



Pan-Canadian
Joint Consortium for School Health

Annual Report 2022



Table of Contents

Executive Summary	4
Upstream Approaches and Comprehensive School Health	7
JCSH Governance	11
JCSH Core Resources: 2022	15
JCSH 2021-2022 Initiatives and Accomplishments	19
Appendix A: Pan-Canadian Joint Consortium for School Health Agreement	24
Appendix B: Pan-Canadian Joint Consortium for School Health Statement of Revenue, Expenses, and Operating Surplus	36
Appendix C: JCSH Statement on Reconciliation	37
Appendix D: School Health Coordinators' Committee Contact Information and Web Links	40
Appendix E: JCSH Strategic Directions 2020-2025	51

Executive Summary

Established in 2005, the Pan-Canadian Joint Consortium for School Health (JCSH) is a formal partnership of federal, provincial, and territorial governments working together to promote the health, well-being, and achievement of children and youth in the school setting. Recognizing that every province and territory has initiatives in place to foster healthy school environments, JCSH brings together key representatives of government departments responsible for health and education for the following purposes:

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

In 2020, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness committed to the current five-year JCSH mandate (2020-2025).



JCSH Priorities 2020-2025

JCSH commenced the current mandate with three overarching priorities:

- Mental Well-Being, including social-emotional learning, resiliency, anxiety, protective factors and disruptive behaviours
- Problematic Substance Use, with a strong initial focus on vaping
- School Food Environment, including the alignment of healthy eating school food policies and priorities through the comprehensive school health approach

In 2020, as the COVID-19 pandemic was felt around the world and the full weight of the mental, emotional, social, physical, and learning outcomes on students and also their families, educators, and communities became evident, JCSH added a fourth priority: COVID-19 Support.

JCSH Accomplishments 2021-2022

- Active collaboration across Health and Education Ministries, and among Provinces and Territories, along with the Public Health Agency of Canada and the Council of Ministers of Education, Canada is a primary reason for the existence of JCSH. It is the opportunity for the representatives to share challenges and responses, to translate knowledge into local contexts, to support individual member jurisdictions, and to provide opportunities for learning and innovation. These forms of collaboration occurred regularly in 2021-2022 through meetings of the two JCSH tables.
- A webinar series, begun in 2020, continued on a bi-monthly basis with researchers, policy-makers, and practitioners presenting on issues of priority to JCSH:

- Specifically to respond to its priority of preventing substance use harms in youth, JCSH worked with The Students Commission of Canada to develop a set of videos and resources on preventing youth substance use harms using a positive youth development approach.
- Recognizing the significant contribution to JCSH priorities through the longstanding, evidence-based core resource, the Healthy School Planner, a task group has begun collaboration with researchers Dr. Paul Veugelers and Dr. Katerina Maximova on a new evidence-and-policy-based resource. This will be both a foundation for a redesigned Healthy School Planner and also a guide for provinces and territories, ministries, and schools: Canadian Standards and Indicators for Health Promoting Schools. This resource is expected to be published in the fall of 2022.
- The JCSH Reconciliation and Healthy School Planner Task Groups are working together towards an initiative to describe wise practices for health promoting schools in Canada.

Next Steps

The JCSH 2022-2023 annual work plan will continue to focus on priorities: Mental Well-Being, Preventing Substance Use Harms, School Food Environment, COVID-19 Support. JCSH will approach this work with an equity perspectives lens: ethno-racial, Indigenous, linguistic, and cultural diversity of student populations (including newcomers); youth identifying cognitive and physical exceptionalities; 2SLGBTQ+ youth. Assets and protective factors of students and school communities are essential elements of JCSH initiatives: Culture, family, community, social connections. Comprehensive School Health is the foundational framework through which initiatives are developed, all with a goal of developing Health Promoting Schools.



Upstream Approaches and Comprehensive School Health

The Case for Cross-Sector Collaboration

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

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

The outcome sought by this cross-sector collaboration of health and education ministries known as JCSH is optimal student well-being, health, and learning in thriving school communities.

The work toward system change is a primary commitment of JCSH. Health and education systems have confronted the need to move from individual responsibilities to more upstream approaches, never more definitively than since the COVID-19 pandemic outbreak at the beginning of 2020.

Moving away from a focus on individual behavior change to population health has been evidenced by consistent and growing cultural perspectives, and by social and structural impacts and determinants of health.¹⁰

10 Schulz, A. J., Mehdipanah, R., Chatters, L. M., Reyes, A. G., Neblett Jr, E. W., & Israel, B. A. (2020). Moving health education and behavior upstream: lessons from COVID-19 for addressing structural drivers of health inequities. *Health Education & Behavior*, 47(4), 519-524.

About Comprehensive School Health

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

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

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

4 Components of Comprehensive School Health

Social and physical environment

The social environment is

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



The physical environment is

The buildings, grounds, play space, and equipment in and surrounding the school

- Basic amenities such as sanitation, air cleanliness, and healthy foods
- Spaces designed to promote student safety and connectedness and minimize injury
- Safe, accessible, and supportive of healthy choices for all members of the school community

Teaching and learning

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

Policy

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

Partnerships and services

Partnerships are

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

Services are

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



A Comprehensive School Health Framework For Health Promoting Schools

Healthy students are better learners; educated individuals are healthier¹¹¹²¹³ “School health efforts that are high quality, strategically planned, and effectively coordinated are one of the best investments for influencing the health, as well as the minds, of the nation’s youth”¹⁴. This is the basis for JCSH to champion the Comprehensive School Health Framework.

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

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

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

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

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

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

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

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

JCSH Governance

Mandate

JCSH operates on five-year mandates supported by the Minister of Education and the Minister of Health / Wellness in each of the participating jurisdictions.

In 2020, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health / Wellness committed to the current five-year JCSH mandate (2020-2025).



Vision

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

Mission

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

Values

Collaboration

Diversity and Inclusion

Equity

Evidence-Informed Practice

Innovation

Accountability

Efficiency

Knowledge Mobilization

Strategic Directions

JCSH's Strategic Directions 2020-2025 reflect priorities of Federal, Provincial, and Territorial Ministers of Health and the Council of Ministers of Education, Canada (CMEC). In the 2020-2025 mandate, there are four primary focus areas:

- Mental Well-being
- Preventing Substance Use Harms in Youth
- School Food Environment
- COVID-19 support

The strategic directions and priorities continue to support JCSH's purpose: to be a catalyst to strengthen cooperation and capacity among the health and education ministries to better accomplish mutual goals and support shared mandates for the health, well-being, and learning of children and youth in Canadian schools.

The broad direction is set out in the JCSH Strategic Directions 2020-2025 (see Appendix E).

Long-Term Outcomes

The JCSH has committed to three overarching long-term outcomes:

Increased System Capacity, Collaboration, and Efficiency

Member jurisdictions experience increased capacity, collaboration, and efficiency in their efforts to promote optimal health, well-being, and learning outcomes for all students.

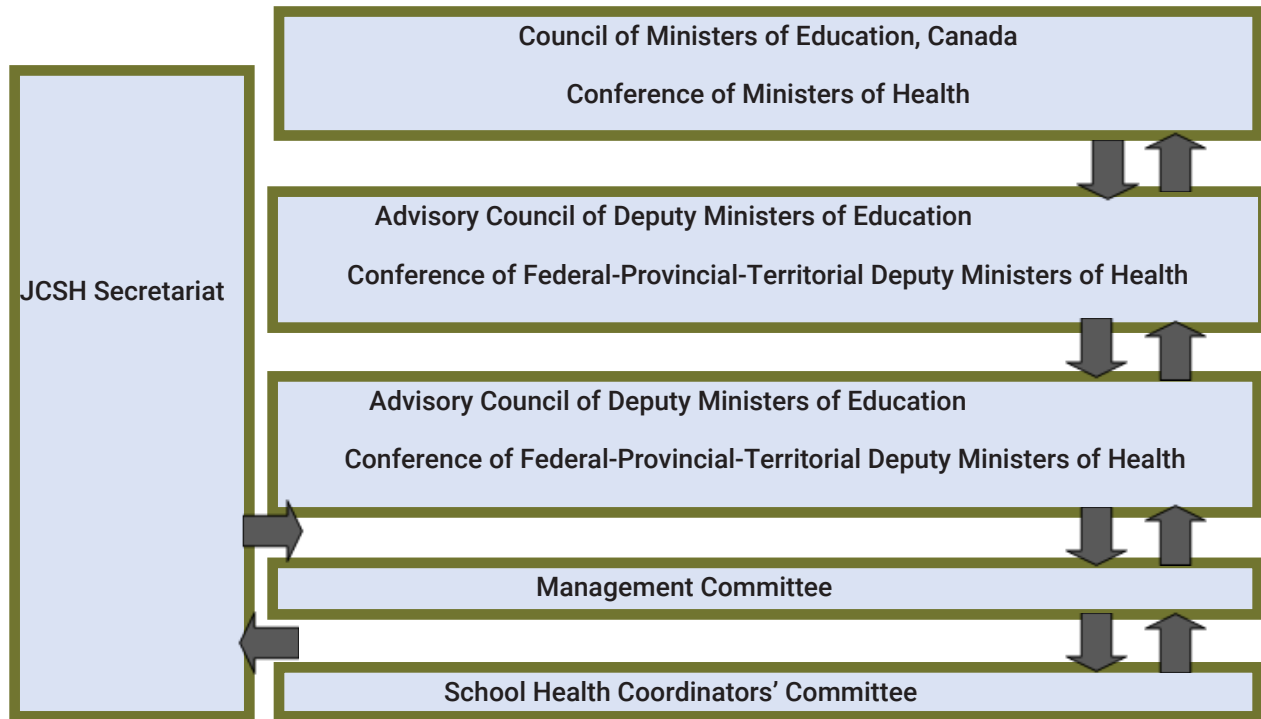
Increased Exchange of Information and Knowledge

There is a continual exchange among member jurisdictions of information and knowledge related to optimal health, well-being, and learning outcomes for all students.

Increased Recognition

The JCSH is recognized by other FPT bodies and key stakeholders for its expertise in the promotion of initiatives to improve the health, well-being, and learning of all students in Canada.

Organizational Structure



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

The two committees of the JCSH responsible for the strategic direction and work agenda are the Management Committee and the School Health Coordinators' Committee.

Management Committee

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

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

School Health Coordinators' Committee

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

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

Secretariat

The Secretariat is responsible for leadership, planning, and coordination for the JCSH.



JCSH Core Resources: 2022

JCSH has developed a number of resources since its commencement in 2005. Of these, four remain as essential initiatives: they offer supports to school communities everywhere, free of charge, in English and French.

In addition to the Comprehensive School Health Framework, noted earlier, there are five Core Resources. They are outlined below.

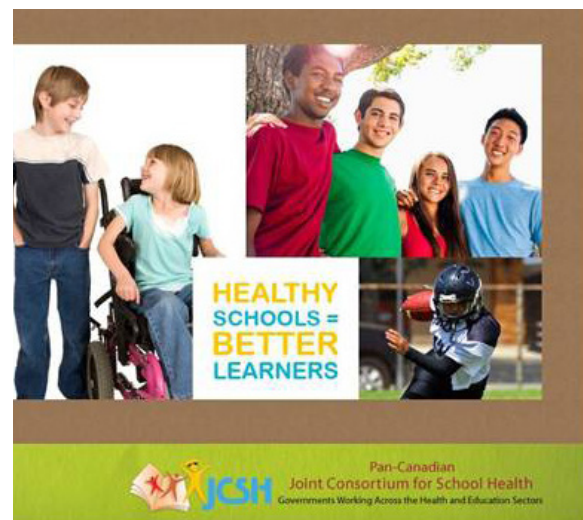
JCSH Statement On Reconciliation (English, French, Inuktitut, Inuinnaqtun)

See Appendix C

The Healthy School Planner

Recognizing that schools are a key environment where students attain the knowledge and skills needed for life-long health and well-being, the JCSH developed the Healthy School Planner (HSP) - an online tool to assist educators in assessing their school's health promoting environment and in making plans for improvements.

The following represent main features of the Healthy School Planner:



- A foundational module and four topic-specific modules (healthy eating, physical activity, tobacco use, and positive mental health)
- School health is assessed by examining a school’s overall wellness environment using the four components of CSH: social and physical environment, teaching and learning, policy, and partnerships and services.
- A team approach is recommended, composed of school community members to ensure a broad, informed assessment of the school and school community.
- Upon completion of any one of the Healthy School Planner modules, schools receive results specific to their responses, tailored recommendations based on their results, and a list of action-oriented and jurisdiction-specific resources. Schools can share their results and achievements with staff, students, parents, and the broader community.
- There is capacity to provide school boards and districts with an aggregate report of data generated by schools that have completed the Healthy School Planner.

In 2021, a JCSH Task Group was developed to take an extensive review of the Healthy School Planner. As part of a 3-phase redevelopment process, the first phase is underway: a research team, led by Dr. Paul Veugelers and Dr. Katerina Maximova, with support from the task group, is completing a new resource: Canadian Standards and Indicators for Health Promoting Schools. The resource of the second phase will be developed in 2022-2023: Wise Practices for Health Promoting Schools in Canada. The new Healthy School Planner will be built from these foundational pieces.

The Youth Engagement Toolkit

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

The JCSH Youth Engagement Toolkit, revised in 2018, comprises eight distinct but interrelated modules that include defining, initiating, and sustaining youth engagement, and the Youth Who Thrive module:

- Module 1: Introduction
- Module 2: What is Youth Engagement?
- Module 3: Youth Engagement in Action - Initiating Youth Engagement
- Module 4: Youth Engagement in Action - Qualities of Youth Engagement



- Module 5: Youth Engagement in Action - Sustaining Youth Engagement
- Module 6: Youth Engagement in Action - Challenges and Evaluation
- Module 7: Youth Who Thrive
- Module 8: Resources and Endnotes

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

The Positive Mental Health Toolkit

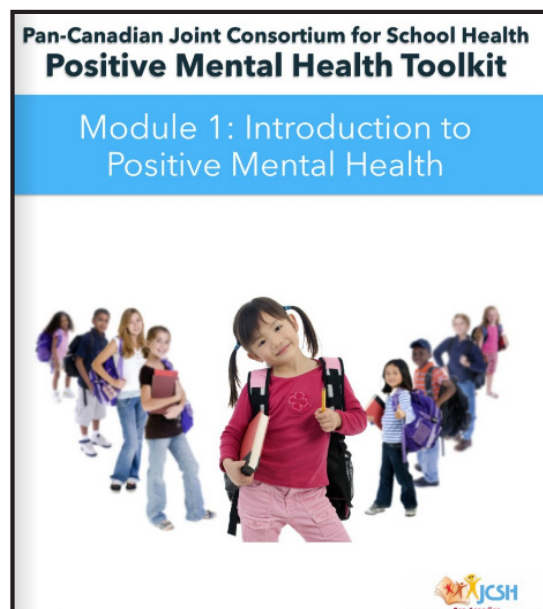
The Positive Mental Health Toolkit (revised 2017), is available in English and French in an interactive e-book format, and includes a number of videos, links, and resources used by schools to self-assess and plan for positive mental health practices in the school setting through a comprehensive school health lens.

The Toolkit is divided into a series of online modules, presenting information and materials that are manageable and user friendly. It reflects recent Canadian research, has a module specific to staff well-being, and has, embedded throughout, promising practices in diversity and inclusion. In addition, it provides a means of measuring positive mental health practices, with results generating a series of individualized strategies for enhancing healthy school environments for students, educators, and staff members. These assessment measures can be used in conjunction with the JCSH Healthy School Planner as a means of evaluating overall school environments.

The Positive Mental Health Toolkit consists of five modules:

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

A companion to the Positive Mental Health Toolkit is *Schools as a Setting for Positive Mental Health: Better Practices and Perspectives* (2013). This literature review provides the research basis for the Toolkit and also key informant interview results, key concepts, and better practice statements using Comprehensive School Health as the foundation.

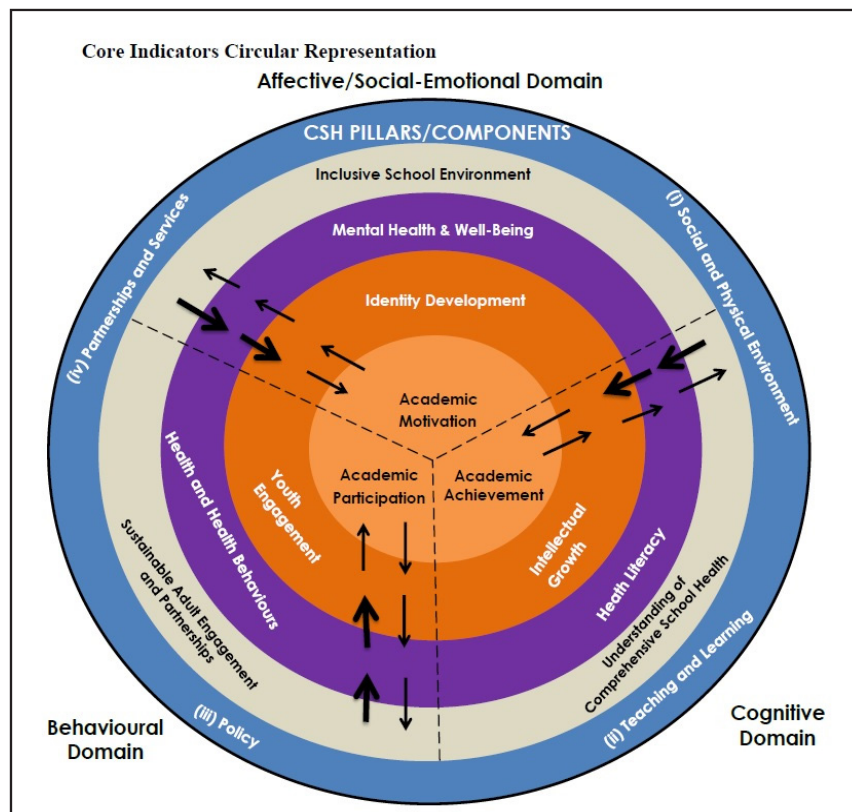


Core Indicators Model of Comprehensive School Health and Student Achievement (CIM) (2016)

The Core Indicators Model (CIM) of Comprehensive School Health and Student Achievement maps the interrelationship between a health promoting school community and student academic outcomes.

The CIM is built on research on comprehensive school health / health promoting schools and how this approach is operationalized in schools. It is also built on a series of interviews and focus groups with educators and policy makers. The CIM is visually represented in two ways: the Ecological presentation and the Table presentation. Both show the relationships that begin with a commitment to comprehensive school health in building educator and administrator understanding of its essential connections with achievement. Student agency, community partnerships, positive physical and social environment all lead the process to academic achievement outcomes.

JCSH continues to further work on the research begun with Dr. John Freeman and his team at Social Program Evaluation Group, Queen's University. In 2021, the Request for Proposals to develop Standards and Indicators / Wise Practices for Comprehensive School Health/ Health Promoting Schools in Canada uses the CIM and the Comprehensive School Health framework as the foundation pieces.



JCSH 2021-2022 Initiatives and Accomplishments

In this current mandate (2020-2025), JCSH began a series of task groups to ensure the annual work plan¹⁰ and the mandate priorities¹¹ are carried out. Please see Annex D for the JCSH Strategic Directions.

Although all JCSH mandates have included a number of similar advisory committees, this is the first mandate to formally support the task groups as essential to its outcomes. From the beginning of this mandate, members of Management Committee and School Health Coordinators' Committee have participated actively in moving forward progress on priorities to the benefit of all jurisdictions.

Rethinking Conversation Around Youth Substance Use: Addressing the Prevention of Substance Use Harms in Canadian Youth

The development of multi-media assets on substance use prevention and harm reduction in Canadian youth Grades 6-12 using a positive youth development approach is a project that was initiated by JCSH, aiming to provide the most current evidence and knowledge on substance use prevention of harms in young people and positive youth development as a set of communication and actionable pieces.

¹⁰ JCSH Task Groups for 2021-2022: Annual Work Plan, Equity, Evaluation, Health Behaviour in School-aged Children Research Advisory Committee, Healthy School Planner, Preventing Substance Use Harms, Reconciliation.

¹¹ The JCSH priorities are developed at the beginning of each mandate. For 2020-2025, the priorities are mental well-being, school food environment, and preventing substance use harms. COVID-19 support was named as a fourth priority in 2021.

JCSH worked with The Students Commission of Canada to develop a set of multi-media assets and resources. There are three videos: one for youth in Grades 6 to 8, one for youth in Grades 9 to 12, and one for adult allies and educators. Each of the videos was developed in English and in French, with subtitles. Companion resources include a discussion guide, a resources list, and an evidence framework.

Youth and adult allies were consulted in the initial phases of this project. They expressed that they preferred short videos (under 3 minutes, or a series of 30–50 sec videos), especially when with information they were not actively seeking, as it requires less attention. All key audiences also provided input on music and sound effect.

Just Think Ahead: Video for Youth Grades 6-8

Created for youth in Grades 6-8, [this video](#) encourages individuals to think about their boundaries around substance use ahead of time.

Just Think Ahead: Discussion Guide for Adult Allies and Educators

Developed as a complement to the Just Think Ahead video, [this Discussion Guide](#) supports adult allies and educators as they accompany their group of youth through the exploration of the topic of substance use.



Eight Cups of Coffee: Video for Youth Grades 9-12

Created for youth in Grades 9-12, this video encourages individuals to support peers who may be struggling with substance use.

Eight Cups of Coffee: Resources List for Youth Grades 9-12

Developed as a complement to the Eight Cups of Coffee video, [this Resources List](#) guides youth towards nationwide and local resources that can provide support related to substance use.



River Parable: Video for Adult Allies

Created for adult allies, this video encourages individuals to leverage evidence-based practices to reduce harms related to youth substance use.

MULTI-MEDIA ASSETS on SUBSTANCE USE PREVENTION AND HARM REDUCTION: The evidence framework



The primary resources used by The Students Commission of Canada to frame the evidence for this initiative are the following:

- [Comprehensive School Health Framework](#)
- Icelandic Prevention Model¹²
- [Blueprint for Action](#)
- [Youth Who Thrive](#)
- Be the Program¹³
- Storytelling & Types of Media¹⁴

BLUEPRINT FOR ACTION:
PREVENTING SUBSTANCE-RELATED
HARMS AMONG YOUTH THROUGH
A COMPREHENSIVE SCHOOL
HEALTH APPROACH



Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

Knowledge Dissemination Products

Canadian Standards and Indicators for Health Promoting Schools¹⁵

The work of the Healthy School Planner Task Group has resulted in a contract to develop the Canadian Standards and Indicators for Health Promoting Schools. Dr. Paul Veugelers and Dr. Katerina Maximova are leading this work, now underway. The development of this resource includes a Delphi survey, in the fall of 2022, to provide feedback to the draft Standards and Indicators from stakeholders throughout the country, including policymakers, educators, and school administrators.

12 Kristjansson AL, Mann MJ, Sigfusson J, Thorisdottir IE, Allegrante JP, Sigfusdottir ID. Development and guiding principles of the Icelandic model for preventing adolescent substance use. *Health Promot Pract.* 2019;1524839919849032

13 <https://www.studentscommission.ca/en>

14 Davis, J. (2014). Towards a Further Understanding of What Indigenous People Have Always Known: Storytelling as the Basis of Good Pedagogy. *First Nations Perspectives: The Journal of the Manitoba First Nations Education Resource Centre Inc.* 6(1), p. 83-96.

15 In development

Trends and Challenges in Canada's Provinces and Territories In 2021-2022

Meetings of the two JCSH tables and presentations to School Health Coordinators' Committee focused on a number of areas of concern. Topics included but were not limited to the following:

- **COVID-19:** Support to students, educators, families, school communities; school re-entry plans for September 2022.
- **School Food Environment:** Student nutrition and school food programs; guidelines for food and beverage sales;
- **Mental Well-Being:** Safety and Well-being for students, including provision of items such as free menstrual products; health promoting schools funding to promote systemic change initiatives around reconciliation, racism, anti-bullying, and substance use; anti-sex trafficking policy framework; Suicide prevention; Trauma-informed practice; Gender and sexual diversity resources;
- **Problematic Substance Use Prevention:** Youth vaping prevention, including development of clinical guidelines; cannabis resource supports;
- **Reconciliation, Indigenous Student Health and Well-being:** First Nations schools and school boards; promotion of Indigenous languages and in-school instruction in Indigenous languages; Educators' knowledge development on Indigenous perspectives of health and wellness; Enhancement agreement with First Nations on culture, language, social-emotional health, and mental health and resilience; multi-ministry collaborations to develop a program called "Come Fish with Me."

Environmental Scans

The following environmental scan topics were developed, updated, or responded to by JCSH in 2021-2022:

- Scan of Canadian Policies Concerning Sensitive Topics/Content in Sexual Health Education (led by MB Education and Early Childhood Learning)
- Scan of School Nutrition Programs in Canadian Provinces and Territories – COVID-19 Response
- Scan of School-Based Mental Health Plans in Canadian Provinces and Territories
- Quick scan: Daily Physical Activity Policy Canadian Schools
- Scan of School-based Communicable Disease Plans in Canadian Provinces and Territories
- Scan of School Development/Improvement Models and Equity Tools in Canadian Provincial and Territorial Schools
- Scan of Health in All Policies and Health Equity in Canadian Provinces and Territories

- Quick scan: School Health Grants
- Quick scan: Routine Immunizations for School-aged Children
- Scan of Monitoring, Evaluation Provincial-Territorial Health Promoting Schools/Comprehensive School Health Programs/Initiatives
- Quick scan: Timeline for release of COVID plans for 2022-2023 school year
- Quick Scan: Masking Requirements and Rapid Antigen Testing in Schools in Canadian Provinces and Territories
- Quick Scan: Nursing Shortages in Schools
- School Absentee Data, Current Approaches / Responses, and Possible Cross-Department Solutions
- Quick Scan: PT Policies And Program Details for Free Menstrual Products / Hygiene Kits

Webinar Series

The following webinars were presented by JCSH in 2021- 2022:

- Yukon First Nations Education Directorate: What it does and how it serves the Indigenous students in the Territory
- Promoting health and tackling health inequities by implementing Comprehensive School Health in disadvantaged and racialized communities in Canada
- Workplace wellbeing in Canadian K-12 Education: Current Landscape and the Way Forward
- National Child Day – A Celebration of Child Rights
- Landscapes of Interventions & Treatments for Youth At Risk for Opioid Use, and Youth-identified Solutions to the Opioid Overdose and Health Crisis
- Get to know the CIHR Institute of Human Development, Child and Youth Health, the Inspiring Healthy Futures initiative, and recent CIHR investments on COVID-19 projects in school
- School-Related Sedentary Behaviour Recommendations
- Cannabis Use and Driving: Let's Talk About Youth
- Rethinking Conversation Around Youth Substance Use - A Knowledge Mobilization Process – Official Launch of New Resources!
- School food programs across Canada
- Comprehensive School Health Project – Newfoundland & Labrador: Creating Healthy School Settings
- Physical Literacy-Enriched School Communities: Towards a Community Valuing Movement: The Physical Literacy Engine for Social Innovation, Equity, and Sustainability

Appendix A: Pan-Canadian Joint Consortium for School Health Agreement

Background

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers of Health and the federal Minister of Health established the Pan-Canadian Joint Consortium for School Health (JCSH) to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH received a second five-year mandate from the federal, provincial, and territorial deputy ministers of Health on June 19, 2009 and from the provincial and territorial deputy ministers of Education on September 03, 2009. A third mandate was signed by all parties on April 01, 2015.

AND WHEREAS by virtue of this agreement (“the Agreement”) being entered into by provincial and territorial Ministers of Education and the provincial and territorial Ministers of Health and/or Wellness, hereinafter collectively called “the Parties”, the JCSH is continued (2020-2025).

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

1.0 Purpose of the JCSH

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

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

- Facilitate and promote collaboration among its inter-governmental provincial and territorial membership;
- Facilitate jurisdictions to work together and to support and build capacity within its member governments;
- Encourage the education and health sectors to work together efficiently and effectively while promoting and integrating learning, health, and well-being in the school setting.

- Three long-term outcomes associated with achieving the JCSH's Vision are:
 - *Member jurisdictions experience increased capacity, collaboration, and efficiency in their efforts to promote optimal health, well-being, and learning outcomes for all students.*
 - *There is a continual exchange of information and knowledge related to optimal health, well-being, and learning outcomes for all students among member jurisdictions.*
 - *The JCSH is recognized by other FPT bodies and key stakeholders for its expertise in the promotion of initiatives to improve the health, well-being, and learning for all students.*

2.0 Commencement and Duration of Agreement

2.1 Once signed by all Parties, this Agreement commences April 1, 2020 and remains in force until March 31, 2025.

3.0 Governance Structure

Consortium Lead

3.1 The Government of British Columbia was lead jurisdiction and host of the Secretariat from 2005-2010. The Government of Prince Edward Island has been lead jurisdiction and Secretariat host since 2010.

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

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

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

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

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

by:

- establishing a Management Committee as the oversight committee of the JCSH and approving its Terms of Reference;
- providing strategic information and direction to the Management Committee;
- approving the strategic plan and any subsequent amendments to the plan, submitted by the Management Committee to the ACDME and the CDMH;
- reviewing and accepting the annual report with financial statements, submitted by the Management Committee; and
- tabling the annual report at a meeting of the FPT Ministers of Health and at a meeting of Council of Ministers of Education, Canada (CMEC).

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

4.0 JCSH Committees

Management Committee

4.1 JCSH Management Committee is a decision-making committee that oversees the implementation of the annual work plan (Schedule 2 – Management Committee Terms of Reference).

4.2 Management Committee members reflect the interests of their jurisdiction.

4.3 The role of the Management Committee representative includes meeting four times annually (by teleconference / videoconference, with one being a joint meeting with School Health Coordinators' Committee).

School Health Coordinators' Committee

4.4 JCSH School Health Coordinators' Committee (SHCC) is an operational committee that reports to the Management Committee and implements the annual work plan.

4.5 SHCC members provide direct input on their jurisdiction's need and product development.

4.6 Members participate in monthly teleconferences / videoconferences and one of which will be joint with the Management Committee.

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

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

5.0 JCSH Secretariat

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

5.2 The Secretariat functions as neutral support to the co-chairs and members of the JCSH, and facilitates collaboration and sharing of information within the JCSH member jurisdictions.

5.3 The Management Committee provides direction to the Secretariat.

6.0 Addition of a Provincial/Territorial Jurisdiction to the JCSH

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

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the JCSH

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

7.2 In the event of withdrawal, the withdrawing Party shall pay a pro-rated portion of its contribution fees for the Fiscal Year (beginning on April 1 of a calendar year and ending on March 31 of the subsequent calendar year) in which it withdraws from the JCSH.

8.0 Funding

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

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

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

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

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

9.0 General Provisions

Schedules

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

Variation of the Agreement

9.2 This Agreement may be amended at any time by unanimous written agreement of the Parties. Amendments may be authorized by the Parties' respective deputy ministers.

Termination of the Agreement by Mutual Agreement

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

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

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

Legal Rights and Responsibilities

9.6 The creation of the JCSH does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial ministers of Education, or any of the provincial or territorial ministers of Health/Wellness.

9.7 The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 7 (withdrawal), and 8 (funding).

Evaluation

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

SCHEDULE 1

Cost-Sharing Agreement

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

- Public Health Agency of Canada will contribute \$150,000 annually; and
- Provinces and territories will equitably share the balance (\$100,000) according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2020.

Provincial/territorial jurisdictional contributions are based on a fixed contribution of \$2,000 annually plus a variable portion based on total population of their respective jurisdictions.

Jurisdictions with less than one percent of the population will contribute the fixed portion only.

Proportional breakdown of the provincial/territorial contribution:

Province/ Territory	Base Amount	Amount Based on Population %	Total
AB	2,000	11,400	13,400
BC	2,000	12,920	14,920
MB	2,000	3,800	5,800
NB	2,000	2,280	4,280
NL	2,000	1,520	3,520
NT	2,000	0	2,000
NS	2,000	2,280	4,280
NU	2,000	0	2,000
ON	2,000	38,000	40,000
PE	2,000	760	2,760
SK	2,000	3,040	5,040
YK	2,000	0	2,000
Totals	\$24,000	\$76,000	\$100,000

SCHEDULE 2

Management Committee Terms of Reference

Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial, and territorial Deputy Ministers and Ministers of Health and/or Wellness and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and to facilitate a comprehensive and coordinated approach to school/student health and/or well-being by enhancing the capacity of the education and health systems to work together to promote the healthy development of children and youth within school community settings.

The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH) – through a Pan-Canadian Joint Consortium for School Health Agreement (the Agreement), which is approved and signed by senior education and health/wellness officials from each member jurisdiction's government at the outset of each 5-year mandate. Under the terms of the Agreement, the two Deputy Ministers' committees must establish a Management Committee as the oversight body of the Consortium and approve its Terms of Reference.

Purpose

The Management Committee is a forum for information sharing, and consideration of strategic-level issues and collective action related to the purpose of the Consortium.

The Management Committee is accountable to the two Deputy Ministers' committees for the success of the Consortium in meeting its goals.

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

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support actions and decisions that strengthen partnerships across jurisdictions and across traditional health and education sectors.
- **Participation:** Members are engaged to respond to requests from the JCSH Secretariat and other Committee members.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet mutual needs and priorities.
- **Integration:** Members will support actions and decisions that strengthen the integration of health and education objectives and goals.

- **Innovation and Effectiveness:** Members will support actions and decisions that are based on innovative and evidence-based practices.
- **Open Communication:** Members will openly share information with other members and within their own jurisdictions where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring actions are carried out and decisions are made in a timely manner.

Mandate and Objectives

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

- exchanging ideas, opportunities, and concerns related to existing and emerging issues;
- providing oversight and direction for projects endorsed by the JCSH and undertaken by the School Health Coordinators' Committee, the Secretariat, and/or task-specific working groups;
- facilitating a linkage between JCSH projects and jurisdictional experts to inform work on such projects;
- providing guidance on alignment between the Consortium objectives and jurisdiction specific health and educational issues;
- capitalizing on creating opportunities to represent the JCSH in local/provincial/ national/ international forums;
- participating in discussions and making decisions on strategic or operational matters, as required, to move the JCSH's agenda forward, as outlined in the strategic plan and annual business plan;
- offering a forum for discussion on other health and educational issues where appropriate; and
- applying the existing JCSH evaluation framework to undertake a comprehensive evaluation during the mandate, adjusting strategies and annual work plans accordingly.

Oversight responsibilities of the Management Committee are as follows:

- participate in the evaluation of the Secretariat;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee, including setting

- direction and priorities;
- approve Terms of Reference for the School Health Coordinators' Committee;
- identify opportunities to address both established, shared priorities as well as emerging trends;
- annually review the endorsed strategic priorities and objectives for the JSCH's 5-year mandate to inform JCSH work planning;
- provide input to, as well as review and approve annual work plans for the JCSH, inclusive of anticipated resource requirements;
- provide input to, as well as review and approve annual operating budgets prepared by the Secretariat, and oversee the financial and administrative matters of the JCSH, in conjunction with the co-chairing jurisdictions;
- establish/reaffirm the Secretariat's responsibilities based upon the annual budget and work plan;
- provide input to, as well as review and approve an annual report of JCSH activities and financial statements prepared by the Secretariat, and submit them to the two Deputy Ministers' committees each Fiscal Year, on or before July 31; and
- approve and review as needed project charters for external committees and working groups deemed necessary by members of the Committee to carry out the work of the JCSH. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on project charter deliverables.

Oversight and Role of the Co-Chairs and Secretariat Host Jurisdiction

Additional roles and responsibilities specific to JCSH Management Committee Co-Chairs include:

- leading and facilitating the work of the JCSH to achieve its stated priorities, objectives, targets, and deliverables as stated in the annual work plan
- representing the JCSH at the Conference of F/P/T Deputy Ministers of Health and CMEC on issues relevant to the JCSH
- providing direction to and oversight of the JCSH Secretariat.

Membership and Process

Membership: Management Committee members are appointed by the Deputy Ministers in each member jurisdiction and are generally positioned at the executive management level from the education and/or health/wellness ministry.

In order to promote alignment, the Management Committee will invite the Public Health Agency of Canada (PHAC) and the Council of Ministers of Education, Canada (CMEC) to appoint a representative to participate in discussions of the Committee in an advisory capacity, but these representatives will not be full voting members of the Committee.

Committee Chairs: The Management Committee will have two co-chairs, one from the secretariat host jurisdiction, and one representing another member jurisdiction. Ideally, the co-chairs will be selected before the outset of a new JCSH mandate and will remain in place for the duration of the mandate. The secretariat host jurisdiction will be resourced to provide Secretariat support to the JCSH (through the JCSH budget).

Meetings: The Management Committee will meet a minimum of four times each year. All Management Committee meetings will be convened by teleconference or videoconference.

In addition, the Committee will meet as required to provide oversight and direction/advice on major issues.

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

Decisions: The Management Committee is a decision-making body. Representation of minimum of fifty per cent of member jurisdictions is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). Divergent views will be fully discussed. Differing opinions will be noted in the meeting records.

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

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

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

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

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

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

Communications: The Committee will keep meeting records including records of its decisions. The meeting records will be available to the Committee Members' respective Deputy Ministers.

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

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

The Management Committee will support the development of an annual work plan, complete with any resource implications, for the JCSH. Once approved by the Management Committee, the annual work plan and operational budget will be submitted to the two Deputy Ministers' committees for their information. Also, the Committee will support development of an annual report, including financial

statements, profiling significant JCSH activities from the previous Fiscal Year, as well as progress made by the Consortium in meeting its goals and objectives. The annual report will be submitted for approval to the two Deputy Ministers' committees on or before July 31 each year. In addition, the JCSH will reach out regularly to the ACDME and the CDMH to present on key activities, and to identify and better understand opportunities for the JCSH to support their priorities and efforts.

Budget: Administrative costs associated with meetings are covered by the JCSH budget. **Duration:** Ongoing per Agreement.

Related Committees: The Committee will establish project charters for any working groups or sub-committees that it decides to form and provide guidance and direction to these groups.

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

For The Year Ended March 31, 2022

	2021	2022
Revenue		
Membership Fees	\$100,000.00	\$100,000.00
Public Health Agency of Canada	\$150,000.00	\$150,000.00
Miscellaneous Revenue		\$721.34
Total	\$250,000.00	\$250,721.34
Expenses		
Administration	\$4,530.99	\$1,825.08
Materials, Supplies, and Services	\$298.95	\$3,835.95
Professional Services	\$3,560.00	\$0.00
Salaries	\$189,574.35	\$171,307.26
Projects		\$68,000.00
Total	\$197,964.29	\$244,968.29
Operating Surplus/(Deficit)	\$52,035.71	\$5,753.05
Accumulated Surplus/(Deficit) - Opening	\$51,347.33	\$103,383.04
Accumulated Surplus/(Deficit) - Closing	\$103,383.04	\$109,136.09

Appendix C: JCSH Statement on Reconciliation

JCSH STATEMENT ON RECONCILIATION

“All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.” The legacy of residential schools and the ongoing effects of colonization, intergenerational trauma and systemic racism impact the health and learning outcomes for First Nations, Métis and Inuit children.

The Pan-Canadian Joint Consortium for School Health (JCSH) values and supports the work of the Truth and Reconciliation Commission of Canada in recognizing the harmful impacts and legacy of the residential school system. We will use our national platform to bring awareness to, and when appropriate, address the Calls to Action for education and health.

The JCSH also recognizes the importance of the self-determination of Indigenous peoples as articulated in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The JCSH is committed to supporting and echoing Indigenous perspectives and ways of knowing, increasing inter-and cross-cultural understanding and fostering shifts in thinking and attitude within our school communities.

The JCSH will respond to the Calls to Action by deepening relationships with First Nations, Métis, and Inuit peoples, and by examining issues of power and privilege. This is an opportunity to reconcile our shared history and build a brighter future for all Canadians.

“Despite being subjected to aggressive assimilation policies for nearly 200 years, Aboriginal people have maintained their identity and their communities. They continue to assert their rights to self-governance. In this they are not alone” and the JCSH stands with them as an ally in continuing on this constructive path.

DÉCLARATION DE RÉCONCILIATION DU CONSORTIUM CONJOINT PANCANADIEN POUR LES ÉCOLES EN SANTÉ

« Tous les Canadiens, à titre de personnes visées par les traités, partagent la responsabilité de l'établissement et du maintien de relations mutuellement respectueuses. » L'héritage laissé par les pensionnats ainsi que les effets permanents de la colonisation, des traumatismes intergénérationnels et du racisme systémique ont une incidence sur la santé et l'apprentissage des enfants des Premières Nations, métis et inuits.

Le Consortium conjoint pancanadien pour les écoles en santé (CCES) apprécie le travail de la Commission de vérité et réconciliation du Canada, et il l'appuie en reconnaissant les séquelles et l'héritage douloureux laissés par les pensionnats. Nous utiliserons notre plateforme nationale pour faire connaître ses appels à l'action dans les domaines de l'éducation et de la santé, et, le cas échéant, pour y répondre.

Le CCES reconnaît également l'importance du droit des peuples autochtones de disposer d'eux-mêmes,

conformément à l'énoncé de la Déclaration des Nations Unies sur les droits des peuples autochtones (DNUDPA). Le CCES est déterminé à appuyer et à rappeler les perspectives et modes de connaissance autochtones, à améliorer la compréhension au sein des communautés et entre celles-ci, et à favoriser un changement de mentalité et d'attitude dans nos milieux scolaires.

Le CCES répondra aux appels à l'action en approfondissant les relations avec les Premières Nations, les Métis et les Inuits, et en examinant les enjeux liés au pouvoir et aux privilèges. Nous avons l'occasion de réconcilier notre histoire commune et de bâtir un avenir meilleur pour tous les Canadiens.

p.
33

« Bien qu'ils aient été soumis à des politiques d'assimilation agressives pendant près de 200 ans, les peuples autochtones ont conservé leur identité et ont préservé leurs collectivités. Ils continuent de défendre leurs droits à l'autonomie gouvernementale. Ils ne sont pas seuls dans cette bataille », et le CCES demeure un allié dans la poursuite de leur quête.

PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH (JCSH) UQARIIRUTIKHAA MAMITTIRNIKKUT IKAYUQHIRMUT

“Tamaita Kanatamiutat, Angiqatigiigutikhaqaqtut inuit, piqatigiigutikhaqaqtut atuqatigiiklugit piliuqlutik munarilutiklu angiqatigiiktumik nakuuyumik piqatigiigutikhamut.” Atuqhimmaaqpagaat ahinukyuqaq nunamut ilihariaktuqhimayut kangaraalukmit unalu pidjutigihimayait nunaqatigiiliqhimayunut, kingulliriiqaqtuni inungnut kanagaraalukmit ayuqhautikyuat unalu inungni inuuhiqaqtunik aallatqiinik ihuigiyyutigivagaintut pidjutauvaktut aanniaqtailinikkut iliharnikkullu ukununga First Nations, Métis ukunungalu Inuit nutaqqanut.

Nunakyuami Kanatamiutat Piqatigiigutaat Iliharvikni Aanniartailinirmut (Joint Consortium for School Health -JCSH) pihimayumayaat ikayuutigivlugulu havakpagaintut Itquumanikkut Nutaanguqtiriniqlu Katimayiyyut Kaanatumut (Truth and Reconciliation Commission of Canada) ilitarivlugit ihuritaavaktut pidjutigivagait ahinukyuqaq nunanut ilihariaktuqhimayunut ilihaqpakhutik. Atuqpaktaqqullu nunakyuami pidjutikhaq kangiqhipkaidjutikhanut tahapkununga, ihuaqqallu, havaarilugitqanmaqtuq Pitquidjutit Havaktauquvlugit ilihaidjutikhanut aanniartailinirmullu.

JCSH-kut ilihimayait piyakhat inmiklut pivallianirmut Nunaqaqqaahimayunut inungnut naunaiyariiqhimayumut talvani uqariiqhimayunut pilaarutikhanut inungnut United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). JCSH-kut havakpiakniaqtut ikayuqlugit naunaiktidjutigilugillu Nunaqaqqaahimayut ihumagiyyainut qanuqlu ilihaliqpalliadjutainut, amigaikyuumilugu angiklikpallianirmut aallatqiini pitquhiqaqunut kangiqhivagianginni atuqlugillu ihuaqtumik ihumalirnikkut ilitquhiinullu pigiyaptingni iliharvikaqtunut nunallaani.

JCSH-kut kiuniaqtut Pitquidjutit Havaktauquvlugit nakuuhivallialugit piqatigiigutikhat ukunani First Nations, Métis, Inuinnauyunullu, naunaiklugit pidjutit hakugiknikkut pittaarutikhanullu. Una pidjutikhaq ihuaqhiyuumilugu piqatigiigutikhaptingnut ilitquhiliqidjutinut piliklugu nakuutqiyamik hivunikhamut tamainnut Kanatamiutanut.

“Ilauvagaluahutik akhuunginnaqtumik ilagiutiyaavallianikkut atugakhanut naavyakhugu 200-ni ukiuni, Nunaqaqqaahimayut inuit munaritimavagait inmik kinauyaakhamingnut nunallamingnullu. Pihimmaakpaktut atuqhimmaaahugu inmik pilaarutikhatik inikkut kavamakhamingnut. Imaatut inmik avaliingittut” JCSH-kullu ikayuqtait ikayuutigivlugulu pihimmaaqutik uumunga pidjutikhamut.

Appendix D: School Health Coordinators' Committee Contact Information and Web Links

British Columbia

School Health Coordinators:

Cassandra Sullivan

Senior Policy Analyst – Health Promoting Schools Healthy Living and Health Promotion Branch
Population and Public Health

Ministry of Health

Tel: 778-698-4932

Email: Cassandra.Sullivan@gov.bc.ca

Addison Mott

Senior Policy Analyst

Ministry of Education

Tel: 236-478-1735

Email: Addison.Mott@gov.bc.ca

School Health Links:

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

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

<https://healthyschoolsbc.ca/>

Alberta

School Health Coordinators

Patricia Martz, MSc.

Health Policy Research

School Health and Wellness Manager / Provincial Nutritionist Alberta Health

Tel: 780-427-5249

Email: patricia.martz@gov.ab.ca

Jeff Bath

Senior Manager, Wellness Education Curriculum Division

Alberta Education

Tel: 780-422-0597

Email: jeff.bath@gov.ab.ca

School Health Links:

<https://education.alberta.ca/programs-of-study/>

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

<http://www.albertahealthservices.ca/info/Page7123.aspx>

<http://wellnessfund.ualberta.ca/UnderstandingComprehensiveSchoolHealth.aspx>

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

Saskatchewan

School Health Coordinators:

Anna Grumbly

Student Wellness Consultant

Student Supports Unit , Ministry of Education

2220 College Avenue Regina, SK S4P 4V9

Tel: 306-787-4350

Email: Anna.grumbly@gov.sk.ca

Helen Flengeris

Government of Saskatchewan Health Promotion Consultant

Population Health Branch, Ministry of Health

3475 Albert St.

Regina, Canada S4S 6X6

Tel: 306-787-3079

Email: Helen.Flengeris@health.gov.sk.ca

School Health Links :

<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing> (Comprehensive School Community Health, Caring and Respectful Schools, Anti-Bullying, Digital Fluency, Healthy Foods for School)

<http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education> (Improving education outcomes for First Nations and Métis Students)

<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration> (Saskatchewan School Curriculum Link – English and French)

<http://www.saskatchewan.ca/residents/education-and-learning/anti-bullying> (Anti-Bullying)

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

Manitoba

School Health Coordinators:

Jackie Van Drunen

Policy Analyst

Health Promotion & Wellness Branch

Manitoba Mental Health and Community Wellness

Tel: 204-945-5976

Email: Jaclyn.VanDrunen@gov.mb.ca

Stephen Howell

Health and Physical Education Consultant

Manitoba Education and Training

Tel: 204-945-6943

Email: Stephen.Howell@gov.mb.ca

School Health Links:

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

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

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

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

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

Ontario

School Health Coordinators:

Danielle Maheu

Manager, Policy and Research Unit,

Safe and Healthy Schools Branch

Ontario Ministry of Education

Email: Danielle.Maheu@ontario.ca

Gianoula Korinis

Team Lead, Healthy Schools Unit

Ontario Ministry of Education

Tel: 437-922-1014

Email: Gianoula.Korinis@ontario.ca

Stace Lum-Yip

Senior Policy Advisor, Healthy Schools Unit

Ontario Ministry of Education

Tel: 647-203-8464

Email: Stace.Lum-Yip1@ontario.ca

Kathleen MacLellan

Policy and Program Advisor

Healthy Populations Policy and Programs Unit (Health)

Email: Kathleen.MacLellan@ontario.ca

Christopher Cully

Education Officer

Policy and Research Unit (Education)

Tel: 416-848-3105

Email: Christopher.Cully@ontario.ca

Emily St. Aubin

Senior Policy & Program Advisor

Healthy Populations Policy and Programs Unit

Tel: 416-326-1742

Email: Emily.St.Aubin@ontario.ca

School Health Links:

www.ontario.ca/healthyschools (English)

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

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

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

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

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

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

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

New Brunswick

School Health Coordinators:

Aisha Khedheri, MEd, RD

Program Advisor

Public Health New Brunswick

Department of Health

Tel: 506-429-4256

Email: aisha.khedheri@gnb.ca

Sylvia Reentovich

Wellness Consultant

Department of Social Development Sartain MacDonald Building

P. O. Box 6000, 551 King St.

Fredericton, NB E3B 5H1

Tel: 506-457-7362

Email: Sylvia.Reentovich@gnb.ca

School Health Links:

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

Nova Scotia

School Health Coordinators:

James Shedden

Provincial Health Promoting Schools (HPS) Coordinator

Healthy Communities, Science and Systems Performance Unit

Public Health, Nova Scotia Health

Tel: 902-890-2327

Email: James.Shedden@nshealth.ca

Kari Barkhouse

Manager, Healthy Communities, Science and System Performance Unit

Public Health, Nova Scotia Health

Suite 200 Bridgewater, NS, B4V 2K7

Tel: 902-543-2431

Email: Kari.Barkhouse@nshealth.ca

Natalie Bakody

Health Education and Physical Education Consultant

Department of Education and Early Childhood Development Programs and Services,

Personal Development & Wellness

2021 Brunswick Street

Halifax, NS B3J 2S9

Tel: 902-424-6134

Email: Natalie.Bakody@novascotia.ca

School health links:

[http:// School Health Links: http://nshps.ca/ www.nshealth.ca nshps.ca/ www.nshealth.ca](http://School Health Links: http://nshps.ca/ www.nshealth.ca nshps.ca/ www.nshealth.ca)

Prince Edward Island

School Health Coordinators:

Sterling Carruthers

Healthy Schools Specialist

Department of Education and Lifelong Learning

250 Water Street, Suite 101

Summerside, PE C1N 1B6

Tel: 902-438-4134

Email: sdccarruthers@gov.pe.ca

Laura Lee Noonan, MA

Manager of Health Promotion

Chief Public Health Office

Department of Health and Wellness

16 Fitzroy Street

Charlottetown, PE C1A 7N8

Tel: 902-620-3517

Email : lanoonan@ihis.org

School Health Links:

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

Newfoundland and Labrador

School Health Coordinators:

Peggy Orbasli

Health Promotion Consultant

Healthy Living, Sport and Recreation Division

Department of Children, Seniors and Social Development

P.O. Box 8700, St. John's, NL A1B 4J6

Tel: 709-729-3939

Email: PeggyOrbasli@gov.nl.ca

Ellen Coady

Program Development Specialist for Health, Home Economics, Family Studies and Physical Education

Department of Education and Early Childhood Development

PO Box 8700

St. John's, NL A1B 4J6

Tel: 709-729-6051

Email: ellencoady@gov.nl.ca

School Health Links:

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

Nunavut

School Health Coordinators:

Shara Bernstein

Student Support Program Coordinator

Department of Education

Government of Nunavut

PO Box 1000, Station 960 Iqaluit, NU X0A 0H0

Tel: 867-975-5611

Email: sbernstein@gov.nu.ca

Nobe Khumalo

Health Promotion Specialist

Department of Health

Government of Nunavut

Tel: 867-975-5383

Email: NKhumalo@gov.nu.ca

School Health Links:

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

Northwest Territories

School Health Coordinators:

Shawna Pound

Territorial Based Support Team Coordinator

Student Support and Wellness Division

Department of Education, Culture and Employment

4501-50th Ave, 3rd Floor Lahm Ridge Tower

Box 1320 Yellowknife, NT X1A 2L9

Tel: 867-767-9342 ext. 71032

Email: shawna_pound@gov.nt.ca

Mabel Wong

Territorial Nutritionist

Office of the Chief Public Health Officer

Department of Health and Social Services

Tel: 867-767-9064, ext. 49232

Email: Mabel_Wong@gov.nt.ca

School Health Links :

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

<https://www.gov.nt.ca/en/service-directory/health-wellness>

Yukon

School Health Coordinators:

Ian Parker

Manager, Health Promotion Unit

Department of Health and Social Services

305 Jarvis St., 2nd Floor

Whitehorse, YT Y1A 2H3

Tel: 867-456-6576

Email: Ian.Parker@gov.yk.ca

Brenda Jenner

School Community Consultant

Department of Education

Tel: 867-456-6587

Email: Brenda.Jenner@gov.yk.ca

School Health Link:

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

Public Health Agency of Canada

Deepika Sriram

Policy Analyst, Youth Policy and Partnerships Unit

Health Promotion and Chronic Disease Prevention Branch

Public Health Agency of Canada | Government of Canada

Tel: 613-220-6428

Email: deepika.sriram@phac-aspec.gc.ca

Suzy Wong, PhD

Senior Policy Analyst,

Youth Policy and Partnerships Unit

Health Promotion and Chronic Disease Prevention Branch

Public Health Agency of Canada | Government of Canada

Tel: 613-853-9336

Email: suzy.wong@phac-aspc.gc.ca

School Health Links:

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

<http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/school-health/>

Appendix E: JCSH Strategic Directions 2020-2025

VISION

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

MISSION

To work collaboratively across jurisdictions and between the education and health sectors to support optimal health, well-being, and learning of children and youth in school communities

GOAL 1

PROVIDING LEADERSHIP

To advance coordinated and aligned policy, programs, and practice that support the optimal health, well-being, and learning of children and youth in Canada

GOAL 2

ENHANCING CAPACITY THROUGH KNOWLEDGE DEVELOPMENT AND EXCHANGE

To build, share, and leverage knowledge that enables member jurisdictions to support the optimal health, well-being, and learning of children and youth in Canada

GOAL 3

PROMOTING INNOVATION

To support innovative approaches to policy, programs, and practice in member jurisdictions that address common challenges to the optimal health, well-being, and learning of children and youth in Canada

GOAL 4

MONITORING, EVALUATION, AND ACCOUNTABILITY

To implement a comprehensive evaluation framework for the goals, strategies, and operational plans of the JCSH 2020-2025 mandate

GOVERNANCE

Ministries of Education and Ministries responsible for Health/Wellness in 12 provinces and territories, and the Public Health Agency of Canada representing the Federal Government

Providing Leadership

Strategy 1: Strengthen connections with the Council of Ministers of Education, Canada and the FPT Ministers of Health to encourage alignment of priorities and needs.

Strategy 2: Continue to support member jurisdictions with policy and practice-based tools and resources that leverage a comprehensive school health approach.

Strategy 3: Proactively engage with federal initiatives focused on student health and well-being to align with efforts within jurisdictions and encourage principles of CSH to be embedded and visible within these federal initiatives.

Strategy 4: Continue to strategically engage representatives of the non-government sector, and key stakeholders in sectors beyond health/wellness/education, in order to advance CSH-based approaches to common needs and issues.

Enhancing Capacity Through Knowledge Development and Exchange

Strategy 1: Support member jurisdictions to be responsive, resource efficient, and economically responsible by sharing knowledge of what works best and has the greatest positive impact.

Strategy 2: Identify and/or develop tools to strengthen existing partnerships across the education and health sectors.

Strategy 3: Continue to strengthen knowledge on how CSH-based approaches can meet the needs of diverse population groups and address inequities.

Strategy 4: Increase and enhance opportunities for knowledge exchange among member jurisdictions.



Promoting Innovation

Strategy 1: Proactively identify and provide potential solutions to existing and emerging challenges to student health, well-being, and learning, and disseminate results among member jurisdictions.

Strategy 2: Utilizing a comprehensive school health approach, advance application of evidence to address emerging issues of concern (e.g. vaping).

Strategy 3: Continue engaging research partners in order to create an evidence base of strategies to support student health, well-being, and learning and comprehensive school health approaches.

Strategy 4: Work with research partners to advance evidence-based reviews of responses to emerging challenges.

Monitoring, Evaluation, and Accountability

Strategy 1: Develop annual JCSH operational plans and budgets that specify planned areas of actions to support the five-year JCSH goals and strategies.

Strategy 2: Undertake a comprehensive evaluation of the JCSH during the mandate.

Strategy 3: Support and ensure the ongoing alignment between the JCSH governance structure, the operational policies, and the implementation of the Strategic Directions.