



Pan-Canadian
Joint Consortium for School Health
Governments Working Across the Health and Education Sectors
Annual Report
September 30 2019



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Message from the Executive Director



I am pleased to present the 2019 Annual Report of the Pan-Canadian Joint Consortium for School Health (JCSH), summarizing the latest achievements of our member and participating jurisdictions as well as our collective progress.

Five years ago, JCSH was looking to new directions in its work to improving the health, well-being, and learning outcomes of children and youth in all school communities in Canada. The Truth and Reconciliation Commission was nearing the end of its investigation of harm done as the result of the [Indian Residential School legacy](#). Many thousands of newcomers, including those from Syria who entered Canada in the past five years, were creating new definitions of home for themselves and their families.

Equity and inclusion were enhancing school communities' work to support LGBTQ+ students and staff. The years of this current (2015-2020) mandate have involved many initiatives and dedicated efforts to support all students by all 12 member provinces and territories and the federal government.

In the past year, JCSH has looked inward, to identify the strategic directions we need to continue to build on as well as areas for change. The Health and Education ministries continue to be intentional in their dedication to safe and healthy school communities for all students and staff, to commit to improvements in youth engagement practices, and to invest in curricular supports of student well-being.

The dedication of all who work with and for JCSH is found in their commitment to its values: Collaboration, Diversity and Inclusion, Equity, Evidence-informed practice, and Innovation.

In the year ahead, the Consortium looks forward to building on its progress, and to continuing action on the policies, practices, and research on comprehensive school health in Canada.

A handwritten signature in black ink, appearing to read "Katherine Eberl Kelly".

Katherine Eberl Kelly

Executive Director

Pan-Canadian Joint Consortium for School Health

Executive Summary

JCSH Annual Report 2019 – *Highlights*

Goal 1

Leadership

National contribution in these areas:

- Comprehensive School Health
- Cannabis
- Concussions
- Vaping
- Youth Engagement
- Positive Mental Health
- Canadian Guidelines for Sexual Health Education

Goal 2

Knowledge Development & Exchange

Working Groups:

- Reconciliation
- Healthy School Planner
- Evaluation and Renewal

Goal 3

Capacity Building

- JCSH Statement on Reconciliation
- Environmental Scans
- JCSH Vaping Resource

Goal 4

Monitoring, Evaluation, & Accountability

- Developmental Evaluation Report



The Pan-Canadian Joint Consortium for School Health (JCSH) is a formal partnership of Ministries of Education and Ministries of Health/Health Promotion in Canada. Representatives from various government levels in 12 provinces and territories and the Public Health Agency of Canada come together to develop and mobilize knowledge and to work with researchers throughout the country on new evidence and new practice, as well as tools and resources. JCSH has been active in this work since its inception in 2005. In 2019, the commitment of the member provinces and territories, with support from the federal government, remains as strong: Comprehensive School Health (CSH) is the framework which supports improvements in the health, well-being, and achievement success of every student in the country.

In the past year, JCSH has focused on priorities and commitments in a number of areas.

The Truth and Reconciliation Commission's 94 Calls to Action have continued to motivate many areas of the Consortium's work. In 2019, the Reconciliation Working Group developed the JCSH Statement on Reconciliation. The Statement is reproduced at the close of this Executive Summary. It has been translated, not only into French, but also into Inuktitut and Inuinnaqtun. JCSH is grateful to Nunavut for the last two translations. As well, as identified in Call to Action 63.ii, JCSH members continue their commitment to share information and best practices on teaching curriculum related to residential schools and to the history of First Nations, Métis, and Inuit peoples.

JCSH's commitment to ongoing monitoring, evaluation, and accountability has culminated in an Evaluation Report to reflect the collective work from this mandate. The 2019 Evaluation Report reflects the complex nature of JCSH; comprising diverse jurisdictions with different needs, the Consortium's role as the government voice of comprehensive school health, and the multifaceted nature of capacity building.

JCSH has planned to build an Indigenous module as part of its Positive Mental Health Toolkit, revised in 2017. After consultations within member provinces and territories and supported by Indigenous colleagues, initial procedures are underway to develop this module.

Future possibilities for the Healthy School Planner are being discussed, in response to user feedback and increasing interest in linking data with other sources to provide richer and more usable information for school communities on the health, well-being, and achievement of all students.

One of the pieces of work JCSH has developed over the past number of years that may be linked with changes to the Healthy School Planner is the Core Indicators Model of Comprehensive School Health and Student Achievement. This body of work continues to provide potential for linking the mandates of schools in the area of student success and achievement with the broader mandates of both the Education and Health sectors in improving health and well-being for all members of the school communities.

Since 2009, JCSH has been a key stakeholder of the Health Behaviour in School-aged Children (HBSC) Canadian research team, linking the research leads with provincial and territorial contacts. Data collection for the 2017-2018 cycle of the HBSC has been completed and researchers are working with school, district, and provincial / territorial leads to increase the benefits of this international survey. In particular, the researchers are hoping to expand the benefits for schools and the education system as a whole in having this survey a part of their improvement plans.

Much of the work of JCSH is in building, exchanging, and mobilizing knowledge with member provinces and territories, and with stakeholders and partners throughout the country. The Consortium has taken part on national working groups, such as the Canadian Guidelines for Sexual Health Education, and presented at conferences, including the Canadian Mental Health Association National Conference.

In the 12 member provinces and territories, school health has featured in numerous ways: some are specific to geographic and jurisdictional context; others are repeated and replicated in other parts of the country. Among the highlights in the past year are the initiatives and accomplishments outlined below. More detail is provided in the jurisdictional accounts later in this report.

Yukon: Kickin' Ash

Teachers and students are encouraged to think “outside the pack” when it comes to implementing their own tobacco prevention activities with the small grants available. “I think my favourite story this year was taking a number of students to Mt. Sima who had never been downhill skiing before. The one student in particular spent most of the day on the ‘Bunny Hill’ learning to move on snow. We finally convinced him to take the chair lift to the top and he was blown away by the beauty and the view; he kept wanting to just sit in the middle of the hill and just look at the mountains.” Teacher, Individual Learning Centre

Northwest Territories: Indigenous Languages Curriculum

During the 2018-2019 school year, the Our Languages curriculum pilot expanded from the small scale which had included one school for each of the nine official NWT languages to a territory-wide pilot including the 40 schools in the NWT that offer an Indigenous language. Revisions of the draft curriculum were made based on feedback from teachers, principals, superintendents, Indigenous governments, and other key informants.

Nunavut: Sound field for Learning Project

The Department of Education is ensuring all classrooms in Nunavut have sound field systems to amplify the teacher’s voice and training focusing on the use of sound field technology and the impacts of unmanaged hearing loss on language, literacy and socio-emotional and psychological development.

Newfoundland and Labrador: Healthy eating in NL schools

In anticipation of the release of the newest evolution of Canada’s Food Guide in 2018, it was determined that

NL's School Food Guidelines and supporting resources would require an update to reflect the newest national healthy eating recommendations. As part of this renewal process, stakeholders participated in a review and assessment of the current guidelines and plan for the future of healthy eating in NL's schools. The report from this assessment, led by Food First NL, as well as the new Canada's Food Guide will inform revisions to the Guidelines.

Prince Edward Island: The Microphone Project

The Premier's Action Committee on Family Violence Prevention - Youth Engagement Working Group collaborated with Island artist Kinley Dowling, educators, and community organizations to develop a new curriculum resource called The Microphone Project. This Grade 9 health curriculum resource has been created to help teachers engage youth in important sexual health education discussions regarding consent, gender norms, bystander intervention, and sexual assault.

New Brunswick: Provincial Cannabis Symposium

NB Department of Health hosted a provincial Cannabis Symposium in the Fall of 2018. The goal of the symposium was to increase awareness of cannabis and the impacts on youth to NB public-school system professionals. The symposium provided an overview of cannabis legislation, the adverse health effects of cannabis use on youth, and to promote the new resources and best practices on health promotion and disease prevention.

Ontario: Indigenous Graduation Coach Pilot

This initiative, launched in the 2018-19 school year in 19 targeted school boards, is designed to increase Indigenous student retention and support Indigenous students in obtaining an Ontario Secondary School Diploma.

Manitoba: True North Youth Foundation's Project 11

PROJECT 11, a classroom based program designed and supported by the Winnipeg Jets True North Youth Foundation and evaluated in partnership with Healthy Child Manitoba, supports Kindergarten to Grade Eight classrooms, educating students on mental health awareness, suicide prevention, and on ways to promote and practice positive coping skills.

Saskatchewan: Nourishing Minds: Eat Well – Learn Well – Live Well (2019)

This renewed policy document is framed using a Comprehensive School Community Health approach and includes updated references, resources, nutrition standards and food safety health practices, Saskatchewan voices, cultural considerations and First Nations and Métis perspectives.

Alberta: Funding Process to Support Sustainable Change

The Alberta Healthy School Community Wellness Fund provides funding to 57 school jurisdictions to create sustainable change that promotes a culture of wellness, fostering a sense of belonging and connectedness for all students. These processes support sustainable change, focusing more on procedures and policy than activities.

British Columbia: Supporting Mentally Healthy Schools

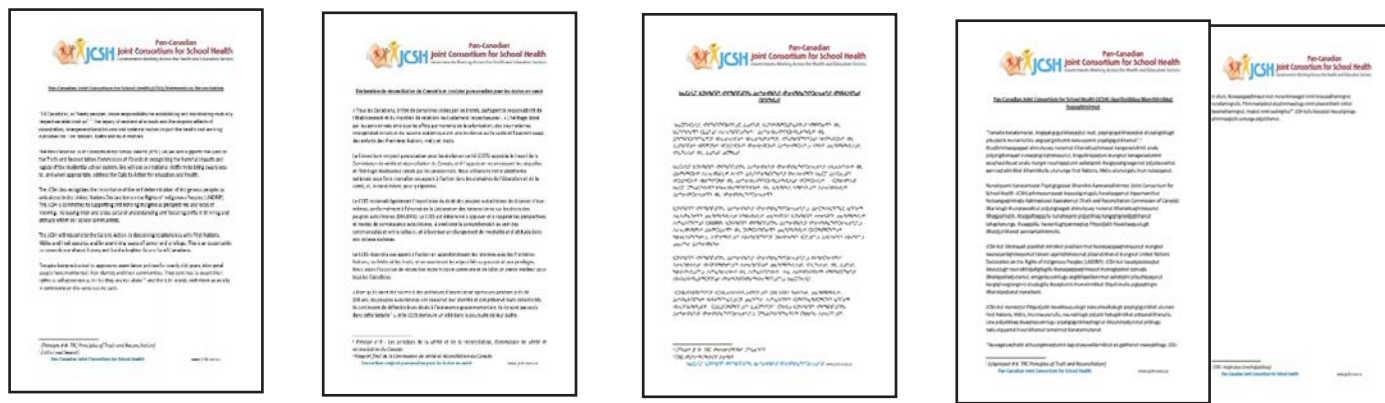
B.C. continued to place a strong emphasis on supporting mentally healthy schools. In 2018/19, this included supporting systems leadership through hosting the second annual School-Community Mental Health Conference, and providing grant funding to school districts and independent schools to support building school

capacity to enhance student mental health and well-being.

Public Health Agency of Canada: UNCRC

Canada's 5th/6th report on its implementation of the United Nations Convention on the Rights of the Child (UNCRC) represents the first time Canada has included the views and voices of children/youth as part of its submission to the Committee. The report's content covers a wide-range of initiatives demonstrating positive progress in implementing the UNCRC in Canada.

JCSH Statement on Reconciliation: English, French, Inuinnaqtun, Inuktitut¹



¹The four icons have hyperlinks to the full Statement on the JCSH website

Introduction

The Case for Cross-Sector Collaboration

The achievement of equitable learning and well-being outcomes for all children and youth in Canada is a complex issue requiring large system change.

A commitment to work collaboratively means, by definition, that the contributors are not competing. Each jurisdiction's needs and strengths are unique; combining forces allows each to reach the goals that are shared.

The outcome sought by this cross-sector collaboration known as JCSH is enhanced student well-being and learning – student success.

About JCSH

Mandate

Established in 2005, the Pan-Canadian Joint Consortium for School Health (JCSH) is a partnership of federal, provincial, and territorial governments working together to promote the health, well-being, and achievement of children and youth in the school setting.

Recognizing that every province and territory has initiatives in place to foster healthy school environments, JCSH brings together key representatives of government departments responsible for health and education to

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

In 2015, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness committed to the current five-year JCSH mandate (2015-2020).

Vision

Children and youth in Canada thriving in school communities committed to optimal learning, health, and well-being.

Mission

To work collaboratively across the education and health systems to support the learning, health, and well-being of children and youth in school communities.

Strategic Direction

JCSH's long-term strategic direction continues to support its purpose: to be a catalyst to strengthen cooperation and capacity among the health and education ministries to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools¹.

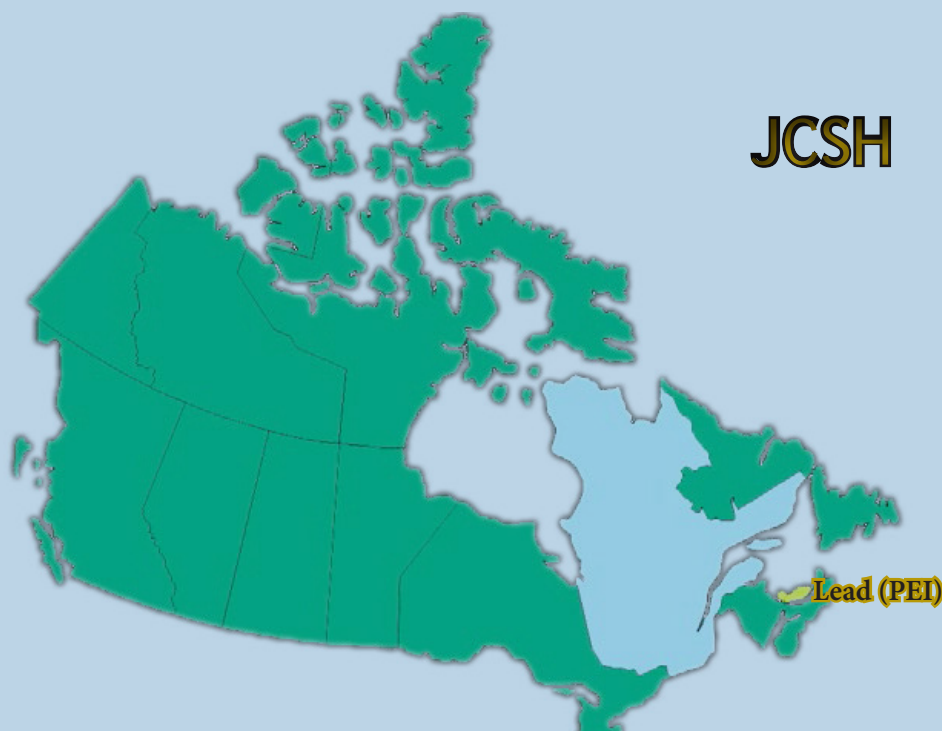
The broad direction is set out in the JCSH Strategic Plan (see Appendix C).

¹ JCSH Agreement 2015-2020

JCSH Membership

Members of the Pan-Canadian 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



The Public Health Agency of Canada, representing the federal government at the JCSH table, is not a member of JCSH, but contributes in a funding and advisory capacity.

Although Quebec shares the concerns and objectives of the JCSH and will continue to contribute by sharing information and leveraging best practices, Quebec intends to remain solely responsible for responding to school health needs within its territory.

Long-Term Outcomes

The JCSH has committed to three overarching long-term outcomes. They are defined as follows:

1. Increased Inter-sectoral Action between Education and Health

The mandate of JCSH is to enhance collaboration between education and health ministries in the area of comprehensive school health.

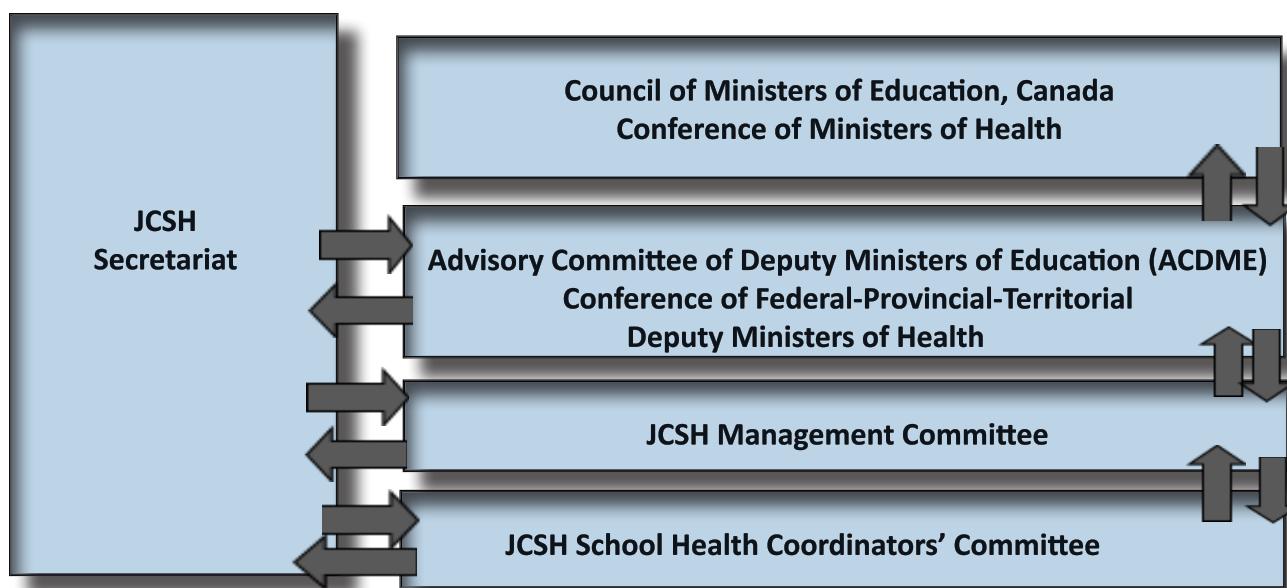
2. Increased System Capacity, Collaboration, and Efficiency

JCSH supports the work of member jurisdictions and the federal government in using a comprehensive school health framework in the issues affecting student well-being and achievement. Relationships between education and health ministries and other key stakeholders -- including national and international organizations, non-government organizations, and research centres -- are focused on working together to address comprehensive school health issues and priorities.

3. Increased Research Coordination

The JCSH establishes and maintains relationships with the research community and directs the priorities related to comprehensive school health to advance best evidence development and knowledge exchange.

Pan-Canadian Joint Consortium for School Health Organizational Structure



The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health.

The two committees of the JCSH responsible for the strategic direction and work agenda are

- the Management Committee
- the School Health Coordinators' Committee.

Management Committee

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the two Deputy Ministers' committees, by

- exchanging ideas, opportunities, and concerns related to existing and emerging issues
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues
- participating in discussions and making decisions on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward
- offering a forum for discussion on other health and educational issues where appropriate.

School Health Coordinators' Committee

School Health Coordinators are drawn from senior policy analysts, consultants, managers, and specialists in the ministries of education and health / health promotion. The School Health Coordinators' Committee serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of student success and wellness.

Through the early identification and analysis of issues, gaps, emerging trends, and areas of interest to the JCSH and its member jurisdictions, the School Health Coordinators' Committee works collaboratively to move forward the work of the JCSH in the provinces and territories.

Secretariat

The Secretariat is responsible for leadership, planning, and coordination for the JCSH. The Secretariat represents the collective voice and the collective impact of JCSH outcomes at meetings, conferences, and consultations across the country.

About Comprehensive School Health

Comprehensive school health (CSH) is an internationally recognized framework to improve student achievement and wellbeing.

In all provinces and territories in Canada, the links between healthy students and optimal learning outcomes are recognized and supported. The use of a planned, integrated, and holistic approach is collectively called comprehensive school health but may be known as healthy schools, health promoting schools, or healthy school communities in individual jurisdictions.

Comprehensive school health involves the whole school community and comprises four distinct but inter-related components:

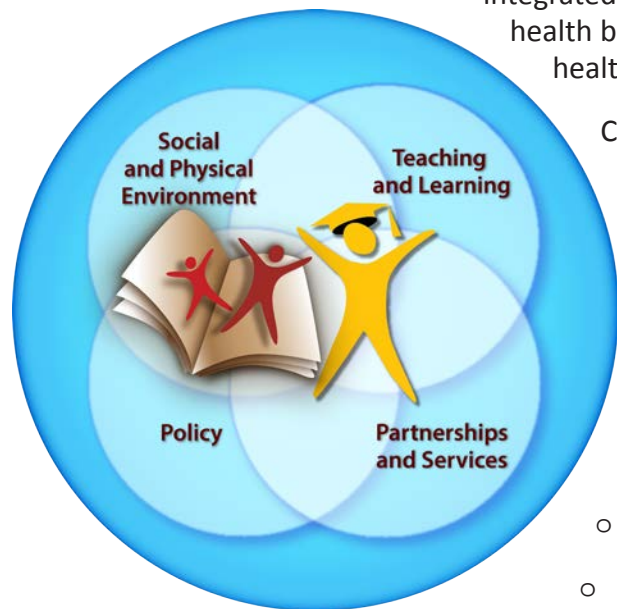
- **Social and physical environment**

The social environment is

- The quality of the relationships among and between staff and students in the school
- The emotional well-being of students
- Influenced by relationships with families and the wider community
- Supportive of the school community in making healthy choices by building competence, autonomy, and connectedness.

The physical environment is

- The buildings, grounds, play space, and equipment in and surrounding the school
- Basic amenities such as sanitation, air cleanliness, and healthy foods



- Spaces designed to promote student safety and connectedness and minimize injury
- Safe, accessible, and supportive of healthy choices for all members of the school community.

- **Teaching and learning**

- Formal and informal provincial / territorial curriculum, resources, and associated activities
- Knowledge, understanding, and skills for students to improve their health and well-being and enhance their learning outcomes
- Professional development opportunities for staff related to health and well-being.

- **Policy**

- Policies, guidelines, and practices that promote and support student well-being and achievement and shape a respectful, welcoming, and caring school environment for all members of the school community.

- **Partnerships and services**

Partnerships are

- The connections between the school and students' families
- Supportive working relationships among schools, and among schools and other community organizations and representative groups
- Health, education, and other sectors working together to advance school health.

Services are

- Community and school-based services that support and promote student and staff health and well-being.

A Comprehensive School Health Framework for Health Promoting Schools

Healthy students are better learners: better educated individuals are healthier¹²³. “School health efforts that are high quality, strategically planned, and effectively coordinated are one of the best investments for influencing the health, as well as

1 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>.

2 Hussain, A. Christou, G., Reid, MA, & Freeman, J. (2013) Core Indicators and Measures (CIM) Framework for school health and student achievement in Canada. Summerside, PE: Pan-Canadian Joint Consortium for School Health (JCSH). <http://www.jcsh-cces.ca/>

3 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.



the minds, of the nation's youth"⁴.

Comprehensive School Health in Canada: Student Well-being and Student Achievement

Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors.

The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools.

In Canada, the JCSH models and encourages the collaborations between health and education essential to comprehensive school health.

Consortium Accomplishments

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 supports improvements in 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

JCSH is the collective government voice of school health in Canada, working to increase awareness of essential linkages between health and education in the lives and futures of all children and youth.

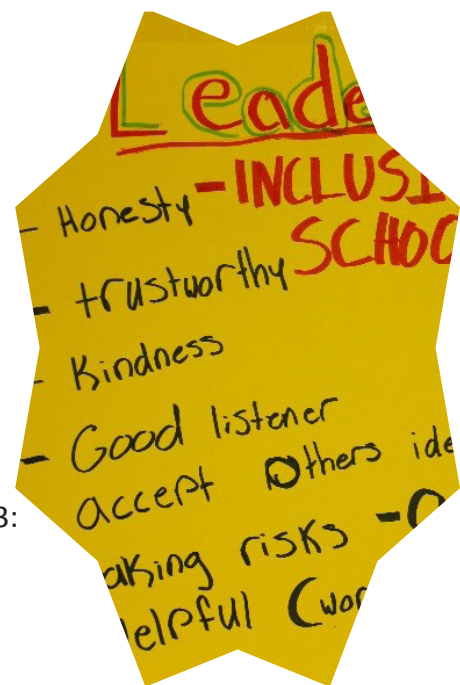
As the only mechanism by which the government education and health sectors meet and work collaboratively at a pan-Canadian level, the JCSH is perceived as a cost-efficient means of developing resources, creating and sharing knowledge, and increasing the capacity for improving school health.

The opportunity of knowledge exchange and collaborative activity provided by this mechanism is valued by members and partners.

The JCSH continues to follow the key recommendations from the first-ever cross-sector meeting of health and education ministries' senior officials held early in 2013:

- A comprehensive, whole student approach to student achievement and the contribution of comprehensive school health to the system of education
- Improved implementation of authentic youth voice in comprehensive school

4 Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health*. 81 (10), p. 597.



health initiatives

- Supported contribution to collaboration of the ministries of health and education.

Work in this area supports all three long-term outcomes: **Increased System Capacity, Collaboration, and Efficiency; Increased Inter-sectoral Action between Education and Health; and Increased Research Coordination.**

JCSH advances and engages in the use, monitoring, and evaluation of three important resource areas. Descriptions of them follow.

The Healthy School Planner

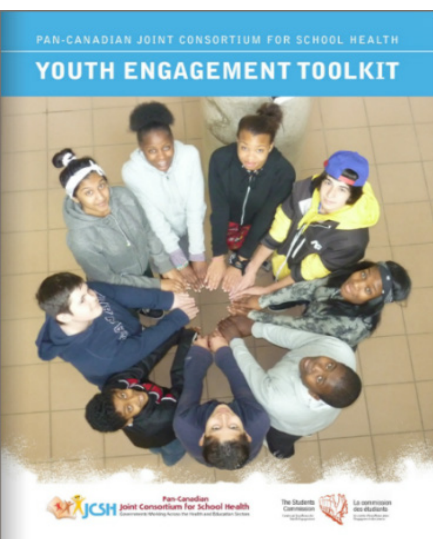
Recognizing that schools are a key environment where students attain the knowledge and skills needed for life-long health and well-being, the JCSH has developed the [Healthy School Planner](#) - an online tool to assist educators in assessing their school's health promoting environment and in making plans for improvements. The Healthy School Planner has been acknowledged by the Health Council of Canada and Accreditation Canada as valid and reliable.⁵



The following represent main features of the Healthy School Planner:

- Developed for the JCSH by the Propel Centre for Population Health Impact and a JCSH Advisory Committee, the HSP is available in English and French for use by any school in the country, free of charge. A promotional video is also available in English and French.
- Extensive pilots of the Planner have been held by teachers, researchers, and experts in the field of comprehensive school health from across the country.
- A foundational module and four topic-specific modules (healthy eating, physical activity, tobacco use, and positive mental health) comprise the Planner.
- School health is assessed by examining a school's overall wellness environment using the four components of CSH: social and physical environment, teaching and learning, policy, and partnerships and services.
- A team approach is recommended, composed of school community members to ensure a broad, informed assessment of the school and school community.
- Upon completion of any one of the Healthy School Planner modules, schools receive results specific to their responses, tailored recommendations based on their results, and a list of action-oriented and jurisdiction-specific resources. Schools can share their results and achievements with staff, students, parents, and the broader community.
- There is capacity to provide school boards and districts with an aggregate report of data generated by schools that have completed the Healthy School Planner.

5 Taryn, O., Steve, M., & Rhona, H. (2017). Support for healthy eating at schools according to the comprehensive school health framework: evaluation during the early years of the Ontario School Food and Beverage Policy implementation. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 37(9), 303.

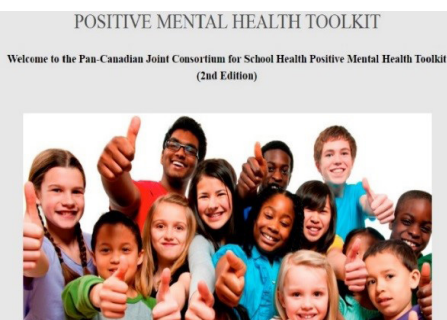


The Youth Engagement Toolkit

Meaningful youth engagement is associated with young people's protection from risk, positive health outcomes, and student achievement. When young people are involved in decision-making, they feel connected to their school environment and community, they build relationships with their peers and adults, and they learn new skills. They are more likely to make healthy decisions, have healthy behaviours, and take fewer unhealthy risks. They are also more likely to do well in school and continue learning throughout their lifetime.

In 2018, JCSH and [The Students Commission of Canada](#) renewed the collaboration they began in 2013 and completely revised, updated, and expanded the [JCSH Youth Engagement Toolkit](#). The current version is separated into eight distinct but interrelated modules that includes the original and highly-respected sections on defining, initiating, and sustaining youth engagement and adds a brand new module: Youth Who Thrive.

- [Youth Engagement Toolkit - Module 1: Introduction](#)
- [Youth Engagement Toolkit - Module 2: What is Youth Engagement?](#)
- [Youth Engagement Toolkit - Module 3: Youth Engagement in Action - Initiating Youth Engagement](#)
- [Youth Engagement Toolkit - Module 4: Youth Engagement in Action - Qualities of Youth Engagement](#)
- [Youth Engagement Toolkit - Module 5: Youth Engagement in Action - Sustaining Youth Engagement](#)
- [Youth Engagement Toolkit - Module 6: Youth Engagement in Action - Challenges and Evaluation](#)
- [Youth Engagement Toolkit - Module 7: Youth Who Thrive](#)
- [Youth Engagement Toolkit - Module 8: Resources and Endnotes](#)



Produced in an interactive e-book format in English and French, the Toolkit includes a number of videos, tools, and links to additional resources that can be used in planning for and evaluating youth engagement.

Positive Mental Health

JCSH continues to focus key activities in the area of positive mental health, highlighted in 2017 with the release of the revised Positive Mental Health Toolkit.

The [Positive Mental Health \(PMH\) Toolkit](#) remains a significant resource for the work in school communities throughout Canada. It is available in English and French in an interactive e-book format, and includes a number of videos, links, and resources used by schools to self-assess and plan for positive mental health practices in the school setting through a comprehensive school health lens.

The Toolkit is divided into a series of online modules, presenting information and materials that are manageable and user friendly. It reflects recent Canadian research, has a module specific to staff well-being, and has, embedded

throughout, promising practices in diversity and inclusion. In addition, it provides a means of measuring positive mental health practices, with results generating a series of individualized strategies for enhancing healthy school environments for students, educators, and staff members. These assessment measures can be used in conjunction with the [JCSH Healthy School Planner](#) as a means of evaluating overall school environments.

The Positive Mental Health Toolkit consists of five modules:

- [Module 1: Introduction to Positive Mental Health](#)
- [Module 2: School Connectedness](#)
- [Module 3: Resiliency in School Environments](#)
- [Module 4: School Team Relationships](#)
- [Module 5: Assessing Comprehensive School Health](#)

The 2nd Edition of the literature review and better practices statements on Positive Mental Health - [Schools as a Setting for Positive Mental Health: Better Practices and Perspectives \(2013\)](#) - continues to be well-respected for its contribution to positive mental health perspectives and practices within a school health context.

Knowledge Development and Exchange

The JCSH works as a bridge of policy, practice, and research. The resources that have been developed and / or championed by JCSH all have, as their foundation, a holistic and integrated approach to improving health and achievement outcomes. These areas support all three long-term outcomes of **Increased Inter-Sectoral Action Between Health and Education; Increased Research Coordination; and Increased System Capacity, Collaboration, and Efficiency.**

Research Coordination Initiatives

JCSH contributes to numerous research development and dissemination initiatives as part of its commitment to Increased Research Coordination.

[Health Behaviour in School-aged Children](#), the 30-year-long cross-national study, is collected every four years; the current data collection was held in 2017-2018 and JCSH has continued to bring together researchers and practitioners to support results dissemination in the past year. Since 2009, JCSH has championed this research through its collaboration with the HBSC research team, to make possible the expansion of the sample size from a national level to individual provincial and territorial samples, resulting in jurisdiction-specific assessments.

The [HBSC](#) data is collected through school-based self-report surveys of students aged 11-15 years. This age group represents the life-period when physical and emotional changes take place and when important life and career decisions are beginning to be made.

The HBSC study aims to gain new insight and increased understanding into the health, well-being, and behaviours of young people and their social contexts, especially within the school environment.

The Canadian HBSC survey is funded by the Public Health Agency of Canada and is carried out by a research team from Queen's University led by Drs. Wendy Craig and Will Pickett.

[Core Indicators Model of Comprehensive School Health and Student Achievement \(CIM\) \(2016\)](#)

The JCSH continues to further work on the important research begun with Dr. John Freeman and his research team at Social Program Evaluation Group, Queen's University. This model explores and reveals the links between

Indicators:	
Environmental	
Health	
Educational	Personal Growth
	Academic

comprehensive school health and student achievement. Initiated in 2013, JCSH worked with the research team to develop and publish a review of the literature, complete with focus group and interview data. In 2016, the CIM work continued, to provide both an ecological (shown) and a table representation. The framework maintains the academic, success, health, and environmental indicators of the 2013 work, shown in [Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada](#). The research made the following findings:

- Lack of literature on comprehensive, integrated, and holistic approaches to school health (most research studies focused on a single aspect of school health, commonly healthy eating or physical activity)
- Lack of research in the unique Canadian context (much research was conducted in the United States)
- Lack of a broad-based understanding in the research on student achievement (researchers tended to see student achievement as individual academic achievement).

Future work in this area seeks to develop further research into the practical application of the CIM in school communities, and materials for use by educators.

Further to its work on Leadership and on Knowledge Development and Exchange, the JCSH is invited regularly to participate in national and international fora, workshops, and discussions on matters related to school health and, more broadly, on strategies to develop and sustain cross-sector collaboration.

The JCSH also maintains a number of longstanding partnerships with networks, organizations, and committees dedicated to health, well-being, and learning improvements in children and youth in Canada, among them Healthy People Healthy Communities (HPHC), the Federal / Provincial / Territorial Group on Nutrition (FPTGN), or the Conference of Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation (SPAR).

Over the past year, the JCSH has worked specifically in an advisory, consulting, and/or collaborative capacity with a number of partners:

- **Health Behaviour in School-aged Children (HBSC) 2017-2018 survey:** This is the third survey cycle (also 2013-2014; 2009-2010) in which the JCSH Research Advisory Committee has worked with Canadian co-Principal Investigators (Dr. John Freeman / Dr. Will Pickett; Dr. Will Pickett / Dr. Wendy Craig) to support data collection in participating provinces and territories.
- **Youth Positive Mental Health Steering Committee (PHAC):** This steering committee was established by the Public Health Agency of Canada to guide the direction of a new project on youth positive mental health.
- **Canadian Guidelines for Sexual Health Education Working Group:** The

purpose of this working group was to revise the Guidelines. Areas covered in discussions included the following: 1. Situating the Guidelines within the broader context of sexual health promotion; 2. Elements of sexual health education; 3. Theory and research on sexual health education; 4. Training of sexual health educators; and 5. Sexually-transmitted and blood borne infection (STBBI) education and testing.

- **National Roundtable on System-Wide Integration and Measurement to Optimize School Mental Health & Wellbeing:** This network featured educators, health professionals, researchers, government, and community organization representatives from all parts of the country. The purpose is to contribute and build on current work related to school-based positive mental health initiatives within system-wide work.
- **Fostering Collaborations to Build Healthier School Communities and Prevent Problematic Substance Use among Canadian Youth:** A forum in Toronto in November 2018 focused on the role of healthy school communities in the prevention of problematic substance use. It was sponsored by the Public Health Agency of Canada (PHAC) and the Chief Public Health Officer (CPHO) of Canada.
- **Partnership Symposium on Cannabis Public Education and Awareness:** This annual partnership symposium, sponsored by Health Canada, in Ottawa in October 2018 brought together partner organizations from a range of sectors; Indigenous organizations; provincial, territorial, and municipal representatives; and federal departments and agencies to continue collective work on public education and awareness following the legalization of cannabis.

JCSH staff and members made presentations to a wide variety of workshops and conferences over the past year, and represented the collective voice of education and health ministries on school health in conferences and meetings of national organizations, research groups, and agencies. The presentations address JCSH's long-term goals of **Increased Inter-sectoral Action Between Health and Education** and **Increased Research Coordination**.

Comprehensive school health, positive mental health, the links of comprehensive school health and student achievement, youth engagement, and the success of policy / practice / research collaborations were profiled during the following national conferences and workshops (through oral and poster presentations). JCSH Secretariat and members participated in these events with the purpose of engaging in knowledge transfer and exchange with key stakeholders in Canada and internationally working in the inter-connected fields of youth / child health and education / school health:

- **Canadian Association of School System Administrators Conference 2018: July 4-6 2018 – Ottawa, ON.** Presentations: Concussion in Sport and the Education Sector (with co-presenter Jocelyn East, FPT Working Group on Concussion); Overview of the Pan-Canadian Joint Consortium for School Health; also Panel member (lead Dr. Antony Card): A Contemporary Focus on Comprehensive School Health in Canada.
- **National Trustee Gathering on Aboriginal Education and Canadian School Boards Association Congress 2018: July 4-7 2018 – Halifax NS.** Presentation: Joint Consortium for School Health: Tools and Resources Support Student Health, Well-Being, and Achievement.
- **Atlantic Summer Institute 2018: August 20-22 2018 – Charlottetown, PE.** Presentation: How the Youth Engagement Toolkit Brings Youth Voice and Inclusion into School Communities. Workshop by Ellen Coady, School Health Coordinator-NL and colleague Rhonda McKinnon: The Roadmap for Integrating Social and Emotional Learning into Practice.
- **Canadian Mental Health Association National Conference: Ahead by a Century: The shape of Things to Come: October 22-24 2018 – Montreal, QC.** Presentation: Youth Engagement Toolkit: Bringing

youth voice to comprehensive school health.

- **Shaping the Future, AB: January 30-February 3 2019 – Lake Louise AB.** Workshop: Healthy School Planner.
- **Canadian Public Health Association – Public Health 2020: April 30-May 3 2019 – Ottawa ON.** Presentations: How Can Comprehensive School Health Improve Student Achievement?; The Positive Mental Health Toolkit: Bringing a comprehensive whole student, whole school approach to mental health promotion.
- **NB Wellness Conference: Wellness-supporting environments in our communities, homes, schools and workplaces: May 1-2, 2019 – Moncton, NB.** JCSH kiosk.

The JCSH continues to distribute the Annual Report to partners and stakeholders throughout the country and internationally in online format at the JCSH website: <http://www.jcsh-cces.ca/>.

The JCSH website provides a platform for sharing resources of interest to a wide range of audiences: from teachers and health professionals to government officials and researchers, to students and families and school communities. The resources comprise those developed by JCSH as well as provincial / territorial, national, and international communications.

Capacity Building

A critical part of JCSH's work is to build the capacity of the health and education sectors to collaborate more effectively.

In addition, the goal of Capacity Building enables member jurisdictions to advance comprehensive school health's aims for optimal learning, health, and well-being. This goal supports JCSH work within and among the provinces and territories in Canada in the following areas:

- Promoting and sharing its tools and resources, such as the Youth Engagement Toolkit and the Positive Mental Health Toolkit.
- Supporting coordinated and comprehensive improvements in student engagement, well-being, and achievement in schools.
- Working with partner agencies and organizations to assist them in using comprehensive school health.
- Collaborating across research, policy, and practice as essential elements of the development and dissemination of evidence- and practice-based resources to support student well-being, health, and learning in Canada.

The JCSH commitment to education and health sector collaboration across the jurisdictions continues to be felt in the benefits expressed by members from the pan-Canadian face-to-face meetings and teleconferences held each year. Evaluations show 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. This benefit is substantial and ongoing and measurable: the development of respectful and strong working relationships among the Management Committee members, the School Health Coordinators' Committee members, and the Secretariat staff over the life of the Consortium has positively impacted change in school health in Canada.

Monitoring, Evaluation, and Accountability

The JCSH continuously monitors and reviews its work to ensure it is supporting improvements in students' achievement and well-being.

JCSH initiatives are regularly monitored for impact and applicability in a wide range of contexts and school communities.

JCSH has espoused a developmental approach to evaluation during the 2015-2020 mandate; this method is appropriate for organizations that work towards systems change in large social issues: child health, student learning outcomes, pressures facing school communities, as examples. To this end, the process requires more innovative methods of reviewing progress and a willingness to revise plans, activities, and resources for continued benefits to the provinces and territories and to school communities. "The 'developmental' in developmental evaluation is based on the innovation driving change. Social change innovation occurs when there is a change in practice, policies, programs or resource flows. Innovation is distinct from improvement in that it causes reorganization at a systems level and can occur at the level of an organization, a network or society at large"⁶.



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.

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 2018-2019. 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.



6 Gamble, J. A. A. (2008). A Developmental Evaluation Primer, p. 15. The JW McConnell Family Foundation.



Yukon

Highlights - 2018-2019

- **Department of Education Rural Education Model (REM) Week**
The Department of Education's REM Week is a week-long program of intensive study offering hands-on learning experiences to rural students.
- **Kickin' Ash**
"Let's Talk Pot!" presentations took place in every school in the Yukon including Yukon College and in several other community-based locations where over 1000 students and adult allies learned about the chemical components of cannabis and methods of consumption, health impacts, and factors that can affect decision-making around cannabis use.
- **Comprehensive Sexual Health Education**
Interest in sexual health education continued to swell in the past year as awareness grows regarding the potential for empowering young people with enhanced skills and knowledge to successfully navigate their social relationships.

Introduction

Not unlike the unique geographic landscape of the far North, Yukon's school health landscape has evolved, and developed gradually into the distinctive model that it is today: resting on durable structures that are flexible enough to adapt to changing conditions and emerging trends.

Driven by key players in the Health and Education sectors but critically supported by teachers and others on the 'front lines', school health in the Yukon looks slightly different in each community but is consistently propelled by the same motivation to create and foster environments where Yukon students can thrive.

The work of Health and Education in Yukon is also supported by important contributions from the Sport and Recreation Branch of the Department of Community Services.

School health continues to be supported through the [Yukon Framework for Physical Literacy](#). The framework facilitates collaboration between the three government departments noted above and key non-profit stakeholders including the Recreation and Parks Association of Yukon (RPAY), Sport Yukon, Yukon Aboriginal Sport Circle, and Special Olympics Yukon.

Leadership

Department of Education Rural Education Model (REM) Week

The Department of Education's REM Week is a week-long program of intensive study offering hands-on learning experiences to rural students. REM supports healthy development by connecting students with possible career paths. Successfully introduced in 2015/2016, the program was extended for 2018/2019 and continued to provide rural students with opportunities to build connections

RESEARCH ALIGNED WITH YT INITIATIVES

Mackenzie, S. H., Son, J. S.,
& Eitel, K. (2018).

Using outdoor adventure to enhance intrinsic motivation and engagement in science and physical activity: an exploratory study. *Journal of Outdoor Recreation and Tourism*, 21, 76-86.

Watson, T. M., Valleriani, J., Hyshka, E., & Rueda, S. (2019).

Cannabis legalization in the provinces and territories: missing opportunities to effectively educate youth? *Canadian Journal of Public Health*, 1-4.

Kågesten, A., Parekh, J., Tunçalp, Ö, Turke, S., Blum, R.W. (2014).

Comprehensive adolescent health programs that include sexual and reproductive health services: A systematic review. *American Journal of Public Health*, 104(12): e23-e36. Published online 2014 December. <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2014.302246>

with other rural peers and gain much desired experiential workshop opportunities ranging from arts and technology to the trades.

Playground Leadership takes off in Whitehorse Schools (RPAY – Recreation and Parks Association of Yukon)

Playground Leadership, more fondly known as APE (Active Playground Experiences), continues to be a popular draw in intermediate grades. The goals of the program are to instill values, attitudes, and behaviours for an active healthy lifestyle through peer leadership. This typically takes place during two or three 90-minute sessions followed by playground visits. Workshops focus on team building, communication and conflict resolution skills, building attitudes for an active lifestyle, learning how to teach games to younger children, and peer and self-evaluation.

In the past year, over 130 Playground Leaders were trained and workshops took place in nine schools.

“Younger children seek playground leaders. Two said, ‘Thank you for getting big kids to play with us. I really like it when they’re here. It helps me a lot’ ”
-Teacher, Holy Family Elementary School

Knowledge Development and Exchange

Mental Health Literacy Curriculum Training – “The Guide”

The Guide is an evidence based mental health literacy program designed for students in Grade 9 through 12, developed by the Canadian Mental Health Association and Sun Life Financial. In late 2018, Yukon Grade 10 Health and Physical Literacy Educators participated in a one-day training on “The Guide.” Several schools have started to implement the resource, and several more have developed plans to introduce it in the upcoming school year. “The Guide” training will also be provided to educators in September 2019.

Health Behaviour in School-Aged Children (HBSC) Study

The HBSC study has always been enthusiastically embraced by Yukon, but the 2018 cycle saw several key developments that sought to establish it as a centre-piece examination of the health behaviours and experiences of young Yukoners. Data collection took place in February and March 2018. Preliminary results were shared in December 2018, and currently the departments of Education and Health and Social Services are working collaboratively to develop an advisory committee to plan for sharing the information across Yukon. Our First Nations partners have been involved in the development of the survey and will continue to play a key role in sharing the information.

Comprehensive Sexual Health Education

Interest in sexual health education continued to swell in the past year as awareness grows regarding the potential for empowering young people with enhanced skills and knowledge to successfully navigate their social relationships. Nearly every school in Yukon plus a number of youth group homes hosted lessons and workshops on a range of key topics including sexual decision-making,



consent, sexually-transmitted infections (STIs), puberty 101, body parts, and safe touch. Community Health Nurses also benefited from in-service training offered by the Health Promotion Unit in order to expand and enhance their ‘tool kit’ of teachable topics.

Capacity Building

Kickin’ Ash

Kickin Ash is a tobacco prevention project that encourages Yukon youth in Grades 4-7 to get the facts, express their thoughts, and learn the truth about tobacco. Teachers and students are encouraged to think “outside the pack” when it comes to implementing their own tobacco prevention activities with the small grants available. One school even took their students to the local ski hill:

“I think my favourite story this year was taking a number of students to Mt. Sima who had never been downhill skiing before. The one student in particular spent most of the day on the ‘Bunny Hill’ learning to move on snow. We finally convinced him to take the chair lift to the top and he was blown away by the beauty and the view; he kept wanting to just sit in the middle of the hill and just look at the mountains. And then we had to get down! We made it to the bottom through tears, hugs, laughs, smiles, and many falls. He was very proud of his accomplishments that day (and so was I)!” -Teacher, Individual Learning Centre

Originally launched in 2015, Kickin’ Ash continued to evolve in 2019 as an additional module on Cannabis was developed. “Let’s Talk Pot!” presentations took place in every school in the Yukon, including Yukon College, and in several other community-based locations where over 1000 students and adult allies learned about the chemical components of cannabis and methods of consumption, health impacts, and factors that can affect decision-making around cannabis use. Feedback from students was consistently positive, with comments like “It felt really open/judgement free and the overall information was relevant” and “I liked that the message wasn’t biased”.

Cycle Smart (RPAY – Recreation and Parks Association of Yukon)

Cycle Smart is an Active Yukon Schools program offered by RPAY that gives children the opportunity to learn and practice important bicycle safety skills on their bikes. The program comes to schools across the Yukon, and includes setting up a series of stations on the playground. Children progress through the stations and hone their skills of negotiating intersections, signalling, riding in a straight line, shoulder checking, helmet use, and much more.

In the past year

- 896 individual students and teachers participated in Cycle Smart workshops that were held in 11 different rural communities
- 87 students in Whitehorse and 36 in rural Yukon participated in on-road facilitated rides
- 100% of teachers and administrators who completed the program evaluation said they would register their school in Cycle Smart again and encourage

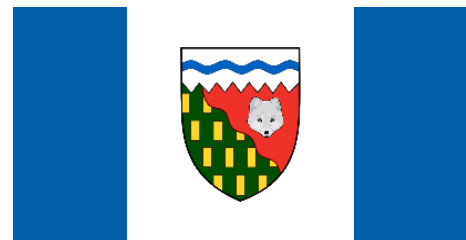


other schools/classes to do the same.

Northwest Territories

Highlights 2018-2019

- **Child and Youth Care Counsellors** - The Departments of Health and Social Services (HSS) and Education, Culture and Employment (ECE) are increasing Child and Youth Care Counsellors (CYCCs) staffing in NWT schools and communities. The CYCCs will spend the majority of their time in schools, but will also have a presence in the community, to ensure ease of year-round access for all children and youth, including those who do not attend school.
- **Indigenous Languages curriculum** - During the 2018-2019 school year, the Our Languages curriculum pilot expanded from the small scale which had included one school for each of the nine official NWT languages to a territory-wide pilot including the 40 schools in the NWT that offer an Indigenous language. Revisions of the draft curriculum were made based on feedback from teachers, principals, superintendents, Indigenous governments, and other key informants.
- **Cannabis Poster series** –The Department of Health and Social Services utilized funding provided by Health Canada’s Substance Use and Addictions Program to develop four animated cannabis education posters. Using an iPad on the QR code enables the posters to ‘come to life’ to share important messaging related to cannabis impact on the developing brain. The poster launch hosted in schools for the community elicited surprise, delight, and ‘new conversation’ across elders, community members, and youth.



Introduction

Northwest Territories Healthy Choices Framework (HCF) is a collaboration among the Government of the Northwest Territories (GNWT) departments of Health and Social Services (HSS); Education, Culture and Employment (ECE); Municipal and Community Affairs (MACA); and Justice, with other GNWT departments and agencies contributing to activities. Through the HCF, partner departments coordinate their efforts on many new NWT health promotion and student success initiatives.

Leadership

Child and Youth Care Counsellors - The Departments of HSS and ECE are working together on an initiative that will unfold over a four-year period, increasing Child and Youth Care Counsellors (CYCCs) staffing in NWT schools and communities. This initiative will bring 42 CYCCs and seven Clinical Supervisors to NWT communities. The CYCCs will be HSS employees who will spend the majority of their time in schools providing mental wellness services to students, as well as acting as a resource for education staff. They will be year-round employees who will also have a presence in the community, to ensure ease of year-round access for all children and youth, including those who do not attend school. In the first

year of the initiative, four counselors and a clinical supervisor have been placed in the Tlicho region, and three counselors and a clinical supervisor in the Dehcho region.

Northern Counselling and Therapeutic Services (NCTS) - A contracted counselling agency that specializes in providing services to northern Canadian communities that have limited access to counselling support, NCTS provided services to 12 schools this past year, the largest number of schools receiving their support to date. This high level of enrolment is due to a cross over between an existing pilot program and the roll out of the new CYCC initiative. NCTS provides services and supports through 'fly in' and distance mechanisms. NCTS services include counselling, psychological assessments, Employee Assistance Program Services, crisis response, and trauma-informed support strategies. In 2018-2019, NCTS expanded to new communities in the Tlicho and Dehcho regions, including the communities of Gameti, Wekweeti, Saamba K'e, Jean Marie River, Nahanni Butte, and Wrigley.

Territorial-Based Support Team (TBST) - The Department of ECE initiated the formation of the Territorial-Based Support Team (TBST). Its mandate will be to complement specialized integrative services delivered by the Department of HSS. The team will assist with programming for identified priority and complex cases, aid support plan development and implementation, and provide PD for education staff. Frequent travel is expected; however, situations will be evaluated individually and the TBST will provide services utilizing distance technologies when possible. Advantages of a team-based approach for complex cases include collaboration of more than one expert and participation in regular Department directed meetings with Regional Inclusive Schooling Coordinators to provide guidance and build capacity. A mental health coordinator was the first of the positions to be staffed and the focus for the inaugural year was delivering staff training on trauma-informed practices and responding to mental health-based referrals.

Indigenizing Mental Health Resources for High School - Following up on the successful first year of implementing [Go To Educator](#) Mental Health training for educators, NWT and other partners have taken the first steps in Indigenizing the associated Curriculum Guide, an evidence-based mental health literacy intervention for Grade 8-12 students. Department of ECE staff have been working with researchers, practitioners, educators, and stakeholders from Dalhousie University, Alberta Health Services, and University of Alberta; educators and policy makers from the Indigenous community in Nova Scotia, Alberta, and the Northwest Territories; and Indigenous education experts from the University of British Columbia. A Working Group has been established as well as a Participant Observer Group. Work completed to date includes a literature review and environmental scan. Interviews with key informants in partner jurisdictions which will inform the development of the new Guide have also been completed.

Indigenous Languages curriculum - Language revitalization and reclaiming is part of improving overall wellness and health in individuals and communities in the NWT. During the 2018-2019 school year, the Our Languages curriculum pilot



expanded from the small scale which had included one school for each of the nine official NWT languages to a territory-wide pilot including the 40 schools in the NWT that offer an Indigenous language. The Oral Proficiency Scale assessment tools were also piloted. While individual children were assessed by a speaker who is not their teacher it was the school average that was reported. The on-going assessment and the scores are used to set goals and to see where the system needs to increase supports. As leadership and coordinated language-development supports are key components of success, training was provided for principals, program support teachers, literacy coordinators, and other teachers within the school. Revisions of the draft curriculum were made based on feedback from teachers, principals, superintendents, Indigenous governments, and other key informants.

Knowledge Development and Exchange

Health and Wellness (HW) Curriculum – The new HW curriculum at the Grade 4-6 grade range was field tested territory-wide and the first draft of Grade 7-9 outcomes was completed. In this development, collaborative inquiry, student agency, and the development of lifelong competencies in the field of health and wellness continue to be central to the work. Six teachers from across the Territory were selected to field test the draft outcomes as well as provide feedback on their experience of collaborative inquiry cycle implementation. The drafting process has been iterative and guided by an ongoing feedback process. A scaled up pilot of the Grade 7-9 outcomes is scheduled for the fall of 2019.

Cannabis Poster series – The territorial government released four animated cannabis education posters in January as part of the NWT cannabis public education campaign. The department of HSS utilized funding provided by Health Canada's Substance Use and Addictions Program (SUAP) to fund the project. The posters were created by local artist Cody Fennell and have an augmented reality feature that makes the posters 'come to life' with the use of an app. The series has been shown at community health fairs across the NWT and are being sent to schools along with an accompanying student resource cannabis magazine. The posters provide information on the relationships between cannabis and mental health, brain development, pregnancy, as well as safer use. Messaging was focused on a youth audience and much of the early feedback is quite encouraging.

"The Dope Experience" - The Department of HSS held an action planning session March 19-22 to develop a substance-use education concept that came to be named by the participants as "The Dope Experience". The planning session featured a collection of artists, educators, Elders, and youth. "The Dope Experience" is a creative inquiry-based approach to polysubstance education which will include cannabis, alcohol, tobacco, and similar substances. Three different workshop models were envisioned at the planning session for youth engagement across the territory. Teams of facilitators will travel to every community in the NWT starting in the fall of 2019 to deliver these fun and creative new workshops that will culminate in a youth-led engagement for their community.

"Know More" Opioid Awareness Campaign – The Health Canada ["Know More"](#) campaign visited four NWT communities between February and March 2019. This was part of a cross-Canada tour to raise awareness concerning the dangers of opioid use. The platform featured five digital stations, providing key opioid messaging on fentanyl, signs of an overdose, the use of naloxone, as well as stigma and opioid usage. The Department of HSS worked in conjunction with the Department of ECE in organizing the event.

Health Behaviour in School-aged Children Customized Report – The Department of HSS funded a customized report of the NWT HBSC report. In addition to an expanded number of reported questions, the NWT report includes additional 'change over time' tables for customized questions and an emphasis on protective factors. The reporting parameters of 'Yellowknife', 'regional centres', and 'small communities' now also aligns with the reporting parameters of the NWT annually reported [Early Development Instrument](#), and [Middle Years Development Instrument](#).

Vaping Education – Resources related to vaping were assembled and communication components developed by the



Department of Health and Social Services and disseminated to all NWT schools located in communities where vaping products are sold.

Capacity Building

Supporting Healthy School Communities with Ever Active Schools –The Departments of ECE and MACA have forged a new relationship with [Ever Active Schools \(EAS\)](#), an Alberta organization that supports schools in fostering social and physical environments to create healthy school communities. In the fall of 2018, MACA, The Mackenzie Recreation Association, the Aboriginal Sports Circle, and [APPLE Schools](#) partnered with Ever Active Schools to facilitate week-long physical literacy mentorships in the communities of Behchoko, Gameti, Fort Providence, and Norman Wells. This in-person mentorship included professional learning opportunities, resources, community engagement, and capacity building in addition to online support before and after the in-person visit. Some notable training activities were ‘Don’t Walk in the Hallway’ decals, classroom energizers, and self-regulation activities to promote optimal learning and well-being. Funding was provided through Canadian Tire’s Jumpstart program, whose aim is to get youth active and remove financial barriers to participation. This initiative is aligned with Canada’s policy on physical activity, [A Common Vision](#), led by the Public Health Agency of Canada.

Inclusive Schooling Collaborative Training – All regional Inclusive Schooling Coordinators and their associated schools’ Program Support Teachers participated in territory-wide training sessions for the third consecutive year. This change from a previously regionally scoped model has increased the level of collaborative planning, cross territory networking, and Inclusive Schooling standards of practice. The two training sessions held in the fall and winter focused on the leadership role of program support staff, trauma informed practice, and self-regulation. In February, 2019 Karen Braun from Calgary, a [MEHRIT Centre](#) consultant, gave presentations on Stress Behaviour vs. Misbehaviour and Supporting Self-Regulation classroom strategies.

Gay-Straight Alliance Support - The Department of ECE, in collaboration with the University of Western Ontario, offered a two-day Fourth R - Healthy Relationships Plus Program (HRPP) training for Gay-Straight Alliance (GSA) staff advisors. All NWT schools with middle and high school grade range were invited to one of two workshops that took place October and December 2018, equipping participants to share the program with their GSA members. Resources including books, videos, and posters were distributed to schools to support greater safety and inclusion of LGBTQ2S+ students and staff. This activity was intended to align with the dissemination of the new NWT LGBTQ2+ School Guidelines that have been under development; however, a high level of stakeholder engagement and the attendant iterative process of incorporating feedback and sharing new drafts has shifted the timeline for finalizing this document to fall of 2019.

Self-Regulation Mentor Group – Augmenting Self-Regulation supports to schools, the Department of ECE has engaged MEHRIT Centre-certified SR Facilitator and Consultant, Paula Jurczak, to lead a series of online support

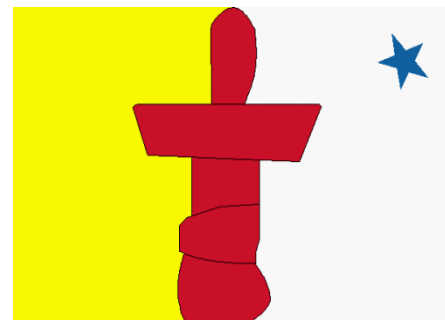
meetings with groups of regional Program Support Teachers and school-based Education Assistants. The SR Mentor Group is a resource for discussion and practical application of SR knowledge and strategies in a small group inquiry format. The mentor group is tailored to meet the individual needs of each group. In addition to consolidating educators' knowledge, these groups discuss how to approach and respond to student behavior and needs from a strength-based perspective exploring environments and activities that enhance both educator and student self-regulation and well-being.

Youth Corp Funding – The MACA NWT Youth Corps Program supports programs that target non-mainstream, at-risk youth under 25 years of age. The programs must be designed to improve the outlook and opportunities for youth and help them make healthy, responsible personal choices. Fort Good Hope's Chief T'Selehye School used Youth Corp funding to hire a part-time coordinator for their new Keepers of the Land Outdoor Education Program. The program, which enabled youth to earn credits through a culturally significant program based on the [Dene Kede](#) curriculum, allowed student to create meaningful connections with one another, and with knowledge keepers, elders, and with the land, thereby promoting wellbeing in all dimensions (social, emotional, physical, and spiritual) and increasing capacity in a wide range of skills that are also transferable to employment settings.

Nunavut

Highlights 2018-2019

- **Sound field for Learning Project**
The Department of Education is ensuring all classrooms in Nunavut have soundfield systems to amplify the teacher's voice and training focusing on the use of sound field technology and the impacts of unmanaged hearing loss on language, literacy, and socio-emotional and psychological development.
- **Inuutsiarniq Literacy Program**
Inuutsiarniq, the Department of Health's reading series, allows educators to engage in discussions about healthy living strategies students can use in their own lives, while also supporting critical literacy outcomes.
- **Umingmak Centre**
The Departments of Education and Health participated on a working group to support the establishment of a Child Advocacy Centre in Nunavut, opening in 2019.



Introduction

One of the priorities of the Government of Nunavut is Inuusivut which is a commitment to work towards the well-being and self-reliance of Nunavummiut and Nunavut communities. The Departments of Education and Health work and collaborate to support the well-being and self-reliance of children and youth using a comprehensive school health approach that is compatible with and promotes the strengths of Indigenous communities. This wellness approach for children and youth is developed through the areas of Leadership, Knowledge Development and

Exchange, & Capacity Building. Some initiatives employed to develop these areas are discussed below.

Leadership

RESEARCH ALIGNED WITH NU INITIATIVES

Gray, A.P., Richer, F., &
Harper, S/ (2016).

Individual- and community-
level determinants of Inuit
youth mental wellness.
*Canadian Journal of Public
Health* (107)3 251-257.

Rourke, R., Kong, D. C. C., &
Bromwich, M. (2016).

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north: a portable and efficient
method for hearing screening.
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478. [http://www.sbccp.
org.br/arquivos/OTO2016-
09/473.full.pdf](http://www.sbccp.org.br/arquivos/OTO2016-09/473.full.pdf)

Basch, C. E. (2011).

Healthier students are better
learners: A missing link in
school reforms to close the
achievement gap. *Journal of
School Health*, 81(10), 593-
598. doi:10.1111/j.1746-
1561.2011.00632.x

- Children in Nunavut have higher rates of hearing loss compared with children in the rest of Canada. In 2017-2018, Education began a territory wide **Sound field for Learning Project** to provide increased equipment, resources, and training to schools in Nunavut. Ultimately, all classrooms in Nunavut will be outfitted with sound field systems to amplify the teacher's voice and all schools will receive training which focuses on the use of sound field technology and the impact of unmanaged hearing loss on language, literacy, socio-emotional, and psychological development.
- In 2017-2018, Education developed and in-serviced a number of **social emotional resources** for Ilinniavimmi Inuusilirijit (school community counsellors) to use as they work with students to cope with difficulties in their lives. Among the resources is a foundational resource, the *Small Group Process Guide*, which supports school staff to foster group development by creating safe and inclusive environments for learning. Education also developed *Northern Zones* for K-8, a program adapted from *Zones of Regulation* with the potential to help children and youth with self-regulation. In turn, *Mindmasters* is a program from K-4 that promotes emotional regulation by teaching children skills in relaxation, positive thinking, and mindfulness. *Mindmasters* was originally developed by Dr. Terry Orlick but has been adapted to be more culturally relevant for Nunavut students.
- The Department of Health is working to enhance health and socio-economic indicators by supporting Education's Inuktitut Titiqqiriniq Reading Program through a companion health-focused stream called the **Inuutsiarniq Literacy Program**. Inuutsiarniq is a reading series designed to infuse healthy living messages into the Inuktitut Titiqqiriniq program in a way that is fun, consistent, highly engaging, and supportive of critical literacy outcomes. This series incorporate information about
 - Nutrition, such as how to eat and prepare healthy meals and the nutritional value of food, including country food
 - Injury prevention, such as how to prevent frostbite or be safe with dogs
 - How to take care of your physical and mental health
 - The importance of healthy lungs, in order to begin introducing tobacco reduction messaging.

Inuutsiarniq was created to help readers begin to understand how to take care of their physical and mental health in different ways. Reading the Inuutsiarniq books with students allows educators to engage in discussions about healthy living strategies students can use in their own lives. The books also strengthen fundamental reading, writing, and oral communication skills. Developing positive healthy living skills and knowledge at an early age can help students be physically and mentally healthy throughout their lives.

Strong literacy skills can lead to positive lifestyle choices and practices, such as consuming a healthy diet, engaging in regular physical exercise, and abstaining from harmful substances and behaviours.

Knowledge Development and Exchange

- Supporting inclusive education in our schools continues to be a priority. This year, Education organized the **Tunngaviliurniq (Place Where We Ground Our Students) Conference**. The goal of the conference was to seek elders' perspective on best practices in Inclusive Education. Learning from and problem solving with elders allowed the Department to further define strategies and approaches that will help school communities meet the diverse academic, physical, and emotional needs of students.
- In 2017-2018, Education began developing a **Safe and Caring School Framework**. Through consultation and collaboration with educators and other stakeholders from across Nunavut, including youth and Inuit organizations, this made-in-Nunavut framework will outline ways for schools to foster tunnganaarniq (good spirit by being open, welcoming, and inclusive) as the territory focuses on strengthening inuusivut (well-being).



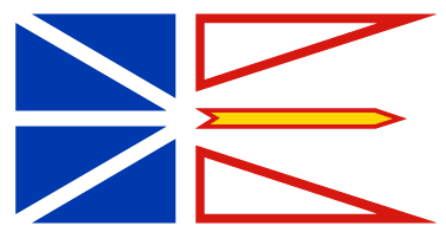
Capacity Building

- Education and Health participated on a working group to support the establishment of a Child Advocacy Centre in Nunavut. The **Umingmak Centre**, opening in 2019, is designed to be a one stop centre to co-ordinate efforts of various service providers in order to decrease secondary trauma and increase support for children, youth, and their families after the disclosure of abuse. Adult Umingmak (or muskox) protect or form a boundary around smaller or vulnerable muskox to shield them in times of danger. The working group has created a space for collaboration between organizations, agencies, and departments to support the development of the centre and to provide accountability for future negotiations and partnerships.

Newfoundland and Labrador

Highlights 2018-2019

- The Department of Education and Early Childhood Development created a draft Responsive Teaching and Learning Policy (RTL) (version 3, 2019) to enable educators to be responsive to student learning. Social and Emotional Learning (SEL) is a specific pillar in this policy focused on prevention by using a tiered approach to learning. The policy is currently in phase two of a three phase implementation for the K-6 population.
- In anticipation of the release of the newest evolution of *Canada's Food Guide* in 2018, it was determined that *NL's School Food Guidelines* and supporting resources would require an update to reflect the newest national healthy eating recommendations. As part of this renewal process, stakeholders participated in a review and assessment of the current guidelines and plan for the future of healthy eating in NL's schools. The report from this assessment,



Research Aligned with NL Initiatives

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(2019).**

Beyond health care: the role of social determinants in promoting health and health equity. *Health, 20*, 10

**Berg, S., Brandford, B.,
Robinson, D.B., & Wells, M.
(2018).**

Got Health? Action research a student-led health promotion program. *The Canadian Journal of Action Research, 19*(1), 33-47.

**Shahid, S.M., & Bishop,
K.S. (2019).**

Comprehensive approaches to improving nutrition: Future prospects. *Nutrients, 11*(), 1760

led by Food First NL, as well as the new *Canada's Food Guide* will inform revisions to the Guidelines.

- The Newfoundland and Labrador English School District and the Regional Health Authorities supported student engagement and health literacy in 10 schools through the Peer Led Student Wellness Action Team (SWAT) Project. The Peer led SWAT project involved youth in planning and making decisions that affect their own health and the health of others. The youth-adult partnerships that formed through this project allowed both groups to contribute, teach, and learn from each other.

Introduction

Healthy Students Healthy Schools (HSHS) is an interdepartmental initiative supported by the Departments of Education and Early Childhood Development (EECD), Children, Seniors and Social Development (CSSD), Health and Community Services (HCS). Initiated in 2004, HSHS, through School Health Promotion Liaison Consultants (SHPLC), builds on the health promotion work of the Newfoundland and Labrador English School District (NLESD), Conseil Scolaire Francophone (CSF), Regional Health Authorities (RHA), and community partners. HSHS fosters collaboration across the health and education sectors to promote and sustain healthy school learning environments and conditions that support students to make healthier choices. This horizontal and collaborative approach helps to advance and share research, practices, and policies to improve learning and health outcomes for children and youth. HSHS also supports the Government of Newfoundland and Labrador's health-in-all-policies approach and the vision of improved health and wellness for the people of the province.

Leadership

- In June 2018, the Government of Newfoundland and Labrador released the Education Action Plan as part of [The Way Forward](#). A key component of the Education Action Plan is to implement the Comprehensive School Health Framework.
- The Government of Newfoundland and Labrador established a secretariat within Executive Council. The role of the secretariat is to
 - a) implement the Comprehensive School Health Framework
 - b) develop a year-round provincial child health services model within one department
 - c) promote 'health in all policies and practices in our schools' among all youth serving departments
 - d) renew a commitment to the Model of Coordination for Services to Children and Youth for children with complex needs
 - e) monitor the recommendations relevant to schools in the Towards Recovery report.
- In November 2018, stakeholders attended a Provincial Comprehensive School

Health Forum. The goals of the forum were to

- a) provide an overview of comprehensive school health and health in all policies
 - b) demonstrate the potential of a comprehensive school health approach in a Newfoundland and Labrador context
 - c) define comprehensive school health in plain language
 - d) share what is currently happening that supports comprehensive school health
 - e) determine next steps to achieving comprehensive school health.
- EECD created a draft Responsive Teaching and Learning Policy (RTL) (version 3, 2019) to enable educators to be responsive to student learning. Social and Emotional Learning (SEL) is a specific pillar in this policy focused on prevention by using a tiered approach to learning. The policy is currently in phase two of a three phase implementation for the K-6 population.
 - EECD consultants representing all subject areas and student services further refined learning outcomes in a draft provincial Foundation Document for Social and Emotional Learning.
 - EECD developed pilot edition Health Education curriculum guides for grades K-1 with embedded social and emotional learning outcomes.
 - EECD is working on a plan to embed specific learning outcomes for student mental health and addictions in all curriculum as it is renewed, including and reinforcing it across all subject areas.

Knowledge Development and Exchange

- In anticipation of the release of the newest evolution of Canada's Food Guide in 2018, it was determined that *NL's School Food Guidelines* and supporting resources would require an update to reflect the newest national healthy eating recommendations. As part of this renewal process, stakeholders participated in a review and assessment of the current guidelines and plan for the future of healthy eating in NL's schools. The report from this assessment, led by Food First NL, as well as the new *Canada's Food Guide* will inform revisions to the Guidelines.
- School administrators across the province received *Mental Health First Aid Training*.
- School staff across the province received *Go-To-Teacher training* and *LGBTQ inclusive practices training* to support the well-being of students.

Capacity Building

- The Community Addictions Prevention and Mental Health Promotion fund supported six schools to implement activities supporting positive mental health and wellness.



- The Community Healthy Living Fund supported 33 schools in the development of healthy active living environments that promote physical activity and healthy eating.
- The regional Wellness Coalition Grant Program supported 51 schools with promoting wellness while fostering partnerships among community groups.
- CSSD in partnership with NLESD, to date, supported 165 schools to implement recommendations from the Healthy School Planner.
- NLESD and RHAs supported student engagement and health literacy in 10 schools through the **Peer Led Student Wellness Action Team (SWAT) Project**. The Peer led SWAT project involved youth in planning and making decisions that affect their own health and the health of others. The youth-adult partnerships that formed through this project allowed both groups to contribute, teach and learn from each other.
- NLESD supported 51 schools in enhancing their school food environment through **Project SucSeed**, an indoor hydroponic system that provides educators with a hand on approach to educating students on agriculture, food security, and healthy eating.
- EECD Programs and Services consultants developed a three hour introductory online professional learning opportunity on the RTL policy for educators. Professional learning opportunities on the RTL policy were provided to educators in 40 phase one schools in both virtual and face-to-face formats. Forty phase two principals received two days of professional learning in May 2018.



Prince Edward Island

Highlights: 2018-2019

- PEI's new School Food Program will increase students' food literacy, provide them with fresh, local, and healthy food at school, and revise the current school nutrition policy.
- In order to help in their conversations with students, the Departments of Education and Life-Long Learning and of Health and Wellness work with community partners to help educate about vaping, e-cigarettes, and their harmful effects.
- A new curriculum resource called [The Microphone Project](#) has been created with the help of Island singer-songwriter Kinley Dowling to help teachers engage youth in important sexual health education discussions regarding consent, gender norms, bystander intervention, and sexual assault. The Microphone Project is an invaluable tool that will help educators and young Islanders address the topics of sexual violence.

Introduction

Multi-sectoral partnerships continue to be critical in supporting the health, well-

being, and achievement of Island students. Collaborative efforts have resulted in a variety of new and strengthened school health initiatives which have supported positive student health behaviours, student success, and academic achievement. The Department of Education and Life-Long Learning (DELL), the Department of Health and Wellness (DHW), the Chief Public Health Office (CPHO), community organizations, school boards, students, teachers, and parent volunteers alike - continue to be active partners and collaborators in this work.

Leadership

- Led by the Public Schools Branch (PSB), and supported by multiple departments (DELL, DHW, and the Departments of Social Development and Housing (DSDH), Agriculture and Land, and Finance) a new [School Food Project](#) is being developed using a comprehensive school health approach. This new School Food Program will increase students' food literacy, provide them with fresh, local, and healthy food at school, and revise the current school nutrition policy. The project has been exploring potential infrastructure models, such as a nonprofit-operated centralized kitchen that delivers food to satellite schools utilizing a 'pay-what-you-can' model. Two demonstration projects were held to pilot this food delivery model and multiple events have been held to engage students in 'school food' conversations. Comprehensive changes to school food environments will contribute to better health and well-being for school-aged children and their communities.
- New "[Guidelines for Diabetes Management in Schools](#)" were developed in collaboration with the DELL, school board student services, and Health PEI diabetes experts. The Guidelines provide information regarding
 - diabetes and diabetes management
 - insulin and insulin administration
 - the responsibilities of parents, directors, principals, and teachers
 - the emergency treatment of low and high blood sugar.

The Guidelines clarify the responsibilities of parents and staff, and help ensure a safe environment where students can learn and manage their diabetes.

Knowledge Development and Exchange

- In order to help in their conversations with students, the DELL and DHW continue to work with community partners to help educate adults (e.g., teachers, student services staff, parents etc.) about vaping, e-cigarettes, and their harmful effects. The PEI Tobacco Reduction Alliance (PETRA) launched [Know the Risks: Vaping & PEI Youth](#), which is a set of new resources including a website, tip-sheet, and info-graphic for adult influencers of youth. These new products were shared with multiple partners including DELL staff, school and school board staff, and home and school associations, all in support of our collective education/prevention efforts of government and community partners related to students' e-cigarette use.
- The [Premier's Action Committee on Family Violence Prevention](#) - Youth Engagement

RESEARCH ALIGNED WITH PE INITIATIVES

Plaut, D., Thomas, M., Hill, T., Worthington, J., Fernandes, M., & Burnett, N. (2018)

Getting to Education Outcomes: Reviewing Evidence from Health and Education Interventions. *Re-imagining School Feeding: A High-Return Investment in Human Capital and Local Economies*, 223.

Beres, M.A. (2014)

Rethinking the concept of consent for anti-sexual violence activism and education. *Feminism & Psychology*, 24(3), 373-389. <https://pdfs.semanticscholar.org/32/2/403/11194956/daw034.pdf>

Joyce, A., Dabrowski, A., Aston, R., & Carey, G. (2017)

Evaluating for impact: What type of data can assist a health promoting school approach? *Health Promotion International*, 32(2), 403-410. <https://academic.oup.com/heapro/article-pdf/32/2/403/11194956/daw034.pdf>

Working Group collaborated with Island artist Kinley Dowling, educators, and community organizations to develop a new curriculum resource called [The Microphone Project](#). This Grade 9 health curriculum resource has been created to help teachers engage youth in important sexual health education discussions regarding consent, gender norms, bystander intervention, and sexual assault. The Microphone Project is an invaluable tool that will help educators and young Islanders address the topics of sexual violence.

- School settings are the ideal place to address mental health literacy as most youth attend school and the average teen spends over thirty hours per week in the classroom. The school-based [Pathway through Care](#) was developed to help schools address youth mental health in an effective, system strengthening, and pedagogically familiar way. Building on existing strengths, the [Mental Health & High School Curriculum Guide](#) was delivered by classroom teachers in eight intermediate schools' pilots. The Guide provides a complete set of educational tools that increases the mental health literacy of both students and teachers. Objectives of the pilot included the following:

- promote mental health and reduce stigma by enhancing mental health literacy of students, educators, and parents
- promote appropriate and timely access to mental health care through early identification, triage and referral, or site-based mental health interventions
- enhance linkages between schools and health care providers
- provide a framework in which students receive mental health care and are seamlessly supported within their usual school settings
- involve parents and the wider community in addressing the mental health needs of youth.

- Education system partners have been working collaboratively to help ensure educators, school staff, and parents have access to information about cannabis laws, the health risks of use, and how to talk to youth about cannabis as it becomes legalized and normalized around them. Within the education system, a comprehensive school health approach was used to explore cannabis information needs regarding curricula, policies, partnerships, and the whole school environment. To date, education system partners have

- adopted a new 'Alcohol and Drugs' policy (Public Schools Branch)
- reviewed curricular outcomes to ensure they are current
- developed a cannabis information/resource repository for teachers, school-based staff, school board/department staff
- distributed "Cannabis Talk Kits" to intermediate schools for use during parent/teacher meetings and other events
- helped to ensure parents have access to information/resources through their home and school networks.



The DELL, CPHO, Department of Justice and Public Safety (DJPS), law enforcement officials, and medical doctors also supported nine different cannabis information evenings for parents, hosted by schools across the Island.

Capacity Building

- Through its annual [Wellness Grant Program](#), the DHW-CPHO funded a number of school based projects that supported the health and well-being of students.
 - [School Food Think Tanks](#): Hosted by the PSB and the PEI Home and School Federation, these events engaged over 200 students in school food conversations. These events showed that students want to see school food that is healthy, inclusive of dietary restrictions and diverse cultures, reduces environmental impact, and that schools keep them engaged in menu choices.
 - Mount Stewart Consolidated: By beginning each day with 20 minutes of physical activity, this program exposed students to a variety of physical activities, life experiences such as school gardens, and anxiety and stress reduction outlets.
 - Belfast Consolidated: This school-based project provided health education to the whole school community (i.e. parents, students, and community members) through a variety of sessions on health topics including substance use, mental health literacy, stress, and nutrition.
- [Student Well-being Teams](#), which include mental health and addictions professionals, comprehensive school health nurses, youth outreach workers, and occupational therapists, have been created across the Island. These teams have improved students' access to support, reduced wait times for services, and eliminated barriers to services such as transportation. Through a partnership of multiple Departments (DELL, DHW, DSDH, DJPS) the school-based teams support the social and emotional development of students as well as their success and academic achievement. To date, Student Well-being Teams have been created in five 'families of schools' across the Province, with three more teams to be established in 2019-20.
- In order to support the continued understanding and application of comprehensive school health, training sessions have been held with the UPEI School Leader Development Program (a required course for all principals) and the Student Well-being Teams noted above. These training sessions outlined the
 - interrelated nature of student health, success, and academic achievement
 - [Comprehensive School Health Framework](#)
 - [Core Indicators and Measurements Framework](#)
 - [SHAPES/CSTADS student health behaviour survey](#) results
 - facilitators and barriers of creating healthy school communities
 - various tools, resources, and supports available, including the JSCH [Healthy School Planner](#), [Positive Mental Health Toolkit](#), and the [Youth Engagement Toolkit](#).

Increasing the knowledge and understanding of the inter-related nature of these initiatives and how they support student success is critical in building the capacity of principals, teachers, and community members as leaders and change agents within the school setting.

New Brunswick



Highlights: 2018-2019

- Based on the new Canadian Guidelines on Concussion in Sports, the updated NB Safety Guidelines for Physical Education provide information and resources to assist with the prevention, identification, and management of concussions.
- The provincial **Cannabis Symposium** brought together education system and partner organizations stakeholders committed to supporting youth regarding cannabis and its legalization.
- To support mobilization of knowledge from the **Student Wellness Survey**, NB Health Council hosted sessions
 - with Francophone Student Services to understand data related to protective and risk factors supporting social emotional development (wellbeing) and educational outcomes
 - with Anglophone Sector Data Monitoring and Accountability staff to discuss what data is being collected and how it can be used.

Introduction

The [New Brunswick Healthy Learners in School Program](#), initiated in 2000, is a Public Health program delivered by the Regional Health Authorities. It is aimed at promoting student health and wellness through the creation of healthy, safe, and supportive physical and social environments. Public health nurses and dietitians work with school districts to implement comprehensive school health initiatives with the support of Health Advisory Committees that include educators, parents and community groups, and program representatives. Their efforts are supported by the Department of Social Development (DSD) which champions New Brunswick's Wellness Strategy and focuses on supporting physical activity, healthy eating, tobacco free living, and mental fitness and resilience in schools, communities, workplaces, and homes. The Department, in partnership with the Department of Education and Early Childhood Development (EECD), also undertakes a multi-year data collection initiative (NB Student Wellness Survey (NBSWS)), which monitors progress and includes support for schools in efforts to use their own results to take action on wellness. DSD funds two school wellness consultants who collaborate with and facilitate the work of education wellness champions. They support comprehensive school health approaches through the distribution of [grants](#) and resources, providing training to school and district employees, and connections to other resources in their communities such as Wellness Networks. EECD reflects a comprehensive school health approach through policy, curriculum planning and delivery, education support services, and commitment to community schools.

Leadership

In May 2019, DSD hosted the **Provincial Wellness Conference**. 330 wellness champions from schools, communities, workplaces, and organizations attended.

Focused on the theme of supportive environments, the conference highlighted research and best practices on physical and social environments that contribute to wellness; provided tools & resources related to wellness-supportive environments; and showcased promising practices, success stories, and evidence-based practices that sustain wellness-supportive environments in New Brunswick. One panel highlighted school-community success stories including

1. Work together to eat better! - Apprenti en action – Labo éducatif en alimentation inc. by Rachel Schofield Martin, Coordinator, Saine alimentation et entrepreneuriat social, DSF-S (Francophone School District, South)
2. Empowering Youth With Their Own Mental Health by Heather Stordy, Community Engagement Coordinator /Rebecca Doyle, Community Schools Coordinator, ASD-E (Anglophone School District, East)
3. Holistic Approach to Education and Wellbeing by Terri-Anne Larry, Principal, Natoaganeg School, located in Eel Ground First Nation.

EECD, in partnership with Égale Canada Human Rights Trust, hosted the OUTShine 2019, National LGBTQI2S+ Youth Summit. The three-day national conference offered youth and educators the opportunity to discuss what is happening in their schools and to share resources and experiences. The conference also provided the opportunity for participants to celebrate LGBTQI2S+ identities by attending a formal dinner and a queer prom.

The Department of Health (DH) hosted a provincial Cannabis Symposium on November 2, 2018. The Symposium brought together 238 stakeholders from within the education system and partner organizations (principals, guidance counselors, learning specialists, public health nurses, Medical Officers of Health, social workers etc), who are committed to supporting youth regarding cannabis and its legalization. The goal of the symposium was to increase awareness among people working in/with the school system about cannabis and its impact on youth.

The symposium provided an overview of cannabis legalization, the adverse health effects of cannabis use, and knowledge on available tools and best practices on health promotion and disease prevention. The message of focusing on increasing protective factors rather than reducing problem behaviours, such as problematic substance use, was reiterated by the various speakers throughout the day. Protective factors include

- Stable and caring relationship with a supportive parent or other adult
- Sense of belonging, connectedness, and social support
- Adequate sleep, a healthy diet, & physical exercise
- Building self-efficacy, communication, & decision-making skills
- School engagement
- Engaging in prosocial behaviours



- A sense of faith, hope, & cultural identity

Knowledge Development and Exchange

In order to respond to the schools' concerns regarding possible impact of cannabis legislation, the NBHC developed a [cannabis infographic](#) full of data on the use of cannabis among New Brunswick youth: by geography, by district, by subgroup and over time, as well as the factors most related to their use of cannabis to support upstream action and monitoring.

The New Brunswick **Student Wellness Survey (NBSWS)** is a provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC). The survey was administered in 188 out of 191 Grade 6-12 public schools and two out of five Grade 6-8 First Nation schools in New Brunswick. In this year's survey cycle, the Canadian Student Tobacco, Alcohol and Drugs survey was incorporated into the process.

NB Health Council hosted sessions with EECD personnel to support mobilization of knowledge from the **Student Wellness Survey**: with Francophone Student Services to understand data related to protective and risk factors supporting social emotional development (wellbeing) and educational outcomes, and with Anglophone Sector Data Monitoring and Accountability staff to discuss what data is being collected and how it can be used.

The **NB Safety Guidelines for Physical Education** has been updated to reflect new evidence and best practices based on the release of the new Canadian Guidelines on Concussion in Sports. The safety guidelines provide information and resources to schools, parents, and students to assist with the prevention, identification, and management of concussions.

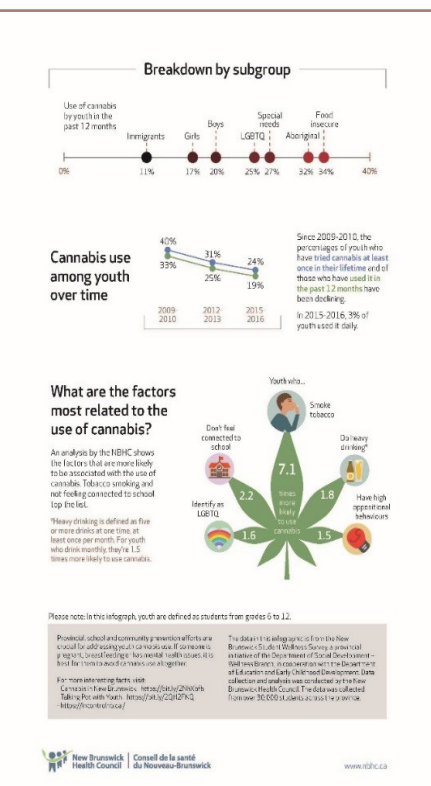
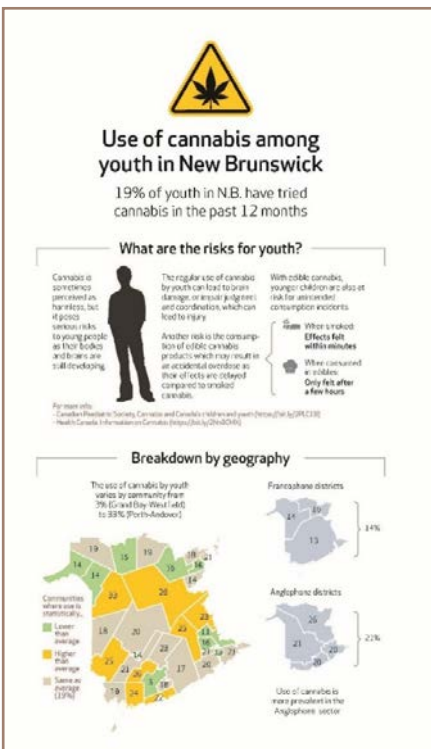
To promote the release of the new Canadian Food Guide and the revised School Nutrition Policy, EECD has updated its Grade 10 and 12 **Culinary Technology courses**. These courses provide students with opportunities to develop food skills and knowledge that reflect the current trends in food industry and modern advancements in cooking technology.

This year, all three NB Francophone School Districts participated in **professional development workshops** to support and promote positive mental health. These workshops provided resources to teachers and school administrators to support mental health literacy through curriculum.

Capacity Building

In April, stakeholders came together to discuss a '**Coordinated Approach to Preventing and Addressing Youth Vaping**', with representatives from EECD, the two Regional Health Authorities, and Social Development. During the meeting participants shared challenges and activities being undertaken. The group agreed to establish a provincial working group, under the umbrella of the New Brunswick Anti-Tobacco Coalition, to coordinate further efforts to prevent and address youth vaping.

EECD, in partnership with Healthy Learner Nurse, developed a **pilot project that**



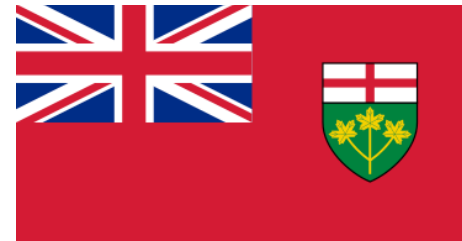
offered free feminine hygiene products to two high schools. Data was collected to determine if the accessibility of free menstrual products in female and universal washrooms would decrease the occurrence of absenteeism and class tardiness. The program was successful and more high schools will have access to free products in the coming school year.

EECD and the Department of Post-Secondary Education Training and Labour partnered with Pond-Dashpande Centre to organize a **Capacity for Courage project**. The project created an Economic Immigration prototype that focused on holistic integration of immigrants in NB. The project focused the overall school culture and explored inclusive initiatives that celebrates different cultures and backgrounds.

Ontario

Introduction

In 2018-19, the Ontario Ministry of Education led several initiatives to continue to foster a healthy, inclusive learning environment that supports the needs of all children and students. The ministries of Health; Tourism, Culture and Sport; and Agriculture, Food and Rural Affairs also led and supported a number of initiatives and activities as set out below.



Leadership

- The Ontario Ministry of Education launched the Indigenous Graduation Coach pilot in the 2018-19 school year in 19 targeted school boards across Ontario and will invest additional funding in 2019–20 to expand the program.
 - The program is designed to increase Indigenous student retention and support Indigenous students in obtaining an Ontario Secondary School Diploma. The program also supports Indigenous student transitions between federally-funded/First Nation-operated schools and provincially-funded secondary schools and post-secondary education, training or labour market opportunities.
 - Central to the program is an Indigenous graduation coach whose life experience is deeply rooted in Indigenous communities and holds deep experiential connections to Indigenous cultures.
 - The coach acts as a mentor and advisor to Indigenous students, facilitating access and referrals to academic supports and community resources.
- In 2018-19, the Ontario Ministry of Education established the Rapid Response Northern Schools Teams (RRNST) pilot with [Keewatin-Patricia District School Board](#) to support the development and deployment of highly trained and experienced educators and related professionals, to respond to requests from remote First Nation communities for temporary support during a crisis.
 - The Teams help keep schools open and support the academic success and well-being of First Nation students.

- The Teams are able to mobilize within a short period of time and stay in the community until the situation is stabilized or a new team can be deployed.
- The Ministry of Education is continuing to invest in the Rapid Response Northern School Teams Pilot for the 2019-20 school year.
- The [Joining the Growing Circle: Centre Ontarien de prevention des agressions \(COPA\) Project](#) aimed to develop resources examining how bullying can affect Indigenous students and their families. These resources were distributed to families, teachers, school staff, parents and community members. The project was designed to increase awareness of the richness and strength of Indigenous cultures, and to create greater sensitivity among teachers and school staff. The ministry most recently funded this project during the 2017-18 school year.
- Since 2017, the Ontario Ministry of Education has funded the Metis Nation of Ontario to implement the River Program. The program provides Indigenous students with a safe, inclusive and culturally appropriate learning environment which reflects Indigenous cultures, histories and contributions. The project uses a wraparound service model to improve educational and social outcomes for Indigenous students and provides Indigenous-based education and awareness to non-Indigenous students.
- The Ontario Ministry of Education funded Indigenous Education Focused Collaborative Inquiry to support the development of new understanding and awareness of strategies and resources to enhance the learning of all students, particularly students with Indigenous backgrounds. Six school boards participated in the 2018-19 year. The three goals of this initiative were
 1. To increase the achievement and well-being of students
 2. To increase the knowledge, understanding and awareness of Indigenous histories, cultures and perspectives for all staff and students
 3. To increase engagement with local Indigenous parent and community partners.

The project focused on:

- Engaging the participation of local Indigenous community member to be partners on the school board inquiry team;
- Providing release-time funding for educators to engage in inquiry-based professional learning with an Indigenous focus;
- Connecting and aligning with other initiatives, through an Indigenous lens; and
- Supporting sharing of the learning by all those participating in the initiative, through participation in regional gatherings, webcasts and/or webinars; information provided through the study of work; and the completion of year-end reports.
- The Ontario Ministry of Education also launched The Keeping Students in School Pilot Project which is part of the federal government's Guns and Gangs Phase II Strategy. This pilot project involves the ministry working with fourteen schools across ten school boards (in the 2018-19 and 2019-20 school years) to critically examine and change their suspension/expulsion practices within the context of overrepresented groups in suspension and expulsion data.
- The Ontario Ministry of Education released [Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Ontario](#). This new policy, effective September 2018, builds on *Ryan's Law* and *Sabrina's Law* to provide direction to school boards

to have policies and procedures in place that support children and students with anaphylaxis, asthma, diabetes, and/or epilepsy in schools.

- A variety of resources to support the implementation of [Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Ontario](#) were developed and released to school boards including [sample Plan of Care templates](#), a [video for educators](#), and a fact sheet and video for parents/guardians.
- [Fresh from the Farm](#) is a program that helps schools raise funds by selling Ontario apples, carrots, onions, potatoes, and sweet potatoes. [Fresh from the Farm, funded by the Ontario Ministry of Agriculture, Food and Rural Affairs](#), is a partnership between the Province of Ontario and the Ontario Fruit and Vegetable Growers' Association. The program has been in constant growth since inception as it strategically expanded across the province and into more remote/rural areas. In 2018, the program continued to see growth in the number of schools that participated in the program. The program is now available to all Ontario provincially funded and First Nation road access schools within the network of Ontario farmers and distributors that has been established to manage this unique seasonal program.
 - A total of 556 schools participated in 2018, collectively selling over 900 thousand pounds of produce and raising over \$1.1M, of which more than \$0.45M was retained for school initiatives, the balance pays for the produce and program coordination.
 - 2018 was the sixth year for the program and the second year that the program was offered province-wide to all 72 school boards, representing more than 5,000 schools.
 - Since 2013, more than 1,700 schools have participated in [Fresh from the Farm](#), selling more than \$4M and 3.6M pounds of local produce to Ontario families.
- The Ontario Ministry of Health's [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) identify the minimum expectations for public health programs and services to be delivered by Ontario's [thirty-five boards of health](#). The modernized standards came into effect in January 2018. Following the release of the standards, the [School Health Guideline, 2018](#) was released in April 2018.
 - The purpose of the [School Health Guideline](#) is to provide direction to boards of health on required approaches to developing and implementing programs and services that contribute to achieving optimal health of school-aged children and youth through partnerships and collaboration with school boards and schools.
 - In August 2018, Ontario's Ministry of Health re-issued the [Child Visual Health and Vision Screening Protocol, 2018](#) which included an Appendix providing further operational details for implementation of the vision screening program, a requirement under the School Health Standard.
- The Ontario Ministry of Tourism, Culture and Sport (MTCS); together with



Ontario's Ministries of Education; Training, Colleges and Universities; Municipal Affairs and Housing; Health; Indigenous Affairs; and Children, Community and Social Services are working on a phased approach to the implementation of initiatives to prevent and manage concussions in amateur competitive sport, that support the implementation of [Rowan's Law](#).

- On March 7, 2018, Ontario enacted new legislation, [Rowan's Law](#).
- The goal of [Rowan's Law](#) is to increase awareness and minimize the risk of concussions.
- Rowan's Law proclaimed an annual concussion awareness day ([Rowan's Law Day](#), September 25), and establishes mandatory requirements for amateur competitive sport organizations to ensure
 - Annual review of concussion awareness resources by athletes, coaches, and parents/guardians of athletes
 - Establishment of removal-from-sport and return-to-sport protocols, so that athletes are immediately removed from sport if they are suspected of having sustained a concussion
 - Establishment of concussion codes of conduct that will set out rules of behavior to minimize concussions while playing sport.

The new legislation also amended the Education Act. Amendments to the Education Act were proclaimed on July 1, 2019, providing the Minister of Education with authority to prescribe concussion requirements for the education sector, consistent with [Rowan's Law](#). As a result, the Ministry of Education updated [Policy/Program Memorandum \(P/PM\)158: School Board Policies on Concussion](#), to be consistent with *Rowan's Law*. The updated P/PM was released September 25, 2019.

Knowledge Development and Exchange

- Work of the Ontario Ministry of Education's Knowledge Network for Student Well-Being continued in 2018. Thirty-two [Research in Brief papers](#) were published in English and French. The current focus areas include well-being, mathematics, equity, and Indigenous education.
- [The Everyday Mental Health Classroom Resource](#) was designed to support elementary educators (Kindergarten to Grade 8) in their role by offering a repository of high-quality everyday mental health practices that can be easily incorporated into classroom routines. This toolkit of strategies is the result of a collaboration between the Elementary Teachers' Federation of Ontario (ETFO) and School Mental Health Ontario, with evidence/review support from the Centre for Addiction and Mental Health, [Provincial System Support Program](#) (PSSP). The toolkit was released on-line in September 2018.

Capacity Building

- In 2018-19, the Ontario Ministry of Education awarded thirty-five Physical Activity in Secondary School (PASS) grants to secondary schools across Ontario for projects aimed at increasing secondary student participation in physical activity during non-instructional time. Examples of PASS projects include purchasing equipment to provide students with opportunities to try new activities (e.g., bicycling, skiing), building an outdoor skating rink, and building a fitness studio.
- In 2018-19 the Ontario Ministry of Education provided funding to school boards, school authorities, and provincial and demonstration schools to support local training needs related to the legalization of recreational cannabis and the protection and safety of students.
- The Ministry of Education shared resources (e.g., fact sheets) with educators, parents/guardians and

youth to increase awareness about cannabis, prevent and/or delay cannabis use among youth, and promote healthy decision-making and student safety. The resources are available on the ministry's legalization of recreational cannabis web pages for [educators](#) and [parents](#).

- In 2018-19, the Ontario Ministry of Education provided funding for the hiring of approximately 180 mental health workers in secondary schools across Ontario. This support is expanding mental health awareness and education, earlier identification and assessment and ensures direct mental health services in schools and improved timely referrals to community mental health services.
- The Ontario Ministry of Education funded the TEMP Project which aimed to support Indigenous education by focusing on Treaty Education and Reconciliation in the Nipissing District. The [Near North District School Board](#) and Treaty Education Mentorship Program Working Group's TEMP Project (February to December 2018) had two components:
 - A three-day learning session held for 25 Indigenous educators (learners) in April 2018. The goal was to develop deeper knowledge and understanding of Treaty Education in the Nipissing District. Maurice Switzer (knowledge keeper and cultural teacher), guided and supported 25 learners through mentorship. The 25 learners were specifically selected as the next generation of Treaty Educators.
 - Resource creation and sharing with the goal of promoting Treaty understanding; and supporting the educational community in the region by sharing (via print and online mediums) the learning journey and relevant resources developed during the project.

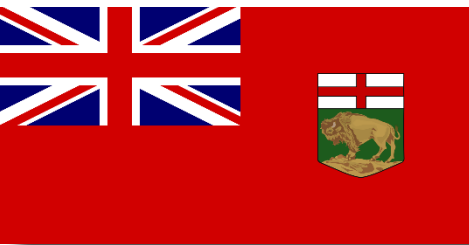
Other Ontario Ministry of Education Initiatives

- [First Nations, Métis, and Inuit Education Association of Ontario](#): Resource Development and Learning Opportunities Project - Phase I of this project entailed the recording of more than eight Elders and Knowledge Holders to produce a series of teaching videos. Eight videos were developed in 2018 and the resources have been posted on the organization's [website](#). The videos support capacity building of educators and students.
- [The Ottawa Inuit Children's Centre: Bridging the Gap Program](#) teaches students, teachers, administrators and parents about Inuit culture and history, and equips educators to better support Inuit students. It includes four components, including: Inuit cultural classroom presentations; cultural enrichment workshops; individual student supports; and educator collaboration and networking events. Goals of the program included increasing access to community supports for Inuit students, families, caregivers as well as increasing awareness and knowledge of Inuit traditions, cultures, contributions and perspectives among elementary and secondary students and teachers.
- [The Healthy Relationships in a Digital World Pilot Project](#) was led by the Ontario



Principal Associations in collaboration with Victim Services Toronto. In 2018, the pilot project engaged principals and vice-principals from eight school boards on the development of a resource tool that includes strategies for preventing and responding to cyberbullying/violence. The tool will support schools in their annual school improvement process planning, as well as day-to-day activities.

- The [Ontario Native Education Counselling Association \(ONECA\): Native Counsellor Training Program](#) (NCTP) provides training for Indigenous counsellors who provide counselling services to Indigenous students, and increased educator and board staff knowledge of Indigenous histories, cultures, contributions and perspectives to improve supports for Indigenous students. The program has been in existence since 1977. New in 2018, ONECA surveyed French school boards and sought to build relationships with Indigenous education leads and identify how ONECA can support their professional development.
- Over the past decade, the Ontario Ministry of Education has worked with [Centre ontarien de prévention des agressions](#) (COPA) to develop [We All Belong](#), a multi-media tool-kit to encourage parent engagement and home/school collaboration and to promote a whole-school approach to safe, inclusive and accepting schools. In addition, the ministry funded COPA to produce [A Circle of Caring](#), which is an adaptation of the [We all Belong tool-kit for First Nations, Métis and Inuit communities and schools](#). During 2017-18, funding was provided to adapt COPA's successful children's storybook series and comic book designed to accompany We All Belong, for Indigenous communities. In addition, the ministry funded COPA to support professional learning about the content of the resources and support the implementation in schools and communities across Ontario.



Manitoba

Highlights 2018-2019

- **PROJECT 11**, a classroom based program designed and supported by the Winnipeg Jets True North Youth Foundation and evaluated in partnership with Healthy Child Manitoba, supports Kindergarten to Grade Eight classrooms, educating students on mental health awareness, suicide prevention, and on ways to promote and practice positive coping skills.
- **Thrival Kits™**, Phase II, a joint partnership initiative of the Manitoba Advocate for Children and Youth and the Canadian Mental Health Association Manitoba and Winnipeg office, provide health promotion activities to help children ages 9-11 incorporate effective coping strategies into their daily lives, strengthen their self-esteem and sense of identity, and build greater empathy and understanding of one another.
- **Teen Clinics** continue to provide youth ages 12-21 with accessible, confidential services and operate from a pro-choice, LGBT2SQ+ positive, and harm reduction perspective. The Teen Clinics network has 57 [sites](#) in the province, 32 of which are located in Manitoba schools, and 13 of which receive funding from the Healthy Child Manitoba Office.

Introduction

First introduced in 2000, Healthy Schools is Manitoba's Provincial Comprehensive School Health initiative promoting the physical, emotional, and social health of school communities. Healthy Schools 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 and is implemented through the partnership of several government departments responsible for education, prevention and health promotion, and child wellbeing.

Departments working across government to support the well-being of school-aged children though the Healthy Schools Initiative include Manitoba Health, Seniors and Active Living, Manitoba Education and Training, and the Healthy Child Manitoba Office.

Leadership

In January 2019, a comprehensive review of the Manitoba Kindergarten to Grade 12 education was announced. The review was led by an appointed commission and focused on a variety of topics including

- improving student outcomes and accountability related to student learning
- education governance, including the roles and responsibilities of school boards and of division administrations
- sustainability of, management of, and accountability for financial resources which support that system.

As part of the review, consultation sessions were held to engage parents, education professionals, subject matter experts, students, stakeholder groups including school boards and any Manitoban interested in sharing their ideas for improving Kindergarten to Grade 12 education. Details about the review including consultation dates and discussion papers are available on the Manitoba Education and Training website: www.edu.gov.mb.ca/educationreview

A follow up report to the **2018 Manitoba Literacy and Numeracy Summit** is available on the Manitoba Education and Training website. This report provides feedback to the people who participated in the January 2018 provincial summit on literacy and numeracy, and context for Manitoba's Commission on Kindergarten to Grade 12 Education as it undertakes a comprehensive review of elementary-secondary education: [Literacy and Numeracy in Manitoba: Setting the Context](#) (715 KB)

The **Healthy Child Manitoba Act (2007)** is enabling legislation for Healthy Child Manitoba and the government of Manitoba's long-term, cross-departmental prevention and early intervention strategy for children and youth. The Act authorizes Healthy Child Manitoba to collect and link data across sectors and across time for research and evaluation.

Manitoba Health, Seniors and Active Living supported the Winnipeg Regional

RESEARCH ALIGNED WITH MB INITIATIVES

Barker, B., Goodman, A., & DeBeck, K. (2017).

Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health*, 108(2): e208–e210 doi: 10.17269/CJPH.108.5754

Feiss R, Dolinger SB, Merritt M, Reiche E, Martin K, Yanes JA, et al. (2019).

A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents. *Journal of Youth and Adolescence*, 48(9), 1668–1685.

Dray, J., Bowman, J., Wolfenden, L., Campbell, E., Freund, M., Hodder, R., & Wiggers, J. (2015).

Systematic review of universal resilience interventions targeting child and adolescent mental health in the school setting: review protocol. *Systematic reviews*, 4(1), 1.

Health Authority's (WRHA) Mental Health Promotion work in schools. The WRHA Mental Health Promotion team has been working closely with three Winnipeg-based school divisions for a number of years to imbed mental health promotion into their school community. This work has led to the development of a **Mental Health Promotion Planning Guide** which includes information and resources from the JCSH Positive Mental Health Toolkit. In the 2018-19 school year this planning guide was piloted in 44 schools within Winnipeg, with plans to expand and continue this work in the 2019-20 school year.

Manitoba continues to support programs originally announced in the multi-year Child and Youth Mental Health Strategy. Programs supported include enhanced mental health and wellness supports for whole communities, selective programs for children and youth who require additional supports, and intensive programs to the most vulnerable, including

- **PAX**, an evidence-based approach that promotes students' learning and practising of self-regulation in a school setting, through collaborating with others for peace, productivity, health, & happiness. PAX is a childhood mental health promotion strategy where the children are the agents of change and determine what they want to see, hear, feel, and do more of and less of in their classrooms and in their lives. PAX was implemented province-wide in 2011 after a randomized control trial demonstrated improved short-term outcomes, particularly in regards to children's mental health and wellbeing. Healthy Child Manitoba Office (HCMO) is partnering with the Swampy Cree Tribal Council and the University of Manitoba through a five year (2014-2019) CIHR suicide prevention grant to support the development of PAX Dream Makers, a cohort of Indigenous youth ages 10-21 who engage in community development and mental health initiatives in their communities. This year, PAX Dream Makers presented at the Shawane Dagoiwin conference sharing their successes and learnings as PAX Dream Makers. HCMO continues to lead the implementation and evaluation of PAX, in approximately 740 schools across the province. (2011-present)
- **COACH 1 and COACH Expansion**, evidence-based approaches providing intensive, off-site academic, behavioural, and mental health supports (24/7/365) for children and youth with profound behavioural, emotional, and mental health needs. COACH also provides support to parents/guardians. COACH 1 is for elementary aged children and COACH Expansion is for junior high aged youth in the care of child welfare. Positive outcomes have been identified in academic, social, emotional, community, and behavioural functioning, as well as improved parent/child relationships. (2003-present)
- **Roots of Empathy and Seeds of Empathy**, a universal, evidence-based approach, fosters social/emotional learning and increases empathy, while reducing bullying and aggression. Roots of Empathy is delivered in K-Grade 8 classrooms; Seeds of Empathy is delivered in early childhood centres. Research shows significant reductions in aggression and increases in pro-social behaviours among students upon completion of the program and in the years following. (2001-present)
- **High Fidelity Wraparound (HFW)**, an evidence-based, facilitated strength-based, case planning approach for children and youth with complex, multi-system needs. HFW integrates formal and informal supports to improve access and coordination to appropriate services and helps bridge service gaps during periods of transition. HCMO coordinates HFW training for service providers in the mental health, education, child welfare, and justice systems, to integrate multiple formal (school, justice, clinicians) and informal systems (families, friends, community members) to create a single, strength-based, individualized plan for children and youth who have complex behavioural, emotional, and mental health needs. (2015-present)
- **The Intervention and Outreach Team**, providing 24/7/365 strength based, community approaches to improving the life outcomes of youth with profound and co-occurring mental, behavioural, social/emotional, physical health, and academic challenges. The Team provides clinical, academic, and mentorship supports to children and youth who are in the care of Child and Family Services. The elder provides mentorship on Indigenous knowledge, world views, and cultural traditions with both Indigenous and non-Indigenous children and youth. This approach is currently being evaluated: The cohort was

randomly selected from the four departments list of children/youth with the highest level of complex challenges. (2016-present)

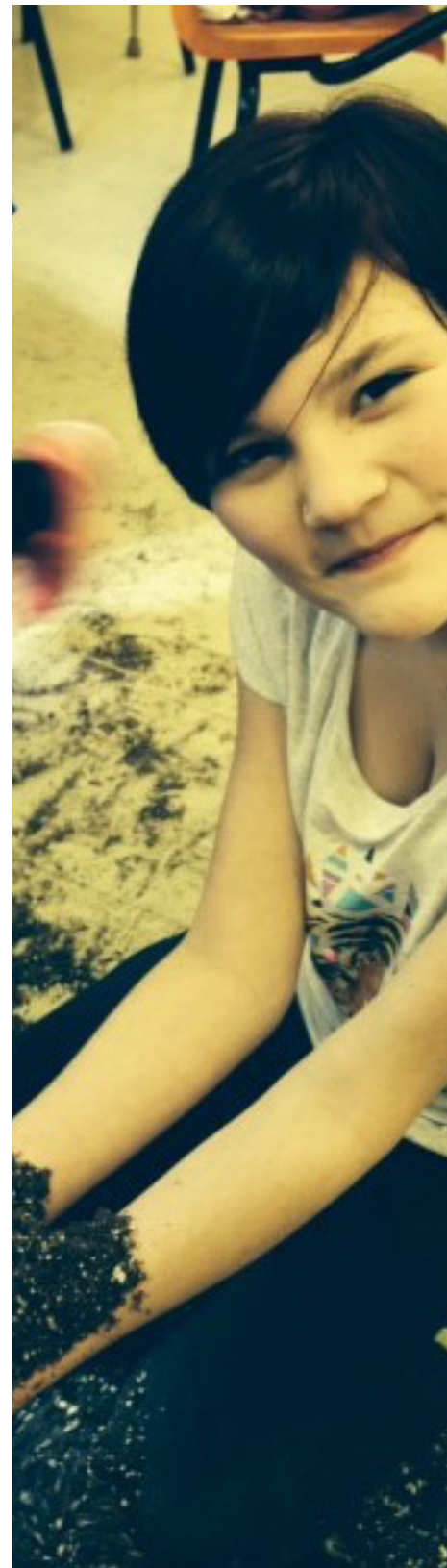
- **PROJECT 11**, a classroom based program designed and supported by the Winnipeg Jets True North Youth Foundation and evaluated in partnership with Healthy Child Manitoba. Project 11 supports Kindergarten to Grade Eight classrooms, through virtual tutorials and evidence-based concepts, educating students on mental health awareness, suicide prevention, and on ways to promote and practice positive coping skills. Project 11 has been implemented in classrooms across Manitoba. (2014-present)
- **The Protocol for Assessment and Discharge of Suicidal Children and Youth**, (one of several Healthy Child Committee of Cabinet mandated cross-departmental protocols) is intended to improve mental health and wellbeing and reduce suicidal ideation/attempts/deaths of children and youth, as well as reduce system-level costs associated with crisis interventions. (example: medi-vac) The protocol mandates clinical follow-up, in their home community, of children/youth seen in a hospital setting for suicidal ideation/attempts. The Protocol is being piloted by Hope North in the Northern Regional Health Authority to address child and youth suicide in Thompson and surrounding Indigenous and northern communities. An outcomes evaluation is underway. (2015-present)
- **Morningstar**, located in a high school, is an integrated support system that provides students with multiple tiers of multidisciplinary supports related to mental health and addictions, housing, cultural identity, poverty, and violence. (2016-present)

Knowledge Development and Exchange

Manitoba Education and Training and Manitoba Health, Seniors and Active Living have collaborated with Parachute, Sport Culture and Heritage, and Sport Manitoba to create concussion protocol that is consistent with the National Harmonization project. Having uniform protocols utilized by both Manitoba's schools and Provincial Sport Organizations is an important step forward in the process to increase public education and awareness on concussions. This provides consistency on removal-from-play to return-to-play (and classroom) protocols and speaks to the national collaborative objectives to align the sport, education and health sectors on the issue of concussions.

Manitoba Health, Seniors and Active Living in partnership with Manitoba Education and Training supported the 2018-19 collection of the Health Behaviour in School-aged Children (HBSC) survey. Findings from this data collection will help to inform provincial scale policy and supports intended to improve student well-being across Manitoba.

Manitoba supported the evaluation of ***Everyone Matters: Manitoba Youth on Suicide***: Everyone Matters is a 22 minute 'made in Manitoba' video project designed for adolescents in education settings. It is meant to increase the awareness of suicide warning signs, encourage help-seeking behaviours, promote positive coping strategies, and support the development of 'natural helpers' that can connect youth to supports. The initiative includes a



Facilitator's Guide that describes the purpose of the video, a guide on how to use it in a classroom, and what other steps can be taken to create and maintain safe and healthy schools.

Manitoba Education and Training released the new Senior Years Human Ecology Manitoba Curriculum Framework of Outcomes, which updates the Food and Nutrition curriculum taught in Manitoba schools and can be found on the Manitoba Education and Training website: www.edu.gov.mb.ca/k12/cur/teched/he_framework/

Manitoba Health, Seniors and Active living and Manitoba Education and Training released an electronic information about Cannabis and associated learning resources package to all Manitoba schools through the Healthy Schools Initiative. The package can be found here: <https://www.edu.gov.mb.ca/k12/cur/physhlth/resources.html>

The [Early Development Instrument](#) (EDI) is a census-level questionnaire completed by Kindergarten teachers every two years in all 37 public school divisions and some First Nations and Independent schools. The EDI measures children's ability to meet age appropriate developmental expectations across five domains: physical health and well-being, social competence, emotional maturity, language and thinking skills, and communication skills and general knowledge. HCMO collects, analyzes, and reports on EDI results. The EDI was collected in 2018-19 school year, and results are expected in fall 2019. (2003-present)

The Community Schools Unit located within the Indigenous Inclusion Directorate of Manitoba Education and Training released the [Community Schools Program Report](#). As one of The Community Schools Act's legislative requirements, The Community Schools Unit is required to prepare a report on CSP activities, including

- a summary of consultations carried out by the unit
- a summary of the performance of the program with reference to the measures established by the unit.

This report fulfills the reporting requirements of the legislation. It covers the Community Schools Unit's operation from October 2014 to October 2018. Manitoba's Community Schools Program supports the capacity of the public school system to enhance the social, emotional, and physical health and well-being of students in socio-economically disadvantaged communities. This helps students to arrive at school ready to engage in the learning process and take full advantage of the available educational opportunities.

Capacity Building

The Indigenous Inclusion Directorate of Manitoba Education and Training released a support document for schools: [Smudging Protocol and Guidelines 2018](#). This document is intended to support Manitoba School Divisions in taking steps to ensure their schools are inclusive and culturally responsive by integrating First Nation, Métis, and Inuit perspectives into school planning and programming in partnership within school communities.

Manitoba Education and Training in partnership with Manitoba Health, Seniors and Active Living held a series of workshops for educators on the guidance document titled [Supporting Trans-Gendered and Gender Diverse Students in Manitoba Schools](#). The guidelines are intended to ensure that transgender and gender diverse students have equitable access to all aspects of school life (academic, extracurricular, and social) in ways that preserve their dignity. This resource is primarily intended for school administrators, educators, and staff. Since its release, the reception to the document has been overwhelmingly positive.

Healthy Schools continues to support the Public Health Agency of Canada funded APPLE Schools pilot in the Swan Valley School Division. Based on evidence and best practices in health promotion, the initiative implements Comprehensive School Health at the school level. APPLE schools helps to shift school culture in order to increase wellbeing for students, parents, and staff within their school communities. The 2018 APPLE

schools annual report can be found here: http://www.appleschools.ca/files/APPLESchools_2018Annual_Report_Web.pdf

Manitoba Health, Seniors and Active Living continues to support the Rec and Read Mentorship Program (RRMP). This internationally recognized program is guided by an Indigenous-based framework, Circle of Courage, which is designed to promote a strong, resilient, and healthy child rather than specifically focusing on diet and exercise. Students from high school and university work together to deliver after-school programs to early years' students. The RRMP uses a social determinants of health approach to programming and considers the following elements:

- Education and employment training
- Supportive social networks and social environments
- Safe physical activity environments
- Healthy child development
- Indigenous cultural revitalization.

Annual funding continues to be provided to the Rainbow Resource Centre to support a School LGBT2SQ* Equity and Inclusion Coordinator. This position provides education, resources, and consultation support to schools to develop and implement equity and inclusion policies.

In 2018/19, as part of the Manitoba Healthy Schools Initiative, Manitoba Health Seniors and Active Living and Manitoba Education and Training provided over \$640,000 in annual funding through the healthy schools grant to school divisions, independent and First Nation schools, and the Manitoba First Nations School System in order to support health promotion activities and build healthy school communities. Manitoba students benefit from grants that are used to increase opportunities for physical activity, positive mental health, and nutrition supports in schools.

Manitoba Health, Seniors and Active Living was pleased to work across departments and provide support to further healthy eating in school environments with

- [Child Nutrition Council of Manitoba \(CNCM\)](#):
Funding and oversight for this program is provided by Health, Seniors and Active Living, Manitoba Education and Training and Indigenous and Northern Relations. The Child Nutrition Council of Manitoba supports learning and success at school for Manitoba children and youth by providing school grants for breakfast, snack and lunch programs. In 2018-2019 CNCM supported provision of 4.8 million meals and snacks to 30,500 school aged children during the school day.
- [Healthy Food in Schools \(HFIS\)](#)
HFIS is a partnership between HSAL and Dietitians of Canada (DC). HSAL provided funding and strategic direction and DC manages the program. The goal of HFIS is to improve the nutrition health and well-being of Manitoba children by providing practical support to schools in implementing school nutrition policy. In 2018-19, HFIS worked with 20 schools across the province to improve their school food environments and provided education on supporting healthy eating environments to over 300 educators through workshops and webinars.

The **Youth Suicide Prevention Strategy Education Initiatives Task Team** (YSPSEITT) is co-chaired by Healthy Child Manitoba Office (HCMO) and Manitoba Education and Training (MET). It comprises 15 representatives from across government, education, and the non-profit sector who meet to promote and facilitate wellness-promotion efforts across the province. YSPSEITT supported the following initiatives in 2018-19:



- **safeTALK T4T** (training for trainers): In December 2018, 10 adults from the northern region participated in a safeTALK T4T event in Thompson, MB. safeTALK is an evidence-based, half-day suicide awareness initiative that teaches people about the warning signs of suicide and how to connect those at risk to a trained professional.
- **Thrival Kits™, Phase II:** Thrival Kits™ is a joint partnership initiative of the Manitoba Advocate for Children and Youth and the Canadian Mental Health Association Manitoba and Winnipeg office. Thrival Kits™ contain health promotion activities designed to help children ages 9-11 incorporate effective coping strategies into their daily lives, strengthen their self-esteem and sense of identity, and build greater empathy and understanding of one another. The initiative launched in 2017-2018 with funds from YSPSEITT and Health Seniors and Active Living (HSAL). YSPSEITT funded Phase II of the initiative in 2018-19, which expanded the program to new schools and produced a video and evaluation (forthcoming).
- **Sources of Strength T4T:** Last March, 14 of school divisions from across the province participated in the first phase of a Sources of Strength (SOS) T4T. SOS is a best practice youth suicide prevention program designed to harness the potential of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance use. Planning for Phase II is underway and expected to occur in the 2019-20 school year.
- Maintenance of <http://everyonemattersmanitoba.ca/>: a youth suicide prevention website for educators, school administrators, parents, and students. The site provides a Manitoba program directory, resources, and links to related sites and information that can be used by schools to help promote positive mental health and prevent suicide.

Teen Talk is a Youth Health Education Program of Klinik Community Health that provides services for youth from a harm reduction, prevention education perspective. Focusing on sexuality, reproductive health, body image, substance use awareness, mental health, issues of diversity, and anti-violence issues, Teen Talk adheres to the belief that by providing youth with accurate, non-judgmental information they can make healthier decisions and choices for themselves. Teen Talk provides workshops for youth, a peer support program, and trainings for service providers on harm reduction and prevention education.

Teen Clinics continue to support youth-friendly primary health and mental health care through its network of 57 [sites](#) in the province, 32 of which are located in Manitoba schools, and 13 of which receive funding from HCMO. Teen Clinics provide youth 12-21 with accessible, confidential services and operate from a pro-choice, LGBT2SQ+ positive, and harm reduction perspective. Many offer a “one-stop shop” of wellness-based services that, in addition to a registered nurse or a nurse practitioner, include a combination of mental health clinicians, addictions workers, counsellors, and dieticians on site.

An affiliate of teen clinics is the **Teen Services Network (TSN)**, a group of approximately 140 members who are involved in the practice or promotion of adolescent health across the province. In addition to an interactive mailing list maintained by HCMO, the TSN meets three times per year: twice via telehealth, and

once for a professional development opportunity. It is managed by two co-chairs (one rural, one urban) and supported by Healthy Child Manitoba Office.

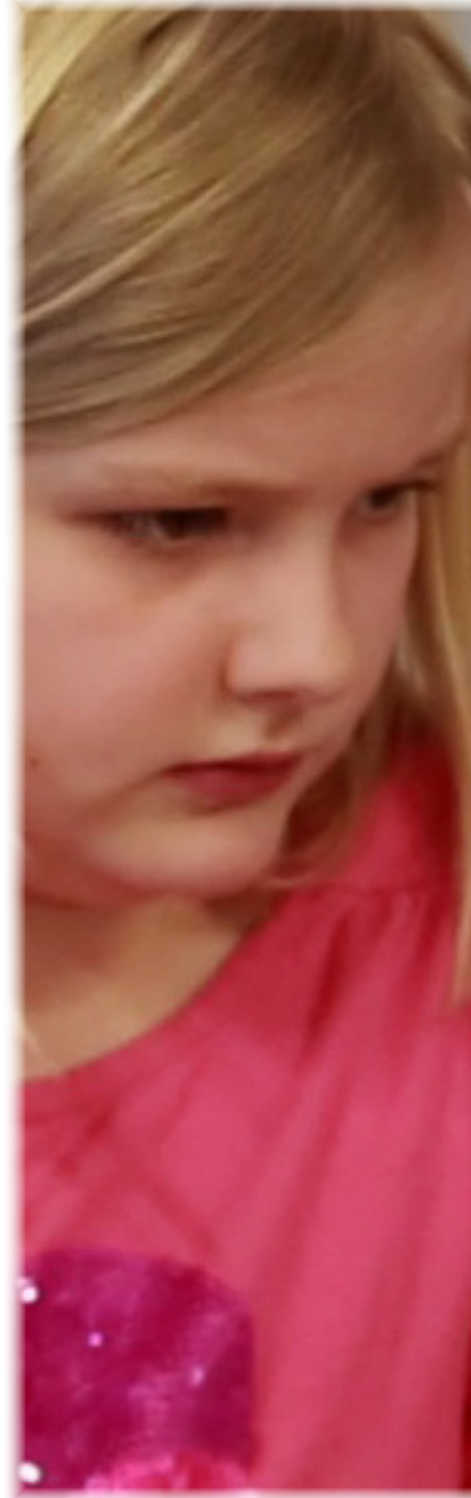
[Manitoba First Nations Education Resource Centre](#) (MFNERC) promotes wellness promotion and suicide prevention in its First Nations schools across Manitoba. In response to feedback from First Nations communities about the unique needs of their people, the MFNERC has developed a series of land-based and trauma-informed Teachings designed to build self-esteem, foster resiliency, and reconnect youth and their adult leaders with their culture and spirituality.

Since 2000, the Bridges Program at David Livingston School has supported students with FASD. The Bridges Program is composed of three low enrollment classrooms designed to support the learning, emotional, and behavioral needs of students with FASD. Effective strategies and environmental adaptations used within the classrooms help to increase success and decrease frustration, creating a more positive school experience for students with FASD. The classrooms also teach students about their disability (their strengths, challenges, etc.) in a way that helps promote self-esteem and a positive self-image. The success of the Bridges Program has led the Winnipeg School Division to develop several other low enrollment FASD classrooms.

Bright Futures provides academic, social, and financial supports to over 3,000 disadvantaged, under-represented, and low-income students across Manitoba in 2018-19. Bright Futures was established to enable community organizations and partner schools to implement programming to improve high school graduation rates and to increase access to and retention in post-secondary education (PSE). The Bright Futures fund follows a community development framework, giving greater autonomy to community organizations to adapt and respond to community needs. Bursary funds for PSE are awarded to students based on successful participation, commitment, and completion of programming and secondary school education.

Communities that Care (CTC) is an approach to community mobilization and development supporting youth mental health and was introduced as part of the Youth Suicide Prevention Strategy. CTC is currently active in Swan River, Sagkeeng First Nation, and Elmwood (Winnipeg) with funding provided by Manitoba to each community to carry out their CTC activities.

Review & Rate is an educational and interactive program that allows youth to view a range of anti-smoking ads from around the world and vote on which is the most effective to keep them tobacco free. In total, 12,927 votes from 503 classrooms from across the province were received for Review and Rate in 2018/19. The 15th anniversary featured a compilation of the best ads from previous years. The ad '[Addicted to Animal Cruelty](#)' from Rescue Agency in the US was voted the most effective ad capturing 2,494 votes, narrowly edging out '[Smoking Kids](#)' and '[16 Cancers](#)' with 2074 and 2066 votes respectively.





Saskatchewan

Highlights - 2018-2019

- [Nourishing Minds: Eat Well – Learn Well – Live Well](#) (2019). This renewed policy document is framed using a Comprehensive School Community Health approach and includes updated references, resources, nutrition standards and food safety health practices, Saskatchewan voices, cultural considerations, and First Nations and Métis perspectives.
- Five schools have been selected as pilot sites for the [Mental Health Capacity Building](#) (MHCB) initiative. MHCB promotes positive mental health in children, youth, families, and people in the community who interact with children.
- The Ministry of Education has been working with [Kids Help Phone](#) (KHP) to support greater awareness of, and easier access to, KHP's services for students in Saskatchewan.

Introduction

In Saskatchewan, the ministries of Education and Health are committed to using a [Comprehensive School Community Health](#) (CSCH) approach to help guide and coordinate government actions and encourage strong family, school, and community partnerships to improve student success and wellbeing.

The CSCH approach promotes collaborative action for the enhancement of student learning, skill development, academic achievement, and reduced absenteeism. CSCH principles contribute to better population health and support children and youth to become physically, mentally, spiritually, and emotionally healthy.

This approach focuses on creating opportunities for children and youth to experience healthy, supportive, and equitable learning environments where all students feel safe, cared for, and respected.

Leadership

- To assist boards of education and school divisions in the development or renewal of effective nutrition administrative procedures, the Ministry of Education, in partnership with the Ministry of Health, renewed the policy document, [Nourishing Minds: Eat Well – Learn Well – Live Well](#) (2019). The policy document is framed using a CSCH approach and includes updated references, resources, nutrition standards and food safety health practices, Saskatchewan voices, cultural considerations, and First Nations and Métis perspectives. The document, along with the [Nutrition in Saskatchewan Schools](#) policy statement and other [supporting resources](#) can be found through [Saskatchewan.ca](#).

Knowledge Development and Exchange

- Help Me Talk About Math is a voluntary math assessment for Grade 1 students. Help Me Talk About Math focuses on the development of math processes; and an iPad application collects data from students, their

Research Aligned with SK Initiatives

McIsaac, J. L. D., Read, K., Williams, P. L., Raine, K. D., Veugelers, P. J., & Kirk, S. F. (2017).

Reproducing or reducing inequity? Considerations for school food programs. *Canadian Journal of Dietetic Practice and Research*, 79(1), 18-22.

Nourishing Minds Eat Well - Learn Well - Live Well



2019

saskatchewan.ca

Saskatchewan

caregivers, teachers, and Elders in the community. Immediate access to results is provided to educators and caregivers through an easy-to-use web-portal. Classroom context for the assessment is set through the use of Askî's Pond, an interactive iPad game available free of charge from the App store, as well as through the reading of books about Askî and his friends, and the Askî puppet.



Capacity Building

- In Saskatchewan, five schools have been selected as pilot sites for the [Mental Health Capacity Building](#) (MHCB) initiative. MHCB promotes positive mental health in children, youth, families, and people in the community who interact with children. MHCB focuses on
 - prevention and mental health promotion
 - early identification and intervention
 - works to
 - help children and youth better manage their feelings and overall mental health
 - increase awareness on where to find help.

The pilot, scheduled to run from January 2019 - June 2020, was modeled after *Alberta's Mental Health Capacity Building in Schools* and is being led by the Saskatchewan Health Authority (SHA) with support from the ministries of Health and Education. Implementation of this initiative addresses recommendations outlined in [Working Together for Change: A 10-Year Mental Health and Addictions Action Plan for Saskatchewan](#) (2014) and recommendations in [Saskatchewan's Advocate for Children and Youth's Annual Report 2017](#).

- The Ministry of Education has been working with [Kids Help Phone](#) (KHP) to support greater awareness of, and easier access to, KHP's services for students in Saskatchewan. KHP is open 24/7/365 via telephone, website/app chat, and text. Students can use all of KHP's services at no cost. Given the ministry's most recent agreement with KHP, a promotional image has been developed that identifies the three ways for students to connect with KHP. As well, the *Always There* mobile app has been recently updated to allow for a more one-click user experience when students open the app and choose to contact KHP.
- SaskTel rebranded the *I Am Stronger* program and website to [Be Kind Online](#). The Ministry of Education works with SaskTel to respond to bullying/cyberbullying and promote healthy relationships. The *Be Kind Online* website hosts
 - the anonymous [Report Bullying SK Student Online Reporting Tool](#)
 - [resources](#) to support students, educators and families
 - encourages youth to access the [Be Kind Online grant program](#) to help them tackle issues surrounding bullying or turn their kindness ideas



into reality.



Alberta

Highlights 2018-2019

- The Alberta Healthy School Community Wellness Fund (AHSCWF) provided funding to 57 school jurisdictions to support jurisdictional wellness initiatives, where the most influence and sustainable change across school communities is accomplished.
- Jurisdictional level funding supports schools within each jurisdiction to create sustainable change that promotes a culture of wellness, fostering a sense of belonging and connectedness for all students.
- These processes support sustainable change, focusing more on procedures and policy than activities.

Introduction

To achieve the best possible outcomes for our children, the Alberta Government is committed to all Alberta students having access to diverse, excellent classrooms and to teaching essential knowledge to help students develop foundational competencies that support their health and wellness.

Leadership

- Since 2007, the Alberta Government has facilitated Alberta schools to use a Comprehensive School Health (CSH) Framework from Canada's Joint Consortium for School Health (JCSH) to support improved student health and learning outcomes. Comprehensive School Health initiatives funded by the Alberta Government demonstrate strong leadership and collaborative partnerships between Education, Health, Culture, Multiculturalism and Status of Women, Alberta Health Services, and community organizations.
- In 2018-2019, funding of Comprehensive School Health initiatives facilitated the following:
 - The [Alberta Healthy School Community Wellness Fund](#) (AHSCWF) to provide funding to 57 school jurisdictions to support jurisdictional wellness initiatives, where the most influence and sustainable change across school communities is accomplished. Jurisdictional level funding supports schools within each jurisdiction to create sustainable change that promotes a culture of wellness, fostering a sense of belonging and connectedness for all students. Allocation of funding at this level allowed for the planning, coordination, and evaluation of wellness initiatives, increasing their emphasis in the procedures, systems, and educational and strategic plans of the jurisdiction. These processes support sustainable change, focusing more on procedures and policy than activities. Jurisdiction leads have connected the work at both the school and jurisdictional level, providing an overall universal approach while still supporting individual school's needs.

- [Ever Active Schools](#) (EAS) to increase support to First Nations, Métis, and Inuit students and other at risk populations through strengths-based initiatives focused on resiliency and healthy families. EAS supported health and learning outcomes for children and youth through 15 innovative school community projects and reaching 535 communities. Many project themes centred around equity, including supporting Indigenous student success, girls' participation in physical activity, and increasing access for students in high financial need.
- [Alberta Health Services \(AHS\) Health Promotion Facilitators](#) to collaborate with AHSCWF, EAS, and other provincial and regional school health partners to plan and implement sustainable and evidence-informed Comprehensive School Health initiatives. All school authorities in Alberta have access to a Health Promotion Facilitator who can support their efforts to create healthy school communities for students. Through these partnerships, AHS supports the creation of wellness strategies and policies, promotes the establishment of collaborative committees and networks to guide this work, facilitates the school health assessment and action planning process, and offers guidance on choosing evidence-based strategies for improving student health.

Knowledge Development and Exchange

- There continues to be increasing interest from jurisdictions on effective ways in which to collaborate with one another in order to share ideas and financially share costs for professional learning throughout the province. Two specific projects were funded by the AHSCWF to collaborate with other jurisdictions.
- Other jurisdictions took it upon themselves to collaborate without targeted funding specific to collaboration. Several of these initiatives collaborated with neighboring jurisdictions for professional learning opportunities, student events, and family engagement occasions. It is encouraging to see that jurisdictions are at the point where they can look outside their own districts and work jointly with others to assist one another to support wellness.

Capacity Building

- EAS facilitated collaborative partnerships within and across health, education, recreation, and active living sectors to work directly with 1083 school communities and 215 partner organizations. EAS supported the development and delivery of wellness-related curricula through high quality resources that promote interdisciplinary, competency-focused approaches and increased the number of schools in Alberta that assess, prioritize, plan, act, and evaluate as part of implementing the CSH Framework. Coordinated efforts from provincial school health partners resulted in 103 Alberta school communities completing the validated Healthy School Planner tools to assess the state of wellness in their schools and inform action.
- EAS continues to build a foundation to advance school health in the province of Alberta. Through ongoing partnership development, a network of key



stakeholders is well positioned to reach schools and more strategically assist the schools that are most in need of supports.



British Columbia

Highlights - 2018-2019

- The provincial [erase](#) (Expect Respect and a Safe Education) strategy was expanded to include a focus on gang and gun violence prevention, mental health, substance use, online safety, and sexual orientation and gender identity (SOGI).
- The Ministry of Education Worked with the Ministries of Health and Mental Health & Addictions to deliver the second [School Community Mental Health Conference](#) February 4-5 2019. More than 500 educators and community partners attended, working together to improve mental-health supports for B.C. students, including public, independent and First Nations schools, police, health authorities, child and youth mental-health workers, NGOs, and several provincial ministries.
- The McCreary Centre Society released [Balance and Connection in BC: The health and well-being of our youth](#), which shares provincial findings of the 2018 BC Adolescent Health Survey. This survey is the most reliable, comprehensive survey of youth aged 12-19 in British Columbia, and was completed by over 38,000 young people in 58 of BC's 60 school districts.

Introduction

The Government of British Columbia is committed to ensuring that all students have the knowledge, skills, and understandings they need to be safe, active, and healthy citizens throughout their lives. This includes supporting provincial school health initiatives like [Healthy Schools BC](#) and [erase](#), which seek to support and empower students, educators, parents, and health, education, and community partners to work together to create healthy, safe, and caring school communities.

Leadership

- The Ministry of Education
 - [Issued a ministerial order](#) requiring all public schools to provide access to free menstrual products for students in school washrooms by December 31 2019. The ministry also provided \$300,000 in provincial start-up funding to improve access.
 - Worked with the Ministries of Health and Mental Health & Addictions to deliver the second [School Community Mental Health Conference](#) February 4-5 2019. More than 500 educators and community partners attended, working together to improve mental-health supports for B.C. students, including public, independent, and First Nations schools, police, health authorities, child and youth mental-health workers, NGOs, and several provincial ministries.

- [Distributed \\$2.2 million in Early Action Initiative Grants](#) to all school districts and the Federation of Independent Schools Association BC (representing independent schools in BC). The grants were intended for capacity building, supporting evidence-informed mental health strategies, and resources for educators, students, and families.

Knowledge Development and Exchange

- The McCreary Centre Society released
 - [Balance and Connection in BC: The health and well-being of our youth](#), which shares provincial findings of the 2018 BC Adolescent Health Survey. This survey is the most reliable, comprehensive survey of youth aged 12-19 in British Columbia, and was completed by over 38,000 young people in 58 of BC's 60 school districts. Key health findings include that most youth reported they had a good quality of life, and most rated their overall health and their mental health as good or excellent. However, health ratings declined from five years earlier, and there was an increase in youth reporting they had a mental health condition, and specifically Anxiety Disorder or panic attacks, Depression, PTSD, and ADHD.
 - [Starting a conversation: An upstream approach to reducing potentially harmful substance use among BC youth](#). This report considers ways that potentially harmful substance use among BC youth can be addressed by taking an upstream approach that focuses on building internal and external protective factors, rather than specifically on preventing the early or excessive use of psychoactive substances.
- The provincial *erase* (Expect Respect and a Safe Education) strategy was expanded to include a focus on gang and gun violence prevention, mental health, substance use, online safety, and sexual orientation and gender identity (SOGI). Specific components of the erase expansion included the following:
 - Launched a new [erase website](#) and [enhanced online reporting tool](#) for students to report any safety-related concerns.
 - Delivered over 200 online safety education sessions to over 24,000 students across the province. The sessions provided students with information on recognizing the importance of a positive digital reputation, protecting their privacy online, and available erase resources.
 - Committed \$1.12M in funding to implement a [K-12 Gang and Gun Violence Prevention action plan](#) involving a collaboration between the Ministries of Education and Public Safety and Solicitor General, BC School Superintendents Association, and the Boys Club Network. The action plan included training for school district staff and community partners, parent and student education sessions, monthly reports on gang and gun related social media activity, and after-school programs for at-risk youth in 12 priority communities.

RESEARCH ALIGNED WITH BC INITIATIVES

Burk, J.; Park, M.; Saewyc, E.M. (2018).

A Media-Based School Intervention to Reduce Sexual Orientation Prejudice and Its Relationship to Discrimination, Bullying, and the Mental Health of Lesbian, Gay, and Bisexual Adolescents in Western Canada: A Population-Based Evaluation. *International Journal of Environmental Research & Public Health*, 15, 2447. <https://www.mdpi.com/1660-4601/15/11/2447>

Saewyc E, Poon C, Kovaleva K, Tourand J, & Smith A. (2016).

School-based interventions to reduce health disparities among LGBTQ youth: Considering the evidence. Vancouver: McCreary Centre Society & Stigma and Resilience Among Vulnerable Youth Centre. <http://apsc-saravyc.sites.olt.ubc.ca/files/2018/04/LGBTQ-School-Based-Interventions-for-BC-Report.pdf>

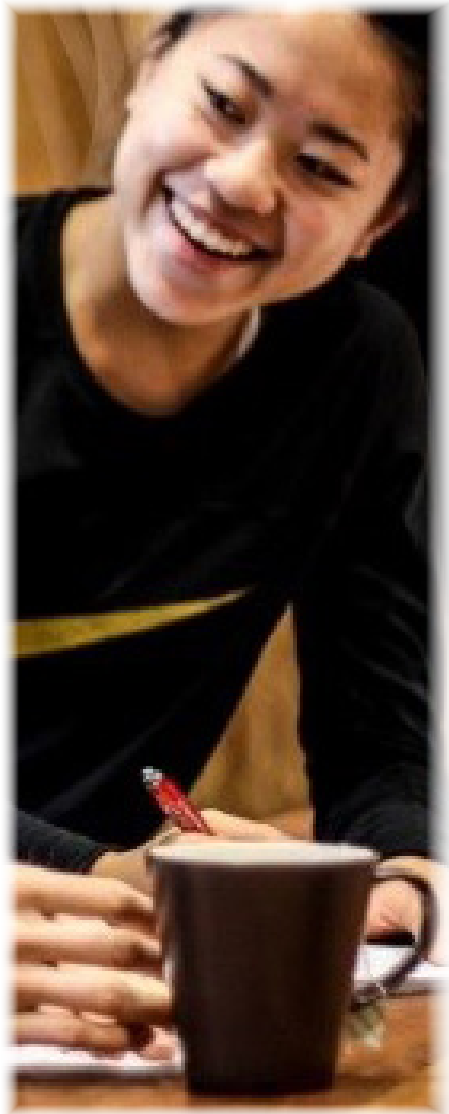
Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018).

Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology*, 55, 107-118. <https://doi.org/10.1016/j.appdev.2017.03.005>

- Created a [provincial K-12 SOGI Collaborative](#) to support SOGI-inclusive education and policies in B.C. schools. The BC SOGI Educator Network also expanded to include all 60 school districts in the province, and all [SOGI 1 2 3 parent resources](#) were translated into Mandarin and Punjabi.
- The Ministry of Children and Family Development, in collaboration with Anxiety Canada and through feedback from B.C. educators, developed [EASE: Everyday Anxiety Strategies for Educators](#). EASE consists of educator workshops and a collection of evidence-informed anxiety prevention strategies for use with students in Grades K-7, and are designed to benefit all children by fitting into existing classroom routines and practices.
- The [After School Sport and Arts Initiative](#) administered by the Ministry of Tourism, Arts and Culture completed a three year evaluation of the program. Evaluation data concluded that the child participants, program leaders, parents/caregivers, and school staff all attributed the program as having significantly positive impacts. The program is playing an important role in enhancing the child participants' physical, creative, emotional, social, and cognitive developmental domains along with building stronger school communities.
- The [Canadian Institute for Substance Use Research](#) developed and released several new [cannabis-related lesson ideas and guides](#). These lessons cover subjects such as English Language Arts, Social Studies, and Physical and Health Education, and range from Grades 7-12.

Capacity Building

- Introduced in 2011, [Healthy Schools BC](#) supports health, education, students, and community partners to work together to create healthier schools using a [Comprehensive School Health](#) approach. Healthy Schools BC involves a partnership between the BC Ministries of Health and Education, DASH BC, health authorities, education partners, and other key stakeholders.
 - Healthy Schools BC Regional Grants encouraged education and health-sector partners to work together on initiatives that support healthy schools, with a focus on promoting mental health and well-being, and Indigenous ways of wellness.
 - Healthy Schools BC First Nations School Grants supported First Nations schools in implementing Indigenous ways of wellness across the whole school environment.
- [DASH BC](#) in partnership with the McConnell Foundation's [WellAhead](#) initiative supported school districts to embed mental well-being in their culture, structures, and priorities.
 - Six school districts participated in the second year of the Mental Well-being Mentor Coaching Initiative that paired expert coach/mentors with school district teams (consisting of a senior administrator, a district-wide teaching or counselling role, and a regional health authority partner) to support the district-wide approaches to promoting student and/or staff well-being.



- Six districts received mental well-being grants that supported school districts and regional health authority partners to work together on initiatives that promote the mental well-being of staff as a way to improve the mental well-being of all members of the school district community.

Government of Canada

Highlights: 2018-2019

- Canada's 5th/6th report on its implementation of the United Nations Convention on the Rights of the Child (UNCRC) represents the first time Canada has included the views and voices of children/youth as part of its submission to the Committee. The report's content covers a wide-range of initiatives demonstrating positive progress in implementing the UNCRC in Canada.
- The RCMP's National Youth Services maintains the [Centre for Youth Crime Prevention](#) website, a one stop shop for age-appropriate education and awareness material on youth crime and victimization topics for all Canadians.
- The federal budget 2018 announced \$10 million over five years to the Public Health Agency of Canada to support Black Canadians in developing more culturally focused knowledge, capacity, and programs that address mental health and its determinants, including a focus on youth, their families, and their communities.



Introduction

The Public Health Agency of Canada is the representative of the Federal Government for JCSH and supports the work of the JCSH in an advisory and funding capacity.

Leadership

- On January 28 2019, Canada submitted its 5th/6th report on its implementation of the United Nations Convention on the Rights of the Child (UNCRC) to the United Nations Committee on the Rights of the Child. This report includes information from federal and provincial/territorial governments, input from civil society and Indigenous organizations, as well as information gathered during consultations with Canadian children/youth. This represents the first time Canada has included the views and voices of children/youth as part of its submission to the Committee. The report's content covers a wide-range of initiatives demonstrating positive progress in implementing the UNCRC in Canada. At the federal level, policies and programs addressed include child poverty reduction, youth mental health, gender-based violence prevention, Indigenous early learning and childcare, youth engagement, cannabis, and marketing unhealthy food, amongst other issues.
- In November 2018, the Chief Public Health Officer of Canada convened a School Stakeholders Forum in Toronto. The Forum brought together a wide range of stakeholders from across the country to connect and coordinate

RESEARCH ALIGNED WITH FEDERAL INITIATIVES

Leatherdale, S. T., Brown, K. S., Carson, V., Childs, R. A., Dubin, J. A., Elliott, S. J., ... & Laxer, R. E. (2014).

The COMPASS study: a longitudinal hierarchical research platform for evaluating natural experiments related to changes in school-level programs, policies and built environment resources. *BMC Public Health*, 14(1), 331. <https://doi.org/10.1186/1471-2458-14-331>

Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., ... & Donner, A. (2009).

A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of pediatrics & adolescent medicine*, 163(8), 692-699.

Lys, C. L., Logie, C. H., & Okumu, M. (2018).

Pilot testing Fostering Open eXpression among Youth (FOXY), an arts-based HIV/STI prevention approach for adolescent women in the Northwest Territories, Canada. *International journal of STD & AIDS*, 29(10), 980-986.

Hammond, D. (2011).

Health warning messages on tobacco products: a review. *Tobacco control*, 20(5), 327-337. <http://dx.doi.org/10.1136/tc.2010.037630>

collaborative efforts to bolster healthy school environments and prevent problematic substance use. The JCSH was represented among the Forum participants, who included those representing public health organizations, student/youth groups, school administrators, researchers, community organizations, and government officials.

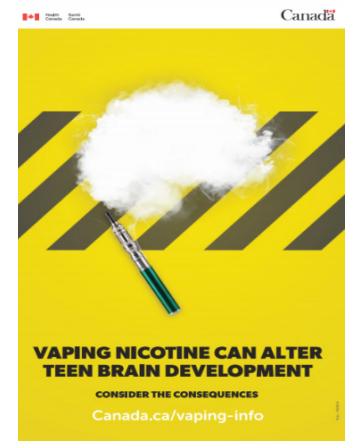
- The Government of Canada addresses the public health issue of tobacco use through [Canada's Tobacco Strategy](#). The Government of Canada is investing \$330M over the next five years to support its commitment to achieving a significant reduction in tobacco use in Canada. The strategy focuses long-term federal action to help Canadians quit smoking and protect youth and non-smokers from nicotine addiction. The Government is collaborating with stakeholders, provinces and territories, Indigenous peoples, and all Canadians to reduce tobacco use to less than 5 percent by 2035.
- The Royal Canadian Mounted Police (RCMP) annually engages in youth engagement work which focusses on reducing youth crime and victimization both for offenders and victims by delivering the [National Youth Strategy](#). The strategy outlines the priority topics which the RCMP will focus on and outlines the type of programming that will be engaged in. This guides the RCMP to engage in activities such as coordinating a [National Youth Advisory Committee](#) with 150 youth from across Canada, hosting a [Youth Leadership Workshop](#) with national representation, facilitating Youth Officer Training sessions, hosting [RCMP Talks](#) live discussions, and participating in campaigns such as [Leave the Phone Alone](#). The RCMP completed an MOU with the Canadian Red Cross Society to work together promoting awareness around Bullying and Healthy Relationships.
- Through Budget 2017 funding, Sport Canada worked collaboratively with the Aboriginal Sport Circle (ASC) to ensure the organization had the capacity to provide a leadership role on Indigenous sport. The ASC has partnered with the Coaching Association of Canada to provide opportunities for the participation of Indigenous peoples to receive professional development through the National Coaching Certification Program, delivered through the Aboriginal Coaching Module. The ASC has also worked with the Canadian Sport for Life Society to develop an Indigenous component to the Long-Term Athlete Development, known as the Aboriginal Long-Term Participant Development (ALTPD) pathway. A number of ALTPD resources and workshops are available to Indigenous communities.
- Budget 2018 will invest \$9.5 million per year on an ongoing basis in support of culturally relevant sport for social development initiatives in Indigenous communities. Over the past year, a joint design team comprising Sport Canada and ASC representatives met to ensure that Indigenous voices were central to the co-design of a funding framework for a new program, to be called the Sport for Social Development in Indigenous Communities initiative. Funding through this program is directed towards the 13 Provincial and Territorial Aboriginal Sport Bodies and is open to Indigenous governments, Indigenous communities, non-profit Indigenous delivery organizations as well as non-Indigenous non-profit delivery organizations. It is anticipated that some of this funding will benefit children and youth in school settings. The initiative was launched in May 2019.

Knowledge Development

- Health Canada launched a new [public education campaign](#) in early 2019 to raise awareness, particularly among youth, of the harms and risks of vaping. The campaign utilizes a number of different media including social media and paid advertisements to reach Canadians, and invites youth to consider the consequences of vaping, and equips parents and other trusted adults with tools and information resources to support conversations with teenagers about the health risks of vaping. In addition, Health Canada is funding an [experiential event tour](#) to approximately 150 schools and community venues to bring the messages of the campaign and foster conversations. [Vaping Prevention Awareness Kits](#), including bilingual posters, bathroom mirror clings, student activity sheets, and a tip sheet for teachers are available for schools and communities that are not able to host an experiential event. The campaign will run through 2019 and into early 2020.
- The Royal Canadian Mounted Police's National Youth Services maintains the [Centre for Youth Crime Prevention](#) website, this site is a one stop shop for age-appropriate education and awareness material on youth crime and victimization topics for all Canadians. Materials include lesson plans, fact sheets, self-assessments, and videos. National Youth Services also publishes a monthly newsletter (Fast Facts) and a quarterly Youth Trends Report.
- The Public Health Agency of Canada's Centre for Surveillance and Applied Research (CSAR) has financially and collaboratively supported the analysis of [COMPASS](#) data, a longitudinal school-based survey managed by the University of Waterloo. CSAR has funded a post-doctoral Natural Sciences and Engineering Research Council of Canada Fellow, a graduate student through the Research Affiliate Program, and a Federal Student Work Experience Program student at the University of Waterloo. COMPASS research priorities have addressed substance use, specifically cannabis, alcohol, and more recently opioids, as well as explored predictors of mental health. CSAR has supported research planning and collaboration with the Centre for Health Promotion's Prevention of Problematic Substance Use Network, linking the network's knowledge users with COMPASS researchers. CSAR also provided partial funding to expand COMPASS data collection into Nunavut.

Capacity Building

- The Royal Canadian Mounted Police chairs an interdepartmental working group on youth engagement; this group meets on a quarterly basis, engages with guest speakers who are from leading youth-serving organizations, and shares best practices and departmental updates. The group brings together over 15 departments and agencies.
- In 2019, Health Canada announced the launch of a new three-year, \$600,000 [micro-grant fund](#), under its Substance Use and Addictions Program, to support individual-, school-, or community-led education efforts to inform the public about the health facts of cannabis use and vaping. Micro-grants are part of the Government of Canada's efforts—carried out in collaboration with provinces, territories, Indigenous and community-based organizations, and other partners—to disseminate clear, consistent, and evidence-based



information on the health and safety facts about cannabis use and vaping.

- In 2018-19, the Public Health Agency of Canada (PHAC) announced funding for a number of projects to deliver and evaluate innovative health promotion interventions to prevent teen/youth dating violence, and to equip health and allied professionals (including teachers and school administrators) to address this form of violence. These projects were funded through PHAC's Preventing Gender-Based Violence: The Health Perspective program, part of [It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence](#), led by the Department of Women and Gender Equality. PHAC's program included a targeted solicitation for projects to address the needs of LGBTQ+ youth, recognizing that this population is at higher risk for experiencing gender-based violence.
- The Public Health Agency of Canada, in partnership with Western University, has developed a [set of resources](#) to equip school communities with strategies for preventing problematic substance use among students through school-based initiatives that enhance students' resilience and wellbeing. The resources centre on three key themes: (1) promoting well-being; (2) creating welcoming environments; and (3) effective programming. The set of resources includes an infographic, research briefs, newsletter blurbs, and whiteboard videos. The JCSH had an important role in informing these resources, including through representation on the project Steering Committee and by providing feedback on early iterations of the resources during a JCSH School Health Coordinators' Committee meeting in Ottawa in November 2018.
- The Public Health Agency of Canada's *Family Violence Prevention* program continues to support [22 multi-year community-based projects](#) to improve health outcomes for survivors of family violence. Projects funded through this investment are reaching a variety of populations, including children and youth, through initiatives such as a trauma-informed sports curriculum for vulnerable youth, school-based programming for adolescent girls in the North, parenting support programs for families that have experienced abuse, peer support for street-involved youth, and Indigenous arts and culture programming offered through women's shelters.
- The Public Health Agency of Canada's Innovation Strategy (IS) is a national program that funds the delivery and testing of evidence-based population health interventions. In 2018-19, the IS supported 11 projects to achieve healthier weights and positive mental health across the country, including interventions focused on school health. Achievements by IS funded projects in 2018-19 include the following:
 - The Healthy Start project works to increase healthy eating and physical activity opportunities in early learning environments. In 2018-2019, Healthy Start worked with partners to integrate the Healthy Start online training module into New Brunswick's Education and Early Childhood Development Online Modules.
 - The Fourth R project engages and empowers youth within the school system through a range of healthy relationships programs. Fourth



R programs have been implemented in more than 5000 schools and community organizations nationally. The Fourth R has captured key learnings on the scale up of school based interventions entitled [“Promising Practices: Scale-Up of school-based programming”](#) to help other organizations to scale up interventions in the school system.

- In 2018-19, the Public Health Agency of Canada launched a new call for proposals under the Mental Health Promotion Innovation Fund (MHP-IF) (to replace the Innovation Strategy). The Program aims to improve mental health for individuals and communities and to reduce systemic barriers for population mental health in Canada. The MHP-IF will support approximately 20 projects across the country to deliver and test evidence-based population health interventions, including school-based interventions.
- Budget 2018 announced \$10 million over five years to the Public Health Agency of Canada, starting in 2018-19, to support Black Canadians to develop more culturally focused knowledge, capacity, and programs that address mental health and its determinants for Black Canadians, including a focus on youth, their families, and their communities.
- On May 31 2018, federal, provincial, and territorial ministers responsible for sport, physical activity, and recreation released [A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let’s Get Moving](#). This policy framework has six areas of focus: cultural norms, spaces and places, public engagement, partnerships, leadership, and learning and progress. Governments are supporting and implementing policy and program activities consistent with the principles and goals of the Common Vision based on their respective policy agendas, priorities, and best efforts.
- The Public Health Agency of Canada’s Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships (MSP) program funds projects to test, pilot, or scale-up interventions to bring about behaviour changes that will positively impact the health of Canadians. Projects must address at least one of the common risk factors (i.e., physical inactivity and/or sedentary behaviour, unhealthy eating, and smoking) applicable to a number of chronic diseases such as cancer, diabetes, and cardiovascular disease. They must also include multi-sectoral partnerships, leverage 1:1 matched funding from non-tax payer sources, and achieve measurable results. MSP currently funds 30 projects, including the promotion of healthy eating habits within families, schools, or communities; physical activity programs for children, youth, seniors, men, and women; and leveraging technology to support and sustain positive lifestyle changes. Examples of projects include
 - The Boys and Girls Clubs of Canada “Kid Food Nation” project, in collaboration with Corus Entertainment, combines a community-based food literacy and skills intervention, an annual national recipe contest, and a high profile marquee event to inspire, empower, educate, and incentivize children/youth ages 7-12 and their families to develop practical knowledge and experiences to plan, purchase, and prepare healthy foods and snacks.
 - Dalhousie University, in collaboration with provincial partners and



schools, will promote physical activity and healthy eating to students from primary to Grade 9 across Nova Scotia's seven English regional centres for education, the Francophone provincial school board, and schools within the Mi'kmaw Kina'matnewey school system. Using Nova Scotia's Health Promoting Schools model, schools will support policies and practices that improve students' wellbeing, encourage physically active school communities, and promote healthy food environments. Children and youth will be supported to become change agents, providing leadership through activities such as playground leaders, walking programs, hands-on cooking, and helping to implement actions that lead to healthy school communities.

- In 2018-2019, Sport Canada contributed approximately \$1.1 million to support a variety of sport participation projects and activities targeted primarily at youth in school settings through contributions to national sport organizations and multisport service organizations. In addition, Sport Canada has contributed approximately \$1.4 million (matched by the provinces and territories) towards activities promoting the well-being of youth in school settings through its sport participation bilateral agreements with the provinces and territories.

Moving Forward

In almost 15 years, the Ministries of Education and Health/Wellness that make up the Pan-Canadian Joint Consortium for School Health (JCSH) have moved comprehensive school health from concept and discussion to recognition and commitment. There remains much work to do. Comprehensive school health, as the holistic framework around which academic achievement and student and staff health and well-being is framed, is not yet implemented in every school in the country. However, the 12 provinces and territories that comprise JCSH have committed to recognizing the essential role of wellness for every member of the school community and the resulting changes have improved school health within the contexts of geography and culture that exist in this country.

In 2018-2019, JCSH has built on the foundations of the previous years: The role of resources and tools has continued to be monitored and assessed and changed to adapt to evolving needs; The partnerships with other key stakeholders in school health have been maintained and improved; The strength of that cross-sector collaboration among member provinces and territories that built JCSH to manage systemic challenges to student wellbeing, health, and achievement have been steadfast in developing and mobilizing knowledge that supports improvements for all.

As this annual report goes to publication, JCSH continues work within and across the health and education sectors to enhance recognition of the comprehensive school health framework and ensure its dedication as the government authority on comprehensive school health and to the promotion of student achievement, health, and well-being.



Appendix A: Agreement

Pan-Canadian Joint Consortium for School Health Agreement 2015 – 2020

Background

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers of Health and the federal Minister of Health established the Pan-Canadian Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH received a second five-year mandate from the federal, provincial, and territorial deputy ministers of Health on June 19, 2009 and from the provincial and territorial deputy ministers of Education on September 03, 2009.

AND WHEREAS by virtue of this agreement (“the Agreement”) being entered into by provincial and territorial Ministers of Education and the provincial and territorial Ministers of Health and/or Wellness, hereinafter collectively called “the Parties”, the Pan-Canadian Joint Consortium for School Health (“JCSH”) is continued (2015-2020).

THE PARTIES AGREE that the terms and conditions of their relationship are as follows:

1.0 Purpose of the JCSH

1.1 The purpose of the JCSH 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.

1.2 Recognizing that every province and territory has initiatives in place to foster healthy school environments, the JCSH provides a forum for key representatives of government ministries responsible for health and education to:

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

1.3 Three long-term outcomes associated with achieving the JCSH’s Vision are:

- Increased System Capacity, Collaboration, and Efficiency
- Increased Research Coordination
- Increased Inter-Sectoral Action between Education and Health.

2.0 Commencement and Duration of Agreement

2.1 This Agreement commences April 1, 2015 and remains in force until March 31, 2020.

3.0 Governance Structure

Consortium Lead

3.1 British Columbia was the lead jurisdiction and hosted the JCSH Secretariat for the first five years (2005-2010). Prince Edward Island served as the lead jurisdiction and Secretariat host for the second five-year mandate (2010-2015). The Parties agree that Prince Edward Island will be the lead jurisdiction and Secretariat host for the duration of this Agreement.

Advisory Committee of Deputy Ministers of Education and Conference of Deputy Ministers of Health

3.2 The JCSH will be governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

3.3 The CDMH shall invite the Public Health Agency of Canada to appoint a similarly senior representative to participate in discussions related to the JCSH in an advisory capacity.

3.4 The deputy minister of Health and the deputy minister of Education in the lead jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables. These liaison deputy ministers in the lead jurisdiction may name another deputy minister within the same sector in another jurisdiction to provide the leadership function.

3.5 As the governing bodies, the ACDME and the CDMH will provide strategic direction for the JCSH by:

- establishing a Management Committee as the operational committee of the JCSH;
- providing strategic information and direction to the Management Committee;
- approving the five-year strategic plan, submitted by the Management Committee to the ACDME and the CDMH;
- 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.

3.6 Decisions of the ACDME and the CDMH shall be communicated by the respective liaison deputy ministers to the chair of the Management Committee.

4.0 JCSH Committees

Management Committee

4.1 The Management Committee provides the main forum for executive-level discussion and decisions affecting the work of the JCSH. Its members are appointed by the deputy ministers in each member jurisdiction and are generally positioned at the executive management level from the Health and/or Education department/ministry.

4.2 The Management Committee is chaired by a Management Committee member from the lead jurisdiction.

4.3 The roles and responsibilities of the Management Committee are outlined in the Management

Committee Terms of Reference, attached as Schedule 2.

School Health Coordinators' Committee

4.4 The School Health Coordinators' Committee (SHCC) works collaboratively to move forward the work of the JCSH and its member provinces and territories through the early identification and analysis of issues, gaps, emerging trends, and areas of interest.

4.5 School Health Coordinators' Committee members are appointed by each JCSH member jurisdiction.

4.6 The SHCC is co-chaired by a school health coordinator from the lead jurisdiction and a school health coordinator from another member jurisdiction. The co-chairs provide updates on the work of the SHCC to the Management Committee.

4.7 The SHCC is accountable to the Management Committee. Individual school health coordinators are accountable to their respective jurisdictions in the manner determined by individual jurisdictions.

4.8 The roles and responsibilities of the SHCC are outlined in the SHCC Terms of Reference, which are approved by the Management Committee.

5.0 JCSH Secretariat

5.1 The Parties agree to continue the operation of a JCSH Secretariat ("the Secretariat").

5.2 The Secretariat coordinates the activities of the JCSH, and provides administrative, policy, planning, logistical, and communication support to the JCSH and its members under the direction of the executive director.

5.3 The Secretariat is the central point of contact for JCSH members and maintains an active communication with other related organizations.

5.4 In collaboration with the JCSH member provinces and territories, the Secretariat promotes the collective voice and the collective impact of JCSH outcomes at meetings, conferences, and consultations across the country.

5.5 The lead jurisdiction hosts the JCSH Secretariat and is responsible for hiring, supervising, and evaluating the Secretariat executive director.

5.6 The executive director is responsible for hiring, supervising, and evaluating the Secretariat staff.

5.7 The executive director, following the financial policies of the lead jurisdiction, manages the budget of the JCSH.

6.0 Addition of a Provincial/Territorial Jurisdiction to the JCSH

6.1 A government entity may be invited to join the JCSH on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of the amount in accordance with the formula as set out in the Cost-Sharing Agreement.

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the JCSH

7.1 Any party can withdraw from the Agreement by providing 90-day written notification to the liaison deputy ministers in the lead jurisdiction.

7.2 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 JCSH.

8.0 Funding

8.1 The Parties agree to fund the salary, benefits, travel, and program costs associated with the obligations of their respective representatives serving on the Management Committee.

8.2 The Parties agree to fund the salary, benefits and program costs associated with the obligations of SHCC 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 SHCC co-chair.

8.3 The Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations by parties are contingent each year upon federal government funding being provided for that year as specified in Schedule 1. The lead jurisdiction will invoice for member contribution fees by April 15th of each year of this Agreement; fees are due within thirty days of receipt of invoice, and are to be accounted for separately by the lead jurisdiction.

8.4 Notwithstanding any other provision of this Agreement, the payment of money by any Party is subject to:

- there being sufficient monies available in an appropriation, as defined in the applicable legislation of the jurisdiction of the relevant Party (the “Appropriation Legislation”), to enable the applicable Party, in any fiscal year or part thereof when any payment of money falls due under this Agreement, to make that payment; and
- the treasury board or other similar decision body of the applicable party, not having controlled or limited, under the Appropriation Legislation, expenditure under any appropriation referred to in paragraph (a).

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

9.0 General Provisions

Schedules

9.1 The Schedules to this Agreement 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.

Variation of the Agreement

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

Termination of the Agreement by Mutual Agreement

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

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

9.5 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.

Legal Rights and Responsibilities

9.6 The creation of the JCSH 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.

9.7 The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 8 (withdrawal), and 9 (funding).

Evaluation

9.8 The Parties agree to further evaluation of the JCSH, 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, 2015.

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 Popula- tion	Pop %	Fixed	Variable	Total Contribu- tion
AB	4,216,875	15%	\$2,000	\$34,551	\$36,551
BC	4,703,939	17%	\$2,000	\$38,542	\$40,542
MB	1,298,591	5%	\$2,000	\$10,640	\$12,640
NB	754,164	3%	\$2,000	\$6,179	\$8,179
NL	528,190	2%	\$2,000	\$4,328	\$6,328
NT	44,253	0%	\$2,000	\$0	\$2,000
NS	945,121	3%	\$2,000	\$7,744	\$9,744
NU	37,026	0%	\$2,000	\$0	\$2,000
ON	13,850,090	50%	\$2,000	\$113,482	\$115,482
PE	146,679	1%	\$2,000	\$1,202	\$3,202
SK	1,138,879	4%	\$2,000	\$9,332	\$11,332
YT	37,288	0%	\$2,000	\$0	\$2,000
Federal					\$250,000
Totals	27,701,095	100%	\$24,000	\$226,000	\$500,000

Schedule 2: Management Committee Terms of Reference

Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial, and territorial Deputy Ministers and Ministers of Health and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and facilitate a comprehensive and coordinated approach to school health by building the capacity of the school and health systems to work together. The Consortium enhances the capacity of provincial/territorial education and health systems to work together to promote the healthy development of children and youth through the school setting.

The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH). Under the terms of the Agreement, the two Deputy Ministers' committees must establish a Management Committee as the operational committee of the Consortium and approve its Terms of Reference.

Purpose

The Management Committee provides overall direction and support for the JCSH. The Committee is a forum for information sharing and consideration of strategic-level issues related to the purpose of the Consortium.

The Management Committee is responsible for ensuring that the purpose of the Consortium is carried out. It is accountable to the two Deputy Ministers' committees for the success of the Consortium in meeting its goals.

The Management Committee provides direction to the Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium.

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support decisions that strengthen partnerships across jurisdictional boundaries and across traditional health and education sectors.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet the needs of the members, not just their own jurisdictional needs.
- **Integration:** Members will support decisions that strengthen integration of health and education objectives and goals.
- **Effectiveness:** Members will support decisions that are based on effective practices.
- **Open Communication:** Members will share information openly with other members where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring decisions are made in a timely manner.

Mandate and Objectives

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the two Deputy Ministers' committees by

- exchanging ideas, opportunities and concerns related to existing and emerging issues;
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat;
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues;
- participating in discussions and making decisions on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward, as outlined in the strategic plan and annual business plan; and
- offering a forum for discussion on other health and educational issues where appropriate.

Operational responsibilities of the Management Committee are as follows:

- prepare a five year strategic plan for approval by the two Deputy Ministers' committees, updated as necessary;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee, including setting direction and priorities;
- approve the annual operating plan and budget prepared by the Secretariat;
- oversee the financial and administrative matters of the Consortium, in conjunction with the Lead Jurisdiction (as host of the Secretariat function);
- establish the Secretariat Executive Director's responsibilities based upon the annual budget and operating plan;
- participate in the hiring and evaluation of the Secretariat's Executive Director;
- approve an annual report and financial statements prepared by the Secretariat and submit them to the two Deputy Ministers' committees each fiscal year, on or before July 31;
- approve Terms of Reference for the School Health Coordinators' Committee; and
- approve mandate, work plans and Terms of Reference on an annual basis for external committees and working groups deemed necessary by members of the Committee to carry out the work of the Consortium. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on work plans.

Membership and Process

Membership: The Management Committee will invite the Public Health Agency of Canada (PHAC) to appoint a senior executive representative to participate in discussions of the Management Committee in an advisory capacity, but that representative will not be a member of the Committee.

Committee Chair: The Management Committee will be chaired by the Lead Jurisdiction Management Committee Member.

Meetings: The Management Committee will meet a minimum of four times each year. Two meetings will be face-to-face. In addition, the Committee will meet as required to provide oversight and direction/advice on major issues. School Health Coordinators' co-chairs are to attend Management Committee meetings on an alternating basis.

The Secretariat Executive Director will attend meetings of the Management Committee.

Alternates at Meetings: An alternate may attend in place of a member, but must be empowered to make decisions on their behalf at the meeting.

Decisions: The Committee is a decision-making body. A minimum of fifty percent of the Management Committee is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). All members will have a say. Divergent views will be fully discussed. If consensus cannot be reached, the majority will rule. Differing opinions will be noted in the meeting records.

The following process will be used to reach consensus on an issue and to make a decision /recommendation. A decision timeframe will be determined by the urgency in which the decision or recommendation must be made:

Each member will state their position on the following four point scale: Level 1: Fully support; Level 2: Support with reservations; Level 3: Require more information; Level 4: Cannot support.

Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations or level of support as part of the meeting record.

If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.

If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed upon timeframe. Members failing to respond by the agreed upon time forfeit the opportunity for further input into any related decision.

Communications: The Committee will keep meeting records including records of its decisions. The meeting records will be available to:

- the Committee Members' respective Deputy Ministers and,
- the two Deputy Ministers' committees

The Secretariat will prepare and regularly update an "issues tracking" document to assist Members in meeting their obligations for timely and informed decision-making.

Accountability and Reporting:

Accountability is to the two Deputy Ministers' committees – ACDME and CDMH.

An annual report including financial statements must be submitted to the two Deputy Ministers' committees on or before July 31. The annual report must include information on the progress made by the Consortium

in meeting its goals and objectives as laid out in the strategic plan approved by the two Deputy Ministers' committees.

Budget: Administrative costs associated with meetings are covered by the JCSH budget.

Travel and accommodation expenses of Members will be the responsibility of each jurisdiction.

Duration: Ongoing per Agreement.

Related Committees: The Committee will establish terms of reference for the School Health Coordinators' Committee and provide guidance and direction to that Committee.

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

For The Year Ended March 31, 2019

	2019	2018
Revenue		
Membership Fees	\$250,000	\$250,000
Public Health Agency of Canada	\$250,000	\$250,000
Other Revenue	\$535	\$1,544
Total	\$500,535	\$501,544
Expenses		
Leadership	\$54,890	\$43,347
Knowledge Development and Exchange	\$28,843	\$41,733
Capacity Building	\$6,849	\$58,590
Monitoring, Evaluation and Accountability	\$9,888	\$7,461
Operations	\$349,115	\$324,676
Total	\$449,584	\$475,807
Operating Surplus/(Deficit)	\$50,951	\$25,737
Accumulated Surplus/(Deficit) - Opening	\$328,140	\$302,403
Accumulated Surplus/(Deficit) - Closing	\$379,091	\$328,140

- ❖ Reduced project initiatives during each of the periods of JCSH mandate renewal, plus various secretariat staff vacancies, has resulted in the Accumulated Closing/Opening Surplus.

Appendix C: Strategic Plan 2015-2020

Context

In 2005, Canada's ministers responsible for health and education pioneered a new approach to improving health and learning for school-aged children and youth: the Pan-Canadian Joint Consortium for School Health (JCSH). They recognized that, statistically, young people were at risk for a range of physical, psychological, and behavioural problems – and that these kinds of issues have major implications not only for learning, but also for health care costs.

Today, the JCSH comprises the Ministries of Education and Ministries responsible for Health and / or Wellness in 12 of the 13 provinces and territories. The federal government also supports the work of the Consortium, with the Public Health Agency of Canada (PHAC) serving in a funding and advisory capacity.

JCSH is uniquely positioned to facilitate and initiate collaboration across the health and education sectors. The Consortium provides leadership and support to its member governments, enabling the education and health sectors to work together more efficiently and effectively while building system capacity for the promotion and integration of health in the school setting. Among its provincial and territorial membership, it is considered a stable platform to which different jurisdictions and sectors can turn in the face of ever-changing priorities, agendas, and emerging trends.

The Consortium focuses on priority areas of FPT Ministers of Health, as well as the Council of Ministers of Education, Canada – all of which have key implications for the health and learning outcomes for students, such as healthy weights, mental health and academic achievement. This results in many efficiencies and enhancements that might not otherwise be achieved:

- knowledge exchange and mobilization;
- improved coordination of school health policy and research agendas; and
- development of evidence-based, user-friendly tools and resources.

The work of the JCSH promotes comprehensive school health: an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated, holistic and sustainable way. The World Health Organization has concluded that school health programs designed using a comprehensive school health approach have been found to be the most effective, demonstrating significant improvements in student achievement, behaviour and health outcomes.

At the provincial and territorial levels, support for the comprehensive school health approach is being demonstrated in new ways. For example, Ministries of Education and Ministries responsible for Health and/ or Wellness across the country are engaging in efforts to transform and renew education by incorporating what have traditionally been considered "health" objectives into core strategic and operational goals and planning, recognizing that students are best positioned to achieve academically when they are supported in environments that enhance their mental and physical health, their sense of self and belonging, and the skills to make positive choices.

Vision

Children and youth in Canada thriving in school communities committed to optimal learning, health, and well-being.

Mission

To work collaboratively across the education and health systems to support the learning, health and well-being of children and youth in school communities.

Values

Collaboration

Diversity and Inclusion

Equity

Evidence-informed practice

Innovation

Long-Term Outcomes

Three long term outcomes associated with achieving the Consortium's Vision are:

- Increased System Capacity, Collaboration, and Efficiency
- Increased Research Coordination
- Increased Inter-Sectoral Action between Education and Health

Goals And Strategies

Goal 1: Leadership

To advance the principles of comprehensive school health through policy, practice, and research.

Strategies:

Strategy 1: Support Ministries of Education and Ministries responsible for Health and/or Wellness in collaborating across the sectors.

Strategy 2: Strengthen existing partnerships and align with federal, provincial, and territorial (FPT) work.

Strategy 3: Engage new partner organizations within the health / wellness / education fields.

Strategy 4: Explore engagement of additional sectors beyond health / wellness / education.

Strategy 5: Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations.

Goal 2: Knowledge Development and Exchange

To build, share, and leverage knowledge to support the learning, health, and well-being of children and youth in Canada.

Strategy:

Develop a comprehensive research and knowledge exchange strategy.

Goal 3: Capacity Building

To enable member jurisdictions to advance a comprehensive school health approach to support optimal learning, health, and well-being.

Strategies:

Strategy 1: Promote provincial and territorial efficiencies and effectiveness by developing and adapting tools and resources that support the use of a comprehensive school health approach

Strategy 2: Promote provincial and territorial efficiencies and effectiveness by coordinating the exchange and dissemination of knowledge between sectors and among jurisdictions.

Strategy 3: Influence external partners to adopt a comprehensive school health approach in their work and resource development.

Goal 4: Monitoring, Evaluation, and accountability

To develop and implement a comprehensive evaluation framework for the goals, strategies, and action plans of the JCSH 2015-2020 Strategic Plan.

Strategy:

Develop an evaluation framework and monitoring plan that encompass the scope of activities of the JCSH as well as the tools and resources created to support comprehensive school health.

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

British Columbia

School Health Coordinators:

Scott Beddall

Director, Wellness and Safety

Ministry of Education

Tel: 250-514-4961

Scott.Beddall@gov.bc.ca

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch

BC Ministry of Health

420 – 700 West Pender St.

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Christie Docking

Senior Policy Analyst, Health Promoting Schools

Healthy Living and Health Promotion

BC Ministry of Health

1515 Blanshard St, 4-2

PO Box 9646 Stn Prov Gov't

Victoria BC V8W 9P1

Tel: 250-952-1956

Christie.Docking@gov.bc.ca

School Health Links:

Safe & Healthy Schools: <https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/safe-caring-and-orderly-schools?keyword=school&keyword=health>

erase: <https://www2.gov.bc.ca/gov/content/erase>

Healthy Schools BC: <https://healthyschoolsbc.ca/>

Alberta

School Health Coordinator:

Patricia Martz

School Health and Wellness Manager

Alberta Health & Alberta Education

24th Floor, ATB Place - 2433

10025 Jasper Avenue

Edmonton, AB T5J 1S6

Tel: 780-427-5249

Fax: 780-422-5474

patricia.martz@gov.ab.ca

School Health Links:

https://www.alberta.ca/programs-of-study.aspx?utm_source=redirector

<https://education.alberta.ca/comprehensive-school-health/>

<http://www.albertahealthservices.ca/info/Page7123.aspx> (Steps for Building Healthy School Communities)

<https://www.ualberta.ca/alberta-healthy-school-community-wellness-fund/comprehensive-school-health>

<https://everactive.org/comprehensive-school-health/>

Saskatchewan

School Health Coordinators:

Anna Grumbly

Student Wellness Consultant

Student Supports Unit

Ministry of Education

2220 College Avenue

Regina, SK S4P 4V9

306-787-4350

Anna.grumbly@gov.sk.ca

Helen Flengeris

Government of Saskatchewan

Health Promotion Consultant

Population Health Branch, Ministry of Health

3475 Albert St.

Regina, Canada S4S 6X6

Tel: 1-306-787-3079

Helen.Flengeris@health.gov.sk.ca

School Health Links :

<https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing> (Student Wellness and Well-being)

<https://curriculum.gov.sk.ca> (English and French curricula)

<http://www.saskatchewan.ca/residents/health> (Wellness and Prevention)

Manitoba

School Health Coordinators:

Jennifer Wood

Healthy Schools Consultant

Health Equity and Prevention Unit

Population and Public Health

Manitoba Health, Seniors and Active Living

4089-300 Carlton Street

Winnipeg, MB R3B 3M9

Tel: 204-788-6369

Fax: 204-948-4748

Jennifer.Wood@gov.mb.ca

Stephen Howell

Health and Physical Education Consultant

Manitoba Education and Training

Tel: 204-945-6943

Stephen.Howell@gov.mb.ca

School Health Links:

www.gov.mb.ca/healthyschools

www.gov.mb.ca/healthyschools/index.fr.html

www.edu.gov.mb.ca/k12/cur/physlth/index.html (English)

www.edu.gov.mb.ca/m12/progetu/epes/index.html (French)

www.edu.gov.mb.ca/k12/esd/ (English)

www.edu.gov.mb.ca/m12/dev_durable/index.html (French)

Ontario

School Health Coordinator:

Jennifer Munro-Galloway

Senior Policy Advisor

[Healthy Schools](#) Unit

Safe and Healthy Schools Branch

[Ministry of Education](#)

416-294-4862

jennifer.munro-galloway@ontario.ca

School Health Links:

www.ontario.ca/healthyschools (English)

<http://www.edu.gov.on.ca/fre/parents/healthyschools.html> (French)

www.edu.gov.on.ca/eng/curriculum/elementary/health.html (English)

<http://www.edu.gov.on.ca/fre/curriculum/elementary/health.html> (French)

www.edu.gov.on.ca/eng/curriculum/secondary/health.html (English)

<http://www.edu.gov.on.ca/fre/curriculum/secondary/health.html> (French)

<http://www.health.gov.on.ca/en/public/programs/concussions/> (English)

<http://www.health.gov.on.ca/fr/public/programs/concussions/default.aspx> (French)

New Brunswick

School Health Coordinators:

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Fredericton, NB E3B 5H1
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Beth Morrison

Policy Analyst
Policy and Legislative Affairs
Department of Education and Early Childhood Development
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School Health Links:

http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/school.html

Nova Scotia

School Health Coordinators:

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Natalie Bakody

Health Education and Physical Education Consultant
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Programs and Services, Personal Development & Wellness
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School Health Links:

<http://nshps.ca/>

Prince Edward Island

School Health Coordinators:

Sterling Carruthers

Healthy Schools Specialist
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Summerside, PE C1N 1B6
Tel: 902-438-4134
Fax: 902-438-4062
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Rosanne McQuaid

Principal Nursing Advisor
Policy and Programs
Department of Health and Wellness
Sullivan Building
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rmcquaid@ihis.org

School Health Links:

<https://www.princeedwardisland.ca/en/topic/healthy-school-communities>

Newfoundland and Labrador

School Health Coordinators:

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Health Promotion Consultant
Healthy Living, Sport and Recreation Division
Department of Children, Seniors and Social Development
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Fax: 709-729-1400
ellencoady@gov.nl.ca

School Health Links:

<https://www.cssd.gov.nl.ca/healthyliving/index.html>

Nunavut

School Health Coordinator:

Shara Bernstein

Student Support Program Coordinator
Department of Education
Government of Nunavut
PO Box 1000, Station 960
Iqaluit, NU X0A 0H0
Tel: 867-975-5611
Fax: 867-975-5610
sbernstein@gov.nu.ca

School Health Links:

<http://www.gov.nu.ca/education/information/curriculum-learning-resources-0>

Northwest Territories

School Health Coordinator:

Elaine Stewart

Coordinator, Health, Wellness and Student Support
Department of Education, Culture and Employment
Government of the Northwest Territories
PO Box 1320
Yellowknife, NT X1A 2L9
Tel: 867-767-9342, ext: 71291
Fax: 867-873-0109
elaine_stewart@gov.nt.ca

School Health Links :

<https://www.gov.nt.ca/en/service-directory/education-training>

Yukon

School Health Coordinators:

Ian Parker

Health Promotion Manager

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Fax: 867-456-6502

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School Community Consultant

Department of Education

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School Health Links:

<http://www.hss.gov.yk.ca/healthpromotion.php>

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School Health Links:

<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/school-health.html>





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

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