

Mandate Renewal of the Pan-Canadian Joint Consortium for School Health 2020-2025

EXECUTIVE SUMMARY

ISSUE

- The Pan-Canadian Joint Consortium for School Health (JCSH) is seeking a renewed mandate from April 1, 2020 to March 31, 2025.

MEMBERSHIP

- JCSH members include representatives from the ministries of education and ministries of health and/or wellness in every province and territory (except for Quebec).
- The federal government, through the Public Health Agency of Canada (PHAC), participates in a funding and advisory capacity.

KEY FACTS

- The JCSH focuses on key priority areas as identified by the FPT Ministers of Health and/or Wellness and the Council of Ministers of Education, Canada (CMEC).
- JCSH facilitates opportunities for member jurisdictions to work together and build capacity efficiently and effectively to promote student wellness and learning using a comprehensive school health (CSH) approach.
- The JCSH serves as the foundational platform for collaboration, knowledge exchange, policy and research coordination, and the identification of common strategies to address current and emerging student/school health priorities.
- Since 2005, the work of the JCSH has resulted in many efficiencies and enhancements within and across member jurisdictions that might not otherwise have been achieved, namely:
 - strengthening knowledge on using CSH to address complex issues related to student health, well-being and learning for diverse population groups; and
 - the development of multiple tools and resources (Appendix A).

RENEWED MANDATE – STRATEGIC DIRECTIONS

- It is proposed that during the renewed mandate (2020 – 2025) member jurisdictions will anticipate and provide timely evidence-based responses to emerging health and well-being issues that impact students' overall learning and long-term development. By working together through the JCSH and continuing to apply the CSH framework, member jurisdictions can assist each other in building 'upstream' preventive responses to current and emerging priorities. The initial priorities for a fourth JCSH mandate include:
 - **Problematic substance use**, with a strong initial focus on vaping;
 - **Mental well-being**, including issues related to resiliency, anxiety, protective factors and disruptive behaviours; and
 - **School food environment**, including the development of healthy eating school food policy.

BUDGET and ANNUAL MEMBERSHIP FEES

- Since the first mandate (2005-2010), the annual budget for the JCSH has been \$500,000.
- As a measure to ensure sustainability and fiscal responsibility, the proposal for a new mandate includes a reduction in the membership fees for a total annual budget of \$350,000 (Appendix B – Draft Budget 2020-21). This will be achieved through:
 - a reduction in the number of FTEs in the secretariat;
 - a reduction in spending on travel/hospitality through reduced in-person meetings and greater use of technology; and
- The use of surplus funds from the current mandate to offset membership fees in proportion to the amount each member jurisdiction pays.

PHAC will continue to contribute \$250,000 annually, with the balance (\$100,000) equitably shared between member jurisdictions based on population (Appendix C – Membership Fees).

BACKGROUND

- The JCSH was established in 2005 by CMEC and the Conference of Ministers of Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting.
 - The JCSH is the only pan-Canadian organization that provides Canada-wide information and exchanges between the health and education sectors on issues related to CSH and student well-being.
- The World Health Organization (WHO) promotes school health programs that are designed using a CSH approach as they have been found to be the most effective in demonstrating significant improvements in student achievement alongside behaviour and health and well-being outcomes for children and youth.
- Since its inception in 2005, the JCSH budget has been \$500,000.
 - Fifty percent of the total annual funding from PHAC.
 - Member provinces and territories together pay the remaining \$250,000 in annual membership fees (proportionately based on population).
- The JCSH secretariat was hosted by the Government of British Columbia from 2005-2010.
- The JCSH secretariat has been hosted by the Government of Prince Edward Island since 2010.
 - The Government of Prince Edward Island has agreed to continue hosting the secretariat for the 2020-2025 mandate.
- The JCSH's third consecutive five-year mandate will expire on March 31, 2020.

GOVERNANCE

- The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).
- The two Deputy Ministers' committees provide strategic direction by:
 - establishing a Management Committee as the oversight committee of the Consortium and approving its Terms of Reference;

- providing strategic information and direction to the Management Committee;
- approving the Strategic Plan and any subsequent amendments to the plan, submitted by the Management Committee to the Deputy Ministers' committees;
- reviewing and accepting the Annual Report with financial statements, submitted by the Management Committee; and
- tabling the Annual Report at a meeting of the FPT Ministers of Health and CMEC.

OPERATIONAL STRUCTURE

- JCSH Management Committee is a decision-making committee that oversees the implementation of the operational plan (Appendix D – Management Committee Terms of Reference).
 - Management Committee members reflect the interests of their jurisdiction.
 - The role of the Management Committee representative includes meeting four times annually (three by teleconference, once in person).
- JCSH School Health Coordinators' Committee (SHCC) is an operational committee that implements the operational plan.
 - SHCC members provide direct input on their jurisdiction's need and product development.
 - Members participate in monthly teleconferences and one in-person meeting annually.
- The Secretariat conducts the day-to-day work to support the Management Committee and the School Health Coordinators' Committee.

DECISION SOUGHT

- JCSH seeks approval of the following:
 - Mandate Renewal
 - Budget (Proposed)
 - Membership Fees

APPENDIX A - JCSH TOOLS and RESOURCES

The work that has resulted from these multi-sector partnerships includes the development, refinement and piloting of many evidence-based, sustainable tools and resources used in schools, school districts and health regions across the country. The collaborative development process behind each of these tools and resources has ensured that their development has benefited from the input and experience of researchers, policy-makers and practitioners working in the health and education sectors in provinces and territories across the country.

Furthermore, significant cost efficiencies have been realized, and duplication of efforts has been minimized, as a result of this highly collaborative process. Examples of some of JCSH's key tools and resources include:

- **Comprehensive School Health Framework – (2008)**

JCSH adapted work on comprehensive school health from the World Health Organization (WHO) and developed the framework, which includes four distinct but inter-related components to be considered when taking action for improved health, well-being, and learning in the school and school community. JCSH has developed a two-page overview of how the CSH Framework may be implemented for any initiative or issue in a school community.

- **Health Behaviour in School-aged Children Survey (HBSC) – (2009, Ongoing)**

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

- **Healthy School Planner – (2009 /2013 (Revised)**

JCSH developed the Healthy School Planner as an online tool schools can use to assess the health of their school and build a plan for a healthier school community, using comprehensive school health. The Planner includes topic-specific modules on

healthy eating, physical activity, tobacco use and positive mental health.

- ***Schools as a Setting for Promoting Positive Mental Health*** (2010 / 2013 (2nd Edition) and **Positive Mental Health Toolkit** – (2012 /2017 (Revised)

JCSH developed this interactive, comprehensive collection of resources, which includes better practices and practical tips for promoting positive mental health in the school setting and greater school community.

- **Youth Engagement Toolkit** – (2012 / 2018 (Revised)

Recognizing the value that meaningful youth engagement can play in improving young people’s health and academic outcomes, JCSH initiated work with The Students Commission of Canada to develop the JCSH Youth Engagement Toolkit, an on online, interactive “how-to” resource of effective practices to support youth engagement and leadership in schools, school boards and districts, government ministries, health regions, and community organizations.

- **Core Indicators Model of Comprehensive School Health and Student Achievement (CIM)** – 2013 / 2016 (Revised)

The JCSH continues to further work on the important research begun with Dr. John Freeman and his research team at Social Program Evaluation Group, Queen’s University. This model explores and reveals the links between comprehensive school health and student achievement. The 2016 framework maintains the academic, success, health, and environmental indicators of the 2013 work, shown in Development of the Core Indicators and Measurements Framework for School Health and Student Achievement in Canada, while introducing both an ecological and table representation.

APPENDIX B – Membership Fees 2020-2021

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

APPENDIX C – Draft Budget 2020-2021

Annual Revenue		
PHAC	250,000	
Jurisdictions	100,000	
Annual Expenses		Notes
Joint Meeting of MC & SHCC	60,000	Cost for 2 representatives from each P/T to attend a joint MC/SHCC meeting once per year
Facility Rentals for Joint Meeting	3,000	
Training for Staff	5,000	
Travel for JCSH Representatives	10,000	Allowance for P/T representatives to attend meetings to represent the JCSH within jurisdictions
Teleconferences / Video Conferences	3,000	
Staff Travel to MC/SHCC Meeting	5,000	Costs for staff to attend the combined MC/SHCC meeting once per year.
Contract Services	10,000	Translation Services, Website maintenance
Consultants	34,000	
Cellular/Telephone/Internet	3,000	Phone(s) for Staff
Supplies/Postage/Printing	2,000	
Equipment	5,000	
Secretariat Staff	210,000	2.0 FTE
Total:	350,000	

This draft represents a best estimate of future expenditures. Individual allocations may need to be altered before Management Committee approves the budget for the 2020-2021 fiscal year. The intent is to build the next mandate's budgets using \$350,000 on an annual basis.

APPENDIX D – Management Committee Terms of Reference

Management Committee

TERMS OF REFERENCE

Preamble

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

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

Purpose

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

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

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

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support actions and decisions that strengthen partnerships across jurisdictions and across traditional health and education sectors.
- **Participation:** Members are engaged to respond to requests from the JCSH Secretariat and other Committee members.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet mutual needs and priorities.
- **Integration:** Members will support actions and decisions that strengthen the integration of health and education objectives and goals.
- **Innovation and Effectiveness:** Members will support actions and decisions that are based on innovative and evidence-based practices.
- **Open Communication:** Members will openly share information with other members and within their own jurisdictions where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring actions are carried out and decisions are made in a timely manner.

Mandate and Objectives

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

- exchanging ideas, opportunities and concerns related to existing and emerging issues;
- providing oversight and direction for projects endorsed by the JCSH and undertaken by the School Health Coordinators' Committee, the Secretariat, and/or task-specific working groups;

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

Oversight responsibilities of the Management Committee are as follows:

- participate in the hiring and evaluation of the Secretariat;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee, including setting direction and priorities;
- approve Terms of Reference for the School Health Coordinators' Committee;
- identify opportunities to address both established, shared priorities as well as emerging trends;
- annually review the endorsed strategic priorities and objectives for the JSCH's 5-year mandate to inform JCSH work planning;
- provide input to, as well as review and approve annual work plans for the JCSH, inclusive of anticipated resource requirements;

- provide input to, as well as review and approve annual operating budgets prepared by the Secretariat, and oversee the financial and administrative matters of the JCSH, in conjunction with the co-chairing jurisdictions;
- establish/reaffirm the Secretariat’s responsibilities based upon the annual budget and work plan;
- provide input to, as well as review and approve an annual report of JCSH activities and financial statements prepared by the Secretariat, and submit them to the two Deputy Ministers’ committees each fiscal year, on or before July 31; and
- approve and review as needed project charters for external committees and working groups deemed necessary by members of the Committee to carry out the work of the JCSH. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on project charter deliverables.

Membership and Process

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

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

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

Meetings: The Management Committee will meet a minimum of four times each year. One meeting annually will be convened as face-to-face session in a location that facilitates simplified travel connections as possible. Costs related to travel and accommodation for all Management Committee members will be covered through the JCSH annual budget. Each jurisdiction is required to cover costs for any additional meeting participants representing that jurisdiction. All other Management Committee meetings will be convened by

teleconference or videoconference.

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

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

Decisions: The Management Committee is a decision-making body. Representation of minimum of fifty percent of member jurisdictions is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). Divergent views will be fully discussed. All members will have a say, but in circumstances where a poll of members is required, each member jurisdiction will have only one vote, and will need to decide which representative will speak. If consensus cannot be reached, the majority will rule. Differing opinions will be noted in the meeting records.

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

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

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

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

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

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

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

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

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

The Management Committee will support the development of an annual work plan, complete with any resource implications, for the JCSH. Once approved by the Management Committee, the annual work plan and operational budget will be submitted to the two Deputy Ministers’ committees for their information. Also, the Committee will support development of an annual report, including financial statements, profiling significant JCSH activities from the previous fiscal year, as well as progress made by the Consortium in meeting its goals and objectives. The annual report will be submitted for approval to the two Deputy Ministers’ committees on or before July 31 each year. In addition, the JCSH will reach out regularly to the ACDME and the CDMH to present on key activities, and to identify and better understand opportunities for the JCSH to support their priorities and efforts.

Budget: Administrative and member travel and accommodation costs associated with meetings are covered by the JCSH budget.

Duration: Ongoing per Agreement.

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