best health and education for school-aged children and youth. In addition, the JCSH continues working to increase its effectiveness and national presence with partners working in school health both within Canada and around the world.

These are just a few examples of how the Pan-Canadian Joint Consortium for School Health is supporting and influencing a policy- and practice-informed research agenda on comprehensive school health. We look forward to another year of progress with our partners, in all our member jurisdictions.

# Appendix A: Agreement

## Pan-Canadian Joint Consortium for School Health Agreement 2010-2015

### 1.0 Background

In 2005, provincial and territorial Ministries of Education and Health and the Public Health Agency of Canada established the Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The agreement establishing the Joint Consortium for School Health expires on March 31, 2010.

By virtue of this agreement ("the Agreement") being entered into by provincial and territorial Ministers of Education and Health (or equivalent health promotion ministry), hereinafter collectively called "the Parties", the Joint Consortium for School Health ("the Consortium") is continued.

The Agreement builds upon the initial vision for the creation of the Consortium. It provides greater clarity of the roles and responsibilities of the Parties and committees. It reaffirms the commitment of governments to work collaboratively across jurisdictional boundaries and the traditional sectors of health and education. It supports the ongoing work of the Consortium and acknowledges the value of the relationships created and nurtured since the creation of the Consortium.

### 2.0 Purpose of the Consortium

The purpose of the Joint Consortium for School Health is to be a catalyst to strengthen cooperation and capacity among the Parties to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

The Consortium will provide leadership and facilitate a comprehensive approach to school health by building the capacity of education and health systems to work together by:

- strengthening cooperation among ministries, agencies, departments and others in the support of healthy schools;
  - building the capacity of the education and health sectors to work together more effectively and efficiently; and
  - promoting understanding of, and support for, the concept and benefits of comprehensive school health.
- Five long term outcomes associated with achieving the Consortium's vision are increased:
- Policy coordination
  - Research coordination

- Inter-sectoral action between education and health
- Systemic collaboration and efficiency
- System capacity

### **3.0 Commencement and Duration of Agreement**

This Agreement commences April 1, 2010 and remains in force until March 31, 2015.

## **4.0 Governance Structure**

### **4.1 Consortium Lead**

The Consortium will be led by the Lead Jurisdiction. The Lead Jurisdiction will be selected by the majority of the Parties for the lesser of the duration of this Agreement or a five year period.

### **4.2 Deputy Ministers' Committees**

The Joint Consortium for School Health will be governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

The Deputy Ministers of Health (or Healthy Living/Wellness) and Education in the Lead Jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables with responsibility for tabling the annual reports, seeking strategic direction and facilitating approvals of the strategic plans and Management Committee Terms of Reference. The liaison Deputy Ministers in the Lead Jurisdiction may name another Deputy Minister within the same sector in another jurisdiction to provide the leadership function.

The Conference of Deputy Ministers of Health shall invite the Public Health Agency of Canada (PHAC) to appoint a similarly senior representative to participate in discussions of the Deputy Ministers' Committee in an advisory capacity, but that representative will not be a member of the Committee.

### **4.3 Role and Responsibilities of the Deputy Ministers' Committees**

The two Deputy Ministers' committees will be the governing bodies of the Consortium, and will provide strategic direction for the Consortium by:

- establishing a Management Committee as the operational committee of the Consortium and approving its Terms of Reference;
- providing strategic information and direction to the Management Committee;
- approving the Strategic Plan and any subsequent amendments to the plan, submitted by the Management Committee to the Deputy Ministers' committees;
- reviewing and accepting the Annual Report with financial statements, submitted by the Management Committee; and

- tabling the annual report at an annual intergovernmental meeting of the Ministers of Health and an annual intergovernmental meeting of the Ministers of Education.
- Meetings are not required to be held in person. Business may be conducted in any manner determined to best meet the needs of the Committee members.
- Decisions of the Deputy Ministers' committees shall be communicated by the Liaison Deputy Minister to the Chair of the Management Committee.

## **5.0 Consortium Secretariat**

- The Parties agree to continue the operation of a Joint Consortium for School Health Secretariat ("the Secretariat").
- The Secretariat will coordinate the activities of the Joint Consortium for School Health and provide administrative support to the Consortium, under the direction of an Executive Director.
- The Lead Jurisdiction will host the Consortium Secretariat function and will hire, supervise and evaluate the Secretariat Executive Director.

## **6.0 Addition of a Provincial/Territorial Jurisdiction to the Consortium**

A government entity may be invited to join the Consortium on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of an amount determined at the time by the Deputy Ministers' committees.

## **7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the Consortium**

Any party can withdraw from the Agreement by providing 90-day written notification to the Liaison Deputy Ministers of the two Deputy Ministers' committees.

In the event of withdrawal, the party shall pay a pro-rated portion of its contribution fees for the fiscal year in which it withdraws from the Consortium. In addition, the party shall be responsible for its portion of any outstanding contracted work created while the party was a signatory to the Agreement.

## **8.0 Funding**

The Parties agree to fund the salary, benefits, travel and program costs associated with the obligations of their respective representatives serving on the following committees:

- Deputy Ministers' Committees; and
- Management Committee

The Parties agree to fund the salary, benefits and program costs associated with the obligations of School Health Coordinator Committee members. Travel costs associated with committee meetings for one School Health Coordinator member per



jurisdiction will be covered by the JCSH. Travel costs associated with attendance at the Management Committee meetings will be covered by the JCSH for one School Health Coordinator Committee Co-chair.

In addition, the Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations are contingent upon federal government funding as specified in Schedule 1. Contribution fees are due to the Lead Jurisdiction on or before April 15<sup>th</sup>, and are to be accounted for separately by the Lead Jurisdiction.

The Consortium may seek other funding sources to supplement funding arrangements articulated in this Agreement.

## **9.0 General Provisions**

### **9.1 Schedules**

The Schedules shall have the same force and effect as if expressly set in the body of this Agreement and any reference to this Agreement shall include the Schedules.

### **9.2 Variation of the Agreement**

This Agreement may be amended at any time by agreement of the Parties.

### **9.3 Termination of the Agreement by Mutual Agreement**

This Agreement may be terminated at any time by unanimous agreement of the Parties.

Termination of this Agreement is without prejudice to the rights, duties and liabilities of the Parties accumulated prior to termination.

Intellectual property developed under the Agreement shall become the property of the Lead Jurisdiction at the time of termination. The Lead Jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

### **9.4 Legal Rights and Responsibilities**

The creation of the Consortium does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial Ministers of Education, or any of the provincial or territorial Ministers of Health (or equivalent health promotion ministry).

The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 6 (withdrawal) and 7 (funding).

### **9.5 Evaluation**

The Parties agree to further evaluation of the Consortium, as determined by the Management Committee.

## Schedule 1: Cost-Sharing Agreement

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/ territorial jurisdictions:

- Public Health Agency of Canada will contribute \$250,000 annually; and
- Provinces and territories will match this contribution annually according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2010.

Provincial/territorial jurisdictional contributions are based on a fixed contribution of \$2,000 annually plus a variable portion based on total population of their respective jurisdictions. Jurisdictions with less than one percent of the population will contribute the fixed portion only.

### Proportional breakdown of the provincial/territory contribution:

Province / Territory	Total Population	Pop %	Fixed	Variable	Total Contribution
AB	3,645,257	14%	\$ 2,000	\$32,235	\$34,235
BC	4,400,057	17%	\$ 2,000	\$38,790	\$40,790
MB	1,208,268	4%	\$ 2,000	\$10,725	\$12,725
NB	751,171	3%	\$ 2,000	\$6,625	\$8,625
NL	514,536	2%	\$ 2,000	\$4,630	\$6,630
NT	41,462	0%	\$ 2,000	\$0	\$2,000
NS	921,727	4%	\$ 2,000	\$8,190	\$10,190
NU	31,906	0%	\$ 2,000	\$0	\$2,000
ON	12,851,821	50%	\$ 2,000	\$113,765	\$115,765
PE	140,204	1%	\$ 2,000	\$1,240	\$3,240
SK	1,033,381	4%	\$ 2,000	\$9,800	\$11,800
YK	33,897	0%	\$ 2,000	\$0	\$2,000
Federal					\$250,000
<b>Totals</b>	<b>25,573,687</b>	<b>100%</b>	<b>\$ 24,000</b>	<b>\$226,000</b>	<b>\$500,000</b>

# Appendix B: Joint Consortium for School Health Statement of Revenue, Expenses and Operating Surplus

For The Year Ended March 31, 2012

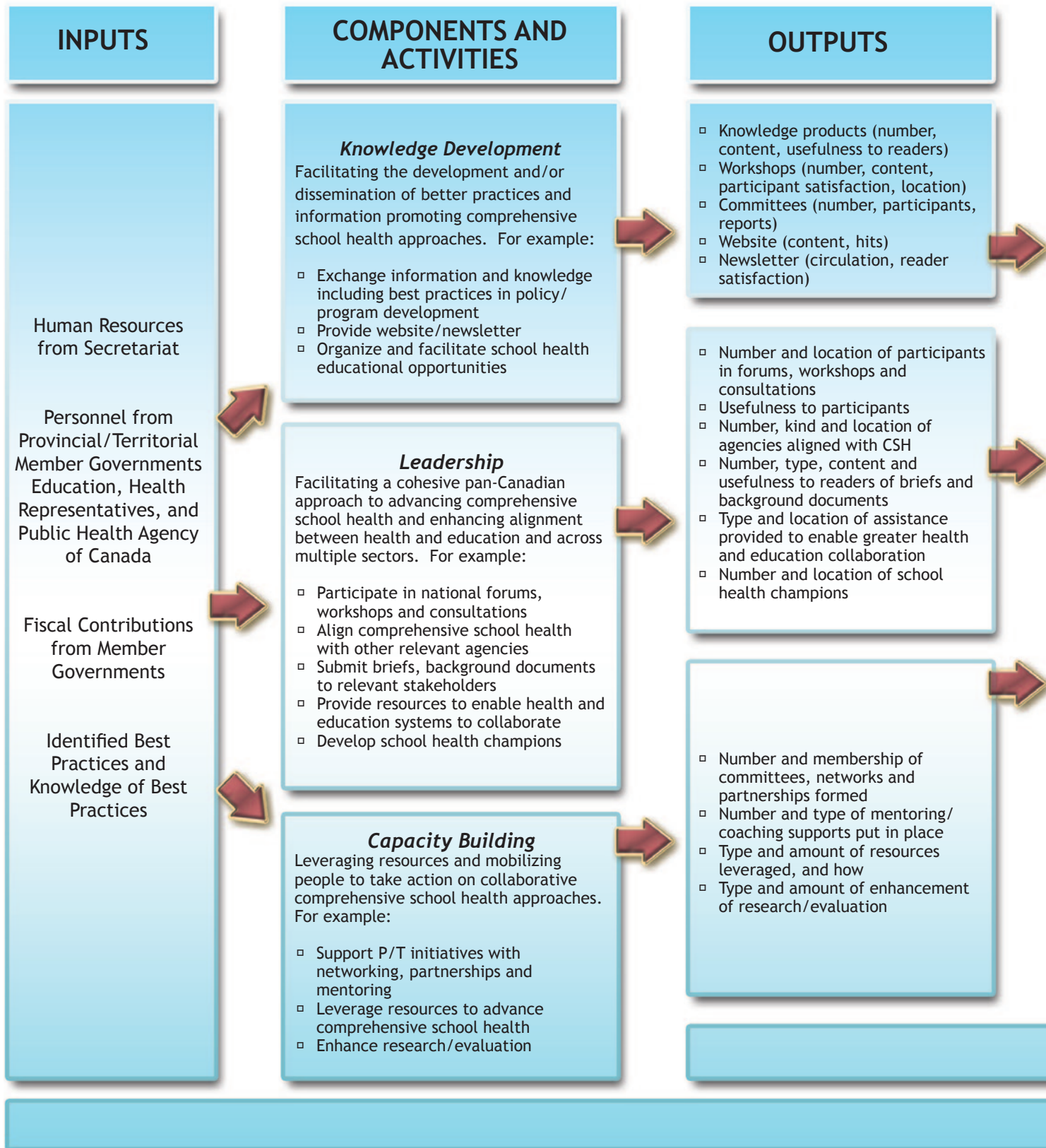
<b>Revenue</b>	<b>2012</b>	<b>2011</b>
Membership Fees	\$250,000	250,000
Public Health Agency of Canada	\$250,000	250,000
Project Revenue	\$109,236	111,522
<b>Total</b>	<b>\$609,236</b>	<b>\$611,522</b>
<b>Expenses</b>		
Knowledge Development	\$116,627	\$83,165
Leadership	\$56,712	\$25,500
Capacity Building	\$165,704	\$50,015
Governance and Operation	\$336,603	\$249,160
<b>Total</b>	<b>\$675,646</b>	<b>\$407,840</b>
<b>Operating Surplus/(Deficit)</b>	<b>(\$66,410)</b>	<b>\$203,682</b>
<b>Prior Year Operating Surplus/(Deficit)</b>	<b>\$418,352</b>	<b>\$214,670</b>
<b>Total Operating Surplus/(Deficit)</b>	<b>\$351,942</b>	<b>\$418,352</b>

\* The 2010-2011 surplus reflects the transition of the Secretariat from BC to PE which resulted in minimal staffing and project activity for that year.

\* Certain expenses on the 2011 statement of revenue, expenses and operating surplus have been reclassified to compare to the 2012 presentation.

# Appendix C Long Term Strategic Framework:

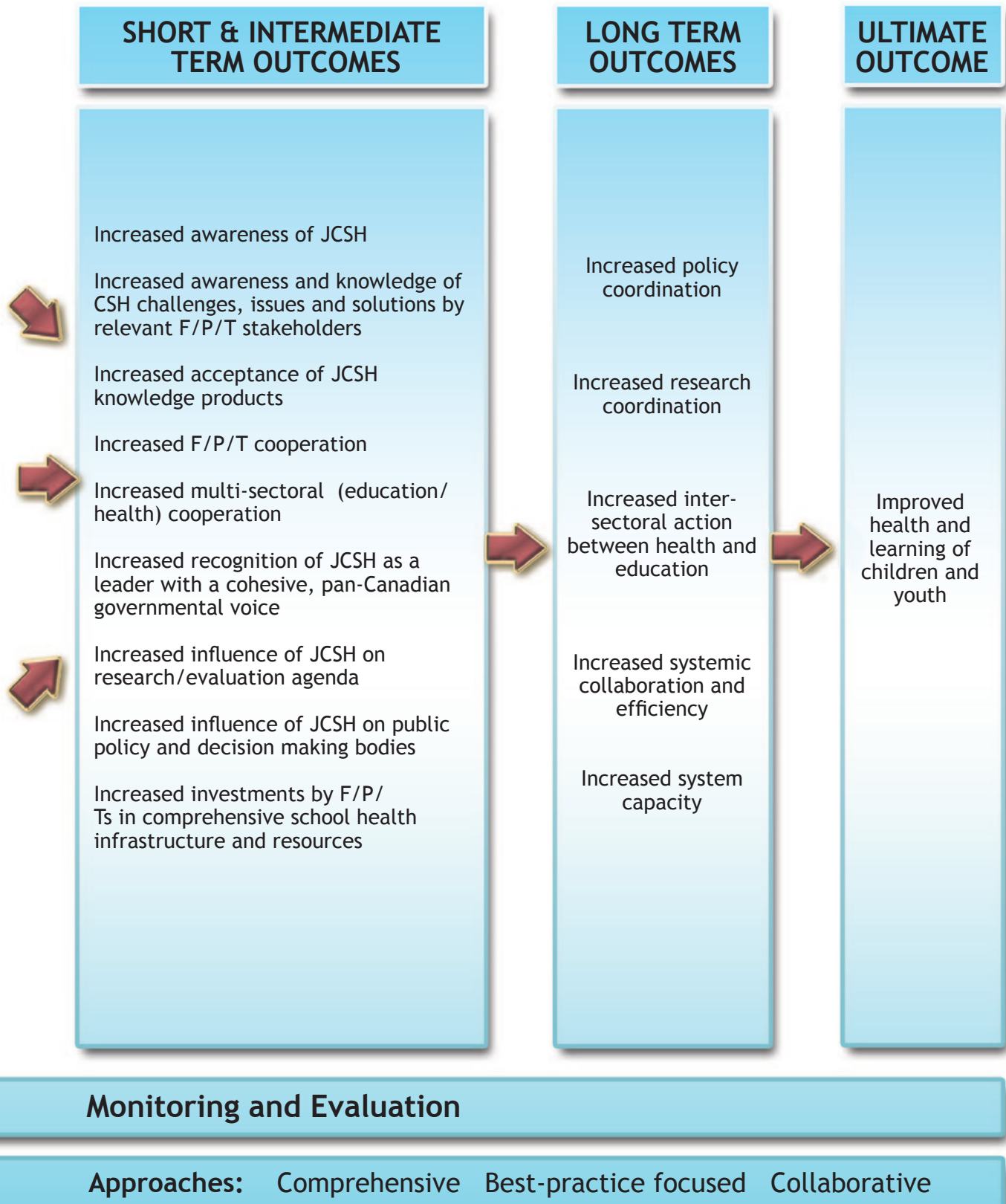
## LOGIC MODEL





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

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



# Appendix D Member and Supporting Jurisdiction Contact Information and Web Links

## British Columbia

### School Health Coordinators:

#### Sanja Ristic

Senior Policy Analyst  
Families First & Community  
Partnerships  
Ministry of Education  
PO Box 9161 Stn Prov Govt  
620 Superior St.  
Victoria, BC V8W 9H3  
Tel: 250-893-6954  
Fax: 250-387-6315  
[sanja.ristic@gov.bc.ca](mailto:sanja.ristic@gov.bc.ca)

#### Scott Beddall

School and Community Health  
Manager  
Ministry of Health  
1515 Blanshard St, 4-2  
Victoria, BC V8W 3C8  
Tel: 250-952-2110  
Fax: 250 952-1570  
[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)

### School Health Links:

[www.bced.gov.bc.ca/health/](http://www.bced.gov.bc.ca/health/)  
[www.healthyschoolsnetwork.org](http://www.healthyschoolsnetwork.org)  
[www.healthyschoolsbc.ca](http://www.healthyschoolsbc.ca)  
<http://www.healthyfamiliesbc.ca/your-community/health-and-learning>

## Alberta

### School Health Coordinator:

#### Gail Diachuk

School Health and Wellness Manager  
Curriculum Sector  
Alberta Education  
8th Fl., 44 Capital Boulevard  
10044-108 Street NW  
Edmonton, AB T5J 5E6  
Tel: 780-644-5274  
Fax: 780-422-0576  
[gail.diachuk@gov.ab.ca](mailto:gail.diachuk@gov.ab.ca)

### School Health Links:

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

## Saskatchewan

### School Health Coordinators:

#### Kyla Christiansen

Comprehensive School Community  
Health Consultant  
Student Achievement and Supports  
Branch  
Saskatchewan Ministry of Education  
2220 College Avenue  
Regina, SK S4P 4V9  
Tel: 306-787-1999  
Fax: 306-787-2223  
[kyla.christiansen@gov.sk.ca](mailto:kyla.christiansen@gov.sk.ca)

#### Flo Woods

Senior Health Promotion Consultant  
Health Promotion Branch  
Saskatchewan Ministry of Health  
3475 Albert St  
Regina, SK S4S 6X6  
Tel: 306-787-2750  
Fax: 306-787-3823  
[flo.woods@health.gov.sk.ca](mailto:flo.woods@health.gov.sk.ca)

### School Health Links :

[www.saskatchewaninmotion.ca](http://www.saskatchewaninmotion.ca)  
[www.health.gov.sk.ca/ic\\_phb\\_hlthbook.pdf](http://www.health.gov.sk.ca/ic_phb_hlthbook.pdf)  
<http://www.education.gov.sk.ca/cschr>  
(Comprehensive School Community Health)  
<http://www.education.gov.sk.ca/health-ed> (Health Education)  
<http://www.education.gov.sk.ca/CurriculumGuides> (French)  
<http://www.health.gov.sk.ca/healthy-living> (Health information and a link to available services children and youth - English)

## Manitoba

### School Health Coordinators:

#### Andrea Lamboo Miln

Coordinator, Healthy Schools Initiative  
Manitoba Healthy Living, Seniors and  
Consumer Affairs  
2081 – 300 Carlton Ave  
Winnipeg, MB R3B 3M9  
Tel: 204-788-6620  
Fax: 204-948-2366  
[Andrea.Lamboo-Miln@gov.mb.ca](mailto:Andrea.Lamboo-Miln@gov.mb.ca)

#### Paul Paquin

Curriculum Consultant  
Physical and Health Education  
Manitoba Education  
1181 Portage Avenue, Suite 509

Winnipeg, MB R3G 0T3

Tel: 204-945-3529

Fax: 204-945-1625

[Paul.Paquin@gov.mb.ca](mailto:Paul.Paquin@gov.mb.ca)

### School Health Links:

[www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools)  
[www.gov.mb.ca/healthyschools/index.fr.html](http://www.gov.mb.ca/healthyschools/index.fr.html)  
[www.manitobainmotion.ca/schools](http://www.manitobainmotion.ca/schools)  
[www.edu.gov.mb.ca/k12/cur/physlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physlth/index.html) (English)  
[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)  
[www.edu.gov.mb.ca/k12/esd/](http://www.edu.gov.mb.ca/k12/esd/) (English)  
[www.edu.gov.mb.ca/m12/dev\\_durable/index.html](http://www.edu.gov.mb.ca/m12/dev_durable/index.html) (French)

## Ontario

### School Health Coordinator:

#### Jennifer Munro-Galloway

Senior Policy Analyst  
Healthy Schools and Student  
Wellbeing Unit  
Learning Environment Branch  
Ministry of Education  
Tel: 416-325-2678  
Fax: 416-325-4344  
[Jennifer.Munro-Galloway@ontario.ca](mailto:Jennifer.Munro-Galloway@ontario.ca)

### School Health Links:

[www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools)  
[www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html)  
[www.edu.gov.on.ca/eng/curriculum/secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html)  
[http://www.mtc.gov.on.ca/en/sport/afterschool/after\\_school.shtml](http://www.mtc.gov.on.ca/en/sport/afterschool/after_school.shtml)

## New Brunswick

### School Health Coordinator:

#### Marlien McKay

Manager, Wellness  
Department of Culture, Tourism and  
Healthy Living  
Place 2000  
250 King St  
Fredericton NB E3B 5H1  
Tel: 506-444-4633  
Fax: 506-444-5702  
[marlien.mckay@gnb.ca](mailto:marlien.mckay@gnb.ca)

### School Health Links:

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

## Nova Scotia

### School Health Coordinators:

#### Heather Christian

Director, Healthy Development  
Department of Health and Wellness  
PO Box 488  
Halifax, NS B3J 2R8  
Tel: 902-424-5869  
Fax: 902-424-0663  
[heather.christian@gov.ns.ca](mailto:heather.christian@gov.ns.ca)

#### Ann Blackwood

Executive Director, English Program  
Services  
Department of Education  
P.O. Box 578,  
2021 Brunswick Street  
Halifax, NS B3J 2S9  
Tel: 902-424-5745  
Fax: 902-424-0820  
[blackwaa@gov.ns.ca](mailto:blackwaa@gov.ns.ca)

### School Health Links:

<http://nshps.ca/>

## Prince Edward Island

### School Health Coordinator:

#### Sterling Carruthers

Healthy Schools Specialist  
Department of Education and Early  
Childhood Development  
250 Water Street, Suite 101  
Summerside, PE C1N 1B6  
Tel: 902-438-4134  
Fax: 902-438-4062  
[sdccarruthers@edu.pe.ca](mailto:sdccarruthers@edu.pe.ca)

### School Health Links:

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

## Newfoundland and Labrador

### School Health Coordinators:

#### Carol Ann Cotter

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

#### Robert Leaman

Program Consultant – Physical  
Education  
Department of Education

PO Box 8700  
St. John's, NL A1B 4J6  
Tel: 709-729-5946  
Fax: 709-729-6619  
[robertleaman@gov.nl.ca](mailto:robertleaman@gov.nl.ca)

#### Ellen Coady

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

### School Health Links:

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

## Nunavut

### School Health Coordinators:

#### Charlotte Borg

Aulajaaqtut Curriculum Coordinator  
Department of Education  
Government of Nunavut  
PO Box 1000, Station 960  
Iqaluit, NU X0A 0H0  
Tel: 867-975-7910  
Fax: 867-979-2152  
[cborg@gov.nu.ca](mailto:cborg@gov.nu.ca)

#### Michelle Doucette Issaluk

Intergovernmental Policy Analyst  
Department of Health and Social  
Services  
Government of Nunavut  
PO Box 1000, Stn. 1000,  
Iqaluit, NU X0A 0H0  
Tel: 867-975-5719  
Fax: 867-975-5733  
[mdoucette@gov.nu.ca](mailto:mdoucette@gov.nu.ca)

### School Health Links:

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

## Northwest Territories

### School Health Coordinator:

#### Shannon Barnett-Aikman

K-12 Phys Ed, Health, Wellness &  
Nutrition Coordinator  
Early Childhood & School Services  
Division  
Department of Education, Culture and  
Employment  
4501-50th Avenue, Lahm Ridge Tower,  
3rd Floor  
P.O. Box 1320  
Yellowknife, NT X1A 2L9

Tel: 867-920-6321

Fax: 867-873-0109

[Shannon\\_Barnett-Aikman@gov.nt.ca](mailto:Shannon_Barnett-Aikman@gov.nt.ca)

### School Health Links :

[www.ece.gov.nt.ca/Divisions/  
kindergarten\\_g12/indexk12.htm](http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/indexk12.htm)

## Yukon

### School Health Coordinators:

#### Lorna Arsenault

Health Promotion Unit  
Department of Health and Social  
Services  
2<sup>nd</sup> Floor-305 Jarvis St  
Whitehorse, YT V1A 2H3  
Tel: 867-456-6576  
Fax: 867-456-6502  
[Lorna.arsenault@gov.yk.ca](mailto:Lorna.arsenault@gov.yk.ca)

#### Stacey Burnard

Social-Emotional Learning Consultant  
Department of Education  
Box 2703,  
Whitehorse, YT Y1A 2C6  
Tel: 867-456-6060  
Fax: 867-393-6339  
[Stacey.burnard@gov.yk.ca](mailto:Stacey.burnard@gov.yk.ca)

### School Health Links:

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

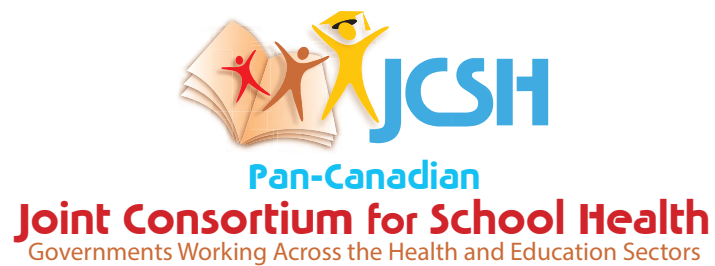
## Public Health Agency of Canada

#### Louise Aubrey

Team Lead  
Strategic Policy and Research  
Division of Childhood and  
Adolescence  
Centre for Health Promotion  
Health Promotion and Chronic Disease  
Prevention Branch 200 Eglantine  
Driveway  
Tunney's Pasture  
Ottawa, ON K1A 0K9  
Tel: 613-946-1804  
Fax: 613-954-5568  
[Louise.Aubrey@phac-aspc.gc.ca](mailto:Louise.Aubrey@phac-aspc.gc.ca)







Pan-Canadian Joint Consortium for School Health

Holman Centre, Suite 101

250 Water Street

Summerside PE C1N 1B6

Tel: 902-438-4895

Fax: 902-438-4889

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

[inquiry@jcsh-cces.ca](mailto:inquiry@jcsh-cces.ca)