

Outcome Evaluation of the Pan-Canadian Joint Consortium for School Health

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Pyra
Management
Consulting
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Executive Summary

Introduction

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

As the JCSH approaches the end of its second five-year mandate in 2015, its Management Committee and Executive Director identified a need for a formal evaluation to assess the Consortium's progress toward its five long term outcomes from 2010 to 2014. The evaluation was also intended to provide insight and advice about future directions of the JCSH and suggest options for future ongoing monitoring of progress. The evaluation was conducted by Pyra Management Consulting Services Inc.

The evaluators created an evaluation framework and data collection tools with input from the JCSH staff and Evaluation Committee. Data was collected using multiple methods including a document review, key informant interviews with JCSH members and partners, focus groups with Secretariat staff and School Health Coordinators, and an electronic survey. Thematic analysis was independently conducted by two evaluators, who then met to confirm and discuss emergent themes. Evaluation findings and recommendations were developed collaboratively involving both evaluators.

Findings

Overall, the JCSH has achieved its five long term outcomes and demonstrated cost efficiencies for its members.

Increased Policy Coordination. There has been increased pan-Canadian coordination, increased coordination between the health and education sectors within jurisdictions, and increased policy coordination has begun to emerge in some jurisdictions at the school level as schools use the Healthy School Planner to identify ways to better align existing school policy with the Comprehensive School Health Framework.

Increased Research Coordination. The role of the JCSH in facilitating research was acknowledged and valued by many key informants. The JCSH is seen by many key informants as an important connector to help researchers and government representatives in the health and education sectors communicate about and work collaboratively on school health research. A few key informants

also suggested that the JCSH has raised the profile about the importance of school health research, and has raised awareness about what research is ongoing in the field.

Increased Inter-Sectoral Action. All key informants believe that the JCSH has increased inter-sectoral action between the health and education sectors across the country. Some key informants also identified that the work of the JCSH has contributed to inter-sectoral collaboration beyond the health and education sectors. Within some jurisdictions, work related to JCSH activities has led to engagement of other sectors such as social services, transportation and recreation.

Increased Systemic Collaboration and Efficiency. The JCSH has been engaged with many partners for many initiatives, which has supported increased collaboration throughout the systems connected to the school health field. The JCSH, and in particular the Secretariat Executive Director and staff, are seen as “connectors” that help organizations locate and work collaboratively with other organizations. In terms of cost efficiencies, many respondents from jurisdictions noted that the JCSH has enabled collaborative development of resources so that twelve different jurisdictions did not all spend resources to develop the same things. In some cases, jurisdictions indicated that they would not have been able to develop resources such as those produced by the JCSH or participate in JCSH-facilitated research opportunities if the JCSH had not been in existence.

Increased System Capacity. The JCSH has increased system capacity in a number of ways and at different levels within the system. Federal government stakeholders (PHAC) noted that the JCSH provides them with an opportunity to better understand the priorities and programs in school health in each of the provinces and territories. Both School Health Coordinators and Management Committee members indicated that their participation in the JCSH, particularly through the face-to-face meetings, had served to increase their own capacity to undertake school health-related work in their respective jurisdictions.

Relevance and Value-Add

The six priority areas of the JCSH have been relevant and aligned to the priorities of the membership. The JCSH is seen as a significant contributor to the school health field with an important role in making connections between organizations within and outside of government. The JCSH is perceived as a cost-efficient means of developing resources, creating and sharing knowledge, and increasing the capacity for improving school health. The JCSH is the only mechanism by which the government education and health sectors meet and work collaboratively at a pan-Canadian level. The opportunity of knowledge exchange and

collaborative activity provided by this mechanism is valued by members and partners.

Future of the JCSH

Among participants in the evaluation, there is a universal desire for a renewed mandate for the JCSH in order to:

- build upon the work that is well underway;
- support the uptake of existing tools; and
- continue supporting inter-sectoral action and enabling research.

There was also a suggestion by some key informants that in the future the JCSH should adapt existing resources to ensure their cultural relevance to different populations, such as Aboriginal populations. There is a strong desire among several key informants to focus on evaluating both the uptake of tools and their impact at the school and individual level.

The work the JCSH has undertaken to enable research related to comprehensive school health has been highly valued. There is an opportunity for the JCSH to take a stronger role in facilitating research related to comprehensive school health.

A few respondents indicated that although both the health and education sectors participate in the JCSH, the health sector usually drives the agenda. Key informants talked about the importance of a true partnership between education and health.

From a structural perspective, the organizational structure of the JCSH is appropriate for its purpose. Frequent turnover among members of the Management Committee is believed by some JCSH members to hamper progress on occasion, which could possibly be addressed in part with a stronger orientation process for new members. In some jurisdictions there is less than optimal connection and collaboration between health and education, which might be improved if Management Committee members from both sectors were in regular communication with the School Health Coordinator(s) in their own jurisdiction.

There is agreement among several key informants that if the mandate is renewed, the Secretariat should not move due to the likely loss of corporate memory and momentum. Interestingly, a question about this issue was not specifically asked as part of the data collection tools used in the evaluation. Several JCSH members initiated discussion with the evaluators about the future location of the Secretariat during their interview.

From a process perspective, there is some lack of clarity around roles and reporting relationships among the different components of the JCSH, such as the

role of Secretariat, the role of the Management Committee, and the reporting relationship for the Executive Director.

In general, the communications efforts of the JCSH have been useful, although there is a potential to make better use of technologies that frequently push small amounts of data to members and partners, such as Twitter, for those members who prefer and use this medium.

A gap in the work of the JCSH is the lack of Aboriginal involvement. A pan-Canadian organization should provide an opportunity for all jurisdictions to participate, including Aboriginal jurisdictions.

Recommendations

The evaluation resulted in several recommendations including:

1. Renew the mandate of the JCSH. The work of the JCSH is highly valued and relevant to its members, and members believe it offers value for investment. Using the right language is important in establishing the new mandate. The new mandate should be written in such a way that it is clear that the JCSH is a partnership that relies on the equal contributions of both sectors and at all levels.
2. Review and simplify the logic model for the JCSH, including revising the existing outcomes. The overlap in the existing outcomes has created lack of clarity and caused difficulty in measuring discrete progress against each outcome. Once new unique outcomes are defined, create an evaluation framework with indicators and do so at the beginning of the mandate in order to ensure that all members and partners are clear about the intended deliverables of the organization from the outset.
3. As part of the process of reviewing outcomes, consider the merits of engaging more sectors in the work of the JCSH (e.g. parks and recreation, transportation). This was a suggestion expressed by several members of the JCSH. This expansion of mandate, while potentially useful in promoting a more comprehensive view of school health should be approached carefully with consideration for the impact of such a change on resources. The approach of the JCSH over the past 4 years has been highly valued. If a change is made to focus more broadly within the context of current resources, human resources will necessarily shift away from some of the currently valued activities of the JCSH as work begins to develop new partnerships.
4. Explore with Aboriginal organizations if and how they might like to be engaged in the work of the JCSH.

5. Consider facilitating a school health research network that includes key Canadian researchers in the field of comprehensive school health as well as members of the JCSH. This network could serve as a forum to share and exchange knowledge about current research, identify opportunities for collaboration, facilitate linkages between research, policy and action, and potentially enable the identification of a pan-Canadian research agenda that articulates strategic priorities for research in the field of school health.
6. Make the Core Indicators and Measures of Comprehensive School Health and Student Achievement project a high priority for continuation. The need to measure the impact of activities that promote comprehensive school health is a priority of many members.

The full evaluation report also contains additional recommendations about the structure, function and operation of the JCSH.

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1. Introduction

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

The mission of the JCSH is to provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together. To accomplish its mission, the Consortium brings together key representatives of federal, provincial and territorial government departments or ministries responsible for health and education, to:

- Share information and learn from each other's experiences;
- Identify best practices;
- Leverage resources;
- Minimize overlap and duplication;
- Support new research in promising areas; and
- Foster a sense of collaboration and shared responsibility.

The Consortium also works to promote understanding of the importance of comprehensive school health programs and services. Comprehensive school health is an internationally recognized approach that supports incorporating policies and practices that support students' health and overall well-being into every aspect of the school environment. These aspects include:¹

- **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. The physical environment includes the buildings, grounds, play space, and equipment in and surrounding the school, and basic amenities such as sanitation and air cleanliness.
- **Teaching and Learning:** Resources, activities and provincial/territorial curriculum where students gain age-appropriate knowledge.
- **Healthy School Policy:** Management practices, decision-making processes, rules, procedures and policies at all levels that promote health and wellbeing, and shape a respectful, welcoming and caring school environment.

¹ Pan-Canadian Joint Consortium for School Health. What is Comprehensive School Health? <http://www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf>

- **Partnerships and Services:** The connections between the school and students' families. Supportive working relationships within schools (staff and students), between schools, and between schools and other community organizations and representative groups. Health, education and other sectors working together to advance school health.

The JCSH is approaching the end of its second five-year mandate in 2015. The Management Committee and Executive Director identified a need for a formal evaluation to assess the Consortium's progress toward its five long term outcomes from 2010 to 2014. The evaluation was also intended to provide insight and advice about future directions of the JCSH and suggest options for future ongoing monitoring of progress.

2. Background

The following background information describes the outcomes and structures of the JCSH to provide context for the evaluation findings.

2.1 JCSH Activities, Long Term Outcomes, and Logic Model

The JCSH fulfills its mission and mandate through activities in three key areas:

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

The JCSH has committed to five overarching long term outcomes. They were defined in the JCSH Operating Plan 2012-2015 as follows:

Increased Policy Coordination

In each jurisdiction, policies around school health reflect a comprehensive school health approach between and within the health and education Ministries.

Increased Research Coordination

The JCSH establishes and maintains relationships with the research community and directs the priorities related to comprehensive school health in the six key areas -- positive mental health, physical activity, healthy eating, substance use,

healthy relationships, and injury prevention -- to advance best evidence development and knowledge exchange.

Increased Inter-Sectoral Action Between Education and Health

The mandate of the JCSH is to enhance collaboration between education and health ministries in the area of comprehensive school health, the JCSH four-pillar approach to addressing positive mental health, physical activity, healthy eating, substance use, healthy relationships, and injury prevention: through healthy school policies, physical and social environment, teaching and learning, and partnerships and services.

Increased Systemic Collaboration and Efficiency

Relationships between education and health ministries and other key stakeholders -- including national and international organizations, non-government organizations, and research centres -- are focused on working together to address comprehensive school health issues and national priorities.

Increased System Capacity

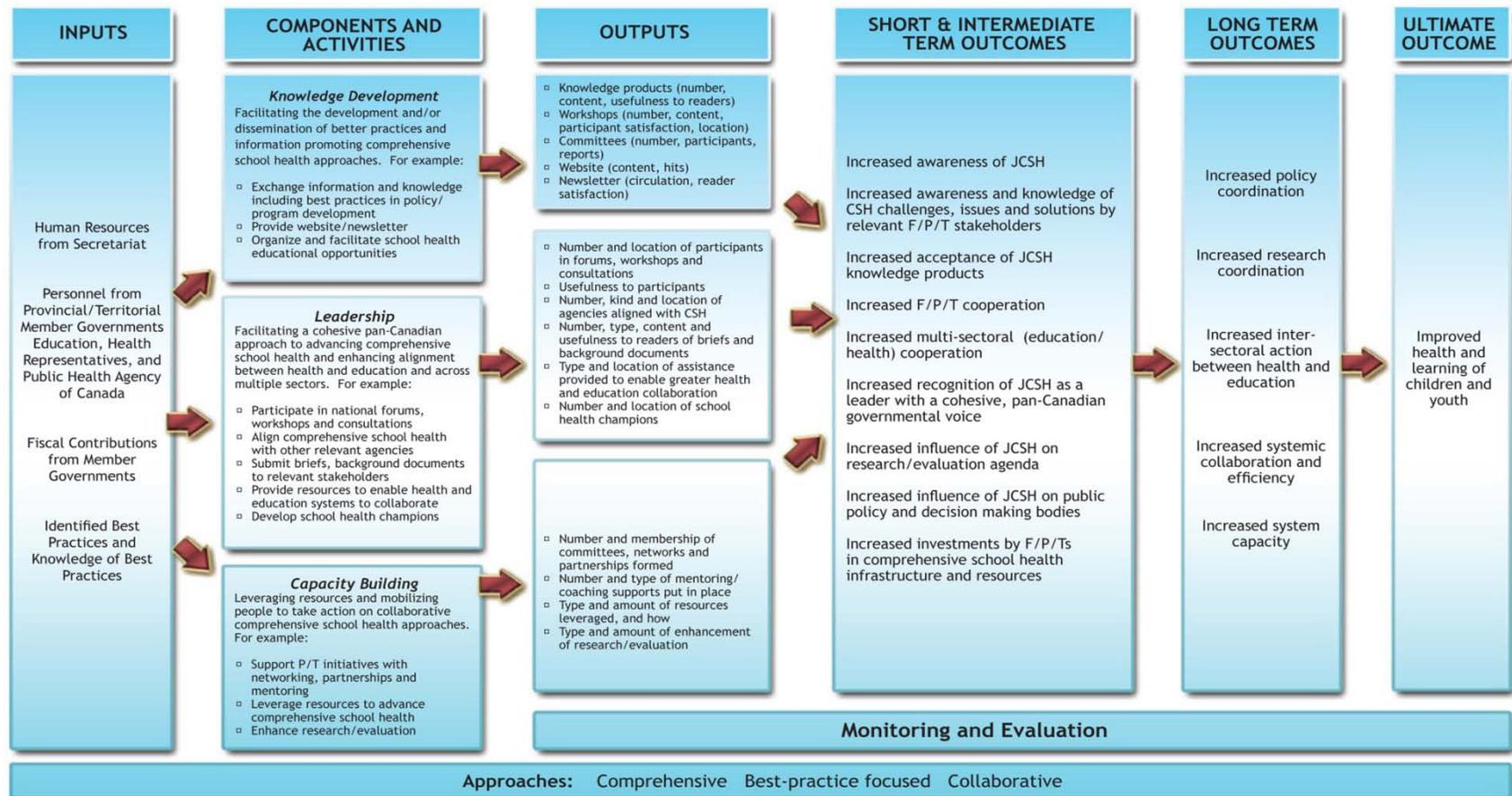
Using a comprehensive school health approach in the six key areas (positive mental health, physical activity, healthy eating, substance use, healthy relationships, and injury prevention), the JCSH supports the work of member jurisdictions and the federal government to build their respective capacities to design and deliver comprehensive school health programs.

The following page provides a high level overview of the JCSH in a Logic Model.



Vision: Canadian children and youth experience optimal health and learning

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



2.2 JCSH Operating Plan and Strategic Direction for 2012-2015

The JCSH Operating Plan 2012-2015 provided specific targets as well as action steps for both the School Health Coordinators' Committee and the Secretariat as a means of reaching the targets.

It also established its intention to facilitate the collaborative work between the provincial/territorial Education Ministers and the federal/provincial/territorial(F/P/T) Health Ministers in achieving national priorities in six substantive areas which have key implications for student achievement:

- positive mental health;
- physical activity;
- healthy eating;
- substance use;
- healthy relationships; and
- injury prevention.

2.3 JCSH Governance, Management Structure, and Funding

The Pan-Canadian Joint Consortium for School Health was established in 2005 by agreement of the provincial and territorial Ministries of Education and Health and the Public Health Agency of Canada (PHAC). The first agreement expired in 2010 and it was renewed for a second five-year period. The current agreement will expire on March 31, 2015.

2.3.1 Deputy Ministers' Committees

Under the terms of the Agreement, the JCSH is led by the Lead Jurisdiction which is selected by the majority of the parties. Governance of the JCSH is provided by two F/P/T Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDM).

The Deputy Ministers of Health and Education in the Lead Jurisdiction (currently PEI) act as liaisons between the JCSH and their respective P/T deputy ministers' tables with responsibility for:

- Tabling the JCSH's annual reports for approval;
- Establishing a Management Committee as the operational committee of the Consortium and approving its Terms of Reference;

- Facilitating approval of the JCSH strategic plans; and
- Reviewing and accepting the Annual Report with financial statements as submitted by the Management Committee.

Decisions of the Deputy Ministers' Committees are communicated by the Liaison Deputy Minister to the Chair of the Management Committee who in turn, provides instruction and guidance to the Executive Director of the JCSH Secretariat.

2.3.2 Management Committee

The Management Committee provides overall direction to the JCSH and ensures its support. Its members are appointed by the Deputy Ministers in each member jurisdiction and are generally positioned at the Assistant Deputy Minister level from either the Health or Education department/ministry. PHAC also participates on the Management Committee in an observer capacity.

The Management Committee is responsible for:

- Acting as forum for information sharing and consideration of strategic-level issues related to the purpose of the Consortium;
- Ensuring that the purpose of the Consortium is carried out and that it is meeting the goals approved by the two Deputy Ministers' committees;
- Providing overall direction to the Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium;
- Overseeing the preparation of a five-year strategic plan for approval by the two Deputy Ministers' committees, updated as necessary;
- Providing leadership and guidance to the Secretariat, including setting direction and priorities;
- Approving the Terms of Reference and providing leadership and guidance to the School Health Coordinators' Committee, including setting direction and priorities;
- Approving the annual operating plan and budget prepared by the Secretariat;
- Overseeing the financial and administrative matters of the Consortium, in conjunction with the Lead Jurisdiction (as host of the Secretariat);
- Establishing the Secretariat Executive Director's responsibilities based upon the annual budget and operating plan;
- Participating with the Liaison Deputy Minister(s) in the hiring and evaluation of the Secretariat's Executive Director;

- Approving the annual report and financial statements prepared by the Secretariat and submitting them to the two Deputy Ministers' committees for acceptance each fiscal year; and
- Approving mandate, work plans and Terms of Reference on an annual basis for external committees and working groups deemed necessary by members of the Committee to carry out the work of the Consortium.

The Management Committee is chaired by the Management Committee member from the Lead Jurisdiction.

The Management Committee meets a minimum of four times each year, at least two meetings of which are face-to-face. School Health Coordinators' Committee co-chairs attend Management Committee meetings on an alternating basis. The Secretariat Executive Director attends meetings of the Management Committee.

2.3.3 School Health Coordinators' Committee

The School Health Coordinators' Committee (SHCC) serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between the health and education sectors in the promotion of health through the school setting.

The SHCC members are School Health Coordinators appointed by each JCSH member jurisdiction. PHAC also participates on the SHCC in an observer capacity.

The SHCC supports the work of the JCSH by:

- Supporting collaboration and alignment between health and education sectors in the promotion of health through the school setting;
- Facilitating a linkage between JCSH projects and jurisdictional experts to inform work on such projects;
- Contributing jurisdictional expertise and contexts to the Consortium's overall understanding of, and action on, pan-Canadian initiatives;
- Providing jurisdictional input into, and updates on, issues relevant to the work of the JCSH; providing input into JCSH initiatives; and
- Seeking and utilizing opportunities to represent the JCSH in local/ provincial/ national/ international forums.

The SHCC is co-chaired by the School Health Coordinator (SHC) from the Secretariat's host jurisdiction and a SHC from another P/T. The co-chairs provide updates on the work of the SHCC to the Management Committee.

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.

2.3.4 Joint Consortium for School Health Secretariat

The JCSH Secretariat coordinates the activities of the JCSH and provides administrative, policy, planning, logistical and communication support to the Consortium and its members, under the direction of the Executive Director.

The Lead Jurisdiction hosts the Consortium Secretariat and is responsible to hire and evaluate the Secretariat Executive Director. The Executive Director is responsible for coordinating the activities of the Secretariat and representing its priorities, positions and products in other settings as required. The Executive Director is also responsible for hiring and evaluating the staff of the Secretariat.

2.3.5 Funding and Cost-Sharing Agreement

Funding for the JCSH operations and the cost of the Secretariat is shared by the federal and the provincial/ territorial jurisdictions. The annual budget of \$500,000 is met as follows:

- The Public Health Agency of Canada contributes \$250,000 annually; and
- Provinces and Territories together contribute another \$250,000 annually according to a formula that includes the same fixed amount for each jurisdiction and a variable amount based on the jurisdiction's population.

3.0 Methodology

Pyra Management Consulting Services Inc. was contracted to create an evaluation framework and conduct the evaluation for this project in March 2014.

3.1 Evaluation Framework

At the outset of the engagement, the evaluators met in a face-to-face meeting with the staff of the JCSH Secretariat to discuss in detail the meaning of the five outcomes and to identify the most relevant concepts for which to identify and develop indicators. The evaluators then created a draft evaluation framework document containing an evaluation matrix that, for each of the five outcomes, identified the key evaluation questions, the indicators for each question, and the data sources from which the indicators could be measured.

The JSCH Secretariat staff then reviewed the draft evaluation framework, and provided consolidated feedback and suggestions for modifications. This feedback was incorporated into a second draft of the document which was provided to the JCSH Evaluation Committee for a second round of review and feedback to the

evaluators. Once the Committee’s feedback was incorporated, a final version of the evaluation framework was created as the basis for the evaluation methodology, data collection process, and reporting.

In creating the evaluation matrix, it was noted that many of the 29 evaluation questions related to more than one of the five outcomes as a result of the interrelated nature of the outcomes themselves. The development and choice of evaluation methods and approaches for complex network-type organizations such as the JCSH is an emerging field in the public administration and evaluation literature. Current thought leaders in these fields emphasize the importance of assessing structures, and measuring both processes and outcomes in order to effectively assess the progress of a network.

The foundation of networks is the quality of the relationships that exist within the network, so an evaluation of network effectiveness must include some focus on network process and structure.^{2,3} For this reason, several of the questions in the evaluation matrix were specifically and intentionally aimed at gaining a better understanding of the JCSH structures and processes, as well as its outcomes.

3.2 Data Collection Tools

The evaluation matrix provided the structure for linking the evaluation questions flowing from each outcome with the data sources to be tapped in order to assess each of the pre-determined indicators. This section describes each of the data sources and the tools used to gather the data. The data collection tools (Document Review Template, Electronic Survey and Focus Group and Interview Questions) are found in the Appendices.

Document Review: The evaluators developed and applied a document review template to guide the collection of data during the review of key documents provided by the JCSH Secretariat. These documents included strategic and operational plans, budgets, committee Terms of Reference documents, briefing notes, annual reports, school health tools and related documentation, meeting minutes, and evaluation reports.

Electronic Survey: An electronic survey was designed from the evaluation matrix and the link distributed via email to a list of Management Committee members, research partners and organization partners of the JCSH provided by the Executive Director. The Executive Director sent an email to all invitees prior to

² Popp J. et al. 2013. Inter-organizational Networks: A Critical Review of the Literature to Inform Practice.

³ Herranz, J. 2009. Multilevel performance indicators for multisectoral networks and management. American Society for Public Administration; 40: 445.

the email from the evaluators in order to introduce the evaluators and encourage participation. A follow-up reminder email was distributed by the evaluators 3 days before the survey closed. The survey was open for completion for 16 days. Twenty six people were invited to complete the survey; 7 responses were received.

Focus Group - School Health Coordinators' Committee: A focus group discussion was held at the regular meeting of the School Health Coordinators' Committee in Regina, Saskatchewan on April 1, 2014. Drawing on the evaluation matrix, the questions discussed were grouped according to the five long term outcome areas of the JCSH. The questions were sent to the participants before the meeting so that participants could be prepared for the discussion. The moderator used a semi-structured focus group guide and obtained informed verbal consent for both participation and for digitally recording the focus group discussion for the purposes of later transcription and thematic analysis. The focus group discussion took approximately 150 minutes.

Interviews – School Health Coordinators: School Health Coordinators were offered an opportunity to be interviewed by telephone either before or after the Focus Group discussion to discuss any matters that were specific to their particular jurisdiction's experience with the JCSH. Of the 13 jurisdictions involved in the JCSH (9 provinces, 3 territories and PHAC), interviews were requested and held with School Health Coordinators of 4 jurisdictions.

The interviewer used a semi-structured focus group guide and obtained informed verbal consent for both participation and for digitally recording the interview for the purposes of later transcription and thematic analysis. These interviews lasted approximately 30 minutes on average.

Focus Group – JCSH Secretariat Staff: A focus group discussion was held via teleconference with the JCSH Secretariat staff on April 11, 2014. Drawing on the evaluation matrix, the questions discussed were grouped according to the five long term outcome areas of the JCSH. The questions were sent to the participants before the meeting so that participants could be prepared for the discussion. The moderator used a semi-structured focus group guide and obtained informed verbal consent for both participation and for digitally recording the focus group discussion for the purposes of later transcription and thematic analysis. The focus group discussion took approximately 120 minutes.

Interviews – Management Committee Members: Telephone interviews were arranged and conducted with members or representatives of members of the JCSH Management Committee. All members were contacted via e-mail and

invited to schedule an interview with one of the evaluators. One or two follow-up emails and/or telephone calls were made to potential interviewees who did not respond to the first request.

Drawing on the evaluation matrix, the questions discussed were grouped according to the five long term outcome areas of the JCSH. The interview questions were sent to the participants before their scheduled interview so they could be prepared for the discussion. The moderator used a semi-structured interview guide and obtained informed verbal consent for both participation and for digitally recording the interview for the purposes of later transcription and thematic analysis. These interviews took approximately 60 minutes each.

Of the 13 jurisdictions with representation on the Management Committee (9 provinces, 3 territories and PHAC), interviews were scheduled and held with Management Committee members from 12 jurisdictions.

Interviews – Organizational Partners: Telephone interviews were arranged and conducted with representatives of partner organizations with which the JCSH has had collaborative relationships over the past five years. Potential interviewees were contacted by one of the evaluators via email and invited to schedule an interview. One or two follow-up emails and/or telephone calls were made to potential interviewees who did not respond to the first request.

Drawing on the evaluation matrix, the questions discussed were grouped according to the five long term outcome areas of the JCSH. The interview questions were sent to the participants before their scheduled interview so they could be prepared for the discussion. The interviewer used a semi-structured interview guide and obtained informed verbal consent for both participation and for digitally recording the interview for the purposes of later transcription and thematic analysis. These interviews took approximately 45 minutes each.

Of the 16 partner organizations offered interviews, interviews were held with representatives of 11 organizations and written responses to the interview questions were received from another 2 partner organizations for a total of 13 responses.

Interviews – Research Partners: Telephone interviews were arranged and conducted with research partners of the JCSH. Potential interviewees were contacted by one of the evaluators via email and invited to schedule an interview. One or two follow-up emails and/or telephone calls were made to potential interviewees who did not respond to the first request.

Drawing on the evaluation matrix, the questions discussed were grouped according to the five long term outcome areas of the JCSH. The interview questions were sent to the participants before their scheduled interview so they could be prepared for the discussion. The interviewer used a semi-structured interview guide and obtained informed verbal consent for both participation and for digitally recording the interview for the purposes of later transcription and thematic analysis. These interviews took approximately 45 minutes each.

Of the 8 research partners offered interviews, 5 interviews were held.

3.3 Data Collection and Analysis

All of the qualitative data from the document review, electronic survey, interviews and focus groups was thematically analyzed using a coding structure based on the five outcomes and related indicators using NVivo software. NVivo is a qualitative data analysis computer software package for use with text-based information. It assists evaluators with organizing and analyzing non-numerical or unstructured data, allowing the evaluator to classify, sort and arrange information, and identify relationships in the data, test theories, and identify trends to build a body of evidence from which to discern a case or conclusion.

Thematic analysis was independently conducted by two evaluators, who then met to confirm and discuss emergent themes. Evaluation findings and recommendations were developed collaboratively involving both evaluators.

Where appropriate, quotes from the interviews and focus groups are provided in this report to illustrate key themes that emerged from the analysis. To protect the anonymity of the interview participants, these quotes are not attributed to specific individuals.

3.4 Limitations of the Evaluation

This evaluation project is focused specifically on the task of assessing the extent to which the JCSH has been successful during the first four years of its five year mandate in making measurable progress toward its five long term outcomes. The evaluation questions, indicators and data sources were chosen specifically at the outset of the evaluation on the basis of their capacity to produce evidence of this progress.

As comprehensive and methodologically sound as this approach is, it also places some limitations on the scope of the evaluation. Specifically, the evaluation scope does not include:

- A review and assessment of the appropriateness or effectiveness of the JCSH governance and management structures;
- An assessment of the extent to which the JCSH has been successful in accomplishing the goals set out in its strategic, operational and business plans;
- A quantitative assessment of the cost-effectiveness or cost-efficiency of the day-to-day workings of the JCSH Secretariat; or
- An evaluation of the performance of the JCSH staff in relation to their position descriptions.

However, where these topics were raised throughout the data collection process and to the extent that any identified issues in these areas had an impact of progress toward the five long term outcomes, they have been identified in the report.

4. Findings by Outcome

This section describes the findings of the evaluation by each of Consortium’s five long term outcomes. For each outcome, there are two subsections. The first is a description of activities that the JCSH has undertaken related to the outcome, both at the level of the Consortium and also within the individual jurisdictions that make up the membership of the JCSH. The lists of activities are not meant to be exhaustive descriptions of every activity, but rather a representative selection of activities that demonstrate evidence that the JCSH has undertaken work related to the outcome, as well as the breadth of the work.

The second subsection under each outcome is a summary of findings from the multiple data sources used in the evaluation to assess progress in achieving the outcome. There is considerable overlap among the long term outcomes in the logic model and for this reason, there are some activities that could be listed under two or more outcomes. For example, an activity where multiple sectors collaboratively engage in a research initiative and disseminate results could fit under each of the outcomes of increased inter-sectoral collaboration, increased research coordination, increased systemic collaboration and efficiency and increased system capacity. For brevity, activities that contribute to more than one outcome are only listed under one outcome. However, the reader should keep in mind that many of the activities support multiple outcomes.

4.1 Outcome: Increased Policy Coordination

4.1.1 JCSH Activities Related to Policy Coordination

The following are examples of activities undertaken by the JCSH in support of achieving this outcome.

Comprehensive School Health Framework

The JCSH has endorsed and promoted the concept of comprehensive school health as a framework for supporting improvements in students’ educational outcomes while addressing school health in a planned, integrated and holistic way. This framework has served as a useful guide for several jurisdictions as they implement policy to address school health, and serves as the foundation for all of the tools and resources developed by the JCSH.

Healthy School Planner

The Healthy School Planner is a tool used by schools to assess the current school health environment and enable the creation of a plan to make policy changes that promote comprehensive school health. The Healthy School Planner offers individual schools a way to assess the overall state of their school environment as well as the choice to focus on healthy eating, physical activity, tobacco and/or

positive mental health. Using the Healthy School Planner, school health a school's overall wellness environment is assessed using the four pillars of the Comprehensive School Health framework. The Healthy School Planner is available in English and French.

The Healthy School Planner was developed for the JCSH by the Propel Centre for Population Health Impact (Propel) at the University of Waterloo, with guidance from an Advisory Committee formed by the JCSH. The HSP is available for use by any school in the country, free of charge. When using the Healthy School Planner for the first time, schools complete a foundational module and then move on to any of the four additional modules. Upon completion of any one of the Healthy School Planner modules, schools receive results specific to their responses that include tailored recommendations based on their results, and a list of action-oriented and jurisdiction-specific resources.

Youth Engagement Toolkit

With ongoing input provided by a JCSH advisory committee that had representatives from health and education ministries from across the country, the Students Commission of Canada researched and developed a Youth Engagement Toolkit. The Toolkit includes the research evidence and rationale for youth engagement, evidence-informed best practices and qualities of youth engagement, and tips on how youth engagement can be initiated and sustained. The Toolkit contains a number of resources including videos, other tools and links to additional resources that can assist in planning for and evaluating youth engagement.

The Toolkit supports policy makers and front line educators as they meaningfully engage youth in policy change that will enable healthy school environments. It is available in English and French.

Positive Mental Health Toolkit

The JCSH worked in collaboration with W. Morrison & Associates Inc. to develop an interactive on-line tool kit designed to support schools in assessing and improving school-based positive mental health practices. The JCSH facilitated the consultation on and pilot testing of the toolkit by educators and content experts from across the country. The Toolkit is available in English and French.

Increased Policy Coordination in JCSH Member Jurisdictions

A few examples of activities undertaken by the JCSH member jurisdictions that relate to the outcome of increased policy coordination:⁴

- In Nunavut, the Departments of Health and Social Services and Education agreed to implement a sexual health framework focused on improving the sexual health of Nunavummiut. Specifically, the departments increased their collaboration for the development and implementation of a school sexual health curriculum. The departments developed a bi-lateral agreement to enable community health representatives and nurses from across Nunavut to support schools and teachers in delivering the sexual health curriculum.
- British Columbia created the Comprehensive School Health Knowledge Guide to help health authority and education sector staff to increase awareness and understanding about the framework.
- British Columbia also finalized the Healthy Living Performance Standards. The standards support assessment of cross-curricular healthy living outcomes and provide a resource for use by schools and families in their monitoring of efforts to enhance health knowledge, skills, attitudes, and behaviours among students.
- The Yukon Department of Education introduced the Sexual Orientation and Gender Identity Policy in 2012. This policy states that the Department of Education values diversity in its school communities and that it will ensure safe, welcoming, inclusive, and affirming learning environments for all students. The policy contains the elements to be included in all school policies for school-based discrimination/harassment prevention, provides school administrators with guidance for their responses to such situations, and outlines the counseling and support requirements for both students and staff.
- Health Canada released an e-report, *Healthy Eating After School: Integrating Healthy Eating Into After-School Physical Activity Initiatives* in 2013. Developed in collaboration with the F/P/T Group on Nutrition, the report provides the JCSH members and other stakeholders with key learnings from a literature review and key informant interviews on strategies and resources for supporting the integration of healthy eating and food skills into after-school physical activity initiatives.

⁴ Throughout the report, examples of activities in member jurisdictions are cited as evidence of progress towards various JCSH outcomes. These are meant to be an illustrative sample and are not intended to be a complete list of all activities in all jurisdictions.

4.1.2 Progress Toward the Outcome: Increased Policy Coordination

Almost all Management Committee members, School Health Coordinators and staff who were interviewed or participated in focus groups believe that the JCSH has facilitated increased policy coordination over the course of its second mandate.

Policy coordination happens at different levels:

- Increased pan-Canadian coordination has resulted from the use of common tools and messages developed by the JCSH for its member jurisdictions.
- Increased intra-jurisdictional coordination has resulted from closer working relationships between the health and education sector within jurisdictions, at least some of which is credited to the legacy of the work of the JCSH.
- Increased policy coordination has begun to emerge in some jurisdictions at the school level as schools use the Healthy School Planner identify ways to better align existing school policy with the Comprehensive School Health Framework.

“Because of the way the nature of the JCSH operates ... it gives us an opportunity to hear first-hand on the policy priorities both from the health and the education sector and to see whether it’s common issues of priority. So when we use ongoing meetings like the face to face meetings or the teleconferences or the subcommittee of the JCSH, it’s a really good window for us to get a sense of sort of set priorities of policy coordination in school health.” Management Committee Member

“Across all jurisdictions of the consortium, I think that the very fact that the Consortium exists means that there is enhanced policy coordination across jurisdictions because otherwise it simply wouldn’t happen at all.” Management Committee Member

A few key informants suggested that “coordination” is not the best word to use to describe the role of the JCSH, and that the word “facilitation” would be more accurate, especially since it is not the role of a pan-Canadian organization to coordinate policy within jurisdictions.

... “I would look at a word rather than coordination, I looked at the word facilitating. So to me that’s the important part of that sentence because as a pan-Canadian body trying to coordinate policies within a jurisdiction - that’s not the role of a pan-Canadian body. But facilitating it through relationship development, developing tools and resources ... certainly has been very valuable I think.” School Health Coordinator

A few key informants noted that the JCSH has impacted the way that policies outside the school health sector are conceptualized, such as wellness funding strategies. The work of the JCSH has helped to emphasize the importance of a settings-based approach to health promotion, in particular the school setting.

“...since the creation of the Joint Consortium we collectively and within our own organizations, we now kind of apply a self-lens or perspective to things. ... since the creation of the Joint Consortium ... we consider settings like the workplace and the school settings ... so I would say that the school health perspective has increased since the beginning of the Joint Consortium.” Management Committee Member

Some of the partners of the JCSH who were interviewed for the evaluation were not certain of the role of the JCSH in policy coordination, while others felt strongly that the JCSH has played an important role in policy coordination.

“To be honest, I didn’t know that policy coordination was an initiative of JCSH.” Partner

“It’s a complex issue, policy. Furthermore, education is run provincially not federally. And we’re trying to connect provincial policies. And... beyond just a provincial policy, school districts have their own power to create policy or implement policy or move towards a policy direction. So I don’t think it’s a fault of the JCSH. I just feel it’s a pretty complex issue. So I haven’t seen, from my experience, policy coordination from JCSH.” Partner

“They are designated provincial and territorial representatives of the government that come together and typically are looking at how can we learn from each other, what is the gap, what are we trying to figure out together so we can take it back and actually implement within our province and territory. ...everything has to be contextualized in terms of where you’re taking it back to because every piece of this country is different. So Joint Consortium allows for that capacity as opposed to it’s not a, you know, one blanket for all approach. It’s actually trying to move forward really important ideas in this country around comprehensive school health.” Partner

Tools Created by the JCSH

The Comprehensive School Health Framework has been a useful concept with practical application in guiding policy development. There is evidence of use of the Comprehensive School Health Framework as the underlying foundation of tools created by the JCSH as well as in the work of various jurisdictions. Some jurisdictions have formally adopted the Comprehensive School Health Framework as their conceptual approach to school health. As noted in discussions in one of the focus groups, the four pillars of the framework are accepted by all jurisdictions

as important but implementation related to each pillar looks somewhat different across the country. This versatility of the Framework is valued by key informants.

There is great optimism among key informants about the usefulness of the Youth Engagement and Positive Mental Health Toolkits for supporting coordinated and comprehensive policy change within schools. Several noted that these two toolkits have not been in use long enough to have developed any conclusions about their rates of uptake or satisfaction with their use. However, many noted that these toolkits are practical, user friendly and accessible in various formats.

The Healthy School Planner is being used in some jurisdictions. The majority of key informants expressed support for the Healthy School Planner and expressed a desire to see efforts continue to promote uptake. However, a few key informants suggested that the Healthy School Planner may not be practical for implementation in schools as the result of its perceived complexity or the fact that it appears to be aimed more at policy makers than school communities. The evaluation of this tool should include a measure of its uptake, the identification of enablers and challenges to uptake, and an assessment of its overall impact at the school level.

“We refer to the website regularly and we use the Comprehensive School Health Framework, the Healthy School Planner, the Positive Mental Health School Toolkit, a lot of them to inform our work. We have referenced the Positive Mental Health Toolkit in the work that we're doing in curriculum in policy. We have looked at the Comprehensive School Health Framework too. We're looking at updating our policy on health. So we're looking at that to inform the next steps.” School Health Coordinator

“I look at the quality of the resources that have been produced, some of the toolkits. I think they are inspired. And actually I think something like the Positive Mental Health School Toolkit ... these resources are very, very good.” Partner

“There are questions about how much time it <Healthy School Planner> takes to fill out, but the idea is very good. I mean conceptually it's about schools taking a chance to look at themselves and see where they're lacking. Identify where the action priorities are. Recognizing that those action priorities are going to be different for every single school. I think it's been very well done. Having the involvement of the University of Waterloo in developing that, I think it's been very significant. So bravo for that, it's excellent.” Research Partner

Overall, the JCSH has achieved this outcome by increasing policy coordination at different levels.

4.2 Outcome: Increased Research Coordination

4.2.1 JCSH Activities Related to Research Coordination

The JCSH has two main functions related to research coordination: facilitating research activity related to school health and supporting knowledge exchange to promote the uptake of research related to school health. There have been numerous activities undertaken by the JCSH in both of these functional areas over the past four years. Some examples of the JCSH's activities related to facilitating research related to comprehensive school health include:

Health Behaviour in School Aged Children (HBSC) Study

The HBSC Study is a cross-national, school-based survey, conducted every four years to obtain data on the health and well-being of young people (aged 11 to 15) and the social context of their health attitudes and behaviours. In Canada, the study is led by the Canadian HBSC Research Team, the Social Program Evaluation Group at Queen's University.

The JCSH supports this research by providing a mechanism that enables the research team to coordinate with its member jurisdictions. The JCSH created an HBSC Research Advisory Committee with membership that includes three or four provincial/territorial JCSH representatives identified by the School Health Coordinators' Committee and representatives of PHAC. The Committee works with the research team to facilitate the implementation of the survey and provided input on the national survey instrument that was created for implementation in 2013-2014. JCSH has also worked to facilitate expansion of the HBSC sample size, providing provincial- and territorial-level data to most JCSH jurisdictions for the first time.

Healthy School Planner Development and Dissemination

As described in the previous section the Healthy School Planner was developed by the Propel Centre for Population Health Impact at the University of Waterloo in partnership with the JCSH. The JCSH also facilitated consultation on the tool and the piloting of the tool with health and education policy makers across the country and provided the feedback to the research team

JCSH facilitated consultation on and pilot testing of the Planner with health and education policy makers and practitioners from its member jurisdictions and, in so doing, supported the research necessary to develop the tool. In 2011, in partnership with Propel, the JCSH secured a grant from the Canadian Institutes of Health Research (CIHR) to develop a dissemination plan for the Healthy School Planner across Canada.

Promoting Relationships and Eliminating Violence Network (PREVNet)

In 2014, the JCSH was invited by PREVNet to become a partner in its application to become a Network of Centres of Excellence. The purpose of this designation would be to facilitate the creation of a research agenda in Canada on bullying and victimization by creating research competitions.

School as a Setting for Promoting Positive Mental Health

In 2010, W. Morrison & Associates (WMA) completed a document on behalf of the JCSH that identified guidelines for better practices related to the promotion and support of positive mental health within the context of the Comprehensive School Health Framework. The document was updated and a second edition published in 2013. Developed on the basis of a literature review and key informant interviews, the resource has served as the foundation for the Positive Mental Health Toolkit.

Knowledge Exchange Activities

Pan-Canadian Comprehensive School Health Roundtable

In 2010, in partnership with Propel, the JCSH hosted a knowledge exchange event that brought together Canadian researchers, policy makers and practitioners to discuss evidence-based practice and priorities in the areas of tobacco reduction, healthy eating and physical activity.

National Youth Health Forum

In 2011, the JCSH co-led the National Youth Health Forum. The Forum facilitated discussions on key challenges to driving action on youth health initiatives, explored challenges to knowledge development and exchange for youth health; outlined lessons from three provinces that have examined their Knowledge Development and Exchange systems; provided examples of effective strategies for engaging youth throughout these processes; and promoted the development of action plans for implementation within participants' respective jurisdictions.

Comprehensive School Health Framework Fact Sheets

Fact sheets were created and disseminated to support knowledge exchange on a variety of topics, including the concept of comprehensive school and the findings of the latest Health Behaviour in School-aged Children (HBSC) study.

Journal Articles and Article Summaries

The JCSH has written articles that have been published in various journals to help expand knowledge about comprehensive school health and tools available to support work in this area. Examples include two articles published in the Canadian Association of Principals Journal in 2013.

In 2011, the JCSH produced and disseminated synopses of the seven articles that formed the school health supplement in the Canadian Journal of Public Health, published in 2010 in partnership with the Public Health Agency of Canada and Health Canada. The articles featured in the supplement highlighted healthy eating and physical activity actions within a comprehensive school health framework.

Knowledge Exchange Events

The JCSH has been invited over the past four years to many different venues for sharing knowledge about topics related to comprehensive school health.

Examples of events in which the JCSH has been invited to participate include:

- Our Health, Our Future: A National Dialogue on Healthy Weights (2011)
- Forum on Mental Health Promotion and Well-Being: Measuring What Matters for Children, Youth, Families. (2011)
- Canadian Cancer Prevention Research Draft Strategic Framework: Stakeholder Consultation Workshop. (2011)
- A cross-Canada knowledge dissemination and exchange meeting on adoption and implementation of school-based physical activity models, hosted by the BC Ministry of Health. (2012)
- Mental Health Summit 2012: Mental Health Promotion and Mental Illness Prevention for All. The national Summit was hosted by the Government of Manitoba to build on discussions held by Canadian Premiers on the importance of mental health promotion and mental illness prevention.
- National Symposium on Child and Youth Mental Health. (2012)
- Healthy Relationships: The Foundation for Healthy Development: Implications for Policy and Practice, hosted by the Division of Children, Seniors and Healthy Development at the Public Health Agency of Canada. (2012)
- Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada. (2013)
- Canadian Partnership Against Cancer (CPAC) Workshop: Advancing the Use of Evidence in Nutrition, Physical Activity and Built Environment Policies. (2013)
- In March 2013, the HBSC data from the 2011 survey were used as a foundation to host a youth engagement session that brought together JCSH in Saskatchewan as well as The Students Commission and PHAC to engage community groups such as the Saskatchewan Prevention Institute.

Increased Research Coordination in JCSH Member Jurisdictions

Below are a few examples of activities undertaken by JCSH member jurisdictions related to the JCSH outcome of increased research coordination:

- In Alberta, to elevate the quality of healthy active teaching practices across Alberta, Ever Active Schools developed a promising practices database to gather unique lesson plans and activities that can be submitted and retrieved by practitioners.
- British Columbia launched the Healthy Schools BC Portal to provide “one stop” access to the broad array of school health resources available in British Columbia, and to demonstrate how existing resources can be coordinated under the Comprehensive School Health Framework.
- In March 2013, staff from the Ministry of Education, the Ontario Education Leadership Centre and The Students Commission met with students from nine school boards in the Ottawa Region for a Youth Conference to discuss the School Food and Beverage Policy. One of the most meaningful outcomes of the session was the demonstration of the effectiveness of youth facilitators in engaging and empowering the voices of their peers. The Ministry of Education collected important data on students’ perspectives on healthy eating and ideas for improving their school communities.
- In February 2013, New Brunswick hosted a two-day “Bridging the Gap” Forum to build relationships among delegates and share successes and challenges in promoting physical activity in communities throughout New Brunswick. A variety of partners from all 15 First Nations communities and representatives from the Aboriginal Peoples Council attended. These included school personnel, nurses, elders, sports groups, youth, etc.
- During the 2012-13 academic year, schools from the Tri-Country Regional School Board in Nova Scotia participated in a data collection process to identify priorities. School-based teams created goals specific to their school’s needs with complementary action plans designed to assist schools in achieving their goals in a supportive environment. The schools identified nutrition, physical activity, mental health, safety at school, student engagement, leadership, and healthy fundraising as priorities or areas of concern.
- In Prince Edward Island, through the on-going partnership among the Department of Education and Early Childhood Development, the Department of Health and Wellness, and the Comprehensive School Health Research Group at the University of Prince Edward Island, the “School Health Action Planning and Evaluation System – Prince Edward Island (SHAPES-PEI) Partner Engagement Strategy” was implemented. Through the SHAPES-PEI system, school, school board, and provincial health profile reports have been created from the 2010-11 student health behaviour surveys. Individualized presentations were made to a variety of

schools, school boards, student classrooms, parents, and provincial government departments regarding the findings from these reports.

- Health Canada invested more than \$87 million through CIHR in child health research. Examples of initiatives related to school health include improving the health and development of mothers, infants, children, youth, and families in Canada, and enhancing mental health, neurological health, vision, hearing, and cognitive functioning in youth with Autism and mild traumatic brain injury.

4.2.2 Progress Toward the Outcome: Increased Research Coordination

The role of the JCSH in facilitating research was acknowledged and valued by many key informants. When asked to what extent the JCSH has enabled coordination of research, three respondents answered to a great extent and two answered somewhat (the remaining 2 answered don't know).

The JCSH is seen by many key informants as an important connector to help researchers and government representatives in the health and education sectors communicate about and work collaboratively on school health research. A few key informants also suggested that the JCSH has raised the profile about the importance of school health research, and has raised awareness about what research is ongoing in the field.

“The awareness of research opportunities across the country has been something that the Consortium has been better able to do than we would locally. I think it's also the more that the Consortium becomes known in the research world it's also worked the other way, for researchers to have an avenue into this area of research, rather than the researchers having to figure out well whose door would I tap on in which province, if I'm interested in doing some research. I think it really facilitates our access to researchers and research opportunities, and it facilitates access of the researchers to this broad network.” Management Committee Member

“HBSC is a really important critical tool. I would say that's without a doubt the best piece of coordinated research that comes out of the Joint Consortium.” Management Committee Member

“I think they've stimulated research and they've brought together policy makers, practitioners and researchers ... so I think they've been in a position nationally to do that.” Research Partner

Most key informants were able to cite one or more examples of research that have been enabled by the JCSH, including the HBSC study, and the research that supported the development of tool kits such as the Positive Mental Health Toolkit

or the Healthy School Planner. A few key informants noted that their jurisdiction would not have been able to participate in the various research initiatives supported by the JCSH if they were not members of the JCSH.

The Mental Health Toolkit, and the Healthy School Planner, those two pieces before they could even work on those a lot of research had to be done on what was the best tool and the best strategy to use in schools. ...so by doing those two tools, the research that has been facilitated through those has been key to identifying how to deal with those issues in schools. And that's been very important to us.” Management Committee Member

Several key informants noted that they highly valued the JCSH's efforts to bring together researchers and government to dialogue about research priorities, and to meet people from their own province that they may not have connected with in the past. One key informant described a past meeting as follows:

“We had a number of universities and groups in each province wanting to work with the JCSH coordinator from each province, working together to advance policy practice and research. So it's practitioners and researchers sitting down together to set joint priorities. That was the whole idea, which I think is conceptually brilliant. And absolutely what's needed. So the scientists do their piece. The government people do their piece. And the practitioner groups are also kind of involved. ... the best part of those meetings was it gave opportunity for each province to sit as a province. Because you'd be surprised how that doesn't happen.” Research Partner

A few key informants noted that while they believed the JCSH had definitely enabled different research projects to take place, they were not sure that the JCSH has actually coordinated research in a strategic sense. Their notion of coordinating research was creating a forum or network of researchers to collaborate and work together on strategic priorities. They identified this as a gap, and a potential opportunity for the JCSH to address it, in supporting a network of researchers with common interest in school health.

“So if they had an annual meeting that was about what's the next direction of research and try and invite a whole range of researchers who have interest... physical activity, mental health, nutrition, community development, you know, all those kinds of very broad areas, which of course it is very broad when you're talking about school health.... I think that would really help. And it would show that they're open-minded to supporting all kinds of different research activities.” Research Partner

“I think what has happened is the JCSH has increased coordination of school health in general across provinces, most definitely yes. In terms of coordination of research, I'm not entirely convinced... I mean a school health research network and sponsoring and

supporting that. But are they in the business of coordinating researchers?” Research Partner

Perhaps one of the strongest roles of the JCSH has been in the area of knowledge exchange. Most key informants and six of seven respondents to the survey believe the JCSH has enabled knowledge exchange to a great extent. The JCSH has undertaken many activities related to knowledge exchange as noted in the previous section, including writing articles and newsletters, maintaining a web site, sending out weekly e-bulletins, hosting knowledge exchange events, and attending events of other organizations when invited to share information. All of these activities have been valued by members and partners.

“They are very good with their communication on a weekly basis from an email perspective. ...we set it up such that those bundles now go right directly to the education system as well. Previously they probably would have only terminated here at the department and we’ve now set up a process where any of the information we get, in particular on their best practices bundles that they send out on a weekly basis, we make sure that those get right back to the system.” Management Committee Member

“It’s really knowledge synthesis and then dissemination, but through various avenues that relate to school health, be it teachers, be it principals, be it health professionals, public health,” ...” Management Committee Member

Members of the Management Committee and the School Health Coordinators Committee also believe that valuable knowledge exchange takes place at their regular meetings, enabling jurisdictions to avoid duplicating work and to benefit from lessons learned in other areas.

“...when you’re working on something you have this group as a sounding board and as a source of information to go to, to share so you’re not starting from scratch. You may not end up with the same product but you’re not starting from scratch when you’re working on something.” School Health Coordinator

Overall, the JCSH has achieved the intent of this outcome. Not all key informants have the same concept of the phrase “research coordination”, but all agree that the JCSH has enabled research related to school health. The JCSH has definitely facilitated research and knowledge exchange, the two key concepts captured in the indicators selected to measure this outcome.

4.3 Outcome: Increased Inter-Sectoral Action Between Health and Education

4.3.1 JCSH Activities Related to Inter-Sectoral Action

The following are examples of activities undertaken by the JCSH in support of achieving this outcome.

Joint Policy Statement: Inter-Sectoral Action on Children and Youth Physical Activity

The JCSH played a leadership role in bringing the Joint Policy Statement: Inter-Sectoral Action on Children and Youth Physical Activity to the Council of Ministers of Education, Canada for endorsement. The Joint Policy Statement identifies action areas to be taken by federal, provincial and territorial governments, including agreement that ministers will direct their officials to work cooperatively to achieve governmental targets for children and youth.

School Nutrition Guidelines and Policies

In 2012, the JCSH assisted in the development and coordination of a meeting of JCSH representatives from, largely, the education ministries and representatives of the F/P/T Group on Nutrition. This meeting assisted in facilitating the collective work of education and health ministries across the country with respect to the development of school nutrition guidelines and implementation of school nutrition policy in the jurisdictions.

Cross-Sector Senior Officials Meeting

In 2013, the JCSH held a meeting of senior-level officials from health and education ministries from the 12 member jurisdictions to discuss issues such as the meaning of student achievement, the impact of an authentic youth voice on policy, practice and programming, and the impact of comprehensive school health on the system of education.

Increased Inter-Sectoral Action Between Health and Education in JCSH Member Jurisdictions

A few examples of inter-sectoral activities undertaken within member jurisdictions are:

- In Alberta, Ever Active Schools is a provincial program that supports the implementation of health promoting schools and is funded by three provincial ministries: Education; Health and Wellness; and Tourism, Parks and Recreation.
- The Alberta School Boards Association National Conference in 2012 was designed to provide trustees, administrators, educators, public health

officials and parents a chance to think about and discuss student fitness, nutrition and mental health.

- The After School Network was created in Manitoba in 2013 to facilitate the sharing of expertise among government funded youth-serving organizations that develop and deliver after-school programs. One of the key objectives of the After School Network is to support, strengthen, and broaden the capacity of after-school programming across Manitoba by providing opportunities for collaboration, coordination, and professional development.
- In Ontario, the Ministries of Education, Tourism, Culture and Sport, and Health and Long-Term Care are working together to help build awareness about concussion prevention, identification and management inside and outside of schools.
- In 2010, multiple government departments in Newfoundland and Labrador collaborated on the integration of healthy eating, physical activity, and smoke-free messages into the policies and practices of sport teams and youth groups and at recreation events and in sport facilities.
- In the Yukon, the team behind the Wake and Bake initiative, a 2011/12 theatre-based education and awareness program on the consequences of illicit drug use that engaged young people in conversations about healthy decision making, won the Premier’s Award of Excellence. The Department of Health and Social Services, Health Promotion Unit, Alcohol and Drug Services, and the Department of Education worked collaboratively on this initiative.
- Collaboratively the Northwest Territories (NWT) and Nunavut (NU), in partnership with the Legacy of Hope Foundation, developed a collection of teaching materials on the topic of residential schools in order to help teachers learn about the issues surrounding the history and legacy of residential schools, and to prepare teachers to explore these issues with students. A comprehensive in-service for teachers involving Health Canada, NWT/NU curriculum developers, former residential school students, northern Elders, the Healing Drum Society, and the Truth and Reconciliation Commissioner was held in October, 2012.

4.3.2 Progress Toward the Outcome: Increased Inter-Sectoral Action Between Health and Education

All key informants believe that the JCSH has increased inter-sectoral action between the health and education sectors across the country. Five of seven respondents on the electronic survey said the JCSH has been able to increase inter-sectoral action between health and education across the provinces and territories (the other two respondents answered somewhat to this question).

“The Consortium has facilitated inter-sectoral action between health and education sectors across provinces and territories. Collaborating with Canadian academic institutions, the Consortium has been able to facilitate development of many tools and resources that support inter-sectoral actions.” Management Committee Member

“I would say that because of this table and because we have membership from both health and education ... it serves as the platform for everything we do. ... We’re developing a framework and that type of thing, and we’re applying it from both sides because they both know that we’re a part of this table.” School Health Coordinator

“I think they have. And they supported it in terms of bringing health and education together ... they’re engaging the audiences in the school, the school districts, and school authorities. So they’ve done a good job in terms of that. And I think they have the right people at the table. So in terms of the provinces and territories I think some provinces would have a health and education rep there, which is I think essential. You have a shared conversation to achieve shared goals.” Partner

Some key informants also identified that the work of the JCSH has contributed to inter-sectoral collaboration beyond the health and education sectors. Within some jurisdictions, work related to JCSH activities has led to engagement of other sectors such as social services, transportation and recreation.

“Our school food and nutrition policy has become the example for the daycare setting policy so it’s brought in community services and other stakeholders and now it’s in recreational centres ... so what I’m saying is it’s not just health and education, it’s become an example to bring in others in other settings and the partners.” School Health Coordinator

While some participants in the evaluation expressed uncertainty about the impact of the JCSH in increasing inter-sectoral collaboration within individual jurisdictions, others were emphatic that the JCSH had indeed enabled intra-jurisdictional collaboration across sectors. When asked about the extent to which the JCSH had enabled inter-sectoral collaboration within provinces and territories, six of the seven respondents to the electronic survey answered either don’t know or somewhat. Yet many of the key informants spoke at length about the positive impact of their JCSH membership on inter-sectoral collaboration within their province or territory. In some jurisdictions, the work of the JCSH inspires collaborative dialogue and joint initiatives across departments.

“...capacity has been built with both the health and education sectors to work together more effectively and efficiently. We see an increase in cooperative practices between the health and education sectors through initiatives that work directly with school communities”. Management Committee Member

“I think the work of the Consortium has really done that. And I think that because we’ve already-, we’ve got the structure, the Healthy Schools structure, we would have some of that collaboration at the local level, but we’ve been able to use the tools and the constructs that the Consortium has supplied to give us a framework within to work at the provincial level between the departments. So I think it’s that additional support that enables us to work more effectively between the departments right within the province.”
Management Committee Member

“There are a number of interdepartmental meetings on an annual basis where the work of the Joint Consortium is discussed. The information is shared and, you know, there’s significant discussion on, you know, best practices that are coming out of both or each of the departments.” Management Committee Member

The experience of collaboration between health and education varies by jurisdiction. There are a few jurisdictions where interdepartmental collaboration is less frequent and the School Health Coordinator(s) find it challenging to communicate with counterparts in the other department or to communicate with their jurisdiction’s Management Committee member(s) from their jurisdiction because of barriers imposed by organizational structure and/or culture.

“When I’m coming back from the meeting and thinking about all the things that we discussed... I don’t have an opportunity to then meet with my Management Committee person...to go over any of that. So I have no way to explore her decision. ...it certainly depends on what your structure looks like. So my opportunity to connect with my ADM or my Deputy Minister, who’s been my Deputy Minister for a couple of years who I’ve only met to say, I’ve said hello to. My opportunities are very different than perhaps another province’s opportunity.” School Health Coordinator

“I don’t know how much institutional memory there is at that management committee level. I think that you do need a decision maker there ... at our level, we can’t push things up even at our own ministries and departments without that support. But we need it to work properly.” School Health Coordinator

A few respondents talked about the differences between the health and education sectors, and how it can sometimes be challenging to understand the perspective of people from a different sector when sometimes even the vocabulary is different.

“I’ve always found is that health and education – even though we serve a similar clientele base, we kind of have different vocabulary. The work that the Joint Consortium I think has been very helpful in making sure that we are understanding the need of the two different sectors because health will sometimes make recommendations around things that are not practical to be implemented in the education setting, and vice versa. And I think the Joint Consortium does a very good job at sort of being that healthy middle

ground for ensuring that all the partners are able to have that comfortable connection with one another.” Management Committee Member

“I think it’s important, though, that health asks themselves that question, is what are we doing to contribute to that linguistic gap. I mean it may be as simple as that Maybe it would be better and more respectful to say are they walking along beside education, or are they just looking at education to support them to solve some of their problems?” Management Committee Member

A few respondents indicated that although both the health and education sectors participate in the JCSH, the health sector usually drives the agenda. There is a desire among some key informants for the education sector to take more of a leadership role in school health with the health sector supporting, rather than the other way around. Other key informants talked about the importance of a true partnership between education and health. It would seem that there are still barriers to a functional inter-sectoral partnership in several of the JCSH member jurisdictions.

Overall, the JCSH has achieved the outcome of increasing inter-sectoral action, but as with all of the JCSH outcomes, there is room for continued growth.

4.4 Outcome: Increased Systemic Collaboration and Efficiency

4.4.1 JCSH Activities Related to Systemic Collaboration and Efficiency

The following are examples of activities undertaken by the JCSH in support of achieving this outcome.

Core Indicators and Measures: School Health and Student Achievement

There is a lack of a broad-based understanding in the research on the links between comprehensive school health and student achievement (researchers have tended to see student achievement as individual academic achievement).

As one means of attempting to bridge the gap between the goals of student achievement and student health, the JCSH has been working with a research team from the Social Program Evaluation Group at Queen’s University to develop a set of core indicators and measures of the relationship between comprehensive school health and student achievement. The study is founded on two beliefs: (a) that healthy students are better learners and better-educated individuals are healthier

citizens and (b) that it is important to have accurate and appropriate indicators and measures to evaluate programs and strategies for the improvement of initiatives and, ultimately, outcomes in children and youth.

Partnerships and Linkages

The JCSH has engaged in many partnerships and linkages over the past years for a wide variety of purposes. These linkages support collaboration within and across systems, and involve a range of activities including collaborative research proposal development, provision of expert input, knowledge exchange, and helping to connect organizations and individuals with common interests. Examples of organizations that the JCSH has worked in partnership with over the past four years include:

- Canadian Association of Principals
- Canadian Partnership Against Cancer
- Chronic Disease Prevention Alliance of Canada
- Federal Coordinating Committee for School Health
- Federal/ Provincial/ Territorial Group on Nutrition
- Health Canada
- Health and Education Research Group, University of New Brunswick
- National School-Based Mental Health and Substance Abuse Consortium
- Physical and Health Education Canada
- PREVNet
- Propel Centre for Population Health Impact, University of Waterloo
- Public Health Agency of Canada
- School-Based Mental Health and Substance Abuse Consortium
- Social Program Evaluation Group, Queen's University

Pan-Canadian Meetings

Each year, the JCSH organizes both face-to-face and teleconference meetings for the School Health Coordinators' Committee and the Management Committee. These meetings provide opportunities for federal / provincial / territorial health and education collaboration and resource sharing.

Increased Systemic Collaboration and Efficiency in JCSH Member Jurisdictions

A few examples of activities undertaken by JCSH member related to the outcome of increased systemic collaboration and efficiency include:

- In March 2013, the Ministries of Health and Education in Saskatchewan, PHAC and The Students Commission – Centre of Excellence in Youth Engagement collaboratively hosted a youth engagement

training/leadership session. Students engaged in discussions and activities related to critical thinking and positive decisions using data from the 2011 Health Behaviour in School-aged Children Report.

- In Manitoba, annual funding is provided through the Healthy Schools Grant to school divisions and independent and First Nations schools to assist with Healthy Schools plans and priorities. The Healthy Schools Grant is available to support school divisions and schools as they work together with their community partners (including local regional health authorities) to build healthy school communities.
- In New Brunswick, an Advisory Committee for the Healthy Learners in School Program was established to provide a forum to facilitate collaboration and sharing among partner organizations (Department of Health, Department of Education and Early Childhood Development, Department of Healthy and Inclusive Communities, and the Regional Health Authorities). This committee identifies and discusses program issues and will make recommendations to the steering committee aimed at enhancing the Healthy Learners in School program.

4.4.2 Progress Toward the Outcome: Increased Systemic Collaboration and Efficiency

The JCSH has been engaged with many partners for many initiatives, which has supported increased collaboration throughout the systems connected to the school health field. The JCSH, and in particular the Secretariat Executive Director and staff, are seen as “connectors” that help organizations locate and work collaboratively with other organizations. The previous sections on research coordination and inter-sectoral action provide ample evidence that the JCSH is enabling systemic collaboration at multiple levels.

While there is a strong belief that the JCSH has played an important role in enabling collaborations for various purposes, there is divided opinion on whether or not the JCSH is representative of a collective pan-Canadian voice for school health. Six of seven survey respondents believe that to a great extent, the JCSH is a collective voice for school health, as do some key informants. Others believe that the JCSH is one of many voices, and while it may be the collective voice of governments on matters of school health, the school health field is broader than governments alone and there are other national organizations that address specific aspects of school health as well.

The JCSH often describes itself as the collective voice or pre-eminent voice (examples may be found in annual reports), and this language does not sit well with some partners.

“It’s a question of who is the voice of school health in Canada. Because others would claim that territory, and probably rightfully so. If they are coming to it as equal partners, then I think it’s fine. If they’re coming to the view that they are the voice, then I think that that’s problematic and I don’t think they win in that environment.”

Partner

One key informant talked about how the JCSH’s perspective that it is THE collective voice for school health can lead to the perception that they are unwilling to consider the perspectives of other voices when establishing priorities related to school health.

“It’s the way that, you know, people within a committee to just suddenly decide what the rest of Canada is going to do, whereas it needs to be more the voices of everybody else. It’s been an uneasy alliance with the rest of the sector, between the Consortium. And that’s something that I would hope that they would think more carefully about. ...it seems to me that they are unwilling to accept other players in a very open mind. It’s well ... we’re government. And we’re a closed group.” Research Partner

Cost Efficiencies

In terms of cost efficiencies, many respondents from jurisdictions noted that the JCSH has enabled collaborative development of resources so that twelve different jurisdictions did not all spend resources to develop the same things. In some cases, jurisdictions indicated that they would not have been able to develop resources such as those produced by the JCSH or participate in JCSH-facilitated research opportunities if the JCSH had not been in existence.

The JCSH has made it efficient for partners to collaborate with both the health and education sectors and with other partners. It was noted by some key informants that products like the common briefing notes developed by the JCSH are examples of efficiency because the collaborative work in creating a single briefing document meant that the member jurisdictions did not have to develop a similar note for their Deputy and/or Minister on the same topic. The clearinghouse function of the JCSH for sharing news about emerging and better practices was also seen by some key informants as an efficiency.

“The cost efficiencies that have resulted includes the reduction of the duplication of producing multiple resources to support school health. In the past each province and territory would produce resources and tools for schools to use to improve health and learning outcomes. This duplication of efforts and costs has been reduced by developing common tools and resources to support comprehensive school health not only in English but in French. They’re available at no cost to any school community in Canada. There’s also some system efficiency in and around data collection processes and measuring tools that have been implemented.” Management Committee Member

“For us to be able to go out and contract Queens University to do the ...healthy student survey, for us to develop the Healthy School Planner or the positive mental health toolkit, we wouldn’t be able to do that on our own.” Management Committee Member

“It has made a big difference for us to have a single point of contact and know that the Consortium is plugged in across the provinces and the territories, so that when we’re asking for guidance, or input or a contribution that the Consortium has the school health perspective and we don’t need to go out to however many hundreds of schools, or principals or whatever that we have ... you know, a single point of contact there to discuss the health related issues.” Partner

Overall, the JCSH has achieved the outcome of increasing systemic collaboration and efficiency.

4.5 Outcome: Increased System Capacity

4.5.1 JCSH Activities Related to System Capacity

The following are examples of activities undertaken by the JCSH in support of achieving this outcome.

Coalitions Linking Action and Science for Prevention (YE CLASP)

In 2010, the JCSH developed a partnership with CLASP. The JCSH acted in an advisory capacity in the Youth Excel (CLASP) Project, a long term research collaboration to reduce tobacco use and promote healthy eating and physical activity among Canadian youth. The JCSH provided advice on a minimal data set and on the use of comprehensive school health principles in the development of data collection tools and indicators, which have been incorporated into the Healthy School Planner’s express modules for physical activity, tobacco use and healthy eating.

Increased System Capacity in JCSH Member Jurisdictions

A few examples of activities undertaken by JCSH member jurisdictions include:

- In 2012, the new Mind Check mental health and substance use literacy program was implemented in British Columbia. It included an interactive website, targeted education in schools and other educational institutions, and a province-wide public awareness campaign. British Columbia also launched a pilot of Tools of the Mind in 12 Kindergarten classrooms, which fosters strong self-regulation skills in young children that contribute to healthy social, emotional, and cognitive development.

- Since 2007 in Alberta, the Wellness Fund has supported 200 healthy school initiatives that include 45 of 62 Alberta school jurisdictions and their communities. Funding supports a variety of initiatives such as jurisdictional readiness grants to support school districts in developing healthy school communities; healthy relationship grants that can include responsible sexual behaviour; student leadership grants; wellness grants related to healthy eating, active living, and positive social environments; and grants to support high schools to embed interdisciplinary /cross-curricular wellness using a comprehensive school health approach.
- In Saskatchewan, Wellness 10 was piloted in the fall of 2011 and the renewed program made available to schools in 2012. Wellness 10 is a secondary level credit that broadens, extends, and reaches beyond the traditional ideas of fitness and health. Wellness 10 invites teachers and students to engage in learning within meaningful contexts that relate to personal, family, and community well-being.
- In Nova Scotia, as part of the NS Mental Health and Addictions Strategy, 12.5 mental health clinicians' positions have been funded to work in SchoolsPlus sites. SchoolsPlus is a collaborative interagency approach to supporting the whole child and family. It promotes an integrated service delivery model through the co-location and/or partnership of services within a school.
- In Prince Edward Island, funding was distributed through the SHAPES - School Health Grant to school-based health and wellness projects. Through this grant, students, teachers, parents, and community members are encouraged to examine the results of their SHAPES/YSS school level health profile reports, complete the Healthy School Planner Foundational Module, discuss and identify needs and priorities, propose activities to address these needs within a comprehensive school health framework, and develop an action and evaluation plan.
- Through the Safe and Caring Schools Initiative, The Department of Education, Government of Newfoundland and Labrador collaborated with the Institute on Sexual Minority and Egale Canada in 2013 to provide professional learning for educators (department and district) on issues faced by lesbian, gay, bisexual, and transgendered people.
- In 2013, new made-in-Nunavut Sexual Health Toolkits were distributed to all Community Health Centres. These kits are designed to be interactive and engaging, and will help educators promote healthy relationships and sexuality among young Nunavummiut.

4.5.2 Progress Toward the Outcome: Increased System Capacity

The JCSH has increased system capacity in a number of ways and at different levels within the system. Federal government stakeholders (PHAC) noted that the JCSH provides them with an opportunity to better understand the priorities and programs in school health in each of the provinces and territories. Not available through any other mechanism, this information supports PHAC in its role of informing the development of federal policy and programs.

When asked “to what extent has the JCSH contributed to increased capacity of the health system to take action on school health?”, three respondents to the electronic survey chose “to a great extent” and four chose “somewhat”. There was similar response pattern to the same question asked about the capacity of the education system.

Both School Health Coordinators’ and Management Committee members indicated that their participation in the JCSH, particularly through the face-to-face meetings, had served to increase their own capacity to undertake school health-related work in their respective jurisdictions.

“We’ve seen that the capacity, within our jurisdiction at least, has grown as a result of the support and help from the Consortium ...having this national consortium has really enabled the province to increase its own capacity.” Management Committee Member

“... anytime you have an opportunity to listen and learn from colleagues, whether at a local level or at a national level, I think that can only benefit the jurisdiction. You get an opportunity to get a sense of best practices. You get this opportunity, as I learned last year, to problem solve, which is also really interesting. Very few of us, I think, can come up with a struggle or a problem that we have that hasn’t been faced by other jurisdictions. And having the ability to problem solve around those is always really helpful.” Management Committee Member

“It’s really reaffirming when you come here, you always find similarities in different geographical settings. So it’s about working collectively together across the country with colleagues and friends and people who we develop these relationships with that you can -- you know it’s a very trusting open and honest relationship.” School Health Coordinator

“<The JCSH is > making the way forward together about what do we know about the evidence, what can we learn from it, what is the key kind of way forward that would make sense ... in a way that you can go back to your own province and territory and use those key pieces contextualized in a way that's useful. ...that model to me is a very helpful model for Canada.” Partner

As discussed in previous sections, the tools created by the JCSH (Healthy School Planner, Positive Mental Health Toolkit, Youth Engagement Toolkit) are intended increase the capacity of schools to implement a comprehensive school health approach. It is still too soon to determine if there has been an increase in capacity at the school level as a result of the tools, and it is likely that a specific evaluation of the toolkits will be necessary to measure uptake and impact.

Overall, the JCSH has achieved the outcome of increasing system capacity.

5. Findings Related to Relevance and Value-Add

One of the questions asked of Management Committee members that participated in key informant interviews was “Are the activities of the Consortium well aligned with the priorities of your organization?” All respondents indicated that there is good alignment with their organizational priorities.

“I can see alignments within our work, as well as within priorities across governments. We have a unique table in <our province> ... where they have identified some broad provincial priorities around children, youth and families. And so the priorities of the Consortium I think align and map very nicely to some of those priorities.” Management Committee Member

The document review also revealed there to be good alignment of JCSH activities with jurisdictional priorities. For example, the activities of the JCSH all align with the priorities of F/P/T Ministers outlined in the following documents:

- Declaration on Prevention and Promotion from Canada’s Ministers of Health and Health Promotion / Healthy Living (2010)⁵;
- Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (2010)⁶; and
- Inter-sectoral Action on Children and Youth Physical Activity: Joint Policy Statement (2009-11);⁷

The Comprehensive School Health Framework that underpins all the work of the JCSH is conceptually aligned with the directions outlined in these three

⁵ <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/declaration/index-eng.php>

⁶ <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>

⁷ http://lin.ca/sites/default/files/attachments/JointPolicyStatement_AllSignatures_FINALnov20.pdf

documents. The six priority areas of the JCSH⁸ also align with the priorities outlined in the documents listed above.

Value-Add of the JCSH

As described in a previous section, the JCSH is perceived as a cost-efficient means of developing resources, creating and sharing knowledge, and increasing the capacity for improving school health. Some jurisdictions indicated that without their participation in the JCSH, they would not have been able to participate in research that has been valuable to their progress, nor would they have been able to develop the resources created by the JCSH without the collaborative efforts and pooled resources of the JCSH.

“There’s no way that we within the province could develop the amount or quality of resources that the Consortium has developed, for the amount of money that we contribute. So those things like the Mental Health Toolkit, the Healthy School Planner, all the resources that they send out separate and apart from that, if we had to develop all of that internally we just would not have ... the human resources or the financial capacity to do that. So it’s huge-, and if you think about every province doing that work independently, I mean the costs, I can’t calculate them for you but, for me it’s a bit of a no-brainer.” Management Committee Member

“The Consortium has actually ... facilitated our access to expert knowledge, more than we might have had by ourselves within the region. So we think we get good bang for our buck from that perspective. I belong to more than one FPT group, and the Consortium is actually one that produces outputs. This isn’t just people coming together and meeting and sharing ideas and pontificating. They actually produce material that’s useful and can be implemented and translated back in the region.” Management Committee Member

“We couldn’t have done that otherwise ...because we wouldn’t have the funds. We wouldn’t have the resources to do that. ...the research that has been facilitated ... has been key to identifying how to deal with those issues in schools. And that’s been very important to us.” Management Committee Member

“... as a group we’ve been able to move things forward and, you know, there’s such value in hearing what other provinces are doing and know that you can call them. I think we’ve really developed that and I think that you can’t put a price on that.” School Health Coordinator

⁸ physical activity; healthy eating; substance use; healthy relationships; injury prevention; and positive mental health.

The JCSH is the only mechanism by which the government education and health sectors meet and work collaboratively at a pan-Canadian level. The opportunity of knowledge exchange and collaborative activity provided by this mechanism is valued by members and partners.

“I think the unique role of the consortium to influence knowledge exchange at the pan-Canadian ... certainly helps reinforce what we’re trying to do at the jurisdiction level because we work at multiple levels ... and I think the Joint Consortium has certainly... made real efforts to not tread into PT jurisdictions but to be a collective kind of enabler for our work. So what they can do at pan-Canadian level to support knowledge exchange helps us in our own jurisdiction.” School Health Coordinator

Overall, the work of the JCSH is relevant to the priorities of its members. Members believe that it is cost efficient and provide a unique opportunity for pan-Canadian collaboration that increases capacity for school health in a cost efficient manner.

6. Findings Related to Consortium Design and Delivery

This section describes the findings of the evaluation related to the organization of the JCSH and the effectiveness of its communication with stakeholders. In terms of organization, in general, key informants believe the structure of the JCSH (described earlier in this report) is suitable for an organization that works intersectorally and intergovernmentally. However, the structure and processes may not always work as optimally as they could. Three issues seem to confound optimal functioning.

Management Committee Effectiveness

The first relates to turnover of membership at the Management Committee level. Inconsistent representation results in lack of continuity, loss of collective Committee knowledge, slowed decision-making and loss of momentum. Suggestions offered to improve the effectiveness of the Management Committee included:

- A more thorough orientation and briefing process for new members;
- Better and more defined connections between the School Health Coordinator(s) and Management Committee member(s) within each member jurisdiction; and
- Working through the Lead Province’s Deputy Ministers of Health and Education to:
 - Promote the consistent appointment of senior level decision-makers to the Management Committee; and

- Ensure the appointment of both a Health and Education representative from each member jurisdiction on the Management Committee.

“I think the structure has the potential to be effective. I just find ... at the Management Committee level, because of probably changeovers that have happened and changing of responsibilities ... I think it has the potential, but I know that that structure right now is not necessarily working for our jurisdiction.” School Health Coordinator

“I don't know how much institutional memory there is at that Management Committee level.” School Health Coordinator

“The way it is now it just seems more like ... if there's an ADM representing our province on the Management Committee they don't necessarily connect with the person in the other department. And the other person in the other department doesn't necessarily feel they have a role or any kind of responsibility.” School Health Coordinator

“I think one of the big challenges is that the faces keep changing. And so there's a lot of time spent on the reintroduction and re-familiarizing everybody with the players and people. And if we could get a little bit more consistency and a little bit more long-term commitment from some of the organizations and individuals we could delve more into the work rather than the niceties around introductions.” Partner

Secretariat Role and Accountability

Another issue seems to be lack of clarity around the role of the Secretariat, the School Health Coordinators' Committee and the Management Committee. Some key informants were not clear about accountability relationships, particularly for the Secretariat. A few key informants suggested that there should be opportunities for input around the role and performance of the Secretariat staff.

“I think clarity around roles and responsibilities is still really important. And I'm not sure if it's ever come up, but I think there would be really a lot of value-- I don't think we ever have an opportunity to do sort of performance evaluations of staff, including the Executive Director. I think that they work so closely with us and they're there to help us. ...I'm quite used to the notion of a 360 degree evaluation and especially when you work with so many people if you don't have that-- if you only have one person doing the performance appraisal, it doesn't give an accurate picture at all. So, you know, in terms of what the Secretariat does, but also how they do it, I think there could be opportunities to engage in the dialogue.” School Health Coordinator

Interestingly, only three of seven respondents to the electronic survey agreed with the statement “there is a clear process for making decisions among the

members” (the remaining four were neutral), suggesting that a clarification of roles, accountabilities and decision-making processes might be helpful.

Communication Issues

The JCSH uses many different media for communications, and the responses of key informants underlined the importance of using a range of approaches to communication:

- Some respondents really liked the web site; others thought it was too complicated to find things;
- Some respondents really liked the weekly news bundle emailed to members; others were not certain of its value;
- Some respondents highly valued the annual report as a communication tool; others were not certain of its value;
- Some respondents suggested that it is important for the JCSH to make better use of technology that pushes short and frequent information bits to members and partners, such as Twitter; other members said they never use such tools.

This diversity of responses suggests the need for strategic deployment of the range of available communication methods and tools to meet the diverse communication needs and preferences of stakeholders.

The face-to-face meetings of both the School Health Coordinators’ Committee and the Management Committee are highly valued. Many respondents commented that while teleconferences are useful, they are not nearly as productive as face-to-face meetings. Several respondents expressed concern that the current realities of fiscal restraint and out-of-province/territory travel prohibitions might prevent the face-to-face meetings from happening. Some respondents suggested that other technologies should be explored to enable other avenues of communication.

“There’s really good work that can be done but there needs to be a Joint Consortium 2.0 or something. ...we need to be doing webinars. We need to be connecting in a different meaningful ways and being very cost effective. We are really the only pan Canadian group that still flies out and meets each other face-to-face, which is so useful.”
Management Committee Member

“Because of the changeover that has happened at the individual jurisdictional level of the school health coordinators, that ... in order to blend the old guard and the new guard and make it seamless, I think it's really important, especially for new people-- I remember when I was a new person-- to meet everybody on a face-to-face to get a

breakdown on who's been here for a long time and who's new to the table.” School Health Coordinator

“As much as I do understand and subscribe to the fact that there is a qualitative difference between a face-to-face meeting and an online meeting, I believe that there is a place for both.” Management Committee Member

7. Future Priorities for the JCSH

All key informants expressed their belief that the JCSH has a relevant and necessary role to play in the future, and supported a renewal of the mandate in 2015. There is a strong sense that the JCSH should continue its role in facilitating research and policy development, and that there are more opportunities to build collaboration within the school health sector. There is strong support for increasing uptake for existing tools and measuring the impact of the tools on school health and the health of students.

“I’ve tried to imagine life without the JCSH. And I think it would be pretty sad. . . And I think <staff member> herself has done a phenomenal job... with the resources that she’s got. So I certainly would like to see that continue.” Partner

“Coordination, systematic collaboration, inter-sectoral action – those are complex issues. And those things take time. Those things take relationships. Those things take different groups and government groups to be bought into this. So with that complexity you need time to address that. So definitely I would assume that we need to continue on with this work.” Management Committee Member

“We’re just getting some really good strong data to support this and so yes there are legitimate reasons for the continuation of the Consortium beyond 2015.” Management Committee Member

Other suggested ideas for future priorities of the JCSH include:

- Implementing a mechanism to connect researchers in the field and to establish strategic priorities for research related to school health;
- Focusing on the Core Indicators and Measures project;
- Continuing to evolve the tools based on evaluation results;
- Creating more linkages and collaborations with other national groups with an interest in school health; and
- Moving away from specific health-related topics to a more holistic focus on child and youth well-being and success.

From a structural perspective, although it was not specifically asked as part of the evaluation process, the location of the Secretariat was raised by several JCSH members who were interviewed for the evaluation. They believed that based on the experience of the last time the Lead Jurisdiction changed and the Secretariat moved, that moving the Secretariat to another jurisdiction at this juncture would be too disruptive and lead to a major loss of expertise and momentum in the work of the JCSH.

8. Lessons Learned

Interview and focus group participants were asked to identify lessons learned that could help inform the future work of the JCSH. Many talked about the importance of building relationships with people in other sectors and jurisdictions. Relationships are key to collaboration, and building effective relationships requires face-to-face meetings, continued effort, and a long time. Other identified lessons learned are listed below.

- It is important that both the education and health ministries become and remain committed to and engaged in the process.
- The model used by the JCSH is effective in supporting inter-sectoral collaboration, and is a model that could be useful for other sectors to consider.
- Stability in the location and human resources of the Secretariat is generally favoured;
- The current Secretariat team works well together and contains an appropriate balance of skills.

“In order for good things to happen you need to establish -- relationships are important and say if I have an issue the fact that there is this network it has enabled me to be able to just pick up the phone and ask questions through our jurisdiction and I think that’s very, very valuable.” Management Committee Member

“... they don’t hear it often enough. They’ve got a really good model, a successful model for how you can work across Canada, across ministries, across provinces and really ... cost effective.” Management Committee Member

“...good things that can happen from collaboration. I’ve learned that we actually can develop tools that can be applied across the country in a more efficient and effective way.” Management Committee Member

“And so if there’s one important lesson from that, it would be that that stability breeds capacity and develops expertise. It’s not something that you can close the doors in one place today and open it up somewhere else tomorrow and expect the same level of service and same level of expertise.” Management Committee Member

9. Summary and Recommendations

This section presents a summary of the main findings of the evaluation, as well as recommendations related to the future of the JCSH in terms of future structure, outcomes and outcome monitoring.

Overall, the JCSH has achieved its outcomes. The evaluation has provided evidence that the JCSH has:

- increased policy coordination;
- increased research coordination;
- increased inter-sectoral action;
- increased systemic collaboration and efficiency; and
- increased system capacity.

The six priority areas of the JCSH have been relevant and appropriate to the membership. The JCSH is seen as a significant contributor to the school health field with an important role in making connections between organizations within and outside of government. While some people view the JCSH as the leader in the school health field and others see it as one of several important players in the field, all participants in the interviews and focus groups valued the work of the JCSH.

Among participants in the evaluation, there is a universal desire for a renewed mandate for the JCSH in order to:

- build upon the work that is well underway;
- support the uptake and impact measurement of existing tools; and
- continue supporting inter-sectoral action and enabling research.

There was also a suggestion by some key informants that in the future the JCSH should adapt existing resources to ensure their cultural relevance to different populations, such as Aboriginal populations. There is a strong desire among several key informants to focus on evaluating both the uptake of tools and their impact at the school and individual level.

The work the JCSH has undertaken to enable research related to comprehensive school health has been highly valued. There is an opportunity for the JCSH to take a stronger role in facilitating research related to comprehensive school health by helping researchers in the field to better connect and collaborate, and possibly facilitate the creation of a pan-Canadian research agenda on comprehensive school health that highlights priorities for research in the field.

From a structural perspective, the organizational structure of the JCSH is appropriate for its purpose. Given the number of jurisdictions and the

involvement of two sectors, the structure is necessarily somewhat complex. Frequent turnover among members of the Management Committee is believed by some JCSH members to hamper progress on occasion, which could possibly be addressed in part with a stronger orientation process for new members. There is also in some jurisdictions less connection and collaboration between health and education, which might in part be improved if Management Committee members from both sectors were in regular communication with the School Health Coordinator(s) in their own jurisdiction. Although there are opportunities to improve how well the existing structure works, the existing structure has not prevented the JCSH from achieving its outcomes.

There is agreement among several key informants that if the mandate is renewed, the Secretariat should not move due to the likely loss of corporate memory and momentum. The experience of the last mandate renewal when the Secretariat was relocated was that a year of activity was lost as time while new staff were recruited, hired and oriented.

From a process perspective, there is some lack of clarity around roles and reporting relationships among the different components of the JCSH, such as the role of Secretariat, the role of the Management Committee, and the reporting relationship for Executive Director. A careful review of Terms of Reference documents have demonstrated that these roles and relationships are actually fairly well articulated, so perhaps it is an issue of lack of familiarity with these documents that have led to uncertainties in these areas. There are opportunities to improve clarity in Terms of Reference documents, such as including a section on Membership in the Management Committee Terms of Reference to describe the number and decision-making level of representatives on the Committee.

In general, the communications efforts of the JCSH have been useful, although there is a potential to make better use of technologies that frequently push small amounts of data to members and partners, such as Twitter, for those members who prefer and use this medium.

A gap in the work of the JCSH is the lack of Aboriginal involvement. A pan-Canadian organization should provide an opportunity for all jurisdictions to participate, including Aboriginal jurisdictions. Logistically, this is complex because of the number of Aboriginal governments throughout the country. However, there are Aboriginal organizations that may offer insights on how to best engage Aboriginal jurisdictions in the work of the JCSH.

9.1 Recommendations

The recommendations have been grouped under three broad headings:

- Mandate and Future Role;
- Structure and Function
- Operational Issues.

9.1.1 Recommendations about the Mandate and Future Role of the JCSH

1. Renew the mandate of the JCSH. The work of the JCSH is highly valued and relevant to its members, and members believe it offers value for investment. Using the right language is important in establishing the new mandate. The new mandate should be written in such a way that it is clear that the JCSH is a partnership that relies on the equal contributions of both sectors and at all levels.
2. Review and simplify the logic model for the JCSH, including revising the existing outcomes. The overlap in the existing outcomes has created lack of clarity and caused difficulty in measuring discrete progress against each outcome. Once new unique outcomes are defined, create an evaluation framework with indicators and do so at the beginning of the mandate in order to ensure that all members and partners are clear about the intended deliverables of the organization from the outset.
3. Monitor progress against indicators for each outcome and do so on an annual basis.
4. Use a network evaluation model for the new evaluation framework. In networks, certain processes are known to foster better outcomes and therefore measurement of process and outcomes are equally important. A network evaluation model examines outcomes at different levels – at the level of the network, member organizations, communities and individuals.⁹
5. Clearly link the planning and reporting of the work of the JCSH to its intended outcomes. Documents such as the strategic plan and annual reports should clearly demonstrate relationship of activities and accomplishments to intended outcomes to strengthen ongoing monitoring and accountability.
6. As part of the process of reviewing outcomes, consider the merits of engaging more sectors in the work of the JCSH (e.g. parks and recreation, transportation). This was a suggestion expressed by several members of the JCSH. This expansion of mandate, while potentially useful in promoting a more comprehensive view of school health should be

⁹ There are several network evaluation models available. One for consideration is found in Popp J. et al (2013). Inter-organizational Networks: A Critical Review of Literature to Inform Practice.

approached carefully with consideration for the impact of such a change on resources. The approach of the JCSH over the past 4 years has been highly valued. If a change is made to focus more broadly within the context of current resources, human resources will necessarily shift away from some of the currently valued activities of the JCSH as work begins to develop new partnerships.

7. Explore with Aboriginal organizations if and how they might like to be engaged in the work of the JCSH.

9.1.2 Recommendations about the Structure and Function of the JCSH

8. Keep the JCSH Secretariat located where it is for the next mandate to minimize disruption to the work and potential loss of momentum. If the decision is made to relocate the Secretariat, careful attention should be given to the transition process so that existing partnerships and work that is currently underway are not disrupted.
9. The current JCSH agreement indicates that the Secretariat is hosted by the lead province. If the Secretariat remains in the current province and the lead province changes for the next mandate, change section 5 of the JCSH agreement that currently states that the lead jurisdiction will host the Secretariat.
10. Ensure that School Health Coordinators, Management Committee Members and the Secretariat all clearly understand the roles and responsibilities of the various structures within the JCSH. This information should also form part of the orientation for new members.
11. Ensure that School Health Coordinators, Management Committee Members and the Secretariat all clearly understand the performance review processes and timelines for Secretariat staff and the process by which such reviews occur. Also amend the Deputies Committee Terms of Reference to state an obligation for Lead Deputies to work with the Management Committee to annually establish objectives for and conduct performance appraisals of the Executive Director of the Secretariat.
12. Member jurisdictions should implement strategies to ensure a stronger connection between School Health Coordinators and Management Committee members within jurisdictions. One example might be for Management Committee members to meet with the School Health Coordinator(s) in their jurisdiction before each Management Committee meeting. This would help improve inter-sectoral collaboration within jurisdictions where this has been happening to a lesser extent, as well as strengthen the knowledge base of Management Committee members

about JCSH activities to support decision-making at Management Committee meetings.

13. Amend the Management Committee Term of Reference to specify the membership criteria for the Committee.
14. Consider facilitating a school health research network that includes key Canadian researchers in the field of comprehensive school health as well as members of the JCSH. This network could serve as a forum to share and exchange knowledge about current research, identify opportunities for collaboration, facilitate linkages between research, policy and action, and potentially enable the identification of a pan-Canadian research agenda that articulates strategic priorities for research in the field of school health.
15. Make the Core Indicators and Measures of Comprehensive School Health and Student Achievement project a high priority for continuation. The need to measure the impact of activities that promote comprehensive school health is a priority of many members.

9.1.3 Recommendations about Operational Issues

16. Continue with face to face meetings for the School Health Coordinators and protect the travel budget that enables this to happen. Also ensure that face to face meetings of the Management Committee continue. It is the experience of the members of the JCSH that the greatest progress is made from face to face meetings.
17. Revisit and renew the existing communication strategy, and clearly identify how best to use new technologies for messaging, making useful information available in easily accessible formats. This should be an additional, not a replacement communication mechanism.
18. Revisit the JCSH messaging about the leadership role that the JCSH assumes in the field of comprehensive school health. There are some people who take exception to the suggestion that the JCSH is “the” collective voice for comprehensive school health. All messages should position the JCSH as the collective voice of *government* for comprehensive school health.
19. Assess the current process used for facilitating meetings of the JCSH committees and make changes that increase participation from more members during meetings as well as improve time management for meeting agendas.

Appendix: Data Collection Tools

The following data collection tools are contained in this Appendix:

- Document review templates
- Electronic Survey Questions
- Interview Guides
- Focus Group Guides

Document Review Template

Outcome 1 – Increased Policy Coordination

Reference and Page #	Description of Tools for Policy Coordination	Examples of Four Pillars Incorporated into Programs and Policies

Outcome 2: Increased Research Coordination

Reference and Page #	Research Partner and Purpose of Partnership	Activities Facilitating Research	KT Activities

Outcome 4: Increased Systemic Collaboration and Efficiency

Reference and Page #	Examples of Cost Efficiencies

Outcome 5: Increased System Capacity

Reference and Page #	Examples of Capacity Building

Electronic Survey Questions

Introduction

The Pan-Canadian Joint Consortium for School Health (JCSH) is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the wellness 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, the Consortium brings together key representatives of government departments or ministries responsible for health and education to:

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

The JCSH is currently undertaking an evaluation of progress towards its intended outcomes during the 2010-2014 time period. The evaluation uses several data collection methods, including this online survey that will be completed by the members and partners of the JCSH. Some members and partners will also be contacted by the evaluators and invited to participate in telephone interviews.

Thank you for taking the time to complete this survey, which should take about 20 minutes of your time. If you have any questions about the survey, please contact Karen Pyra at karen@pmcs.ca.

Questions to be Formatted in Electronic Survey

Question 1: All of these statements are designed with a 5-point Likert scale ranging from strongly disagree, disagree, not sure, agree, strongly agree. Respondents are asked to pick the option that best reflects their opinion about each statement (these statements are taken from the Wilder Collaboration Factors Inventory).

- a. What the Joint Consortium for School Health is trying to accomplish would be difficult for any single organization to accomplish on its own.
- b. No other organization is trying to do exactly what Joint Consortium on School Health is trying to do.
- c. The members of the Joint Consortium for School Health are dedicated to the idea that we can make this initiative work.

- d. My ideas about what we want to accomplish with the Joint Consortium for School Health seem to be the same as the ideas of others.
- e. I have a clear understanding of what the Joint Consortium for School Health is trying to accomplish.
- f. The goals of the Joint Consortium for School Health are understandable.
- g. The Joint Consortium for School Health has established reasonable goals.
- h. People involved in the Joint Consortium for School Health have a clear sense of their roles and responsibilities.
- i. There is a clear process for making decisions among the members involved with the Joint Consortium for School Health.
- j. People involved in the Joint Consortium for School Health always trust one another.
- k. I have a lot of respect for the other people involved in the Joint Consortium for School Health.
- l. People involved in the Joint Consortium for School Health are willing to compromise on important aspects of the work.
- m. The people in leadership positions for the Joint Consortium for School Health have good skills for working with other people and organizations.
- n. There is a lot of flexibility when decisions are made; people are open to discussing different options.
- o. People in the Consortium are open to different approaches to how we can do our work. They are willing to consider different ways of working.
- p. People in this Consortium communicate openly with one another.
- q. I am informed as often as I should be about what goes on in the Consortium.
- r. The people who lead the Joint Consortium for School Health communicate well with its members.
- s. The Joint Consortium for School Health is able to adapt to changing conditions such as fewer funds than expected, changing political climate, or change in leadership.
- t. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.
- u. Provincial, territorial and community leaders who are not part of our collaborative group seem hopeful about what we can accomplish.

Question 2: All of these statements are designed with a 3-point Likert scale ranging from not at all, somewhat, to a great extent. Don't know is also provided as a response option. Respondents are asked to pick the option that best reflects their answer to the questions.

- a. To what extent has the Joint Consortium for School Health enabled knowledge exchange about school health?
- b. To what extent has the Joint Consortium for School Health enabled coordination of research related to school health?
- c. To what extent has the Joint Consortium for School Health enabled inter-sectoral action between health and education *across provinces and territories*?
- d. To what extent has the Joint Consortium for School Health enabled inter-sectoral action between health and education *within individual provinces and territories*?
- e. To what extent has the Joint Consortium for School Health acted as a collective voice for school health in Canada?
- f. To what extent has the Joint Consortium for School Health increased the capacity of the *health* system to take action on school health?
- g. To what extent has the Joint Consortium for School Health increased the capacity of the *education* system to take action on school health?

Question 3: (qualitative response)

What would you say has been the greatest benefit of your involvement with the Joint Consortium for School Health?

Question 4:

- a. Is there a legitimate and necessary role for the Joint Consortium for School Health after 2015 when its current mandate ends? Yes or No response option.
- b. If you answered yes, please describe what you believe the role of the Joint Consortium for School Health should be in the future.
- c. If you answered no, please describe why you think there is no future need for the Joint Consortium for School Health.

Thank you for taking the time to complete this survey. Your input will be very helpful as we evaluate the Joint Consortium for School Health's progress over the last four years.

Interview Guide: Members of the Joint Consortium for School Health

Name of Participant:

Job Title:

Phone Number(s):

Date:

Digital Recorder File Name:

Name of Interviewer:

Purpose

The purpose of these interviews is to help the JCSH to assess progress towards five outcomes. Information from these interviews will be analyzed and included in a final evaluation report for the JCSH.

Estimated Interview Time: 60 minutes

Introductory Script

Hello, my name is <<interviewer name>>. I am working on an evaluation project for the Pan Canadian Joint Consortium for School Health to evaluate their progress towards five intended outcomes. Your name was given to me by the staff of the Consortium as someone who could provide us with some insights about the Consortium and its activities to assist in the evaluation.

We are conducting numerous interviews and focus groups for this evaluation. The responses from all of the interviews will be combined and analysed, and the results will be presented in a report to the Consortium. Any comments that you make during the interview will not be attributed specifically to you. We expect that the interview will take approximately an hour.

A few days ago I sent you a copy of the interview questions. Did you receive these?

IF YES, THEN SAY

Great. Do you have any questions before I begin asking you the interview questions?

IF NO, THEN SAY

Can I e-mail the questions to you now so you have them in front of you?

IF YES, then send them the questions attached to a high priority email message, and then begin consent process.

IF NO, proceed to consent process.

CONSENT PROCESS

Before we proceed, I would like to provide you with some additional information and acquire your consent to participate in this interview. Participation in the interview is voluntary. Please let me know if you do not want to answer any particular questions I ask you. Your answers will not be associated with your name in any reports that are written. The responses that you provide will only be reported in combination with other responses, and although individual responses may be used as quotations, you will not be identified. The final report will be delivered to the Executive Director of the Consortium for dissemination to the Management Committee. To help with the analysis of the information, I would like to record and transcribe this interview.

Do you have any questions?

Do I have your permission to record this interview?

___Yes

___No – ask if you can take notes if permission to record is not given.

TURN RECORDER ON IF PERMISSION IS GRANTED

Do you consent to participate in the interview?

___Yes

___No – thank the interviewee and terminate the interview if the response is no.

INTERVIEW

OK, let's begin. The first few questions I would like to ask you are about the Consortium outcome: Increased Policy Coordination.

1. Overall, would you say the Consortium has or has not enabled increased policy coordination between the education and health sectors?
 - a. If yes, can you give an example of how the Consortium has enabled increased policy coordination between the education and health sectors?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome?
2. The Consortium has created numerous tools and processes over the last four years. Have any of the tools or processes created by the Consortium supported policy coordination between health and education ministries? If so, can you give an example of such a tool or process?
3. How have you or your organization used and shared tools created by the Consortium to support policy coordination? (*Probe: examples of tools might include the Comprehensive School Health Framework, web site, healthy school planner, positive mental health tool kit, youth engagement tool kit*).
4. The foundation of the Consortium's work is the Comprehensive School Health Framework. Can you think about any examples in your jurisdiction about how the four pillars of the Comprehensive School Health Framework have been incorporated into policy development and implementation? (*Probe: the four pillars are social and physical environment, teaching and learning, partnerships and services, and healthy school policy, common briefing note*).

The next few questions are about the Consortium outcome: Increased Research Coordination.

5. Overall, would you say the Consortium has or has not contributed to increased coordination of research related to school health?
 - a. If yes, can you give an example of how the Consortium has contributed to increased coordination of research related to school health?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome? *Skip to question 7.*
6. Can you give a few examples of activities undertaken by the Consortium that have enabled research related to school health?
7. When you think about coordinating health and education research related to school health, do you think the Consortium has played a unique role not undertaken by any other organization? *If no skip to question 8.*

- a. If yes, what is unique about the Consortium's role?
- b. Is this unique role valuable? In what way?

The next few questions are about the Consortium outcome: Increased Inter-sectoral Action Between Health and Education.

8. Has the Consortium enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - a. If yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome?
9. Now I would like you to think about the health and education sectors within your own jurisdiction. Would you say that the Consortium has enabled inter-sectoral action between education and health within your own jurisdiction?
 - a. If yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors within your own jurisdiction?

The next few questions are about the Consortium outcome: Increased Systemic Collaboration and Efficiency.

10. Do you believe that cost efficiencies have been realized as a result of the work of the Consortium? If so, can you give an example or two? (*Probe: what would have been the cost implications if every jurisdiction independently developed the Healthy School Planner tool, the positive mental health tool kit and the youth engagement tool kit?*)
11. Do you think that the Consortium benefits members in ways that members could not achieve by working independently for the same cost and effort? If so, how? (*Note to interviewer: this question may have largely been answered in the previous question by the examples given; if so reference those examples and ask if there are any other examples of how the Consortium uniquely benefits members. Probe: other examples might include new partnerships or relationships developed through the Consortium, communication tools such as regular news bundles circulated by the Secretariat.*)
12. What are the benefits of having a collective voice for school health in Canada?

The next few questions are about the Consortium outcome: Increased System Capacity.

13. The Consortium has created tools that may help with increasing the capacity of the health and education systems to take action on school health. One of these tools is the Healthy School Planner, a tool that schools can use to assess the health of their school and build a plan for improvement, using the JCSH

Comprehensive School Health Framework. Do you have any examples of how the Healthy School Planner has been used in your jurisdiction, and how this will contribute to an increase in system capacity?

- a. What about data collected through other processes, such as the Health Behaviours in School Age Children, or through CLASP? Will this data contribute to system capacity? If so, how?
14. There are other tool kits developed by the Consortium. The Positive Mental Health tool kit and the Youth Engagement tool kit. How has, or how do you expect these tool kits to be used in your jurisdiction?
- a. How will they build system capacity?
15. As you know, the Consortium facilitates regular meetings of the School Health Coordinators from each member jurisdiction. Do you believe these meetings are useful and if so how?
16. The Consortium also facilitates regular meetings of the Management Committee. Do you believe these meetings are useful and if so how?

I just have a few more questions for you about the structure and future role of the Consortium.

17. Do you believe the current organizational and membership structure of the Consortium is effective in enabling it to achieve its mandate? If not, what needs to be improved?
18. Are there opportunities to improve collaboration within the Consortium? If so, what are they?
19. Do you believe the Consortium effectively communicates with its members and other stakeholders?
- a. If yes, what are the most effective communication mechanisms?
 - b. If no, what needs to be improved about communication?
20. Are the activities of the Consortium well aligned with the priorities of your organization? If no, can you highlight areas where there seems to be misalignment?
21. The current mandate of the Consortium ends in 2015. Do you believe there is legitimate and necessary role for the Consortium beyond 2015?
- a. If yes, what should the priorities of the Consortium be in 2015 and beyond?
 - b. If no, why do you believe there is no longer a need for the Consortium?
22. Finally, when you think about your engagement with the Consortium over the past four years, what do you believe are important lessons learned through the Consortium's work?
- That's the end of my list of questions for you. Is there anything else you would like to add that might help us with the evaluation?

Interview Guide: Partners of the Joint Consortium for School Health

Name of Participant:

Job Title:

Phone Number(s):

Date:

Digital Recorder File Name:

Name of Interviewer:

Purpose

The purpose of these interviews is to help the JCSH to assess progress towards five outcomes. Information from these interviews will be analyzed and included in a final evaluation report for the JCSH.

Estimated Interview Time: 20 to 30 minutes

Introductory Script

Hello, my name is <<interviewer name>>. I am working on an evaluation project for the Pan Canadian Joint Consortium for School Health to evaluate their progress towards five intended outcomes. Your name was given to me by the staff of the Consortium as someone who could provide us with some insights about the Consortium and its activities to assist in the evaluation.

We are conducting numerous interviews and focus groups for this evaluation. The responses from all of the interviews will be combined and analysed, and the results will be presented in a report to the Consortium. Any comments that you make during the interview will not be attributed specifically to you. We expect that the interview will take approximately 30 minutes.

A few days ago I sent you a copy of the interview questions. Did you receive these?

IF YES, THEN SAY

Great. Do you have any questions before I begin asking you the interview questions?

IF NO, THEN SAY

Can I e-mail the questions to you now so you have them in front of you?

IF YES, then send them the questions attached to a high priority email message, and then begin consent process.

IF NO, proceed to consent process.

CONSENT PROCESS

Before we proceed, I would like to provide you with some additional information and acquire your consent to participate in this interview. Participation in the interview is voluntary. Please let me know if you do not want to answer any particular questions I ask you. Your answers will not be associated with your name in any reports that are written. The responses that you provide will only be reported in combination with other responses, and although individual responses may be used as quotations, you will not be identified. The final report will be delivered to the Executive Director of the Consortium for dissemination to the Management Committee. To help with the analysis of the information, I would like to record and transcribe this interview. Do you have any questions?

Do I have your permission to record this interview?

___Yes

___No – ask if you can take notes if permission to record is not given.

TURN RECORDER ON IF PERMISSION IS GRANTED

Do you consent to participate in the interview?

___Yes

___No – thank the interviewee and terminate the interview if the response is no.

INTERVIEW

OK, let's begin. The first question I would like to ask you is about the Consortium outcome: Increased Policy Coordination.

1. Overall, would you say the Consortium has or has not enabled increased policy coordination between the education and health sectors?
 - a. If yes, can you give an example of how the Consortium has enabled increased policy coordination between the education and health sectors?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome?

The next question is about the Consortium outcome: Increased Inter-sectoral Action Between Health and Education.

2. Has the Consortium enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - a. If yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome?

The next question is about the Consortium outcome: Increased Systemic Collaboration and Efficiency.

3. What are the benefits of having a collective voice for school health in Canada such as the Consortium?

The next questions are about the structure and future role of the Consortium.

4. Do you believe the current organizational and membership structure of the Consortium is effective in enabling it to achieve its mandate? If not, what needs to be improved?
5. Do you believe the Consortium effectively communicates with its members and other stakeholders?
 - a. If yes, what are the most effective communication mechanisms?
 - b. If no, what needs to be improved about communication?
6. The current mandate of the Consortium ends in 2015. Do you believe there is legitimate and necessary role for the Consortium beyond 2015?

- a. If yes, what should the priorities of the Consortium be in 2015 and beyond?
 - b. If no, why do you believe there is no longer a need for the Consortium?
7. Finally, when you think about your engagement with the Consortium over the past four years, what do you believe are important lessons learned through the Consortium's work?

That's the end of my list of questions for you. Is there anything else you would like to add that might help us with the evaluation?

Thank you very much for your time.

Interview Guide: Research Partners of the Joint Consortium for School Health

Name of Participant:

Job Title:

Phone Number(s):

Date:

Digital Recorder File Name:

Name of Interviewer:

Purpose

The purpose of these interviews is to help the JCSH to assess progress towards five outcomes. Information from these interviews will be analyzed and included in a final evaluation report for the JCSH.

Estimated Interview Time: 45 minutes

Introductory Script

Hello, my name is <<interviewer name>>. I am working on an evaluation project for the Pan Canadian Joint Consortium for School Health to evaluate their progress towards five intended outcomes. Your name was given to me by the staff of the Consortium as someone who could provide us with some insights about the Consortium and its activities to assist in the evaluation.

We are conducting numerous interviews and focus groups for this evaluation. The responses from all of the interviews will be combined and analysed, and the results will be presented in a report to the Consortium. Any comments that you make during the interview will not be attributed specifically to you. We expect that the interview will take approximately 45 minutes to an hour.

A few days ago I sent you a copy of the interview questions. Did you receive these?

IF YES, THEN SAY

Great. Do you have any questions before I begin asking you the interview questions?

IF NO, THEN SAY

Can I e-mail the questions to you now so you have them in front of you?

IF YES, then send them the questions attached to a high priority email message, and then begin consent process.

IF NO, proceed to consent process.

CONSENT PROCESS

Before we proceed, I would like to provide you with some additional information and acquire your consent to participate in this interview. Participation in the interview is voluntary. Please let me know if you do not want to answer any particular questions I ask you. Your answers will not be associated with your name in any reports that are written. The responses that you provide will only be reported in combination with other responses, and although individual responses may be used as quotations, you will not be identified. The final report will be delivered to the Executive Director of the Consortium for dissemination to the Management Committee. To help with the analysis of the information, I would like to record and transcribe this interview. Do you have any questions?

Do I have your permission to record this interview?

Yes

No – ask if you can take notes if permission to record is not given.

TURN RECORDER ON IF PERMISSION IS GRANTED

Do you consent to participate in the interview?

Yes

No – thank the interviewee and terminate the interview if the response is no.

INTERVIEW

OK, let's begin. The first questions I would like to ask you are about the Consortium outcome: Increased Research Coordination.

1. Overall, would you say the Consortium has or has not contributed to increased coordination of research related to school health?
 - a. If yes, can you give an example of how the Consortium has contributed to increased coordination of research related to school health?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome? *Skip to question 3.*
2. Can you give a few examples of activities undertaken by the Consortium that have facilitated research related to school health?
3. When you think about coordinating health and education research related to school health, do you think the Consortium has played a unique role not undertaken by any other organization? *If no skip to question 4.*
 - a. If yes, what is unique about the Consortium's role?
 - b. Is this unique role valuable? In what way?
4. Overall, would you say the Consortium has or has not contributed to knowledge exchange related to school health?
 - a. If yes, can you give an example knowledge exchange activities facilitated by the Consortium?

The next question is about the Consortium outcome: Increased Inter-sectoral Action Between Health and Education.

5. Has the Consortium enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - a. If yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - b. If no, why do you think the Consortium has been unable to achieve this outcome?

The next few questions are about the Consortium outcomes: Increased Systemic Collaboration and Efficiency, and Increased System Capacity

6. What are the benefits of having a collective voice for school health in Canada?

7. The Consortium has created tools that may help with increasing the capacity of the health and education systems to take action on school health. One of these tools is the Healthy School Planner, a tool that schools can use to assess the health of their school and build a plan for improvement, using the JCSH Comprehensive School Health Framework. Do you have any examples of how the Healthy School Planner has been used in your jurisdiction, and how this will contribute to an increase in system capacity?
 - a. What about data collected through other processes, such as the Health Behaviours in School Age Children, or through CLASP? Will this data contribute to system capacity? If so, how?
8. There are two other tool kits developed by the Consortium. The Positive Mental Health tool kit and the Youth Engagement tool kit. How has, or how do you expect these tool kits to be used in your jurisdiction?
 - a. How will they build system capacity?

I just have a few more questions for you about the structure and future role of the Consortium.

9. Do you believe the current organizational and membership structure of the Consortium is effective in enabling it to achieve its mandate? If not, what needs to be improved?
10. Do you believe the Consortium effectively communicates with its members and other stakeholders?
 - a. If yes, what are the most effective communication mechanisms?
 - b. If no, what needs to be improved about communication?
11. The current mandate of the Consortium ends in 2015. Do you believe there is a legitimate and necessary role for the Consortium beyond 2015?
 - a. If yes, what should the priorities of the Consortium be in 2015 and beyond?
 - b. If no, why do you believe there is no longer a need for the Consortium?

That's the end of my list of questions for you. Is there anything else you would like to add that might help us with the evaluation?

Focus Group Guide: School Health Coordinators

Date:

Digital Recorder File Name:

Name of Interviewer:

Purpose

The purpose of this focus group is to help the JCSH to assess progress towards five outcomes. Information from the focus group will be analyzed and included in a final evaluation report for the JCSH.

Estimated Interview Time: 150 minutes (allows time for a 15 minute break)

Introductory Script

Hello, my name is <<moderator's name>>. I am a member of the evaluation team working on the evaluation of the Pan Canadian Joint Consortium for School Health to evaluate progress towards five intended outcomes.

We are conducting numerous interviews and focus groups for this evaluation. The responses from all of the interviews and focus groups will be combined and analyzed, and the results will be presented in a report to the Consortium.

A few days ago I sent you a copy of the interview questions. Did you receive these? Distribute copies to people who do not have a copy with them

CONSENT PROCESS

Before we proceed, I would like to provide you with some additional information and acquire your consent to participate in this interview. Participation in the interview is voluntary. Please let me know if you do not want to answer any particular questions I ask you. Your answers will not be associated with your name in any reports that are written. The responses that you provide will only be reported in combination with other responses, and although individual responses may be used as quotations, you will not be identified. The final report will be delivered to the Executive Director of the Consortium for dissemination to the Management Committee. To help with the analysis of the information, I would like to record and transcribe this interview. Do you have any questions before I go on?

We are assuming you are consenting to participate if you remain in the room, so at this time, if there is someone who would prefer not participate, please feel free to leave the room now.

I would also like to record the focus group to assist with data analysis. If you are not comfortable with speaking while the recorder is on, I can pause it any time at your request. Do I have your permission to record this interview? (ensure you make eye contact with everyone and get a positive acknowledgement; if someone is not comfortable, ask them to indicate

when they would like to speak by raising a hand and you can turn the recorder off during their contribution; turn it back on after they are finished speaking).

FOCUS GROUP PROCESS

I would like to share just a few details about the focus group process. The purpose of our discussion is to collect data for the evaluation. Therefore, there is no need for us to achieve consensus about answers to questions. Likewise, this will not be a problem solving session to address current issues – we may identify an operational issue that needs discussion and resolution, however, the discussion and resolution will need to take place later due to the time constraints of the focus group. If I feel the discussion is taking too long on one question, I will intervene and move the discussion forward to the next question.

I would ask that everyone agree that whatever they hear within the confines of the focus group be kept confidential and not shared outside this meeting. Also, please respect that it is important to hear everyone's perspective, so "share the air" with all of your colleagues.

Any questions about the process of the focus group?

FOCUS GROUP QUESTIONS

OK, let's begin. The first few questions I would like to ask you are about the Consortium outcome: Increased Policy Coordination.

1. Overall, would you say the Consortium has or has not facilitated increased policy coordination between the education and health sectors?
 - a. For those who said yes, can you give an example of how the Consortium has facilitated increased policy coordination between the education and health sectors?
 - b. For those who said no, why do you think the Consortium has been unable to achieve this outcome?
2. The Consortium has created numerous tools and processes over the last four years. Have any of the tools or processes created by the Consortium supported policy coordination between health and education ministries? If so, can you give an example of such a tool or process?
3. How have you or your organizations used and shared tools created by the Consortium to support policy coordination? (*Probe: examples of tools might include the Comprehensive School Health Framework, web site, healthy school planner, positive mental health tool kit, youth engagement tool kit*).
4. The foundation of the Consortium's work is the Comprehensive School Health Framework. Can you think about any examples in your jurisdiction about how the four pillars of the Comprehensive School Health Framework have been incorporated into policy development and implementation? (*Probe: the four pillars are social and physical environment, teaching and learning, partnerships and services, and healthy school policy, common briefing note*).

The next few questions are about the Consortium outcome: Increased Research Coordination.

5. Overall, would you say the Consortium has or has not contributed to increased coordination of research related to school health?
 - a. For those who answered yes, can you give an example of how the Consortium has contributed to increased coordination of research related to school health?
 - b. For those who answered no, why do you think the Consortium has been unable to achieve this outcome?
6. When you think about coordinating health and education research related to school health, do you think the Consortium has played a unique role not undertaken by any other organization?
 - a. For those who answered yes, what is unique about the Consortium's role?

- b. Is this unique role valuable? In what way?
- 7. Overall, would you say the Consortium has or has not contributed to knowledge exchange related to school health?
 - a. If yes, can you give an example knowledge exchange activities facilitated by the Consortium?

The next few questions are about the Consortium outcome: Increased Inter-sectoral Action Between Health and Education.

- 8. Has the Consortium enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - a. For those who answered yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - b. For those who answered no, why do you think the Consortium has been unable to achieve this outcome?
- 9. Now I would like you to think about the health and education sectors within your own jurisdiction. Would you say that the Consortium has enabled inter-sectoral action between education and health within your own jurisdiction?
 - a. For those who answered yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors within your own jurisdiction?

The next few questions are about the Consortium outcome: Increased Systemic Collaboration and Efficiency.

- 10. Do you believe that cost efficiencies have been realized as a result of the work of the Consortium? If so, can you give an example or two? (*Probe: what would have been the cost implications if every jurisdiction independently developed the Healthy School Planner tool, the positive mental health tool kit and the youth engagement tool kit?*)
- 23. Do you think that the Consortium benefits members in ways that members could not achieve by working independently for the same cost and effort? If so, how? (*Note to interviewer: this question may have largely been answered in the previous question by the examples given; if so reference those examples and ask if there are any other examples of how the Consortium uniquely benefits members. Probe: other examples might include new partnerships or relationships developed through the Consortium, communication tools such as regular news bundles circulated by the Secretariat.*)

- 11. What are the benefits of having a collective voice for school health in Canada?
- The next few questions are about the Consortium outcome: Increased System Capacity.

12. The Consortium has created tools that may help with increasing the capacity of the health and education systems to take action on school health. One of these tools is the Healthy School Planner, a tool that schools can use to assess the health of their school and build a plan for improvement, using the JCSH Comprehensive School Health Framework. Do you have any examples of how the Healthy School Planner has been used in your jurisdiction, and how this will contribute to an increase in system capacity?
 - a. What about data collected through other processes, such as the Health Behaviours in School Age Children, or through CLASP? Will this data contribute to system capacity? If so, how?
13. There are two other tool kits developed by the Consortium. The Positive Mental Health tool kit and the Youth Engagement tool kit. How has, or how do you expect these tool kits to be used in your jurisdiction?
 - a. How will they build system capacity?
14. As you know, the Consortium facilitates regular meetings of the School Health Coordinators from each member jurisdiction. Do you believe these meetings are useful and if so how?

I just have a few more questions for you about the structure and future role of the Consortium.

15. Do you believe the current organizational and membership structure of the Consortium is effective in enabling it to achieve its mandate? If not, what needs to be improved?
16. Are there opportunities to improve collaboration within the Consortium? If so, what are they?
17. Do you believe the Consortium effectively communicates with its members and other stakeholders?
 - a. If yes, what are the most effective communication mechanisms?
 - b. If no, what needs to be improved about communication?
18. The current mandate of the Consortium ends in 2015. Do you believe there is legitimate and necessary role for the Consortium beyond 2015?
 - a. If yes, what should the priorities of the Consortium be in 2015 and beyond?
 - b. If no, why do you believe there is no longer a need for the Consortium?
19. Finally, when you think about your engagement with the Consortium over the past four years, what do you believe are important lessons learned through the Consortium's work?

That's the end of my list of questions for you. Is there anything else you would like to add that might help us with the evaluation?

Focus Group Guide: Consortium Staff

Date:

Digital Recorder File Name:

Name of Interviewer:

Purpose

The purpose of this focus group is to help the JCSH to assess progress towards five outcomes. Information from the focus group will be analyzed and included in a final evaluation report for the JCSH.

Estimated Interview Time: 150 minutes (allows time for a 15 minute break)

Introductory Script

Hello, my name is <<moderator's name>>. I am a member of the evaluation team working on the evaluation of the Pan Canadian Joint Consortium for School Health to evaluate progress towards five intended outcomes.

We are conducting numerous interviews and focus groups for this evaluation. The responses from all of the interviews and focus groups will be combined and analyzed, and the results will be presented in a report to the Consortium.

A few days ago I sent you a copy of the interview questions. Did you receive these? Distribute copies to people who do not have a copy with them

CONSENT PROCESS

Before we proceed, I would like to provide you with some additional information and acquire your consent to participate in this interview. Participation in the interview is voluntary. Please let me know if you do not want to answer any particular questions I ask you. Your answers will not be associated with your name in any reports that are written. The responses that you provide will only be reported in combination with other responses, and although individual responses may be used as quotations, you will not be identified. The final report will be delivered to the Executive Director of the Consortium for dissemination to the Management Committee. To help with the analysis of the information, I would like to record and transcribe this interview. Do you have any questions before I go on?

We are assuming you are consenting to participate if you remain in the room, so at this time, if there is someone who would prefer not participate, please feel free to leave the room now.

I would also like to record the focus group to assist with data analysis. If you are not comfortable with speaking while the recorder is on, I can pause it any time at your request. Do I have your permission to record this interview? (ensure you make eye contact with everyone and get a positive acknowledgement; if someone is not comfortable, ask them to indicate

when they would like to speak by raising a hand and you can turn the recorder off during their contribution; turn it back on after they are finished speaking).

FOCUS GROUP PROCESS

I would like to share just a few details about the focus group process. The purpose of our discussion is to collect data for the evaluation. Therefore, there is no need for us to achieve consensus about answers to questions. Likewise, this will not be a problem solving session to address current issues – we may identify an operational issue that needs discussion and resolution, however, the discussion and resolution will need to take place later due to the time constraints of the focus group. If I feel the discussion is taking too long on one question, I will intervene and move the discussion forward to the next question.

I would ask that everyone agree that whatever they hear within the confines of the focus group be kept confidential and not shared outside this meeting. Also, please respect that it is important to hear everyone's perspective, so "share the air" with all of your colleagues.

Any questions about the process of the focus group?

FOCUS GROUP QUESTIONS

OK, let's begin. The first few questions I would like to ask you are about the Consortium outcome: Increased Policy Coordination.

1. Overall, would you say the Consortium has or has not enabled increased policy coordination between the education and health sectors?
 - a. For those who said yes, can you give an example of how the Consortium has facilitated increased policy coordination between the education and health sectors?
 - b. For those who said no, why do you think the Consortium has been unable to achieve this outcome?
2. The Consortium has created numerous tools and processes over the last four years. Have any of the tools or processes created by the Consortium supported policy coordination between health and education ministries? If so, can you give an example of such a tool or process?
3. How have members used and shared tools created by the Consortium to support policy coordination? (*Probe: examples of tools might include the Comprehensive School Health Framework, web site, healthy school planner, positive mental health tool kit, youth engagement tool kit*).
4. The foundation of the Consortium's work is the Comprehensive School Health Framework. Can you think about any examples from members' jurisdictions about how the four pillars of the Comprehensive School Health Framework have been incorporated into policy development and implementation? (*Probe: the four pillars are social and physical environment, teaching and learning, partnerships and services, and healthy school policy, common briefing note*).

The next few questions are about the Consortium outcome: Increased Research Coordination.

5. Overall, would you say the Consortium has or has not contributed to increased coordination of research related to school health?
 - a. For those who answered yes, can you give an example of how the Consortium has contributed to increased coordination of research related to school health?
 - b. For those who answered no, why do you think the Consortium has been unable to achieve this outcome?
6. When you think about coordinating health and education research related to school health, do you think the Consortium has played a unique role not undertaken by any other organization?
 - a. For those who answered yes, what is unique about the Consortium's role?

- b. Is this unique role valuable? In what way?
7. What are the key partnerships that have been developed to support research coordination, and what have been the nature of those partnerships?
8. Overall, would you say the Consortium has or has not contributed to knowledge exchange related to school health?
 - a. If yes, can you give an example knowledge exchange activities facilitated by the Consortium?

The next few questions are about the Consortium outcome: Increased Inter-sectoral Action Between Health and Education.

9. Has the Consortium enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - a. For those who answered yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors across the provinces and territories?
 - b. For those who answered no, why do you think the Consortium has been unable to achieve this outcome?
10. Now I would like you to think about the health and education sectors within your own jurisdiction. Would you say that the Consortium has enabled inter-sectoral action between education and health within your own jurisdiction?
 - a. For those who answered yes, can you give an example of how the Consortium has enabled inter-sectoral action between the health and education sectors within your own jurisdiction?

The next few questions are about the Consortium outcome: Increased Systemic Collaboration and Efficiency.

11. Do you believe that cost efficiencies have been realized as a result of the work of the Consortium? If so, can you give an example or two? (*Probe: what would have been the cost implications if every jurisdiction independently developed the Healthy School Planner tool, the positive mental health tool kit and the youth engagement tool kit?*)
12. What are the benefits of having a collective voice for school health in Canada?

The next few questions are about the Consortium outcome: Increased System Capacity.

13. The Consortium has created tools that may help with increasing the capacity of the health and education systems to take action on school health. One of these tools is the Healthy School Planner, a tool that schools can use to assess the health of their school and build a plan for improvement, using the JCSH Comprehensive School Health Framework. Do you have any examples of how

the Healthy School Planner has been used in your jurisdiction, and how this will contribute to an increase in system capacity?

- a. What about data collected through other processes, such as the Health Behaviours in School Age Children, or through CLASP? Will this data contribute to system capacity? If so, how?
14. There are two other tool kits developed by the Consortium. The Positive Mental Health tool kit and the Youth Engagement tool kit. How has, or how do you expect these tool kits to be used in member jurisdictions?
 - a. How will they build system capacity?
 15. As you know, the Consortium facilitates regular meetings of the School Health Coordinators from each member jurisdiction. Do you believe these meetings are useful and if so how?
 16. The Consortium also facilitates regular meetings of the Management Committee. Do you believe these meetings are useful and if so how?

I just have a few more questions for you about the structure and future role of the Consortium.

17. Do you believe the current organizational and membership structure of the Consortium is effective in enabling it to achieve its mandate? If not, what needs to be improved?
18. Are there opportunities to improve collaboration within the Consortium? If so, what are they?
19. Do you believe the Consortium effectively communicates with its members and other stakeholders?
 - a. If yes, what are the most effective communication mechanisms?
 - b. If no, what needs to be improved about communication?
20. The current mandate of the Consortium ends in 2015. Do you believe there is legitimate and necessary role for the Consortium beyond 2015?
 - a. If yes, what should the priorities of the Consortium be in 2015 and beyond?
 - b. If no, why do you believe there is no longer a need for the Consortium?
21. Finally, when you think about your engagement with the Consortium over the past four years, what do you believe are important lessons learned through the Consortium's work?

That's the end of my list of questions for you. Is there anything else you would like to add that might help us with the evaluation?