



Health Promoting Schools in Action: A document review aligning the UpLift Partnership to the Canadian Healthy School Standards

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Abstract

Health Promoting Schools (HPS) is a whole-school approach that supports student health and learning. The Canadian Healthy School Standards (CHSS) provides a framework for national consistency through three Foundational standards and eight Implementation standards. In Nova Scotia, UpLift was a school-community-university partnership that aimed to advance HPS by prioritizing student engagement. This study mapped UpLift operations onto the CHSS to identify alignment, highlight examples, and inform future HPS implementation. A document review of UpLift sources (2019–2024) was conducted using the READ (Ready, Extract, Analyze, Distil) approach. Data were analyzed through thematic codebook analysis guided by the CHSS. Across 82 documents, UpLift aligned with multiple Foundational standards, including cross-sectoral partnerships and embedding well-being in schools. Activities also aligned with all Implementation standards, such as Students as Change Agents (e.g., Student Action Grants), Dedicated Champions (e.g., Youth Engagement Coordinators), and Quality and Use of Evidence (e.g., annual evaluations). Two additional themes – Knowledge Mobilization and Sustainability – were identified. Overall, the findings demonstrate how UpLift operationalized the CHSS and offer practical examples to support HPS implementation.

Keywords: comprehensive school health; student engagement; qualitative; youth well-being; knowledge mobilization

Résumé

Les écoles promotrices de santé (EPS) constituent une approche globale de l'établissement scolaire visant à soutenir la santé et l'apprentissage des élèves. Les Normes canadiennes pour l'école en santé (NCES) fournissent un cadre assurant une cohérence nationale grâce à trois normes fondamentales et huit normes de mise en œuvre. En Nouvelle-Écosse, UpLift était un partenariat école-communauté-université qui visait à faire progresser les EPS en accordant la priorité à l'engagement des élèves. Cette étude a mis en correspondance les activités d'UpLift avec les NCES afin d'évaluer leur alignement, de mettre en évidence des exemples concrets et d'éclairer la mise en œuvre future des EPS. Une analyse documentaire des sources de UpLift (2019-2024) a été réalisée selon l'approche READ. Les données ont été analysées au moyen d'une analyse thématique guidée par les NCES. À travers 82 documents, UpLift présentait un alignement avec plusieurs normes fondamentales, notamment les partenariats intersectoriels et l'intégration du bien-être dans les écoles. Les activités correspondaient également à l'ensemble des normes de mise en œuvre, telles que les élèves comme agents de changement (par exemple, subventions pour l'action étudiante), des champions dédiés (par exemple, coordonnateurs à l'engagement des jeunes) et la qualité et l'utilisation des données probantes (par exemple, évaluations annuelles). Deux thèmes supplémentaires, la mobilisation des connaissances et la pérennité, ont également été identifiés. Dans l'ensemble, les résultats montrent comment UpLift a mis en œuvre les NCES et proposent des exemples concrets pour appuyer la mise en œuvre des EPS.

Mots-clés: santé scolaire globale; engagement des élèves; qualitatif; bien-être des jeunes; mobilisation des connaissances

Introduction

Schools are ideal health promotion settings given almost all children regularly attend school, thereby simultaneously addressing health behaviours, health equity, and education (Langford et al., 2015; Pulimeno et al., 2020). Health Promoting Schools (HPS), also referred to as Comprehensive School Health, is a whole-school approach, developed by the World Health Organization (WHO), that fosters physical, social-emotional and psychological conditions for positive health and education outcomes (WHO & UNESCO, 2021). The Pan-Canadian Joint Consortium for School Health (JCSH) describes HPS as “an internationally recognized approach to supporting improvements in students’ educational outcomes while addressing school health in a planned, integrated and holistic way” (Pan-Canadian JCSH, 2025). Traditionally, HPS actions address four inter-related components: 1) Physical and Social Environments, 2) Teaching and Learning, 3) Healthy School Policies, and 4) Partnerships and Services (Pan-Canadian JCSH, 2025). As our understanding of HPS evolves, it is critical to apply evidence-based actions and effectively engage partners in all local, school-based health promotion efforts (Nova Scotia Health, 2023).

HPS efforts align with the suggested goals of the education system to support children’s (w)holistic development, educational attainment, life skills, lifelong learning, and physical, mental and social wellbeing (Langford et al., 2015). Despite growing evidence on the positive impacts of HPS, implementation is inconsistent across jurisdictions. Essential conditions for successful HPS implementation have been identified in Canada, comprising seven core conditions and three contextual conditions (Storey et al., 2016). The core conditions describe what is necessary for HPS to be successfully implemented (e.g., students as change makers, school-specific autonomy, dedicated school champion) and the contextual conditions influence the ability of the core conditions to be implemented (e.g., time, funding, readiness). Finally, process conditions are best practices that allow for the core and conceptual conditions to be mobilized for successful HPS implementation (Storey et al., 2016). More recently, the addition of a condition related to high-level support from school districts and provincial/territorial governments was suggested (Neely et al., 2020). Research from Nova Scotia (NS) has identified the importance of school culture for HPS implementation, such that increasing demands on the system, and political and financial obstacles were barriers, while top-down policies, supportive school leadership, and supportive school culture were facilitators to implementation (McIsaac et al., 2017). To help inform future efforts in other jurisdictions, HPS efforts need to be well-described and documented, including successes and setbacks. Several sets of standards, guidelines, and indicators exist to describe HPS. The 2021 WHO HPS Global Standards and Indicators are intended to function as a vision for healthy schools (WHO & UNESCO, 2021). Informed by two evidence reviews, this process resulted in eight global standards, each with their own indicators (WHO & UNESCO, 2021). The Canadian Healthy School Standards (CHSS), released in 2021 by the Canadian Healthy Schools Alliance, are intended to “shift individual and collective commitment to advancing a distinctly different and inclusive way forward for Canadian education” and promote (w)holistic, culturally-sustaining health and wellbeing in school communities (Canadian Healthy Schools Alliance, 2021). The CHSS were developed by consulting key Canadian HPS documents, such as Physical & Health Education Canada’s Healthy Schools concept paper (Bassett-Gunter et al., 2012), research on the essential conditions (Storey et al., 2016), the Framework for Indigenous School Health (National Collaborating Centre for Aboriginal Health, 2010), and interviews with knowledge holders and thought leaders. Most recently, the JCSH developed the Canadian

Standards and Indicators for HPS to guide the planning, implementation, monitoring, and evaluation of HPS efforts in Canadian schools (Veugelers et al., 2023). Table 1 provides an overview of these three guiding documents.

Table 1

Overview of Health Promoting Schools Standards and Indicator Systems

Standards and indicator systems	Authors	Descriptions
Making every school a health promoting school – Global standards and indicators	World Health Organization/ UNSECO (2021)	Standard 1. Government policies and resources Standard 2. School policies and resources Standard 3. School governance and leadership Standard 4. School and community partnerships Standard 5. School curriculum Standard 6. School social-emotional environment Standard 7. School physical environment Standard 8. School health services
Standards and Indicators for Health Promoting Schools	Veugelers et al. (2023)	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 wellbeing 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 wellbeing 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.

Canadian Healthy School Standards	Canadian Healthy Schools Alliance (2021)	Foundational Standards Implementation Standards	<ol style="list-style-type: none"> 1. Whole School Approach 2. Wellbeing Integrated Across all Curricula 3. Charting Your Unique Plan 1. Students at Change Makers 2. School-Specific Autonomy 3. Demonstrated Administrative Leadership 4. Higher-Level Support 5. Dedicated Champion(s) to Engage School Community 6. Community Support 7. Quality and Use of Evidence 8. Professional Learning
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HPS has a long history in NS, starting as a formal partnership between the health and education sectors in 2005 (Government of Nova Scotia, 2015). We recently documented this history and accompanying research that led to the development of the UpLift Partnership (Kontak et al., 2023). UpLift represented a novel, multi-sectoral school-community-university partnership (2019-2025) that catalyzed provincial HPS work. At the beginning of UpLift, the three HPS standards described above had not yet been published, but by assessing the evidence-informed activities of UpLift against HPS standards, we can retrospectively offer real-life examples of how standards may operate in practice. Aligning real-world examples with a national HPS framework is important to understand how these conceptual principles can be implemented. Further, framing UpLift within an HPS framework contributes to larger system understanding on what activities, initiatives and strategies link with the theoretical components needed for a successful HPS model.

The purpose of this study was to conduct a document review of outputs from the UpLift Partnership to assess their alignment with the CHSS. The CHSS was chosen as the standard of choice for this review given their Canadian context and timing of release in 2021, which aligned most closely with the implementation timeline of UpLift. To our knowledge, this is the first study in Canada to use the CHSS as a framework for clarity, description, and reflection of a complex HPS partnership.

Methods

A brief overview of our methods is provided below with a more in-depth summary available in Supplementary File 1. We have also provided a list of abbreviations in Table 2 to aid in readership.

Research Positioning

All authors of this paper were embedded within the UpLift operational team at Dalhousie University at the time of the study, granting us an insider perspective to the relationships, practices, journeys and informal knowledge that are often inaccessible from document review alone.

Table 2
List of Abbreviations

Abbreviations	Term
CHSS	Canadian Healthy School Standards
CSAP	Conseil Scolaire Acadien Provincial
EDIA	Equity, Diversity, Inclusivity, Accessibility
HPS	Health Promoting Schools
HPS-AT	Health Promoting Schools Assessment Tool
JCSH	Joint Consortium for School Health
KM	Knowledge Mobilization
NS	Nova Scotia
SAG	Student Action Grant
SECOL	Student Engagement Community of Learning
RCE	Regional Centre(s) for Education
YEC	Youth Engagement Coordinator
WHO	World Health Organization

Context

UpLift Partnership

UpLift was implemented in five of the seven Regional Centre(s) for Education (RCE) and in Conseil Scolaire Acadien Provincial (CSAP) in NS from 2019 to 2024. UpLift brought together partners across sectors to collaborate in creating conditions for healthy learning environments, with a key focus on engaging students through the work of Youth Engagement Coordinators (YECs) and HPS Leads in participating regions. YECs and HPS Leads supported participating schools in the development and implementation of \$5000 Student Action Grants (SAGs) that funded student-led health and learning projects (n=163).

Canadian Healthy School Standards (CHSS)

The CHSS encompasses three Foundational Standards, which each include Critical Elements: Whole School Approach (ten critical elements), Wellbeing Integrated Across the Curriculum (15 critical elements), and Charting Your Unique Plan (eight critical elements) as well as eight Implementation Standards. Foundational Standards are the underlying concepts that must be present for the Implementation Standards to be successful, while the Implementation Standards, based on the essential conditions for HPS (Storey et al., 2016), allow each school community to develop an individual plan to leverage their assets and cater to their specific interests (Canadian Healthy Schools Alliance, 2021).

Study Design and Analysis

The methodology used in this study was guided by the 4-step READ approach to document analysis (Dalglish et al., 2021): 1) Ready your materials, 2) Extract data, 3) Analyze data, and 4) Distil your findings. Step 1 included compiling a variety of UpLift documents that were prepared between September 2019 and September 2024. Supplementary File 2 provides details on the type and title of each document and available hyperlinks. Steps 2-3 were conducted together such that data extraction and analysis took place concurrently (Table 3). All files were uploaded into NVivo 14 Qualitative Data Software for data management and analysis. A thematic ‘codebook’ analysis (Braun & Clarke, 2021) was employed to the data using the CHSS Standards as the analysis guide.

Table 3.
Overview of READ Approach used for Data Collection and Analysis

Steps	Description	Supplementary files
1. Ready your materials	- UpLift documents prepared between 2019 – 2024 and documented on an Excel file to track data extraction.	Supplementary file 2: Codebook developed from the Canadian Healthy School Standards (CHSS)
2 – 3. Extract data and analyze data	<ul style="list-style-type: none"> - Files uploaded into NVivo 14 Qualitative Data Software for data management and analysis - Thematic ‘codebook’ analysis (Braun & Clarke, 2021) employed using the CHSS Standards. - Codebook comprised of themes broken down by Foundational Standards and Implementation Standards. Foundational Standard description is made up of the critical elements within each standard, while each Implementation Standard is defined in the description in detail. - Iterative process to review, refine and edit codebook that resulted in the deletion of CHSS critical elements from the Foundation Standards that were not applicable to UpLift and addition of two components: Knowledge Mobilization and Sustainability. - Applying the codebook, we deductively analyzed the data across the CHSS Standards. Then, two reviewers (JK and CM) employed inductive analysis to develop shared patterns of meaning across codes within each theme. 	<p>Supplementary file 3: List and reason for specific critical elements from the CHSS Foundational Standards being excluded from the document review</p> <p>Supplementary file 4: Codebook developed from CHSS Standards</p>
4. Distil your findings	<ul style="list-style-type: none"> - Theme summaries were completed, further distilled, refined and edited to create a comprehensive narrative of the results. - This involved crafting coherent themes and sub-themes that demonstrated a central concept of supported by excerpts from the documents included. - Reviewers met regularly to discuss any overlaps and ensure themes remained distinct and aligned with their description and the research objective. 	N/A

Four reviewers (JCK, CM, HATC, EQ) were assigned a portion of the documents to review and analyze, with two reviewers double coding 10 randomly allocated documents (12%) to check consistency in coding. Reviewers met throughout to review and revise the codebook and discuss any discrepancies in coding. Through this process, specific critical elements (n=13) of the CHSS

were considered not applicable to the functions and operations of UpLift and were removed from the codebook (see Supplementary File 3 for list of excluded critical elements). In addition, two themes were added to the codebook that were not part of the CHSS, which were ‘knowledge mobilization,’ and ‘sustainability’. The final codebook can be reviewed in Supplementary File 4. Applying the codebook, we continued to deductively analyze the data across the CHSS themes. Then, two reviewers (JCK and CM) employed inductive analysis to develop shared patterns of meaning across codes within each theme. Step 4 included theme and sub-theme narrative development. Reviewers engaged in an iterative process of reviewing, refining, and writing to build a coherent and comprehensive narrative. This involved crafting concise descriptions that clearly demonstrated the central concept of each theme and sub-theme, supported by illustrative excerpts from the documents. Table 3 provides further detail of each stage.

Ethics Statement

As only publicly or internally available secondary sources were used for the document review, it was not necessary to obtain ethics from our university institution.

Results

In total, 82 documents were analyzed, comprising evaluation reports (n=27), communication and knowledge exchange products (n=22), job descriptions (n=13), operational documents (n=13), and academic publications (n=7). Documents referred to in the results are emphasized in the colour [blue](#).

Foundational Standards

The Foundational Standards are not standalone practices but reflect the broader approach that creates supportive conditions for school health and wellbeing practices (Canadian Healthy Schools Alliance, 2021). Various UpLift initiatives supported schools in enacting these standards. This section is broken down by each Foundational Standard, and critical elements highlighted within each Standard are emphasized in the colour [green](#).

Whole-School Approach

A whole-school approach promotes the (w)holistic collaboration of all partners, services, programs and initiatives to work together, an approach demonstrated as UpLift fostered partnerships across systems and leveraged established assets to promote health and wellbeing.

There was emphasis on the critical element of [Building strong relationships with and investing time in community partners and leaders, cultural leaders and Elders, students, parents/guardians, board level administration and policy makers through meaningful engagement](#). UpLift occupied the role of a knowledge broker to facilitate collective decision-making and build capacity. Further, UpLift’s commitment to equity, diversity, accessibility and inclusion (EDIA), helped ensure equitable representation across partner groups to share their expertise and knowledge, including youth voice. This element was demonstrated in several UpLift projects, including [Partnership Mapping](#) and the [Municipal Outdoor Play Policy](#). The [Partnership Mapping](#) project involved mapping and measuring relationships and connections between YECs and school health partners across regions. The success of this relationship building was described by an interview participant in the [Activity Report](#), as “I’m really impressed with the way that the

partnership has built a solid foundation of systems that provide a framework for this work, while enabling local community-led solutions that are stewarded by youth”.

A focus on EDIA also aligns with the critical element [Involving equity-affirming partners within the school community to reflect and decide on the area\(s\) of focus and the shared path forward](#). For example, UpLift emphasized diversity in hiring practices to ensure youth had adult supporters from diverse backgrounds among YECs. However, there was a lack of representation of Elders and cultural leaders within other partnership groups.

In relation to UpLift’s ability to build on established assets, the Partnership aligned well with the element of [Leveraging school assets to bring energy into one \(or more\) meaningful health and wellness activities](#) that was highlighted in the [Chignecto Central RCE Evaluation Report](#) document “align with and enhance work that is currently underway to support the health and wellbeing of children and youth through effective implementation of the HPS model.” This was evident through the development of SAGs which aligned with established initiatives happening in schools as outlined in each school’s baseline needs assessment known as the [HPS Assessment Tool \(HPS-AT\)](#).

These efforts also aligned with the critical element [Reviewing existing school rules, policies and norms \(policing, regulation, detention, etc.\)](#). Through the administration of the HPS-AT, YECs, HPS Leads, and the school community identified existing policies of a school prior to student engagement activities such as SAG implementation. Further, UpLift helped to adapt and advance different school procedures and processes to be more youth focused. As shared by a staff champion in the [Impact Report](#),

It’s also influenced, for example, how we’re using our Student Advisory Council funds now. So, we’ve made a decision as a Student Advisory Council that the majority of the funds that we spend all have to come from student proposals on things they’d like to see at the school.

Wellbeing Integrated Across the Curricula

Wellbeing across the curricula is a cornerstone of HPS and ensures health is integrated across all subject areas. This was demonstrated by examples related to the critical elements for transforming school space, supporting staff, and prioritizing health in all school activities.

For the duration of UpLift, participating schools underwent significant transformations, connecting with the critical element of [Transforming indoor and outdoor spaces to support wellbeing and supporting health and wellbeing in a broad range of school activities](#). These transformations included both physical changes and the (w)holistic inclusion of health and wellness within everyday school life. Projects such as salad bars, gaga ball pits, school gardens, outdoor classrooms, and indoor wellness spaces exemplify the range of student-led initiatives funded by the SAGs. These examples highlight not only the diversity of the projects but also how each transformation was intentionally designed to enhance different facets of student health and wellbeing. More complex projects like outdoor shelters, a pump track, newsrooms, and community gardens illustrated how physical changes were also vehicles for deeper engagement with the wider school community. It was evident that the physical spaces supported the wellbeing of students on multiple levels. One staff champion reflected on this comprehensive approach in the [Communication and Knowledge Exchange Summary Report](#), stating,

When it comes to wellbeing, we looked at not just physical activity, which is what I’m always involved in, but also safe spaces for mental wellbeing and access to food. We’re looking at the big picture of the wellbeing of the school...

The critical element of [Supporting staff with the time and resources needed to learn about, develop and support a new approach and understanding of traditions and activities](#) was central to how UpLift worked with schools. For example, the HPS Leads were already working daily as educators at schools and involvement with UpLift provided these educators with more time and resources to prioritise student engagement in school health promotion. This included creating space for staff to reflect, learn and adapt their healthy school practices in a way that responded to student needs. A direct response from the [Chignecto Central RCE Youth Summit Report](#) summarizes best what UpLift aimed to provide in terms of support for staff to promote successful implementation of HPS:

Supports identified by staff champions to facilitate future youth engaged HPS work included having examples from other schools (sharing knowledge and successes), more staff and time to engage with the work, support for maintenance of projects, buy-in from the school principal, involvement of YECs (including support with funding) and Child and Youth Care Practitioners, and connection to funding.

In summary, UpLift's commitment to equipping staff with the necessary resources, time, and professional development was essential for the success of HPS in this context. By aligning its strategies with existing school assets and functions, UpLift ensured that health and wellbeing activities were both meaningful and sustainable.

Charting your Unique Plan

Every school is unique in its capacity, culture, and physical and social setting, highlighting the need for unique plans for each school. [Building a plan for the district, jurisdiction or charter](#) was essential to the success of UpLift. Throughout UpLift, the YECs were spread across regions that all had diverse needs. This required each YEC to deeply understand the region they were working in. An illustrative example of this was revealed in the [HPS Provincial Gathering Report](#) where the [HPS Key Messages](#) were shared. The [HPS Key Messages](#) is a resource developed by UpLift and partners to promote consistent language related to HPS in NS. According to the evaluation report, “The most common support required addresses the most common challenge identified – the need for collaboration with RCEs to support the implementation of the HPS key messages”. Asking partners to return to their respective work and share these messages allows them to grow their understanding of how they can meet their individual RCEs needs with provincially available tools.

When it came to putting HPS into action, a part of planning for each school was to choose a health or wellness topic that reflects their priorities. This specifically aligns with the element of [Selecting priority health and/or wellness topics to focus on that reflect the interests of your school community](#). When it came to putting HPS into action, a part of planning for each school was to choose a health or wellness topic that reflects their priorities. The HPS-AT allowed schools to assess where they stand in relation to their priority areas and consider what changes or enhancements can be made to support health and wellbeing initiatives.

In relation to [Celebrating successes throughout the school year](#), a part of each school's unique journey with UpLift was to take the time to celebrate and reflect on the accomplishments of the students involved in SAGs. This recognition allowed students to reflect on their process, the lessons learned, and the effort they invested in the work. Furthermore, it demonstrated that the adults involved in supporting their efforts valued their accomplishments, thereby empowering students to continue advocating for positive change. In May 2023, UpLift organized a regional

summit for students to present their SAG projects. The feedback from participants was positive, as noted in the [Chignecto Central RCE Youth Summit Report](#):

All student respondents strongly agreed that they feel more connected to other students and heard ways students are making schools healthier. All students agreed or strongly agreed that they felt excited to share what they've learned with other students, shared their ideas about how young people can help make schools healthier in the future, and were celebrated for how they are making schools healthier.

These critical elements, of strategic high-level planning, school-based priority setting and meaningful celebration, reflect the important of the foundational work required to embed HPS in the school system.

Implementation Standards

The Implementation Standards provide a flexible structure for individual school communities to develop approaches that reflect their unique assets, priorities and interests. These standards emphasize action, and adaptability, encouraging schools to choose strategies that meet their needs and be supported by the resources they can access.

Community Support

Establishing and building relationships with the broader community is foundational to a healthy school and to UpLift, as clearly outlined in the [Advisory Committee Terms of Reference](#) and all UpLift Job Descriptions, e.g., “The UpLift Partnership is a school-community-university partnership supporting the health and learning of children and youth using a HPS approach.” UpLift’s design positioned community engagement and action as central pillars, recognizing that sustained change depends on empowering school communities to lead initiatives aligned with their own needs and strengths. UpLift cultivated a collaborative model through structures like the provincial Advisory Committee that included leaders from health, education, and community services and the development of four cross-sectoral working groups (e.g., Evaluation Working Group). As stated in the [UpLift Partnership Update](#), “The UpLift Partnership has intentionally built collaborative relationships across sectors that will lead to stronger, sustainable systems for long term change while simultaneously diving into creative solutions for immediate community impact.” This dual focus allowed UpLift to respond to local needs while simultaneously laying the groundwork for systemic improvements that extend beyond individual school communities. By connecting local actors with regional and provincial systems, the partnership fostered a culture of community collaboration.

This approach translated into concrete opportunities for families and community members to be involved in school life. One staff champion noted the importance of this integrated model in the [Impact Report](#):

I think it's nice to have opportunities to invite the guests in, and work alongside community members, and really like not just work in the school in the curriculum, but how we can expand the curriculum and make those connections.

Focus group data from the [Impact Report](#) reinforced this, showing how the SAGs served as a mechanism to strengthen ties between schools and their broader communities, stating “Many schools have community partnerships to support physical activity, among other health and wellbeing initiatives”. The department of Communities, Culture, Tourism and Heritage was a notable community partner for the duration of UpLift. [The Partnership and Leadership Report](#)

showed provincial and regional partners met with UpLift team members 94 times from 2020-2024, the most of any non-education partner. The final evaluation report indicated they also met with YECs 34 times over 5 years, showing their active participation in HPS. Their support also took shape in the form of additional student grants, contributing to the [Municipal Policy Project](#), and participating in the advisory committee.

These examples underscore how UpLift's model not only welcomed but relied on community engagement to enrich student experiences and expand the impact of school-based health initiatives. By enabling shared learning between schools and their surrounding communities, UpLift helped build supportive networks needed to implement HPS.

Dedicated Champion(s) to Engage the School Community

This Standard highlights the vital role of committed individuals for successful HPS implementation. These champions provide essential leadership, coordinate efforts, and ensure the integration of health initiatives within the school context. Importantly, the wellbeing of these champions must also be supported, with dedicated time and resources for engagement.

Specific to UpLift, these characteristics were embedded into the role design and employment of the YECs and HPS leads. YECs were embedded within the provincial public health system and connected directly to HPS teams in both education and health sectors. According to the [YEC Job Description](#), the role was designed to strengthen “skills, instincts, abilities, processes, and resources to support children and youth as change agents,” not only through direct work with students but by supporting adult staff champions and school teams. This multi-tiered engagement approach allowed YECs to act as both leaders and mentors – guiding student initiatives while also supporting educators to enhance HPS practices. The Provincial YEC further reinforced this through providing training, coaching, and resource development for both YECs, HPS Leads and other HPS champions.

The impact of this school health champion model was significant. In the [Chignecto Central RCE Evaluation Report](#), it was noted that within just three years, 70% of schools in the region were engaged in UpLift through a participatory approach facilitated by the two YECs in the region. The report also highlighted through [Partnership Mapping](#) that these coordinators did not work in isolation; they actively built a network of school-level champions, adding 57 new members to the regional HPS network. Importantly, this model of connection was not unique to the Chignecto Central RCE. Across regions, YECs bridged regional and community level partnerships that amplified student engagement practices. One participant noted in the [Impact Report](#):

I think the Youth Engagement Coordinators have a pretty official place within our HPS structure, as connectors between systems...the Youth Engagement Coordinator positions were crucial to connections to on the ground teachers or admin, but also community partners that would work locally with schools...

It is also worth noting that UpLift also provided regular opportunities for YECs from all regions to connect, learn and share with each other. They were then able to take learnings from each other back to their regions and action those insights as the “on the ground connection”. These shared strategies created similar outcomes across regions, which demonstrates the critical connective function YECs played.

Higher-level Support

UpLift fostered this by building strategic partnerships with leaders from the health, education and community service sectors. UpLift advocated at the regional, provincial, and school community levels to ensure that leadership, funding, and policy development aligned with HPS.

Multisectoral collaboration is essential for HPS implementation, yet complex. This challenge is described in the [Partnership and Leadership Evaluation Summary Report](#), “it’s not new; we struggle with, I would say, systems, like big departments like Health and Education, understanding about the HPS work. And that continues to be a challenge, which then in turn continues to be a challenge for UpLift work”. Despite structural tensions, varying agendas, and the intricacy of higher-level collaboration, UpLift created space for shared learning and involvement by prioritizing cross-sectoral meetings such as the UpLifting HPS Summit in 2024 and working groups that focused on collective projects.

The need for higher level support is illustrated by Figure 1 which was created for the [Cross-Region Evaluation Report](#) to highlight the role of the YEC. This model is adapted from Bronfenbrenner’s socio-ecological framework (Kilanowski, 2017) where students exist at the core, surrounded by staff champions, educators, administrators, and school leaders. Beyond this, the outermost layer consists of systemic structures, including government policies, funding bodies, and organizational partnerships; all of which provide the resources, leadership, and strategic direction needed for long-term success of HPS. While students remain at the center, higher-level support is essential in ensuring that school environments can sustain and enhance HPS.

Figure 1

Youth Engagement Coordinator Role, Adapted from the UpLift 2022 Cross-Region Evaluation Report



UpLift’s ability to mobilize resources and funding, securing \$8 million over six years to sustain and expand HPS initiatives, was critical in securing support for HPS. Schools benefited from increased policy development and resource allocation, strengthening their capacity to implement meaningful HPS initiatives. As described in the [Activity Report](#), “UpLift works with school communities and government partners to ensure collaborative and innovative delivery of the proven HPS model in the regions we operate in.” This high-level coordination created a culture of shared responsibility, where leadership at the district and provincial levels was actively engaged in advancing student health and wellbeing.

Professional Learning

Professional learning for school health champions equips them with the competencies they need to implement HPS. When COVID-19 disrupted in-person engagement and redeployed the YECs to COVID-19 roles within Public Health in 2020, UpLift adapted by moving professional learning efforts to the forefront. The focus shifted toward capacity building for educators through virtual learning such as the [Creating Healthy School Communities Modules](#), the [Student Engagement Community of Learning \(SECOL\)](#) (online knowledge-sharing sessions), a HPS course for the Education Leadership Consortium of NS, and UpLift promotional videos. The Partnership [Bending Strategy](#) noted, “There is an opportunity to bring both financial and knowledge resources to capacity building for professional development for teachers, knowledge exchange materials, teacher HPS mentorship, evaluation, and research where we elevate existing initiatives.” This pivot recognized that strengthening educator capacity was essential for sustaining student engagement in HPS during an unpredictable time.

As we emerged from the pandemic and in-person operations resumed, UpLift continued to prioritize professional learning. This is evident in the development of the [Youth Engagement Strategy](#), where professional learning was highlighted on multiple occasions throughout the document, and in the [UpLift Student Engagement in HPS Roadmap](#).

One interview respondent from the [2020-2021 Evaluation Report](#) commented that the UpLift Partnership helped to build awareness and understanding about health promotion and upstream approaches within their organization, particularly among senior leaders.

I will say there have been some very specific occasions... certainly as we were moving forward in getting the [organization’s] endorsement for the concept of UpLift...to highlight the importance of Health Promoting Schools and to really look upstream... Because my [organization], ...often focuses on clinical settings. You know, downstream rather than upstream...UpLift was those opportunities to remind senior leadership that if you actually want to deal with ill-health, you need to go [upstream] a little further.

The focus on building educator capacity through adaptable professional learning was fundamental to UpLift’s ability to sustain momentum and deepen understanding of student engagement in HPS.

Quality and Use of Evidence

UpLift was deeply committed to the quality and use of evidence by grounding its work in data, stories, and research to inform and guide action. UpLift mobilized over 15 years of provincial research on HPS to improve student health and learning. Applying meaningful school-based processes and outcomes data, such as student and staff focus groups, community partner input, storytelling and outcome tracking, was essential for supporting and sustaining change. UpLift

operational team members conducted and reviewed research to build understanding and advocacy for student engagement in HPS, resulting in multiple publications and conference presentations. This included two iterations of a youth participatory research project known as the Peer Researcher project that engaged students as co-researchers to learn about HPS and student engagement (Kontak et al. 2022, Kontak et al., 2024a; Kontak et al., 2024b), the completion of a scoping review (Kontak et al., 2025) that outlined global evidence on the process factors needed for quality student engagement, a co-design project to understand the local process for youth engagement in HPS (Kontak et al., 2026), and a municipal outdoor play policy project (Caldwell et al., 2024). The first Peer Researcher project was a particularly strong showing of Uplift’s evidence production, being “a capacity building initiative that also fed into the Youth Engagement Strategy” – [Activity Report](#).

Quality and use of evidence were incorporated into every aspect of UpLift, including the design of tools and resources that directly supported student-led initiatives. For example, the [SAG Guidelines](#) encouraged students to focus on "upstream" approaches to health promotion rather than individual behaviour change.

The value of this evidence-informed approach was widely acknowledged. For example, the [2020 Evaluation Report](#) highlighted how evaluation-specific resources offered through UpLift were seen as essential supports. The report detailed multiple interviews that occurred with partners and YECs. One participant shared, “It is awesome to have those [evaluation] resources...at the ready to let us know how we are doing and if our efforts are having an impact beyond what we can see on the ground.”

School Specific Autonomy

UpLift created space for schools, each with their own communities, priorities, and needs to lead HPS initiatives in ways that reflected their cultures, priorities, and capacities. The SAGs encouraged schools to define a project that would benefit their school and then apply for a SAG where a YEC and/or HPS Lead would support them to bring their idea to reality. UpLift was intentionally non-prescriptive for the SAGs; the ideas came from the students through democratic processes facilitated by the YECs and HPS Leads.

Rather than enforcing a top-down model of HPS implementation, the aim of YECs and HPS Leads was to support school communities by guiding initial assessments, helping students shape ideas, and working alongside school and RCE/CSAP to implement and reflect on each project. Shared in the [Story Sharing Workshop](#), YECs found that this approach recognized that one model cannot work in every school context and that uniqueness and culture of each school needs to be embraced. It also reflects an awareness of real-world conditions schools are navigating, including limited resources, shifting staff, and the lasting impacts of COVID-19.

Students as Change Makers

Students were central to the UpLift purpose, with student engagement identified as the main strategy for creating meaningful and sustainable change in HPS. This Standard was reflected in naming student engagement as an UpLift focus area and actualized through tangible opportunities to involve students in HPS advocacy and capacity building efforts. Student involvement ranged from leading school-wide projects such as the SAGs, being involved in participatory research projects, and participating in UpLift evaluations. SAGs were the main opportunity and process for student engagement, resulting in 163 projects that reflected local priorities as identified by students. As SAG were nested within a HPS approach, these grants touched on various facets of health and wellbeing including physical activity, health eating, and

mental health of students. As forementioned, students implemented projects beyond what is traditionally viewed as ‘health’, including a class pet to boost classroom cohesion and teamwork and a school newsroom to connect classes during COVID-19.

Beyond these opportunities, UpLift was committed to conducting research and evaluation to understand how to meaningfully engage students across HPS, and to understand the impact of engagement practices. In extension to the research previously identified in the *Quality and Evidence* Standard, this included yearly involvement of students in participatory focus groups to understand how the SAG impacted their health and wellbeing. Of note, the UpLift evaluation suggested that students built better health habits, increased confidence and social skills, and developed financial literacy, negotiation, and teamwork skills, from being directly engaged in decision making about school health promotion. As shared by one student in the [Impact Report](#): "We're able to speak up a little bit more now because we just boosted our confidence. Even if it's just a little bit. I thought I was the exact same, but now I speak up a lot more."

The prioritization of students as change makers led to the development of multiple resources to help build capacity and awareness of youth voice in HPS, including the [UpLift Student Engagement in HPS Roadmap](#), SECOL, the development of the Youth Engagement in HPS modules, and the [Chignecto Central RCE Youth Summit](#). It was evident that involving student as change makers had beneficial effects for students, the health and educational professionals that work in HPS, and the school community.

Additional Themes

Sustainability

This theme refers to supporting the long-term maintenance and embedment of UpLift into the HPS system, once funding of the partnership ended. By doing so, the partnership was able to balance long-term vision with short-term impact. As noted in this [Activity Report](#), “The partnership has the ability to keep eyes on the horizon, look for long-term sustainable impact, while quickly responding to partners’ needs to capitalize on opportunities for immediate change and impact”.

Sustainability related to alignment with existing infrastructure and resources, advocacy for the continued focus on student engagement, and cultivating connection and buy-in with partners. Focused effort was placed on embedding YECs within the health and education sectors. UpLift’s advocacy efforts led to the hiring of nine permanent YEC positions across seven school regions and CSAP (Nova Scotia Health, 2024). This success was based on a culmination of effort to ensure student engagement was represented within the priorities of the health and education sectors. For example, findings revealed in the [Chignecto Central RCE Evaluation Report](#) that the UpLift student engagement model was well-aligned with curriculum outcomes, student success planning, and school structures, such as Student Advisory Councils. Further, the document review, including our [Partnership Mapping Project](#), showcasing that the role of YECs was recognized as integral to connecting schools to regional HPS initiatives – a responsibility that was lacking prior to this position.

Alongside the continuation of the YECs, there was a focus on how UpLift activities would carry on after the Partnership ended. As noted in the [Activity Report](#), there were plans for NS Health to embed the UpLift Youth Engagement in HPS Module into their resource library, which has now been achieved. Another example noted in the Activity Report was the sustainability plans for working groups to continue after UpLift; however, it is unknown if these are continuing.

Knowledge Mobilization

Given that catalyzing the work of HPS was a specific focus of UpLift, emphasis was placed on KM efforts for awareness of HPS across NS. This included the development and dissemination of various KM products, including evaluation reports, partnership newsletters, educational events, research papers, infographics, and social media postings. These outputs helped make HPS concepts more accessible and actionable for partners, including students. By prioritizing knowledge exchange, UpLift supported schools not only in understanding the principles of HPS but also in applying them in contextually relevant ways.

SECOL fostered a community hub to connect, and build capacity on student engagement in HPS, while active dissemination at conferences, meetings, and working groups supported building the HPS knowledge base. For example, preliminary findings of this work were presented at the 2025 Physical & Health Education Canada Research Forum. UpLift worked to provide expertise for student engagement in long-term system change through, “the partnership provid[ing] opportunities for connections between existing youth serving organizations and key partners with the aim of catalyzing relationships that will exist beyond this work” – [Activity Report](#).

Further, KM was seen as such a critical component of the work that it was explicitly embedded in several UpLift job descriptions. For example, the [Youth Engagement Community of Learning Consultant \(later the Provincial YEC\) Job Description](#) noted that, “This position will assist with the development of relevant resources and products to further the work of the YECs/HPS Leads and Adult HPS Champions/Supporters”. An emphasis on communication material reinforced the understanding that supporting change in schools required not only doing the work but also intentionally sharing tools, strategies, and lessons learned to build collective capacity across systems.

Discussion

Through a document review, this study described how the CHSS can be operationalized within HPS implementation by showcasing the work of UpLift in NS. Providing a systematic document review of how real-world examples can be aligned with theoretical principles of HPS can support health and educators in understanding what actions may align with successful implementation as well as promote the value and usage of a national standards in practice. This may be of particular interest to readers working within the Canadian context that are interested in examples and/or methods to align their work with national standards.

The document review demonstrated areas where a complex HPS partnership like UpLift aligned with specific CHSS. The CHSS emphasis on building relationships was most aligned with UpLift given its focus on embedding strategies for schools to connect meaningfully with community, regional, and provincial partners. Similarly, evidence on HPS highlights that school health promotion cannot occur in a silo; rather, it requires cross-cutting collaboration between health and education sectors (Samdal & Rowling, 2011; Storey et al., 2016). UpLift helped bridge these sectors through a collective partnership and knowledge brokering. A knowledge broker entity can cross institutional boundaries, interpret and tailor evidence to multiple partners, and bridge the gap between research and practice (Kislov et al., 2016). For example, the COMPASS study, a Canadian longitudinal study of health of students, found that schools linked to a knowledge broker were better able to use school-specific findings to inform programming, strengthen partnerships, and sustain the implementation of HPS (Brown et al., 2018). Across the country, there are various organizations such as Ever Active Schools in Alberta or Ontario Physical & Health Education

Association that act as dedicated HPS hubs to support and coordinate work. Prior to UpLift, HPS in NS did not have this form of external, central hub that can aid in coordination, relationship building, and facilitation of long-term system change.

Student engagement was another defining strength of UpLift, aligned with the CHSS and the HPS literature (Griebler et al., 2017; Gugglberger, 2021). With the development of the SAGs and employment of YECs and HPS Leads, students were positioned as active change makers. Previous research also highlights the importance of autonomy in enabling youth to have positive impact on their peers, school and community (Griebler et al., 2017; Gugglberger, 2021). UpLift also demonstrated the importance of adult support in amplifying student voice within HPS as student engagement is not possible without committed adults (Kontak et al., 2026).

This analysis also identified areas of opportunity for future HPS work in NS. Specifically, UpLift was not implemented across all regions, or in the Mi'kmaw Kina'matnewey education authority. Greater effort to ensure broader representation of various groups, such as Indigenous groups needs to be considered in the future. The Indigenous Youth Mentorship Program (IYMP), a peer-led health promotion program developed for elementary school children, merges HPS principles with Indigenous ways of knowing to build healthy habits through environments that are culturally tailored by communities (Lopresti et al., 2021, 2022). The IYMP has yet to be implemented in NS, however expansion of this program has been happening across the country. Another area of growth for HPS in NS is system-level buy-in across partners. While UpLift enhanced system-level coordination through the Advisory Committee, and multi-sector working groups, this core HPS barrier (WHO & UNESCO, 2021) persisted across the partnership.

Future Directions

Summarizing UpLift in alignment with CHSS allowed us to reflect on the work done and consider future directions. A cross-cutting theme of UpLift was its role as a liaison for HPS partners. Despite the research on the importance of partnership within the HPS model (Johnson et al., 2024; Lopresti et al., 2022; Turunen et al., 2017), there is less evidence on the role of an entity whose main responsibility is to link partners to work towards a common vision. Future work should focus on the potential importance of a central entity in supporting HPS. Further, the supplementary themes of KM and sustainability provide insight into additional standards that could be considered for adaptations of the CHSS.

Another reflection relates to the applicability of the CHSS to Uplift. As noted in the methods, not all CHSS aligned with UpLift, and therefore were removed from the analysis. This decision provoked discussion within the research team if a stand-alone partnership, or school community can fully implement CHSS in its practice based on varying levels of influence. For example, a critical element under the Foundation Standard – Wellbeing Integrated Across the Curricula related to providing professional development sessions on quality physical and health education would be out of the scope of the UpLift Partnership as the autonomy of this decision is at the provincial, regional and/or school level. This insight provides a potential novel use of the CHSS to help map and clarify partner roles and responsibilities.

Lastly, there were challenges that surfaced when applying CHSS to practice. Although the CHSS are meant to be flexible, we found the process required adaptation and consideration to ensure we were still aligning with the basis of each standard whilst providing real-world examples. We found that although the CHSS were detail-oriented, this comprehensiveness limited usability. A recent Storey et al. (2025) paper on the development and validation of a tool to evaluate the essential conditions for CSH – a foundational paper that supported the development of the CHSS

– provides further clarity on different indicators at the school and school authority level that can be used to assess if a condition has been met. Although all indicators may not apply to a partnership like UpLift, we believe this is a step in the right direction in making the Standards more useful in practice.

Strengths and Limitations

This review drew on many sources to provide a multi-faceted picture of UpLift through the lens of the CHSS. The inclusion of the research team’s lived experience and internal expertise deepened the analysis. Document review was an appropriate method because it enabled a comprehensive and retrospective examination of policies, and outcomes, capturing multiple levels of implementation (Dalglish et al., 2021). The breadth and depth of these sources, combined with the strong knowledge base of the research team, enhanced the overall interpretation and contextualization of this review.

Despite these strengths, there are limitations. First, UpLift was not designed to reflect the CHSS, which were developed after the partnership. As a result, not all the CHSS were applicable to the level of influence UpLift had, yet most standards were helpful in articulating UpLift components. Second, as this was a secondary analysis, follow up or clarification with partners was not possible and not every UpLift document was included or reviewed. These limitations mean that while alignment between UpLift and the Standards can be examined, it is not exhaustive.

Conclusion

This study provides an in-depth overview of the operations of UpLift through alignment with the CHSS using a document review method. To our knowledge, this is the first study in Canada to use the CHSS as a framework for clarity, description and reflection of a complex HPS partnership. We believe other HPS approaches would find value in aligning their practices to the CHSS to guide operations or, as we did, retrospectively reflect on the successes and opportunities for growth. By providing a detailed description of UpLift through the CHSS, we showcase a real-world example of how theoretical components can be actioned to make impactful change in the health and learning of children and youth.

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Supplementary File 1: Expanded Methods Section

Methods

Research Positioning

All authors of this paper were embedded within the operational team of UpLift at Dalhousie University during the time of the study. This insider perspective granted us access to the relationships, practices, journeys, and informal knowledge that are often inaccessible from document review alone.

Our analytical approach is grounded in a pragmatic worldview, which values three key methodological principles: 1) an emphasis on actionable knowledge, 2) recognition of the interconnectedness between experience, knowing and acting and, 3) inquiry as an experiential process (Kelly & Cordeiro, 2020). This stance is particularly well-suited to our dual roles as implementers and researchers. First, we aimed to use the body of knowledge produced by UpLift to explore how these standards were being actioned within a multi-sectoral partnership. Second, this work reflects the interconnectedness between experience, knowing and acting on our insider status, which allowed for the analysis of formal outputs alongside the practical realities they operated within. The documents reviewed also comprised multiple data sources across partners and contributors, meaning that they reflect the experiences of many, rather than just the opinions of one author. Finally, our analysis was shaped by an iterative, reflective process grounded in our own lived experiences within the UpLift Partnership. While the documents reviewed were a source of data, our interpretive lens was informed by our experiential knowledge. The team-based coding, discussion and critical reflection that shaped the results of this paper reflect a commitment to bringing nuance to the findings so they may be meaningful to researchers, practitioners and policy makers alike.

Context

UpLift Partnership

UpLift operated from 2019-2025, with funding from the Public Health Agency of Canada (\$5 million) and private sector contributions (\$3 million). UpLift brought together partners across sectors (i.e., health, education and community) to collaborate in creating conditions for healthy learning environments, with a key focus on engaging students through the work of Youth Engagement Coordinators (YECs) and HPS Leads in participating regions. UpLift was implemented in five of the seven Regional Centres for Education (RCE) and in Conseil Scolaire Acadien Provincial (CSAP) in Nova Scotia. YECs were hosted within the Public Health department of the provincial health authority and/or embedded within participating RCEs. YECs actioned student engagement and HPS work within schools. One RCE used a HPS Leads model in which existing school staff were allocated one day per month to lead student engagement in HPS work. YECs and HPS Leads supported participating schools in the development and implementation of \$5000 Student Action Grants (SAGs). These grants funded student-led projects that supported student health and learning in their school environments (e.g., school gardens, outdoor classrooms). Throughout UpLift, 176 schools were engaged through the work of YECs and HPS Leads, with 163 SAGs being implemented, representing an investment of \$815,000 and approximately 54,000 students potentially reached¹.

¹ Potential reach is defined as the number of students in all schools engaged through UpLift, given that HPS projects take a whole school approach that can impact the entire school community.

Canadian Healthy School Standards (CHSS)

The CHSS document describes how a school community can come together “to elevate wellbeing in schools in a way that reinforces specific accountability and processes for taking a systemic approach to enhancing wellbeing in schools, builds on existing work, centres equity, diversity and inclusion, acts on truth and reconciliation, and supports staff wellbeing” (Canadian Healthy Schools Alliance, 2021). The CHSS define a Healthy School as one that “...centres w(holistic) health and wellbeing in its policies, its curriculum, its people, its relationships and its environment” (Canadian Healthy Schools Alliance, 2021). To achieve this, a Healthy School integrates policies with action across all levels; leverages the unique protective factors within the local community; considers each person within and outside the school as bringing knowledge, expertise, and resources; affirms diversity as a gift and empowers this diversity to chart an affirming and appropriate plan; and is a central hub to support the lifelong health and wellbeing of students. In short, a Healthy School approach creates an environment where health and wellbeing are valued and promoted across the whole school (Canadian Healthy Schools Alliance, 2021). The CHSS includes 3 Foundational Standards that each comprise a number of critical elements: Whole School Approach (10 critical elements), Wellbeing Integrated Across the Curriculum (15 critical elements), and Charting Your Unique Plan (8 critical elements). In addition, there are 8 Implementation Standards. Foundational standards are the underlying concepts and frameworks that must be present for the Implementation Standards to be successful, while the Implementation Standards, based on the essential conditions for Comprehensive School Health (Storey et al., 2016), allow each community to develop an individual, specialized plan to leverage their assets and cater to their specific interests (Canadian Healthy Schools Alliance, 2021).

Study Design and Analysis

The methodology used in this study was guided by the READ approach to document analysis, which is a systematic procedure for collecting documents and gaining information from them in the context of health policy studies: 1) Ready your materials, 2) Extract data, 3) Analyze data, and 4) Distil your findings (Dalglish et al., 2021).

Step 1: Ready Your Materials

This study included a variety of UpLift documents that were prepared between September 2019 - September 2024. All relevant documents were saved to a shared folder and then documented in an Excel file to track data extraction. Supplementary File 2 includes details on the type and title of each document and available hyperlinks.

Steps 2-3: Extract Data and Analyze Data

As these two steps were inherently conducted together, we have combined the process of extracting and analyzing data. First, all files were uploaded into NVivo 14 Qualitative Data Software for data management and analysis. A thematic ‘codebook’ analysis (Braun & Clarke, 2021) was employed to the data using the CHSS Standards as the analysis guide. This included the critical elements (n=33) within the Foundational Standards (n=3) and the Implementation Standards (n=8) of the CHSS. Four reviewers (JCK, CM, HATC, EQ) were assigned a portion of the documents to review and analyze, with two reviewers randomly allocated 10 documents (12%) for double coding. Reviewers met throughout to review and revise the codebook and discuss any discrepancies in coding.

Through this process, specific critical elements (n=13) of the CHSS were considered not applicable to the functions and operations of UpLift and were removed from the codebook. As a partnership that was external to the health and education system, these referred to functions that were internal to these systems, e.g., “*engaging all school system leaders and staff in professional learning related to the Canadian Healthy School Standards*” were deemed out of the scope since any decision would be implemented at the provincial-, regional-, or school-level. A list of all critical elements that were excluded and reason for exclusion are outlined in Supplementary File 3. Any content that was previously coded into an excluded CHSS standard was re-assigned to the remaining codes. In addition, two themes were added to the codebook that were not previously part of the CHSS, which were ‘knowledge mobilization,’ and ‘sustainability’ and identified as important components of UpLift. The final codebook included the name, the description of each critical element (n=20) embedded within the Foundational Standards (n=3), the name and description of each Implementation Standard (n=8), and any additional themes (n=2) (Supplementary File 4).

Applying the codebook, we deductively analyzed the data across the CHSS themes. Then, two reviewers (JCK and CM) employed inductive analysis to develop shared patterns of meaning across codes within each theme. We did so by first familiarizing ourselves with the content in each of our assigned themes and then began to develop initial codes based on similar segments of content. Codes were then developed into sub-themes based on similar patterns of meaning and further refined from reviewing the codes and their relation to the entire dataset that was categorized into the main theme. Sub-themes were then named and defined to provide a coherent narrative of each sub-section.

Step 4: Distil Your Findings

Once themes and sub-themes were created, reviewers engaged in an iterative process of reviewing, refining, and writing to build a coherent and comprehensive narrative. This involved crafting concise descriptions that clearly demonstrated the central concept of each theme and sub-theme, supported by illustrative excerpts from the documents to show clear linkage back to the source material. Throughout this stage, reviewers met regularly to identify and resolve overlaps, ensuring themes remained distinct and aligned with their intended descriptions. After initial theme summaries were drafted, they were further distilled, refined, and edited to strengthen the overall narrative, clarify how the findings were constructed, and articulate how themes intersected to answer the research question.

Ethics Statement

As only publicly and internally available secondary sources were used for the document review, it was not necessary to obtain ethics from our university institution.

References

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Supplementary File 2: Codebook developed from the Canadian Healthy School Standards (CHSS)

CHSS Foundational Standards	Description (broken down by included critical elements)
Whole School Approach	<ul style="list-style-type: none"> • Building strong relationships with and investing time in community partners and leaders, cultural leaders and Elders, students, parents/guardians, board level administration and policy makers through meaningful engagement. • Involving equity-affirming partners within the school community to reflect and decide on the area(s) of focus and the shared path forward • Leveraging school assets to bring energy into one (or more) meaningful health and wellness activities. • Offering multiple activities occurring throughout the school environment with a focus on wellbeing. • Reviewing existing school rules, policies and norms (<i>e.g., policing, regulation, detention</i>).
Charting Your Unique Plan	<ul style="list-style-type: none"> • Building a plan for the district, jurisdiction, charter. • Charting a meaningful and realistic plan in context with your local assets and your selected health and/or wellness activities. • Checking in to make sure that students and their respective communities can see themselves in the ideas within your plan • Considering how wellbeing activities can support multiple health and wellness aspects and what needs to be present for this to occur. • Identifying and reflecting on your local relational, cultural, physical and environmental assets. • Monitoring the journey and celebrating successes throughout the school year. • Selecting priority health or wellness topics to focus on that reflect the interests of your school community.
Wellbeing Integrated Across All Curricula	<ul style="list-style-type: none"> • Building student capacity for intellectual understanding, empathy, and mutual respect. • Creating school policies and procedures to support the implementation of health and wellbeing initiatives. • Ensuring school programming is culturally responsive and respectful. • Including health, wellbeing and (w)holistic elements in a range of school activities (<i>e.g., assemblies, announcements, nutrition breaks, events</i>).

	<ul style="list-style-type: none"> • Offering deep learning opportunities for making meaning. • Supporting staff with the time and resources needed to learn about, develop and support a new approach and understanding of traditions and activities. • Teaching and learning of social and emotional skills, attitudes and behaviours as an important part of curriculum integration. • Transforming indoor and outdoor spaces in an eco-responsible manner to better support movement opportunities and wellbeing conditions.
CHSS Implementation Standards	Description
Community Support	<ul style="list-style-type: none"> • Establishing strong relationships and building active partnerships with the external community, including Students, Parents/Guardians, Community and Local Business Partners, Student School Leadership, and School Board/Authority or Government Officials. • Attention to building authentic, respectful relationships between and with the community to share decision-making to advance Healthy Schools.
Dedicated Champion(s) to Engage School Community	<ul style="list-style-type: none"> • A dedicated staff champion (e.g., any school staff) is required to provide leadership, support the implementation of projects, and ensure ongoing interconnection of Healthy School programming. • The wellbeing of staff champions is considered, including minimizing workload with added non-instructional time to help focus energy.
Demonstrated Administrative Leadership	<ul style="list-style-type: none"> • Principals and/or other administrators are key leaders in mobilizing a culture shift within the school community throughout the Healthy School process. • A Healthy School Committee, including school leaders, is actively engaged in collaboratively exploring, planning, and carrying out the wellbeing priorities of the school community, rather than offering passive buy-in. • Principals and other administrative leaders in schools are self-aware, informed, and active in their role as “gatekeepers” who give permission for community partners (e.g., families/caregivers, community-based organizations, Public Health staff) to participate in the Committee’s work.
Higher Level Support	<ul style="list-style-type: none"> • Leadership at various levels (e.g., district, union, provincial/ territorial, First Nation/Métis/Inuit) builds confidence among the school community that health and

	<p>wellbeing is highly valued, including through demonstrated commitment and provision of resources to support Healthy School activities.</p> <ul style="list-style-type: none"> • Leaders demonstrate support by participating in meetings, programming, planning, providing recognition/awards and/or making time to learn about the programs and successes of each school. • Affirming improvement plans, partnership agreements, policies, procedures, guidelines, and/or directives are put in place with dedicated resources to support Healthy Schools.
Professional Learning	<ul style="list-style-type: none"> • Professional learning and development are offered to build knowledge, skills, confidence, and motivation. • Ongoing learning opportunities are made available, and school staff attend Healthy School and wholistic wellbeing conferences and workshops, and/or create personal learning networks (e.g., book clubs) to strengthen capacity within the school. • Administrators support professional development by including it in budgets and timetables, integrating professional development into existing staff time (e.g., through meetings), and/or connecting school health champions with the Canadian Healthy Schools Alliance for support.
Quality and Use of Evidence	<ul style="list-style-type: none"> • Time and resources are allocated to gather/produce evidence in the form of school-based process/outcome information, stories, individualized school reports, and research findings. • Teams determine the type of data required and select an appropriate/inclusive method to collect it (e.g., surveys, interviews, focus groups, story sharing, observations, and other evidence-informed techniques). • Teams continually collect and reflect on evidence from their school community and partners to re-chart their Healthy School activities.
School Specific Autonomy	<ul style="list-style-type: none"> • The school community determines its own interests and works to meet them. • The school community can facilitate a broad conversation, weaving in various relational, cultural, physical and environmental experiences; strengths; and assets into Healthy School activities. • As many partners as possible are engaged in discussion and on the Healthy Schools team to better understand the context and culture of the school community

	(meaningful inclusion of the school community as knowledge holders helps develop trust and accountability, ultimately anchoring activities in meaning).
Students as Change Makers	<ul style="list-style-type: none"> • Student voices, leadership, and enthusiasm create increased and meaningful engagement. • Students serve as change makers through peer-to-peer and student-to-teacher interactions and in their school communities, reaching others around them to make healthy choices in their lives. • Build on students' unique skills, strengths, experiences, and knowledge by using supportive language, sharing power, and ensuring fully accessible spaces. • Students are supported in identifying topics they feel should be prioritized in their school, acknowledging differing views and experiences regarding health and wellbeing, and being open to multiple wellness-related initiatives.
Additional Themes	Description
Sustainability	<ul style="list-style-type: none"> • Programs, policies, and initiatives embedded into the system. • Key Healthy School staff roles are sustained. • Long-term change and impact is the goal.
Knowledge Mobilization	<ul style="list-style-type: none"> • Communication materials aim to build awareness of Healthy Schools and student engagement practices.

Supplementary File 3: Title and Type of UpLift Documents included in the Document Review

Document Type	Document Title
<p>Evaluation reports (n = 27)</p>	<ul style="list-style-type: none"> • UpLift Evaluation: AVRCE Partnership Mapping Preliminary Report (2023) • UpLift Partnership: CCRCE Evaluation Report (2019-2022) • UpLift Evaluation: CCRCE Partnership Mapping Summary (2019-2022) • CCRCE UpLift Youth Summit: Report of Participant Feedback (2023) • UpLift Partnership: Cross Region Evaluation Report (2022) • UpLift Partnership: CSAP Evaluation Report (2020-2023) • UpLift Evaluation: HPS Provincial Gathering Report (2023) • Outdoor Play for Children and Youth: Developing Municipal Policy Actions - Evaluation Report (2021) • UpLift Partnership: Conclusions and Recommendations for Evaluation Report (2020) • UpLift Partnership: Partnership and Leadership Evaluation Summary Report (2024) • UpLift Partnership: Peer Researcher Training Information and Evaluation Summary (2022) • UpLift Partnership: Peer Researcher Training Information and Evaluation Summary • UpLift Evaluation: Student Engagement Community of Learning (SECOL) Feedback Survey Findings (2021-2022) • UpLift Partnership: SSRCE Evaluation Report (2019-2022) • UpLift Partnership Evaluation Report (2020-2021) • UpLift Partnership Evaluation Report (2020) • YE in HPS Course Evaluation: Pilot Cohort (2023) • UpLift YEC Winter Retreat Evaluation Findings (2023) • UpLift Evaluation: Story Sharing Workshop Summary (2022) • UpLift Partnership: Youth Engagement and School and Community Engagement and Action Evaluation Report - Conclusions and Recommendations (2021) • Evaluation of Health Promoting Schools: Creating Healthy School Communities Modules (2024) • UpLift Partnership Final Evaluation Report (2019-2024) • Municipal Policy Project Evaluation (2024) • UpLift Partnership AVRCE Evaluation Report (2022-2024)

	<ul style="list-style-type: none"> • UpLift Partnership: Communication and Knowledge Exchange Summary Report (2024) • UpLift Partnership: Capacity Building Summary Report (2024) • UpLift Partnership: School Community Engagement and Action Summary Report (2024)
<p>Academic publications (n = 7)</p>	<ul style="list-style-type: none"> • Health Promoting Schools in Nova Scotia: Past, Present, and Future (2023) • Peering in: youth perspectives on Health Promoting Schools and youth engagement in Nova Scotia, Canada (2022) • Play-Friendly Communities in Nova Scotia, Canada: A Content Analysis of Physical Active and Active Transportations Strategies (2022) • Process and experience of youth researchers within a Health Promoting Schools study in Nova Scotia, Canada (2023) • The process of student engagement in school health promotion: a scoping review (2025) • Peering Deeper: Student Perspectives on School Well-being and Youth Engagement (2024) • Development and implementation of a municipal outdoor play policy for children and youth in Nova Scotia, Canada: a community case study
<p>Communication and Knowledge Exchange Products (n = 22)</p>	<ul style="list-style-type: none"> • UpLift Partnership: Impact Report (2019-2023) • UpLift Partnership: Activity Report (2022-2023) • Health Promoting Schools in Nova Scotia: Key Messages (2024) • UpLift Partnership Update: July-Dec (2023) • UpLift Partnership Update: Summer (2022) • UpLift Partnership YEC Update: August (2022) • UpLift Partnership YEC Update: November (2022) • UpLift Partnership Update: Oct-Dec (2022) • UpLift Partnership Update: Fall (2021) • UpLift Partnership Update: Winter (2021) • UpLift Partnership Quarterly Update: November (2019) • From outdoor classrooms to gardens, Nova Scotia youth are creating healthier school communities (2023) • When it comes to school health, students need a seat at the table • PARdon me? Breaking down the benefits of participatory action research (PAR) with children and youth (2023)

	<ul style="list-style-type: none"> • <u>Creating a roadmap for student engagement in school health promotion: Part 1 (2023)</u> • <u>From research to action: A short (research) story on the UpLift Partnership (2023)</u> • <u>One size does not fit all: Different approaches and methods to engage youth in health research (2023)</u> • <u>From report to reality: Actioning Solution Six of Nova Scotia's Action for Health Plan (2023)</u> • <u>Health Promoting Schools model in Nova Scotia: the building blocks (2023)</u> • Centering Youth Voice (2024) • Health Promoting Schools: Working together to foster healthy, inclusive, and vibrant school communities that enable everyone to learn, grow, thrive, and succeed (2024) • Marking the Milestones of Health Promoting Schools in Nova Scotia: A Research Showcase - Meeting Summary Report (2024)
<p>Job descriptions (n = 13)</p>	<ul style="list-style-type: none"> • Youth Engagement Coordinator (2019) • Youth Engagement Community of Learning Consultant (2021) • Health Promotion Internship Opportunities with the Healthy Populations Institute/UpLift Partnership (N.D.) • Regular Grant-Paid Employee Job Description: Project Manager (N.D.) • PHAC Guidelines for Applicants (Third-Party Evaluator) (2013) • Dalhousie University Position Description: Communications Coordinator (2020) • Dalhousie University Position Description: Financial Administrator (N.D.) • Dalhousie University Position Description: Administrative Assistant (N.D.) • UpLift Partnership: Research Assistant (2022) • Grant-Paid job Description: Evaluation and Knowledge Exchange Coordinator (2023) • Dalhousie University Position Description: Evaluation Coordinator (2022) • ELCNS Contract Employment Opportunity (2021) • UpLift Partnership: Project Coordinator (2022)

**Operational documents
(n = 13)**

- Advisory Committee Terms of Reference: UpLift Partnership (2023)
 - Health Promoting Schools: Creating Healthy School Communities (ELCNS) (2024)
 - Overview: UpLift Partnership (Elevator Pitch) (2023)
 - UpLift Evaluation Framework/Plan (2020)
 - Health Promoting Schools Assessment Tool: Instructions (N.D.)
 - UpLift Implementation Guide (2021)
 - Actions Beyond Covid (ABC) for Healthy Active School Communities through Municipal Policy: Project Proposal (2020)
 - HPS Partnership Mapping: Relational Definitions (2022)
 - Health Promoting Schools UpLift Student Action Grant Guidelines (N.D.)
 - HPS UpLift Student Action Grant Project Scope (2022)
 - Building Healthy Schools Through Youth Engagement (Online Course) (N.D.)
 - UpLift Youth Engagement Strategy (2021)
 - UpLift Partnership Bending Strategy (2020)
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Supplementary File 4: List and reason for specific Canadian Healthy School Standards Critical Elements from the Foundational Standards being excluded from the Document Review and Analysis

Critical Elements	Reason for excluding
Whole School Approach	
Anti-oppression and anti-racism training for all staff and students of the school community	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school-level.
Focusing on relationships between staff, principals and vice principals, teachers and administration	Out of UpLift scope. This element would primarily be fostered at the school-level.
Learning about your school’s community and its families, land, teachings, traditions and ways of knowing/doing, and embedding these learnings in your school environment	Out of UpLift scope. This element would be implemented at the school-level.
Leveraging the connections to the land your school community is situated on and surrounded by	Out of UpLift scope. This element would be implemented at the school-level.
Respecting the important role language plays in building community by including the languages spoken in your local context throughout the school day—verbally and in print	Out of UpLift scope. This element would be implemented at the school-level.
Charting Your Unique Journey	
Engaging all school system leaders and staff in professional learning related to the Canadian Healthy School Standards	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level. CHSS was also not published until 2023, late into the UpLift timeline.
Wellbeing Integrated Across the Curricula	
Ensuring that teaching resources and learning materials reflect your school community and embrace diversity from a regional, provincial and national scope	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level
Increasing land-based education and learning out-of-doors across all curricula	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level
Integrating health and wellbeing initiatives within all subject areas and not siloed within one curriculum area	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level
Provide movement opportunities during all subject areas	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level
Providing professional development sessions to all teachers on quality physical and health education	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level

Seeing administrators, educators, and support staff leading by example within their own classrooms and in the school	Out of UpLift scope. This was not an objective to evaluate.
Welcoming cultural knowledge holders (e.g., First Nation, Metis, and Inuit Elders) into the classroom to lead lessons and school activities	Out of UpLift scope. This element would be implemented at the provincial-, regional-, and/or school- level
