Canadian Standards & Indicators for Health Promoting Schools

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Acknowledgements

Abbreviations

CSH   Comprehensive School Health

EDIA   Equity, diversity, inclusion, and accessibility

HPS   Health Promoting Schools

JCSH   Pan-Canadian Joint Consortium for School Health
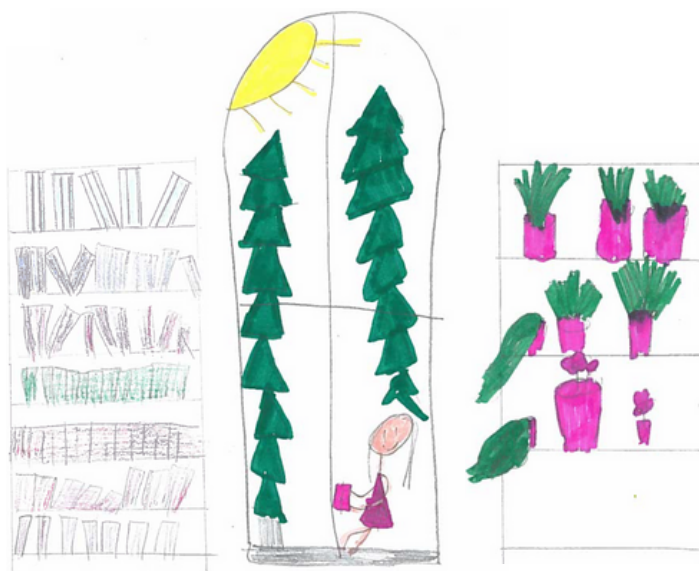
Glossary

Acceptability: relates to the acceptability of a specific Indicator to indicate whether it is well received by and matches the needs of the population.

Achievability: relates to the achievability of a specific Standard Component to indicate whether it is realistic, given the resources available to and the barriers experienced by the population.

Areas of interest: the areas where the Standards, Standard Components, and Indicators apply. Based on a review of the peer-reviewed and grey literature 17 areas of interest were identified: Health Promoting Schools approach; Equity, diversity, inclusion, and accessibility in school health; School health policies; Governance and leadership in the school community; School physical environment; School social environment; Safety in the school environment; Curriculum and health education; Communication; Health and well-being of teachers and school staff; Professional development; Partnerships and collaborations; School health services; Resources; Monitoring and evaluation; Sustainment; and Indigenous peoples and school health.

Comprehensive School Health (CSH): an established approach that postulates that the following inter-related components should be addressed in order to create the whole school environment that supports students in reaching their fullest potential as learners and productive members of society: social and physical environment; teaching and learning; policy; and partnerships and services.[1]

Domains: are groupings of Standards. The first domain is the "The Health Promoting School", which is where the following 5 Standards are positioned: (1) School engages the community for the implementation and sustainment of the HPS approach, (2) School leadership is dedicated to the HPS approach, (3) School policies support the HPS approach, (4) School environment is conducive to the safety and health and well-being of students and school staff, and (5) School's curriculum and health education prepare students for healthy futures. The second domain is the domain of "Enablers", which is comprised of two Standards: (6) Governing system prioritizes and supports the HPS approach and (7) School health services support the health and well-being of all students. The third domain is "Canadian Values" with one Standard: (8) School promotes equity, diversity, inclusion, accessibility, and Indigeneity. The fourth domain is "Quality Improvement", which is composed of one Standard: (9) Monitoring and evaluation inform the implementation and sustainment of the HPS approach.

Elder: a person who is a spiritual leader/practitioner and plays a prominent, vital, and respected role. An Elder is held in high regard as a leader, teacher, role model and mentor, and is recognized within their community as having knowledge of First Nations, Métis or Inuit history, languages, customs, traditions or ceremonies. An Elder may also have life experiences that have allowed them to persevere and gain knowledge from which others can learn life lessons. An Elder is an advisor, and provides encouragement, direction, and support in moving work forward.[2]

Equity, diversity, inclusion, and accessibility (EDIA): as per the Government of Canada, equity is defined as "the principle of considering people's unique experiences and differing situations, and ensuring they have access to the resources and opportunities that are necessary for them to attain just outcomes"; diversity – as "the variety of identities found within an organization, group or

society"; inclusion – as "the practice of using proactive measures to create an environment where people feel welcomed, respected and valued, and to foster a sense of belonging and engagement"; and accessibility – as "the quality of an environment that enables a person to access it with ease."[3]

Feasibility: relates to the feasibility of a specific Indicator to indicate whether it can be executed by the target audience.

Health authority: also referred to as regional health authority, is a provincial/territorial governance structure responsible for the administration and delivery of health care on a regional or local board level. These regional health authorities are "managed by appointed members who oversee hospitals, long-term facilities, home care, and public health services in their area."[4]

Health Promoting Schools (HPS): an internationally recognized approach for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated, and holistic way.[5]

HPS activity: an activity that supports the implementation and sustainment of HPS.

HPS approach: the combined efforts and activities of the implementation and sustainment of HPS. The HPS approach considers the specific needs of students and school communities and is therefore unique to every school community.

HPS leadership team: a team comprising school staff, students, families, and other members of the school community who help tailor the implementation of the HPS approach to the specific needs of the students and school community.

Indicators: the monitoring tools or signs that indicate whether schools are meeting the Standards.

Indigeneity: noun that can be used to describe the identity of being Indigenous. It is up to Indigenous people to define and recognize Indigeneity.[6]

Indigenous peoples: a collective name for the original peoples of North America and their descendants. The Canadian constitution recognizes 3 groups of Indigenous peoples: First Nations, Inuit, and Métis.[7]

Knowledge Keeper: an individual who is not an Elder but may be seen as an emerging Elder. This person provides a cultural role and is held in high regard as a Knowledge Keeper. A Knowledge Keeper may also be known as a wisdom keeper, medicine person, pipe carrier, feast advisor, sweat coordinator, and/or ceremonial leader.[2]

Local community: the community of people living and working in the school neighbourhood and various organizations external to the school but that engage with studentsor staff at the school. The local community may include local government authorities, nongovernmental organizations, faith-based organizations, Elders and Knowledge Keepers, private enterprises, community health services and community groups such as youth groups, and providers of organized sports, arts, and other cultures.[5]

Local government: all elected local authorities which are legally empowered to make decisions on behalf of its electors, excluding the federal government, provincial and territorial governments, and First Nations, Métis, and Inuit governments. This can include municipalities, school authorities, and health authorities.

Provincial/territorial government: government responsible for their own province or territory and issues such as education, health care, social welfare, transportation, and infrastructure.

School authority: school authorities are led by publicly elected officials and responsible for the general administration of schools in their jurisdiction, managing staff, overseeing student enrolment, and planning and maintaining school buildings. School authorities promote regular meetings so members of the school community can express their concerns and share their views on how schools in their area are governed. School authority is synonymous to school district, school division, and district education council.[8]

School community: students, their parents/guardians, school staff (e.g., teachers, principals, administrative and support staff), school governance (e.g., members of the school authority), and volunteers active in the school.[5]

School district: school district is synonymous to school authority, school division, and district education council.

School health services: health services provided either at school or off-site to primary and secondary school students by licensed health professionals (i.e., regulated health professionals including but not limited to nurses, psychologists, primary care physicians, audiologists, speech-language therapists, dental hygienists, dietitians, physiotherapists). Examples of common school health services are vaccination programs, mental health support services, speech-language support services, and dental screening.[5]

School staff: teaching and non-teaching school employees.

Social justice: a principle that envisions equal and fair opportunities for all people within a society, regardless of their socioeconomic circumstances, ethnicity, race, culture, beliefs, age, sex or gender identity and expression, sexual orientation, nationality, language, and special needs (e.g., physical, emotional, behavioural, cognitive).[9,10]

Standards: the guiding principles and expectations of the implementation and sustainment of HPS.

Standard Components: sub-components of a Standard.

Sustainment: continued enactment of HPS-related processes and practices established in school.

Executive summary

Schools are ideal settings to promote health and to inspire commitment to Health Promoting Schools (HPS) among students, parents/guardians, school staff and broader school community. HPS is an internationally recognized approach for supporting improvements in student educational outcomes while addressing school health in a planned, integrated, and holistic way. While several international documents offer a collection of Standards and Indicators, there is a need for a distinct set of Canadian Standards and Indicators to guide the planning, implementation, sustainment, and monitoring and evaluation of HPS in Canadian schools.

This document, developed for, and in collaboration with, the Pan-Canadian Joint Consortium for School Health (JCSH), outlines a set of Canadian Standards and Indicators for HPS. These provide a foundation for education and health systems to work together to create healthy school environments to improve the health and well-being and academic outcomes of all students. In this document, Standards refer to the guiding principles and expectations of the implementation and sustainment of HPS, and Indicators refer to the tools or signs that indicate whether schools meet Standards.

These Standards and Indicators have been developed through a rigorous 3-step process: 1) a comprehensive literature review of the peer-reviewed and grey literature on Standards and Indicators related to the HPS approach; 2) a consensus-seeking process among 53 experts from JCSH Member Jurisdictions across Canada who assessed the achievability of Standard Components (i.e., sub-components of Standards) and acceptability and feasibility of Indicators; and 3) grouping Standard Components into Standards and mapping Indicators to these Standards.

This process resulted in formulating nine Standards:

Standard 1. School engages the community for the implementation and sustainment of the HPS approach.
Standard 2. School leadership is dedicated to the HPS approach.
Standard 3. School policies support the HPS approach.
Standard 4. School environment is conducive to the safety and health and well-being of students and school staff.
Standard 5. School's curriculum and health education prepare students for healthy futures.
Standard 6. Governing system prioritizes and supports the HPS approach.
Standard 7. School health services support the health and well-being of all students.
Standard 8. School promotes equity, diversity, inclusion, accessibility, and Indigeneity.
Standard 9. Monitoring and evaluation inform the implementation and sustainment of the HPS approach.

This document serves as the roadmap that schools, administrators, school staff, school communities, policymakers, health service providers, and health promotion coordinators and practitioners can follow for the planning, implementation, everyday practice, adaptation, scaling, sustainment, and monitoring and evaluation of HPS in Canadian schools.

1. Introduction

Education and health are the cornerstones of human development.[11] Healthy school environments play a key role in promoting student physical and mental health and well-being.[12] Healthy school environments encourage physical activity and provide healthy food options so that students can develop life-long healthy habits and thus reduce the risk of chronic diseases.[13] Healthy school environments offer emotionally safe spaces, fostering a sense of belonging, reducing feelings of isolation and loneliness, and providing access to mental health resources as needed.[13] Students with healthy habits are better learners,[14,15] therefore healthy school environments are also essential to realizing student academic potential. This interconnectedness of student health and well-being with academic outcomes is central to the concepts of Health Promoting Schools (HPS) or Comprehensive School Health (CSH),[5,16] advocated by the Pan-Canadian Joint Consortium for School Health (JCSH).[17] While both terms (HPS and CSH) are used interchangeably, this document uses the term HPS for consistency.

Schools are ideal settings to promote health and to inspire commitment to HPS among students, parents/guardians, school staff, and broader school community. HPS is an internationally recognized approach for supporting improvements in student educational outcomes while addressing school health in a planned, integrated, and holistic way.[18] HPS has been proven to be the most effective and cost-effective approach to school-based health promotion.[19-21] While several international documents offer a collection of Standards and Indicators,[5,16,22-25] there is a need for a distinct set of Canadian Standards and Indicators to guide the planning, implementation, sustainment, and monitoring and evaluation of HPS in Canadian schools.

This document, developed for, and in collaboration with, the JCSH, outlines a set of Canadian Standards and Indicators for HPS. Canadian Standards and Indicators for HPS provide a foundation for education and health systems to work together to create healthy school environments to improve the health and well-being and academic outcomes of all students. Canadian Standards and Indicators for HPS provide schools, administrators, school staff, school communities, policymakers, health service providers, and health promotion coordinators and practitioners with a roadmap or a guide for the planning, implementation, everyday practice, adaptation, scaling, sustainment, and monitoring and evaluation of HPS across Canada. Canadian Standards and Indicators for HPS should support equity perspectives, identify assets and protective factors as well as challenges in the school community, and build on the interconnection of HPS with academic success. This document and the Standards and Indicators presented herein are not intended to be used to compare schools and/or school jurisdictions, or to stipulate a minimum set of requirements for schools to be considered an HPS school. Instead, the HPS approach should be tailored to the perspectives, priorities, specific needs, assets, and resources of each school community.

This document uses the following definitions for Standards, Standard Components, and Indicators:

Standards: the guiding principles and expectations of the implementation and sustainment of Health Promoting Schools.

Standard Components: sub-components of a Standard.

Indicators: the monitoring tools or signs that indicate whether schools are meeting the Standards.

Standards and Standard Components can inform optimal HPS practices, while Indicators can guide monitoring and evaluation of the HPS implementation and sustainment. Indicators can also be viewed as specific tools or signs that provincial/territorial governments, school authorities, and schools can use to monitor and assess achievements towards Standard Components and – ultimately – Standards. Indicators are not intended to be specific measurements since HPS activities can take many forms, can vary according to different settings and contexts, and can be assessed in various ways. Indicators may also not directly correspond to a single Standard, but instead correspond to multiple Standards. The definitions for Standards, StandardComponents, and Indicators had been developed in consultation with JCSH.

Canadian Standards and Indicators for HPS support the Vision of JCSH, *Children and youth in Canada are thriving in school communities that are committed to optimal health, well-being, and learning*[17] by:

- Providing a common monitoring tool to assess the outcomes of HPS initiatives;
- Incorporating the latest knowledge and evidence into student/school health and well-being;
- Improving school settings;
- Improving student health and well-being;
- Improving consistency in comprehensive school health/health promoting schools throughout Canada;
- Supporting students' academic achievement; and
- Increasing equity in HPS practices in Canada.

Chapter 2 of this document describes the approach and methods of developing Canadian Standard Components and Indicators and their grouping into Standards. Chapter 3 details the Standard Components and Indicators under each Standard. Chapter 4 provides concluding remarks and identifies priorities for further action.

2. Approach and Methods

The first step of developing Canadian Standards and Indicators for HPS involved a comprehensive review of the peer-reviewed and grey literature (e.g., government websites, and national and international reports) on the Standards and Indicators related to planning, implementation, everyday practice, adaptation, scaling, sustainment, and monitoring and evaluation of the HPS approach. There were 20 Canadian publications[1,10,26-43] and 15 international reports[5,9,16,22-24,44-52] available in English and published between 2012 and 2022. From these, 1005 statements, explicitly referred to as Standards, Standard Components, or Indicators, were extracted (see Figure 1). The next step involved a content analysis to: 1) remove duplicates (statements that were worded slightly differently but addressed the same underlying concept(s)) and 2) merge complementary statements (those that addressed the same underlying concept(s) and provided additional information or context). Following this step, 147 statements were retained (see Figure 1).

Guided by the definitions of a 'Standard Component' and an 'Indicator' (see Chapter 1), the 147 statements were then categorized into 42 Standard Components and 105 Indicators. These Standard Components and Indicators were then grouped under 17 areas of interest, which were informed by the European Standards & Indicators for Health Promoting Schools report[16] and expert knowledge (see Figure 1).
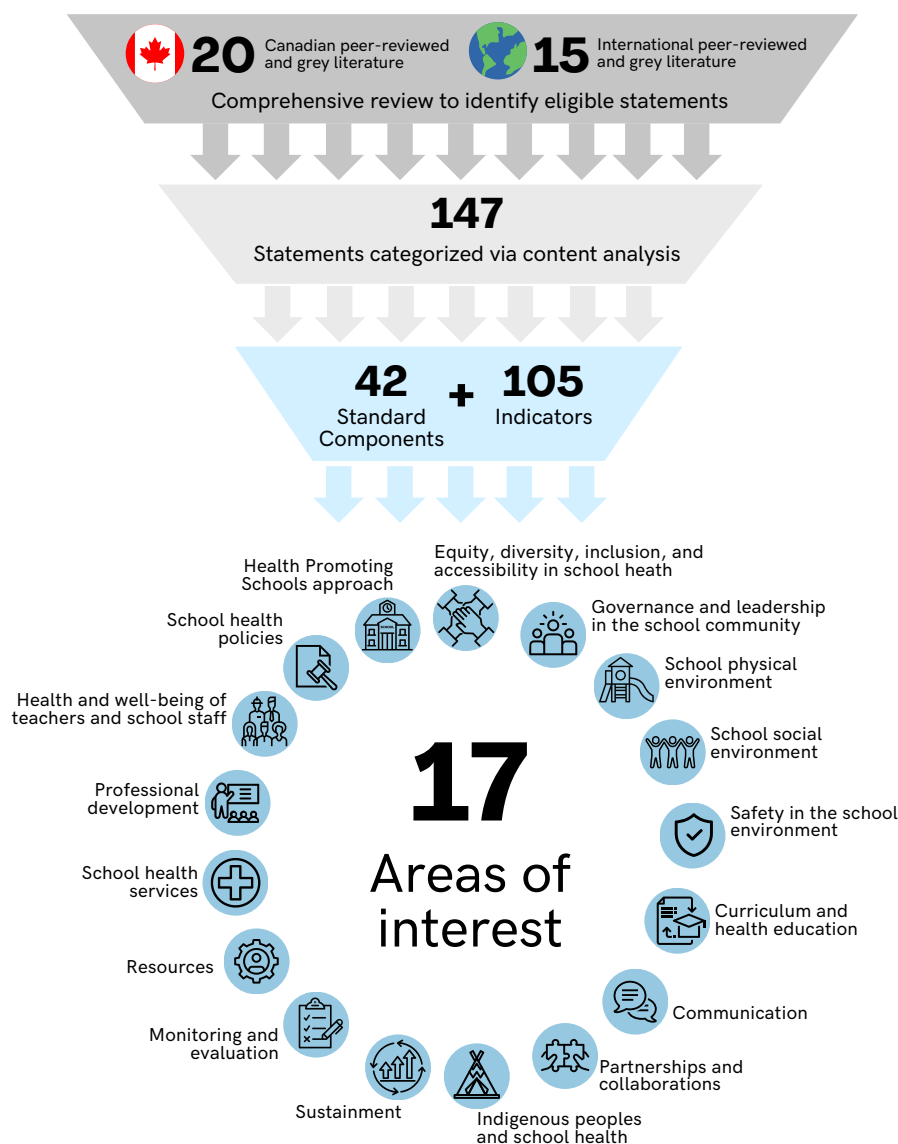
Figure 1. Identifying Canadian Standards and Indicators for Health Promoting Schools: literature review, content analysis, and allocation to areas of interest

The second step of developing Canadian Standards and Indicators for HPS involved a process to establish consensus among experts on whether the 42 Standard Components and 105 Indicators were exhaustive, up-to-date, achievable, acceptable, and feasible in Canadian settings. A total of 53 experts from JCSH Member Jurisdictions across Canada with background in and knowledge of HPS contributed their expertise through one of two expert panels (see Figure 2). The first panel, referred to as the *policy panel*, included government employees, health promotion leaders in non-governmental organizations, and academics/researchers whose research focus is HPS. The second panel, referred to as the *education panel*, included educators and health promotion practitioners within the education and health sectors (school administrators, school staff, health promotion leads, school health champions), and academics/researchers whose research focus is HPS. Figure 2 shows the composition of each of the panels.
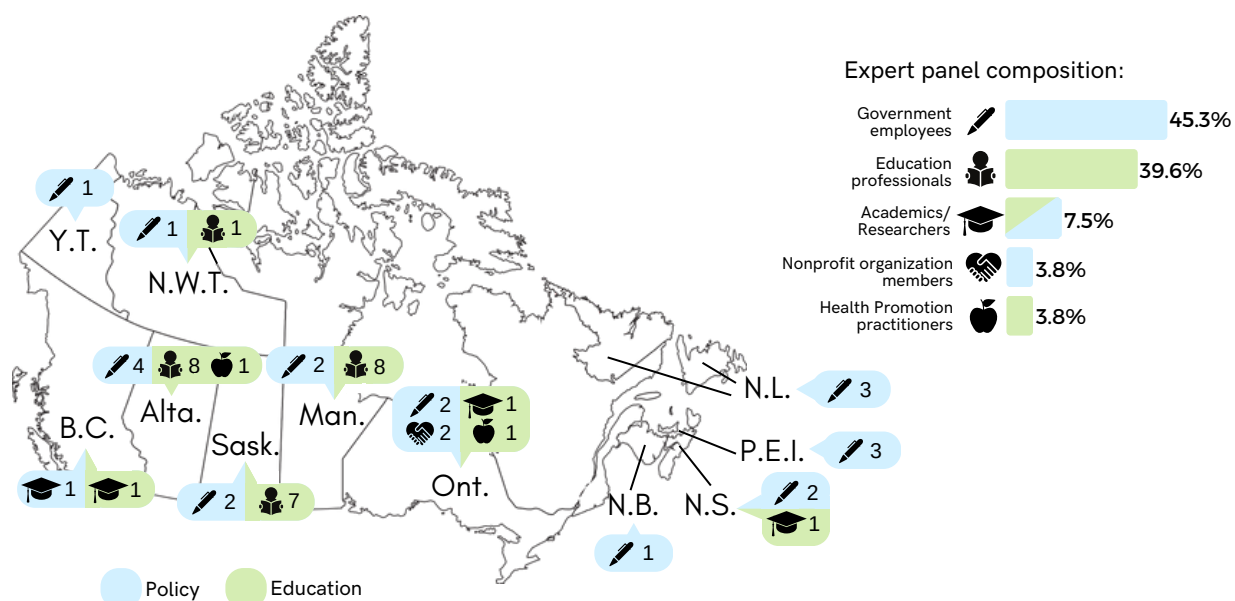
Figure 2. Composition of the expert panels tasked with establishing consensus on Canadian Standards and Indicators for Health Promoting Schools

Each of the two panels were assigned Standard Components and Indicators from a sub-set of 17 areas of interest that best aligned with their expertise (see Figure 3). The experts were presented with three rounds of anonymous online surveys. In each round, they were asked to rate and comment on whether Standard Components were:

- *achievable* (i.e., realistic given the resources available and the barriers to overcome).

They were also asked to rate and comment on whether Indicators were:

- *acceptable*, (i.e., well received and match the needs of the population); and
- *feasible* (i.e., can be implemented).

The experts' ratings and comments were used to decide whether Standard Components and Indicators reached consensus (i.e., 80% or more of the experts agreed that the Standard Components were achievable and the Indicators were acceptable and feasible). Those Standard Components and Indicators for which no consensus was reached were re-rated in the next round. Experts' comments, feedback, and suggestions were used to revise the wording of Standard Components and Indicators prior to being re-rated in the next round. Figure 3 shows the number of Standard Components and Indicators for which consensus was reached in each round for each of the two panels. After three rounds, consensus was reached for all 42 Standard Components and for 88 of the 105 Indicator statements. The three rounds of experts' comments, feedback, and suggestions produced revised, merged, and split statements whereby new redundancies arose. A review of these statements revealed there were ten redundant statements, and three Indicators that were re-categorized as Standard Components. After removing the redundant statements, the number of Standard Components with established consensus was 43 and the number of Indicators with established consensus was 77. Indicators for which no consensus was established are listed in the Annex.

Panel 1: Policy Experts

- Health Promoting Schools approach
- School health policies
- Health and well-being of school staff
- Professional development
- School health services
- Resources
- Sustainment
- Monitoring and evaluation

Panel 2: Education Experts

- School physical environment
- School social environment
- Safety in the school environment
- Curriculum and health education
- Governance and leadership in the school community
- Communication
- Partnerships and collaborations
- Equity, diversity, inclusion, and accessibility in school heath
- Indigenous peoples and school health

Panel 1
17 Standard Components
50 Indicators

**42 Standard Components
105 Indicators**

Panel 2
25 Standard Components
55 Indicators

Round 1

9 Standard Components
5 Indicators

17 Standard Components
24 Indicators

Round 1

11 Standard Components
41 Indicators

9 Standard Components
31 Indicators

Round 2

11 Standard Components
24 Indicators

8 Standard Components
21 Indicators

Round 2

0 Standard Components
17 Indicators

1 Standard Component
10 Indicators

Round 3

4 Indicators

1 Standard Component
9 Indicators

Round 3

0 Standard Components
13 Indicators
(see Annex)

Reviewing language and
removing redundant statements

0 Standard Components
1 Indicator
(see Annex)

43
Standard
Components

77
Indicators

Figure 3. Establishing consensus on Canadian Standard Components and Indicators for Health Promoting Schools

The penultimate step of developing Canadian Standards and Indicators for HPS involved grouping Standard Components with established consensus into Standards. This process was guided by four considerations:

1. Established school health concepts: The JCSH describes CSH as spanning beyond what happens in the classroom, to include actions in the whole school environment addressing four distinct but inter-related components: social and physical environment; teaching and learning; policy; and partnerships and services.[18] These four components require the participation and support of families and the community at large. The CSH principles align well with the World Health Organization's HPS framework, which supports a whole-school approach and comprises three broad elements: 1) Health education is addressed within the school curriculum; 2) Health and well-being are promoted through the school's physical and social environments; and 3) Schools engage families and communities to reinforce health messages outside the school environment.[19]

2. Emerging approaches and frameworks: Asset-based approaches focus on identifying and harnessing strengths, resources, and assets within individuals, communities, and systems. In the education sector, the asset-based approach recognizes and values the strengths, abilities, and experiences that the diversity in the student population brings to the classroom. As a result, this approach promotes inclusivity and equity for an increasingly diverse student population, empowers students to be active participants in their learning process, strengthens teacher-student relationships, and fosters a sense of belonging and trust. In the health sector, the asset-based approach recognizes that focusing on promoting well-being and preventing problems(instead of solely addressing existing health issues or illnesses) is key to optimizing children's physical and mental health and well-being. By identifying and enhancing protective factors and assets (e.g., by nurturing supportive relationships, creating positive environments, and ensuring access to resources), this approach helps prevent the onset of health problems and promotes long-term well-being. In turn, implementation science is concerned with facilitating the uptake of evidence-based practices by policymakers and practitioners. The implementation science framework distinguishes the inner setting (the school community) from the outer setting (enablers outside the school community).[53] Three of the four CSH components (social and physical environment; teaching and learning; and policy) can be considered as being positioned in the inner setting, while the fourth component (school health services) can be considered as an enabler positioned in the outer setting. The implementation science framework has important advantages over the logic model, which works well only when the inputs, processes, and outputs occur in a clear temporal order.

3. Canadian context and values: Equity, diversity, inclusion, and accessibility (EDIA) are recognized as Canadian values that acknowledge and embrace the uniqueness of the Canadian population with respect to race, ethnicity, culture, nationality, religion, language, socioeconomic circumstances, family status, age, gender identity, gender expression, sexual orientation, dietary beliefs, body shape and size, learning potential, and physical, emotional, and behavioural abilities. Canadian values also emphasize honouring Indigenous peoples and cultures, their historical roots, the land upon which we live, and different ways of knowing, understanding, and caring. In addition, in response to 94 Calls to Action recommended by the Truth and Reconciliation Commission,[54] schools have taken on the leadership to teach students about the systemic effects of colonialism in Canada and existing prejudice against Indigenous peoples.

4. Feedback from education and policy experts: The last consideration arose from the feedback

provided by the education and policy experts across Canada (emerged from the two expert panels in the previous step as described above). The written feedback provided by the experts on achievability, acceptability, and feasibility of Standard Components and Indicators in the Canadian setting, revealed a broad support for asset-based approaches. Experts identified the broader school community, diversity, and Indigenous perspectives as important assets. Other themes in the feedback provided by the experts pointed at the importance of good leadership, and supportive governing systems.

Guided by these aforementioned considerations, the Standard Components were grouped into nine Standards and four distinct domains for actions related to the implementation and sustainment of the HPS approach within the Canadian settings. The grouping into Standards allowed some Standard Components to be merged. In the process of mapping Indicators to the newly articulated Standards, those Indicators that were 'indicative' of more than one Standard were listed under all relevant Standards. These adjustments changed the total number of Standard Components to 37 and the number of Indicators to 100. A subsequent anonymous consultation with JCSH representatives revealed strong support (more than 80% approval) for the proposed grouping of Standard Components into the Standards, and of Standards into four domains. The consultants also suggested minor revisions to the articulation of the domains and Standards. This resulted in the following domains and Standards:

The Health Promoting School
Standard 1. School engages the community for the implementation and sustainment of the HPS approach.
Standard 2. School leadership is dedicated to the HPS approach.
Standard 3. School policies support the HPS approach.
Standard 4. School environment is conducive to the safety and health and well-being of students and school staff.
Standard 5. School's curriculum and health education prepare students for healthy futures.

Enablers
Standard 6. Governing system prioritizes and supports the HPS approach.
Standard 7. School health services support the health and well-being of all students.

Canadian Values
Standard 8. School promotes equity, diversity, inclusion, accessibility, and Indigeneity.

Quality Improvement
Standard 9: Monitoring and evaluation inform the implementation and sustainment of the HPS approach.

Figure 4 provides a visualization of the above nine Standards and four domains. The school community is considered the inner setting, the setting where most Standards apply and where most HPS activities take place. The red building, the school community, is centrally positioned and represents The Health Promoting School. This domain includes five Standards.

Figure 4. Canadian Standards for Health Promoting Schools

The school bus represents the Enablers. The school bus is a metaphor – it brings Standard 6 and Standard 7 to the Health Promoting School.

Acknowledging Canadian values and specifically diversity and Indigenous perspectives as assets and as influencers, equity, diversity, inclusion, accessibility, and Indigeneity are considered as a Standard in the Canadian Values domain. The sun shines in every corner of the country and brightens us up. The sun represents Canadian values with respect to EDIA and Indigenous peoples and their cultures. Just like the sun, these values should reach every corner of the country and brighten us up.

Likewise, monitoring and evaluation are acknowledged as an asset and an influencer to improve the quality of the HPS approach as a separate Standard in the Quality Improvement domain. One uses a telescope to have a closer look (Figure 4). The purple telescope represents Standard 9. By having a closer look, this Standard sets the goal of Quality Improvement.

3. Canadian Standards & Indicators for Health Promoting Schools

The Health Promoting School

Standard 1. School engages the community for the implementation and sustainment of the HPS approach.

The HPS approach considers the perspectives, opportunities, priorities, needs, assets, and resources of the whole school community (i.e., students, parents/guardians, teachers, principals, administrative and support staff, volunteers active in the school) and the local community (i.e., the community of people living and working in the school neighbourhood and organizations external to the school but involved with students and other members of the school community). Engaging communities is essential to successful HPS implementation and sustainment as it helps to foster a sense of ownership, collaboration, and shared responsibility among community members for the benefit of creating a supportive environment for promoting safety and health and well-being within the school and its surrounding community.

Standard Components

1.a. The implementation and sustainment of the HPS approach is tailored to the unique perspectives, priorities, and specific needs of students and school communities.

1.b. School community members are welcomed and provided with ongoing opportunities to engage in the implementation and sustainment of the HPS approach.

1.c. Local community partners share their expertise, assets, and resources to support the implementation and sustainment of the HPS approach.

1.d. School communities take ownership of HPS activities implemented in their school.

1.e. EDIA principles are considered in the planning, implementation, and sustainment of the HPS approach so that diverse perspectives and assets of the school community are included, and priorities and specific needs of all students are met.

1.1. Schools develop an engagement plan (e.g., set a goal for the school year) to ensure all school community members are provided the opportunity to engage in the HPS approach.

1.2. Schools build and foster strong and respectful relationships with Elders and Knowledge Keepers through ongoing and meaningful engagement.

1.3. Schools invite Elders and Knowledge Keepers into the classroom to lead lessons and school activities.

1.4. Schools invite community members with diverse backgrounds to share their cultural traditions, values, and beliefs as part of classroom- and school-wide learning activities.

1.5. Schools engage local communities to identify community assets and resources (e.g., local community gardens, and parks and recreation centres) to support the HPS approach in their school.

1.6. Schools share their school facilities (e.g., sports facilities, school-based community health centres) as a means to promote community connectedness.

1.7. Students engage in HPS activities in their school and local communities.

1.8. School staff and families understand the relationship between learning and health, and work together to maximize student education and health and well-being.

1.9. School staff share knowledge and skills acquired during professional development events with other members of the school community.

1.10. School community members build competence, foster enthusiasm, and take ownership of HPS activities in their school community.

1.11. School community members use opportunities throughout the day (e.g., during class, recess) to promote well-being, positive social interactions, and healthy lifestyle behaviours among students.

Standard 2. School leadership is dedicated to the HPS approach.

Good leadership is critical for developing and sustaining the social infrastructure needed to support the HPS approach: effective leadership provides guidance and motivation to reach goals and objectives of HPS, foster enthusiasm and commitment among school and local community members, allocate resources, ensure clear and consistent communication, identify assets and opportunities in the school and local community, and identify and tackle barriers to the effective implementation and sustainment of the HPS approach. Leadership roles in HPS can be fulfilled by students, families, school staff, and other members of the school and local communities. Professional development helps foster leadership skills in school community members (e.g., school staff and administrators).

Standard Components

2.a. The school has a transparent and accountable leadership model which guides how school administrators engage school staff, students, families, and key stakeholders in decision-making regarding all aspects of the planning, implementation, and sustainment of the HPS approach.

2.b. The school has an HPS leadership team, comprising school staff, students, families, and key stakeholders, which engages the school and local community to tailor the implementation and sustainment of the HPS approach to the unique perspectives and specific needs of their students and school community.

2.c. The school supports its vision for a healthy school community through ongoing communication about the HPS approach, the goals, benefits, delivery, and available assets, resources, and services within and beyond their school community.

2.d. School staff are encouraged to attend professional development related to the HPS approach.

Indicators

2.1. School administrators value student health and well-being and act as spokespeople for the HPS approach.

2.2. Schools establish a school HPS leadership team.

2.3. The school HPS leadership team and school administrators work closely together to ensure effective implementation and sustainment of the HPS approach.

2.4. The school HPS leadership team meets regularly (e.g., monthly, quarterly) to review interests, opportunities, priorities, and needs of their school community.

2.5. The school HPS leadership team provides students with opportunities to propose, lead, and participate in HPS activities as an opportunity to develop leadership, communication, and social skills and to create a sense of belonging.

2.6. The school HPS leadership team meets with members of the school and local community to facilitate partnerships and collaborations in support of HPS activities.

2.7. Schools support and encourage school staff to model healthy lifestyle behaviours in the presence of students.

2.8. Schools have networks in place to communicate information about the HPS approach, the goals, benefits, delivery, and available assets, resources, and services within and beyond their school community.

2.9. Schools provide open communication channels for families to voice students' needs to support their learning and physical and mental health and well-being.

2.10. Schools build awareness about healthy students being better learners.

2.11. Schools foster partnerships and collaborations with members of the local community, their school authority, governments across the education, health and other sectors, and with cultural leaders, Elders and Knowledge Keepers, and local businesses.

2.12. The school HPS leadership team monitors and evaluates HPS-related partnerships and collaborations.

2.13. Schools facilitate transition planning (e.g., entry to school, move to a new school/grade/teacher, elementary to secondary transition, secondary to post-secondary transition) for all students and particularly those managing intersectionalities, and physical, emotional, and behavioural challenges.

2.14. Schools consider the needs and priorities of students and school communities in the planning of school health services.

2.15. Schools share information about assets, resources, and services available to students, their families, and other school community members (e.g., school health services, sports facilities, community gardens).

2.16. School administrators and health service providers have clear protocols for their communication with students, families, and school staff to improve awareness, access, and delivery of school health services.

2.17. Schools engage in ongoing conversations with other schools to identify facilitators and barriers to the implementation and sustainment of the HPS approach in different contexts.

2.18. Schools seek assistance from external partners, as needed, to advise schools in addressing anticipated and unanticipated barriers to implement and sustain the HPS approach.

2.19. Schools facilitate in-service opportunities for school staff to attend professional development on leadership, health and well-being, and EDIA (e.g., webinars, virtual learning modules, division-wide professional development days).

2.20. Schools facilitate access to relevant data for the purpose of monitoring and evaluation of the HPS approach.

2.21. Schools modify the implementation of the HPS approach based on recommendations from monitoring and evaluation.

Standard 3. School policies support the HPS approach.

School policies that support the HPS approach refer to policies, plans, procedures, and practices that offer a structured approach for integrating health promotion into the school's daily operations and for creating a supportive school. School policies are integral to supporting and realizing the goals and objectives of the HPS approach.

Standard Components

3.a. School policies support the vision of a healthy school community.

3.b. School policies acknowledge Canadian values and specifically integrate EDIA principles and Indigenous perspectives.

3.c. School policies support students in achieving their full potential and school staff in advancing their skills and knowledge of health and well-being.

3.d. The implementation and sustainment of the HPS approach are reflected in school policies, plans, procedures, and practices.

Indicators

3.1. Schools develop, implement, and sustain policies, plans, procedures, and practices that promote student growth, development, and health and well-being.

3.2. Schools implement and sustain HPS activities that align with school authority policies related to health, school environment, safety, and security.

Standard 4. School environment is conducive to the safety and health and well-being of students and school staff.

A safe school environment supports student learning, development, health and well-being, and protects from both physical (i.e., injuries, accidents, weather hazards, natural calamities, hygiene-related diseases, violence) and socio-emotional (i.e., inequity, exclusion, bullying) threats. The school physical environment includes the school grounds, buildings, classrooms, outdoor learning areas, spaces to play, equipment, basic amenities (e.g., toilets, showers, sanitation), canteens and cafeterias, and sports facilities. It may also include transport facilities (e.g., school buses, crosswalks, bicycle stalls, parking spaces) used by students, school staff, and members of the school and local communities, and community facilities used by the school (e.g., libraries, public pools, community gardens, sports fields). The school social environment is characterized by the socioemotional values, attitudes, and behaviours of all members of the school community. A positive social environment fosters respect, engagement, connectedness, autonomy, and trusting relationships among all members of the school community. The social environment is intrinsically connected to the physical environment, and both are fundamental to promoting student learning and development, and to facilitating health and well-being of all members of the school community.

Standard Components

4.a. A safe school environment protects all members of the school community from both physical (e.g., injuries, accidents, weather hazards, natural calamities, hygiene-related diseases, violence) and socio-emotional (e.g., inequity, exclusion, bullying) threats to their safety and health and well-being.

4.b. A safe school environment supports the physical and mental health and well-being of all members of the school community.

4.c. A safe school environment promotes positive attitudes towards EDIA.

Standard Components

4.d. The school physical environment complies with health and safety standards (e.g., for building materials, furniture, lighting, temperature, and playground equipment) and is clean and pleasant to look at (e.g., spacious, well-maintained, colourful play areas).

4.e. The school physical environment provides opportunities for students to make healthy food choices and to be physically active throughout the day, both indoors and outdoors.

4.f. The school social environment fosters a welcoming, caring, safe, and cooperative school climate that is conducive to positive social interactions and relationships.

Indicators

4.1. Schools implement school-wide initiatives that foster a welcoming, caring, safe, and cooperative environment for all students.

4.2. Schools engage the school and local community to establish and maintain the safety of the physical and social environment of their school.

4.3. Schools plan for their physical environment to be conducive to promoting student physical and mental health and well-being.

4.4. Students have positive experiences at school and perceive it to be a safe environment.

4.5. Schools use universal design principles for EDIA and consider ecological sustainability and connections to the land to guide decisions related to the physical environment of schools.

4.6. Schools develop and deliver inclusive activities to promote open-mindedness and social cohesion, and to prevent bullying, cyber bullying, and violence.

4.7. Schools promote cleanliness of the school physical environment and hygiene habits among members of the school community.

4.8. Schools provide indoor and outdoor spaces with a variety of equipment to allow all students to be physically active.

4.9. Schools promote safe and active means of getting to and from school (e.g., walking, biking) and work with local governments and other partners to assure adequate infrastructure (e.g., crosswalks, bicycle racks).

4.10. Schools encourage all school community members to care for and keep the school premises clean.

4.11. Schools provide designated spaces for eating meals, offer healthy food and beverage options, and engage the school community in building a healthy school food environment.

4.12. Schools improve access to healthy foods, beverages, and meal programs that comply with current nutrition recommendations or guidelines for children and youth (e.g., Canada Food Guide, provincial/territorial nutrition guidelines where available).

4.13. Schools provide safe and confidential places for students to discuss any challenges they may be facing.

4.14. Schools provide a safe environment for school staff to discuss divergent views, to voice concerns, and to seek resolution in a constructive manner to ensure healthy interactions and relationships in the work environment.

4.15. Schools have protocols and programs to increase awareness and ensure safety of the physical environment (e.g., crosswalks), and the social environment (e.g., healthy relationships, online communication, social justice).

4.16. Schools address threats to safety during normal operations, renovations, and natural calamities and have provisions in place for disaster management (e.g., basic first aid, evacuation plans).

4.17. School authorities have their schools regularly checked to ensure clean water supply, safe and adapted sanitation, proper drainage, adequate lighting and ventilation, temperature control, and waste and refuse disposal per environmental health inspectors' recommendations.

Standard 5. School's curriculum and health education prepare students for healthy futures.

The provincial/territorial curriculum outlines the learning outcomes, content, delivery and evaluation methods, assessments, and learning materials for students. Health education aims to increase knowledge, improve attitudes, and advance self-efficacy so that students will make better choices related to physical, mental, emotional, and spiritual health and well-being. This may relate to nutrition, physical activity, mental health, sexual and reproductive health, substance use education and prevention, and disease prevention. Health literacy refers to the student's ability to understand and use the information from health education and cross-curricular activities when making decisions and taking actions related to their health and that of others to prepare students to lead healthier, more fulfilling lives in the present and in the future.

Standard Components

5.a. Health education complements the existing provincial/territorial health and physical education curriculum, is in line with current evidence, and is designed with the involvement of members of the school community.

5.b. Health education increases student knowledge and self-efficacy for lifestyle behaviours related to good health and well-being.

5.c. Positive attitudes towards healthy lifestyle behaviours, both inside and outside of the classroom, are promoted and encouraged.

5.d. The school curriculum promotes social justice and incorporates themes that are sensitive and responsive to EDIA principles and Indigenous perspectives, and relevant to the students and school community.

Indicators

5.1. Health education takes a holistic approach to health and well-being and includes topics relevant to the students and school community.

5.2. Health education incorporates land-based approaches to foster connections to local cultures, nature, and planetary health.

5.3. Teachers use inclusive teaching and learning strategies to develop social skills and prosocial behaviours, cultivate self-esteem, and to practice teamwork.

5.4. Schools engage Elders and Knowledge Keepers in the review and revision of the academic and health education school curriculum.

5.5. Schools incorporate the diversity of Indigenous communities and cultures (e.g., languages, traditional foods, practices) into their school curriculum and HPS activities.

5.6. Students recognize the benefits of healthy lifestyles for themselves and their families.

5.7. Schools deliver the curriculum in bias-free manner.

Enablers

Standard 6. Governing system prioritizes and supports the HPS approach.

A governing system supports the relationships, processes, and resources that are essential to the implementation and sustainment of the HPS approach. Resources refer to any human (e.g., school staff), financial (e.g., grants), information (e.g., provincial/territorial curriculum), and physical (e.g., school grounds, community gardens, public pools) assets. Investments in human capital essential to HPS include professional development opportunities for school staff to enhance knowledge, understanding and proficiency of health promotion, health education, EDIA principles, and leadership. Professional development can be organized and facilitated by provincial/territorial governments, school authorities, school administrators, and community partners.

Standard Components

6.a. The HPS approach is prioritized in collaborative activities undertaken by the education and health sectors of provincial/territorial and local governments.

6.b. Provincial/territorial governments and school authorities are committed to securing adequate resources to support the planning, implementation, and sustainment, as well as the monitoring and evaluation of the HPS approach.

6.c. Provincial/territorial governments and school authorities are committed to ongoing investments in human resources and professional development of school staff as this is essential to the implementation and sustainment of the HPS approach.

6.d. Professional development of school staff related to the HPS approach is offered on an ongoing basis.

Indicators

6.1. Provincial/territorial governments promote HPS as an approach endorsed by the JCSH.

6.2. Provincial/territorial governments initiate and maintain intersectoral partnerships in support of the HPS approach in schools.

6.3. The education and health sectors of provincial/territorial governments have explicit agreements that outlines joint planning and coordination of policies, responsibilities, and resources (e.g., funding, time) in support of the HPS approach.

6.4. Provincial/territorial governments consider the HPS approach and the changing health priorities, needs, and interests of schools when reviewing and revising the curriculum.

6.5. Provincial/territorial governments, health sector, and school authorities support schools in implementing school policies supporting the HPS approach.

6.6. Provincial/territorial governments and school authorities develop and implement health policies and procedures that create supportive environments to promote student growth, development, and health and well-being.

6.7. Leadership at the provincial/territorial government and school authority level promotes the availability of resources for schools to implement and sustain the HPS approach.

6.8. School authorities develop new and adopt existing health policies to integrate the HPS approach and respond to priorities, needs, and interests of their schools.

6.9. School authorities disseminate school policies that align with the HPS approach to all schools within their jurisdiction.

6.10. School authorities plan for the school physical environment to be conducive to promoting student physical and mental health and well-being.

6.11. School authorities use universal design principles for EDIA and consider ecological sustainability and connections to the land to guide decisions related to the physical environment of schools within their jurisdiction.

6.12. School authorities promote safe and active means of getting to and from school (e.g., walking, biking) and work with local governments and other partners to ensure adequate infrastructure (e.g., crosswalks, bicycle racks).

6.13. School authorities support efforts by schools to improve access to healthy foods, beverages, and meal programs in their schools.

6.14. School authorities offer wellness programs to support the physical and mental health and well-being of school staff.

6.15. Post-secondary teacher training programs include HPS-related coursework.

6.16. Teacher accreditation requirements include HPS-related knowledge and skills.

6.17. School authorities consult and collaborate with local community organizations to develop new or improve and maintain existing facilities and spaces within and around school grounds.

6.18. School authorities consider the priorities and needs of students and school communities in the planning of school health services.

6.19. School authorities and health authorities partner to facilitate the planning and delivery of school health services by articulating funding, personnel, professional development, coordination, and information-sharing.

6.20. School authorities assign responsibilities to dedicated staff member(s) to help schools in their jurisdictions build capacity to implement and sustain the HPS approach.

6.21. School authorities engage external partners to advise on the continuous improvement of the HPS approach.

6.22. School authorities facilitate in-service opportunities for school staff to attend professional development on leadership, health and wellness, and EDIA (e.g., webinars, virtual learning modules, division-wide professional development days).

6.23. School authorities facilitate access to relevant data for the purpose of monitoring and evaluation of the HPS approach.

6.24. School authorities modify the implementation or sustainment of the HPS approach based on recommendations from monitoring and evaluation.

Standard 7. School health services support the health and well-being of all students.

Examples of common school health services include vaccination programs, mental health support services, speech-language support services, and dental screening. The planning and delivery of these services typically require the involvement of school authorities and health authorities. The services may be available to primary and secondary school students either on-site or off-site and are provided by licensed health professionals (e.g., regulated health professionals, such as nurses, psychologists, primary care physicians, audiologists, speech-language therapists, dental hygienists, dietitians, and physiotherapists).

Standard Components

7.a. School health services align with the HPS approach in supporting the physical and mental health and well-being priorities and needs of students and school communities.

7.b. School health services are accessible to all students.

7.c. School health services are provided by licensed health professionals, comply with provincial/territorial standards for safety and quality (i.e., timely, culturally safe, sensitive, age-appropriate, sex-inclusive, gender-responsive, rights-based, evidence-based), abide by ethical principles, and are free of conflicts of interest.

Indicators

7.1. School authorities and schools consider the priorities and needs of students and school communities in the planning of school health services.

7.2. School authorities and health authorities partner to facilitate the planning and delivery of school health services by articulating funding, personnel, professional development, coordination, and information-sharing.

7.3. School administrators and health service providers have clear protocols for their communication with students, families, and school staff to improve awareness, access, and delivery of school health services.

Canadian Values

Standard 8. School promotes equity, diversity, inclusion, accessibility, and Indigeneity.

EDIA principles acknowledge and embrace uniqueness with respect to race, ethnicity, culture, nationality, religion, language, socioeconomic circumstances, family status, age, gender identity, gender expression, sexual orientation, dietary beliefs, body shape and size, learning potential, and physical, emotional, and behavioural abilities. By promoting these principles as Canadian values in schools, students are more likely to develop into citizens who appreciate that every human should be treated with dignity and respect. In the school setting, equity refers to the just and fair treatment of all students and school community members; diversity – to all ways that individuals are different; inclusion – to an intentional and ongoing effort to ensure that all students and school community members participate in the activities taking place in their school; and accessibility – to providing equitable access to everyone in the school community. A special place in the EDIA principles in Canada belongs to the treatment of Indigenous peoples and Indigenous cultures, with schools striving to respond to the recommendations/Calls to Action of the Truth and Reconciliation Commission[54] by teaching students to honour the land upon which we live and its historical roots and to value broader ways of knowing, understanding, and caring.
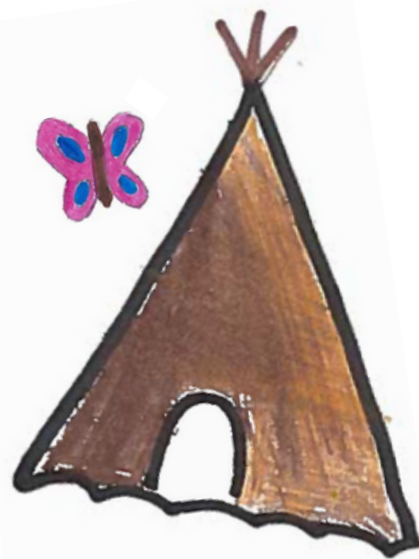
Standard Components

8.a. Schools embrace and foster the diversity of their students and the broader school community with respect to race, ethnicity, culture, nationality, religion, language, socioeconomic circumstances, family status, age, gender identity, gender expression, sexual orientation, dietary beliefs, body shape and size, learning potential, and physical, emotional, and behavioural abilities.

8.b. Provincial/territorial and local government, school authority, and school level policies related to HPS recognize and incorporate Indigenous peoples' principles of cultural identity, collective ownership, interconnectedness, self-reliance (i.e., each individual developing skills to improve their lives and the lives of others) and community empowerment.

8.c. Provincial/territorial and local government, school authority, and school level policies related to HPS acknowledge that marginalization and poverty have been affecting the health and well-being of Indigenous peoples.

Standard Components

8.d. Schools engage Elders and Knowledge Keepers and integrate Indigenous ways of being and knowing, values and belief systems, language and cultural ceremonies, and connections to people and land into their educational activities and school environment.

Indicators

8.1. Schools engage Elders and Knowledge Keepers in the review and revision of the school academic and health education curriculum.

8.2. Schools invite Elders, Knowledge Keepers and other members of Indigenous communities into the classroom to lead lessons and school activities.

8.3. Schools promote Indigenous identities and recognize their importance for the health and well-being of Indigenous peoples.

8.4. Schools incorporate land-based approaches to foster connections to local cultures, nature, and planetary health.

8.5. Schools incorporate the diversity of Indigenous communities and cultures (e.g., languages, traditional foods, practices) into their school curriculum and HPS activities.

8.6. School authorities and schools facilitate in-service opportunities for school staff to attend professional development on EDIA (e.g., webinars, virtual learning modules, division-wide professional development days).

8.7. Teachers create opportunities for students to understand and appreciate diversity and to voice their perspectives in class.

8.8. Teachers seek to understand student life circumstances and needs in order to create an equitable classroom environment that is conducive to learning.

8.9. Schools accommodate students from food insecure households by offering healthy foods or meal programs.

8.10. Schools develop and deliver inclusive activities to promote open-mindedness and social cohesion, and to prevent bullying, cyber bullying, and violence.

8.11. Schools invite community members with diverse backgrounds to share their cultural traditions, values, and beliefs as part of classroom- and school-wide learning activities.

8.12. Schools deliver the curriculum in a bias-free manner.

8.13. Students are knowledgeable about human rights and EDIA principles and are engaged in EDIA activities that promote the prevention of exclusion, racism, intolerance, bullying, and cyber bullying at school, at home, and in their community.

Quality Improvement

Standard 9. **Monitoring and evaluation inform the implementation and sustainment of the HPS approach.**

Monitoring and evaluation are fundamental to the HPS approach. Monitoring and evaluation help document progress and achievements (such as in learning and health), help identify challenges and emerging needs, and help inform the ongoing implementation and sustainment of the HPS approach. Monitoring and evaluation typically involve gathering information on each of the Standards and Indicators from the provincial/territorial governments, school authorities, schools, students, and other members of the school community to track HPS activities and achievements. This information is then summarized and communicated to inform the ongoing implementation and sustainment of the HPS approach.

Standard Components

9.a. An evidence-based approach and established tools for the monitoring and evaluation of each of the Standards and Indicators of HPS are included in operational plans and guidelines at the provincial/territorial and local levels.

9.b. Data are regularly collected and summarized for the purpose of tracking progress and informing modifications to the implementation and sustainment of the HPS approach.

9.c. Members of the school community are provided opportunities to engage in the monitoring and evaluation of the standards and indicators of HPS.

Indicators

9.1. Provincial/territorial governments, school authorities, and schools facilitate access to relevant data for the purpose of monitoring and evaluation of the HPS approach.

9.2. Provincial/territorial governments, school authorities, and schools modify HPS activities based on recommendations from monitoring and evaluation.

4. Conclusion

Recognizing the strong and unequivocal link between educational and health outcomes (i.e., healthy students are better learners), it is imperative to invest in the HPS approach. This document outlines Canadian Standards and Indicators for Health Promoting Schools that emerged from an extensive review of the recent literature and a consensus-seeking process with Canadian experts in health and education sectors. If used, they can serve as a foundation for collaboration between education and health sectors and as a resource to guide the development of healthy school communities that promote academic outcomes of students, and the physical and mental health and well-being of all members of the school community. This document and the presentation of the Standards and Indicators are structured in a way that is easy to use by schools, administrators, school staff, students and other members of the school communities, policymakers, health service providers, and health promotion coordinators and practitioners who are involved in planning, implementation, everyday practices, adaptation, scaling, sustainability, and monitoring and evaluation of HPS initiatives.

The proposed Standards and Indicators underscore that creating safe and healthy physical and social school environments requires unwavering commitment and effective leadership within and beyond schools, as well as collaborative efforts and engagement of various partners in local communities, school authorities, and governments. They also highlight that the successful implementation and sustainability of the HPS approach are deeply rooted in the broader social context, and hence Canadian values such as equity, diversity, inclusion, accessibility, and Indigeneity should be front and centre during the planning and implementation of HPS activities. Lastly, ongoing monitoring and evaluation are essential in informing and tailoring the HPS implementation and sustainment.

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Annex: Indicators that did not reach consensus

Area of interest	Indicator	Reason for exclusion
Governance and leadership in the school community	School authorities secure funding for staff time (e.g., school health champion) to facilitate the work of the HPS leadership team.	Did not reach consensus after three rounds of the consensus-seeking process.
Curriculum and health education	Teachers and students together explore areas of strength, interest, and potential to personalize learning, enhance students' engagement in instructional processes, and tailor learning strategies and activities to the developmental needs of students.	Became redundant after rewording Indicators under this area of interest.
	Schools' examinations in the final year include questions about physical and mental health and well-being and healthy lifestyle behaviours.	Was not adequate to Canadian context.
Health Promoting Schools approach	Provincial/territorial governments have strategies to allocate resources and funding, and to support the planning, implementation, sustainment, monitoring, and evaluation of the HPS approach at the provincial/territorial and local levels.	Did not reach consensus after three rounds of the consensus-seeking process.
Health and well-being of teachers and school staff	School administrators encourage teachers and school staff to participate in wellness programs for physical and mental health and well-being, and aim to allocate non-instructional time to facilitate participation.	Did not reach consensus after three rounds of the consensus-seeking process.
Professional development	School authorities support professional development related to HPS by allocating funding (via substitute teachers' pay, stipends for work beyond contract hours, to attend such events) or by other means.	Did not reach consensus after three rounds of the consensus-seeking process.
School health policies	Provincial/territorial governments have policies in place to accommodate the changing health and well-being needs of students when in-person schooling is disrupted (e.g., during a public health emergency or a natural disaster).	Did not reach consensus after three rounds of the consensus-seeking process.

School health policies	School health policies support timely assessment of student physical and mental health and well-being needs and referral to education, health and/or social services (e.g., school counsellor, mental health counsellor, public health nurse, social worker).	Did not reach consensus after three rounds of the consensus-seeking process.
	School policies support students' growth, development, relationships, and sexual health.	Merged with other Indicators under this area of interest.
Resources	Schools aim to optimize the use of resources (e.g., financial, human, time, materials.) by aligning the objectives and combining resources of existing policies and programs with those of the HPS approach.	Did not reach consensus after three rounds of the consensus-seeking process.
	Schools consider external funding opportunities (e.g., grants from governments, charitable foundations) to support implementing and sustaining the HPS approach.	Did not reach consensus after three rounds of the consensus-seeking process.
	Schools use locally sourced healthy food and food products (e.g., community gardens, local farmers' markets) in school nutrition services and programs.	Became redundant after rewording Indicators under this area of interest.
	School authorities and schools have plans for teaching and health promotion resources (i.e., interactive and secure digital teaching technologies, sports equipment) for use during public health emergencies and natural disasters (e.g., floods, wildfires).	Did not reach consensus after three rounds of the consensus-seeking process.
Sustainment	Provincial/territorial governments assess and allocate human and financial resources required to sustain the HPS approach.	Did not reach consensus after three rounds of the consensus-seeking process.
	School authorities secure funding for the sustainment of the HPS approach in their jurisdiction.	Did not reach consensus after three rounds of the consensus-seeking process.

Sustainment	School administrators acknowledge the contributions of members of the school community to the sustainment of the HPS approach.	Did not reach consensus after three rounds of the consensus-seeking process.
School health services	School and health authorities plan for the delivery of additional school health services during public health emergencies and natural disasters (e.g., floods, wildfires).	Did not reach consensus after three rounds of the consensus-seeking process.
	Schools help the members of the school community understand, navigate, and access school health services.	Became redundant after rewording Indicators under this area of interest.
Monitoring and evaluation	Provincial/territorial governments commission or fund the research on HPS.	Became redundant after rewording Indicators under this area of interest.
	Provincial/territorial governments fund a system for the monitoring and evaluation of the HPS approach, and ensure broad engagement of relevant stakeholders in its development.	Did not reach consensus after three rounds of the consensus-seeking process.
	Schools assess and recognize students' academic accomplishments, achievements in social interactions (e.g., respecting classroom rules, making friendships), and involvement in health promotion within the school, home, or local community.	Became redundant after rewording Indicators under this area of interest.

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