



**Joint Consortium for School Health**  
Governments Working Across the Health and Education Sectors

# **Preliminary Evaluation Report**

June 2009

**Joint Consortium for School Health  
Preliminary Evaluation Report  
June 2009**

**Table of Contents**

Introduction and Background .....  
JCSH Performance Measures .....  
Summary of JCSH Outputs and Short/Intermediate Outcomes.....  
Long Term Outcomes by Member Jurisdiction .....  
Indicators of Effective Cross-sector Collaboration.....  
Appendices .....

DRAFT

# Introduction and Background

School health promotion has been practiced in virtually every industrialized country for well over 50 years. While early initiatives were rooted in the medical model (e.g., designed to screen for disease, impairment in vision or hearing, or to vaccinate against disease), modern programs address the gamut of public health challenges faced by today's school aged children and youth. These challenges include, but are by no means restricted to: preventing physical injury, maintaining a healthy weight through healthy diet and physical activity, preventing the spread of sexually transmitted disease including HIV/AIDS, minimizing unprotected solar exposure, preventing substance abuse and tobacco use, preventing violence and promoting mental health<sup>1</sup>

To respond effectively to these complex needs, school health promotion requires the coordinated efforts of school boards, schools, community-based health agencies and of course, government. In the Canadian context, government engagement involves both the federal and provincial/territorial ministries/departments of health and the provincial/territorial ministries/departments of education.

In 2005 the Pan-Canadian Joint Consortium for School Health (JCSH) was formed by the federal, provincial and territorial Ministers and Deputy Ministers of Health and the provincial and territorial Ministers and Deputy Ministers of Education. Its formation was a recognition that more can be accomplished through partnership between the education and health sectors. The JCSH mandate is to serve as a catalyst in building the provincial/territorial school and health systems' capacity to work together in promoting the healthy development of children and youth through the school setting. Its mission is to provide leadership and facilitate a comprehensive approach to school health by building the capacity of the school and health systems to work together.

JCSH was established in response to the Canadian government's Integrated Strategy on Healthy Living and Chronic Disease<sup>2</sup>, which sees improved collaboration across sectors, jurisdictions and organizations as critical to successful health promotion. Just as the Integrated Strategy represents a unique governmental solution to working with diverse governmental as well as non-governmental partners, the Consortium represents a novel governmental approach to working with the education and health sectors and their respective jurisdictions.

Although the Consortium does not directly fund, design or deliver health promotion programs, it aims to fulfill its mission and mandate through activities in three key areas: knowledge development, leadership and capacity building.

---

<sup>1</sup> Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report). <http://www.euro.who.int/document/e88185.pdf>

<sup>2</sup> For details on this initiative see [http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005\\_37bk1\\_e.html](http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005_37bk1_e.html)

The JCSH Terms of Reference require an evaluation of the Consortium's activities to begin no later than October 1, 2009. The purpose of this document is to present preliminary results by which to evaluate the Consortium's success in delivering its mandate in its inaugural five year term.

## JCSH Performance Measures

### Logic Model Indicators

The development of a clear logic model articulating a common vision was the first priority of the JCSH following its formation (see Appendix A). In pursuit of the Consortium's ultimate outcome of *Improved health and learning of children and youth*, the JCSH logic model identifies three key groupings of performance measures:

- Outputs
- Outcomes (short and intermediate)
- Outcomes (long term)

### Additional Performance Indicators

Taking into account the nature and scope and complexity of the comprehensive approach to school health, as well as the lessons learned around the use of cross-sector collaboration as a tool to further school health promotion in Canada, additional qualitative data provides a more complete picture of the Consortium's early experiences in horizontal governance.

Together these indicators provide the framework for this preliminary evaluation report. The report is organized into four summary tables, corresponding to each set of performance indicators:

1. Outputs
2. Outcomes (short and intermediate)
3. Outcomes (long term)
4. Indicators of Cross Sector Collaboration

Details are contained in the accompanying appendices.

**Table 1: Summary of JCSH Outputs**  
(2005 – 2009)

<b>Output</b>	<b>Quantity Produced</b>	<b>Quality Ratings</b>
<b>Knowledge Products</b>		
Newsletters	12	
Annual Reports	3	
Workshops		
Sub-Committees		
Knowledge Summaries	3	
Quick Scans	11	
Fact Sheets	3	
Jurisdictional Profiles	11	
Special Edition Journals	1	
Website -public		Average hits per day = 2, 098 Average visitors per day = 143 Average page views per visitor = 7.47
Website - private		
<b>Leadership</b>		
Member meetings		
National forums		
National consultations		
Alignments with national agencies		
Collaborations facilitated		
School Health Champions		
<b>Capacity Building</b>		
Committee/Network Memberships		
Partnerships		
Mentoring supports		
Resources leveraged		
Research/Evaluation Enhancements		

**Table 2: Summary of JCSH Outcome  
(Short and Intermediate Term)**

2005 – 2009

<b>Outcome Indicator</b>	<b>Outcome</b>	<b>Quality Rating</b>
Increased awareness of JCSH		
Increased awareness and knowledge of CSH challenges , issues and solutions by relevant FPT stakeholder		
Increased acceptance of JCSH knowledge products		
Increased multi-sectoral cooperation		
Increased recognition of JCSH as a leader with cohesive, pan-Canadian governmental voice		
Increased influence of JCSH on research/evaluation agenda		
Increased influence of JCSH on public policy and decision making bodies		
Increased investments by FPTs in CSH infrastructure and resources		

**Table 3: Summary of Long Term Outcomes by Member Jurisdiction  
(2005 – 2009)**

Jurisdiction	Increased policy/ research coordination	Increased inter-sectoral action between health and education	Increased systemic collaboration and efficiency	Increased system capacity	Leveraged funding
<b>Alberta</b>	Knowledge exchange and sharing of resources have benefited the development and implementation of the Healthy Alberta School Communities Plan and provide valuable input to the target areas of healthy eating/active, positive social environments/social connectedness, and healthy choices.				
<b>British Columbia</b>	Accessed provincial/territorial policy and program materials related to: <ul style="list-style-type: none"> <li>• managing Anaphylaxis in the school setting;</li> <li>• daily physical activity programs in the school setting.</li> </ul>	As the lead province, both the Ministries of Health and Education each chaired one of the JCSH committees. This facilitated stronger working relationships between the two sectors and helped enhance system integration.	Facilitate sector integration at the provincial level by increasing the visibility of Comprehensive School Health across the country.		
<b>Manitoba</b>			The 2006 JCSH conference served to enhance Manitoba's		

Jurisdiction	Increased policy/ research coordination	Increased inter-sectoral action between health and education	Increased systemic collaboration and efficiency	Increased system capacity	Leveraged funding
			already strong internal partnerships: as a result of this conference, the School Health Interested Partners group was formed, chaired by an ADM of MECY, and continues to meet to ensure continued collaboration.		
<b>New Brunswick</b>	The JCSH's exploration of existing data and survey instruments assisted New Brunswick in developing a model to collect student wellness data and invest in knowledge mobilization efforts. The approach was highly successful, as evidenced by the fact that an overwhelming majority of schools in the province voluntarily agreed to participate.			The JCSH facilitates access to knowledge, resources, and expertise to enhance program implementation at the school, district, and provincial levels. In New Brunswick, the <i>Healthy Learners in School Program</i> marked the first time a province had invested resources to implement a system-wide school health promotion/wellness program.	
<b>Newfoundland &amp; Labrador</b>	The JCSH provides an opportunity to contribute to and draw from environmental scans and literature reviews as well as			The JCSH helps to validate and strengthen the school health work underway in this province.	



Jurisdiction	Increased policy/ research coordination	Increased inter-sectoral action between health and education	Increased systemic collaboration and efficiency	Increased system capacity	Leveraged funding
	participate in a network of school health professionals.				
<b>Northwest Territories</b>		As a result of the JCSH school health conference in Vancouver in 2006, there has been increased communication between District Educational Councils and Authorities and regional health boards.		Information that was shared by the JCSH panel at the 2007 WHO health conference regarding recognition of health promoting schools has resulted in collaboration between the School Health Coordinator and a regional health board to develop a similar program in the NWT.	
<b>Nova Scotia</b>					
<b>Nunavut</b>	<p>The <i>Drop the Pop</i> program, initiated in Nunavut, is now featured in other territories and provinces.</p> <p>The JCSH provides an opportunity to articulate the reality of life in Nunavut within the context of school health promotion in Canada.</p>	.		The JCSH provides an opportunity for members to share and examine best practices and adapt these to a jurisdiction's context: Access to resources as well as national and international contacts assisted Nunavut when developing its own active living initiatives.	The opportunity for Nunavut representatives to attend face to face meetings with funding provided by JCSH is extremely valuable as this might not otherwise be possible to due to the high cost of travel from the north.

<b>Jurisdiction</b>	<b>Increased policy/ research coordination</b>	<b>Increased inter-sectoral action between health and education</b>	<b>Increased systemic collaboration and efficiency</b>	<b>Increased system capacity</b>	<b>Leveraged funding</b>
<b>Prince Edward Island</b>	National efforts regarding school health data collection support efforts in PEI to explore data collection, structures, and opportunities.	JCSH membership supports existing and future partnerships between and among government departments, provincial alliances, and community groups.	PEI benefits from Joint Consortium Membership by sharing knowledge, experience, and expertise and by highlighting the collaborative efforts existing on PEI which promote health and well-being within homes, communities, and schools as settings.		
<b>Saskatchewan</b>	Increased accessibility and comprehensiveness of provincial and national resources on health and learning has enhanced the quality of information provided to the Ministers of Health and Education and to people involved in policy, program planning and implementation.	A provincial workshop provided by the Saskatchewan school health coordinators to the network of provincial public health nursing managers has resulted in requests from two regional health authorities to support their development of comprehensive school health initiatives.	The Ministry of Education and the Ministry of Health continue to identify work priorities common among government ministries as a way to better coordinate efforts and to identify JCSH activities that align with these areas.	Established an electronic network to communicate with existing provincial health and learning networks to widely disseminate information about local and national comprehensive school health initiatives.	

Jurisdiction	Increased policy/ research coordination	Increased inter-sectoral action between health and education	Increased systemic collaboration and efficiency	Increased system capacity	Leveraged funding
<b>Yukon</b>	The JCSH helps connect Yukon with national and international expertise in school health and provides opportunities to share what works in Yukon communities.		Membership in the JCSH has provided the impetus to create the interdisciplinary Yukon School Health Advisory Committee (YSHAC) as one means of fostering the partnerships required to ensure that school health initiatives are successful ones.	JCSH membership has led to building relationships with other Northern, rural and remote jurisdictions that have similar needs and perspectives.	
<b>Federal Government</b>					

## Table 5 Summary of Indicators of Effective Cross-sector Collaboration (2005 – 2009)

As part of the evaluation process, the Joint Consortium for School Health undertook a literature review of best practices in cross-sector collaboration in Canadian public institutions. The key findings are summarized below along with commentary on the experience of the JCSH in its first five year mandate as well as recommendations for enhancements under a renewed mandate, based on lessons learned.

Key Success Factors	JCSH Experience	Recommendations for Second Mandate
<p><b>Political support.</b> <i>Political will and political leadership are critical. Ministers, ministerial committees or senior management champions ensure timely agreements, as well as accountability and can convey the status and importance of any cross-sector collaboration.</i></p>	<ul style="list-style-type: none"> <li>• First Ministers along with the Council of Ministers of Education and the Conference of Ministers of Health championed the establishment of the JCSH and continue to support the Consortium's efforts to promote comprehensive school health across sectoral and jurisdictional boundaries.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase opportunities for regular updates to Ministers.</li> </ul>
<p><b>Complex issues and structures.</b> <i>Horizontality is best applied to complex issues requiring collaboration between multiple partners and sustained over longer periods of time.</i></p>	<ul style="list-style-type: none"> <li>• A significant portion of its first five-year mandate has involved negotiating and formalizing the partnerships involved.</li> <li>• One unexpected challenge has been the dual reporting relationship to two separate national committees of ministers as there are no formal mechanisms within the established bureaucracy for supporting this non-traditional reporting relationship.</li> </ul>	<ul style="list-style-type: none"> <li>• Institute regular meetings of Deputy Ministers Committee under a renewed Accountability Framework.</li> </ul>
<p><b>Common vision.</b> <i>A common vision and terminology that is shared by all partners is essential.</i></p>	<ul style="list-style-type: none"> <li>• The development of a clear logic model containing a common vision and shared vocabulary was the first priority of the JCSH following its formation. This document continues to guide members' work.</li> <li>• Building on this shared foundation, JCSH members have reconciled various school health models being utilized by individual jurisdictions through the development of common framework documents which bring cohesion to work being conducted across the country.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to pursue successful collaborative projects.</li> </ul>
<p><b>Realistic goals.</b> <i>The goals of the</i></p>	<ul style="list-style-type: none"> <li>• The energy and enthusiasm of JCSH members</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a 3 – 5 year strategic plan to</li> </ul>

Key Success Factors	JCSH Experience	Recommendations for Second Mandate
<p><i>partnership must be realistic in relation to the capacity of the initiative.</i></p>	<p>has been high and this is backed up by strong political will at both the national and provincial/territorial levels.</p> <ul style="list-style-type: none"> <li>• The challenge in managing a truly collaborative initiative is that it takes time to ensure all members are in agreement and comfortable proceeding with joint endeavours. The desire of members to produce immediate and tangible products must be constantly balanced with the need to maintain a strategic perspective.</li> <li>• One of the most effective mechanisms for reaching consensus on shared goals has been the development of annual operating plans that directly support the achievement of the long term goals identified and agreed to by all members in the JCSH logic model.</li> <li>• Achievement of the goals is tracked through annual reports submitted to both committees of Ministers of Health and Education.</li> </ul>	<p>provide overarching focus for more detailed annual operating plans.</p>
<p><b>Client focused.</b> <i>Although policy-driven, cross-sector collaboration must also be client focused. This includes clarity and agreement as to who the client is.</i></p>	<ul style="list-style-type: none"> <li>• With its broad mandate, the JCSH has struggled with clearly defining its primary clients versus its stakeholders.</li> <li>• Consequently it has produced tools for health and education practitioners as well as tools for policy makers. This was met with positive results in many sectors and may speak to the current dearth of easily accessible resources for both practitioners and policy makers in the field of school health promotion.</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly define primary and secondary clients as part of a 3-5 year strategic plan to ensure concurrence among members.</li> </ul>
<p><b>Clear accountability.</b> <i>A clear accountability framework is essential.</i></p>	<ul style="list-style-type: none"> <li>• A signed agreement among members currently serves as the accountability framework for the JCSH. As planning gets underway for a renewed mandate, the JCSH has developed a more detailed framework which expands upon</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen accountability framework to better define the working relationships among Consortium members and articulating specific terms of</li> </ul>

Key Success Factors	JCSH Experience	Recommendations for Second Mandate
	the original founding document.	reference for each of its sub-committees.
<p><b>Planning.</b> <i>Early stage planning and relationship building is essential to developing clear expectations, agreements and parameters that will guide the work of the initiative.</i></p>	<ul style="list-style-type: none"> <li>• In its early days, the JCSH hosted a series of planning meetings including the National Conference on School Health in 2006 to identify key emerging themes in Canada. This was followed by a national consultation and analysis of data needs.</li> <li>• Today, annual operating plans developed by the Management Committee assist in identifying opportunities for collaboration with partners and stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage Deputy Ministers committee in developing a 3-5 year strategic plan.</li> </ul>
<p><b>Appropriate funding.</b> <i>Funding must be commensurate with the initiative's needs, as warranted by its goals, and provided over a sufficient period of time (e.g., a multi-year funding commitment or a commitment to renew funding).</i></p>	<ul style="list-style-type: none"> <li>• Funding for the JCSH is shared among the federal and provincial/territorial members.</li> <li>• A commitment from all members to fund the JCSH for five years has provided critical stability during the early planning and start-up stages.</li> </ul>	<ul style="list-style-type: none"> <li>• Revise the funding structure to set a minimum annual contribution at \$2,000 per jurisdiction.</li> <li>• Redefine the participation of the Public Health Agency of Canada as a funding and advisory function in order to allow the Consortium to qualify for funding from federal sources.</li> </ul>
<p><b>Strong working relationships.</b> <i>There must be sufficient time and opportunity for partners to develop relationships among one another.</i></p>	<ul style="list-style-type: none"> <li>• The structure of the JCSH includes active national networks at two levels (Management Committee and School Health Coordinators' Committee) to facilitate collaboration and information sharing between the health and education sectors within and among member jurisdictions.</li> <li>• Face-to-face meetings have been critical in establishing trusting relationships which in turn allows members to achieve more as a collective than they otherwise could as individual jurisdictions.</li> <li>• Through their participation on these committees</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current meeting structure while exploring alternative "virtual meeting" options to enhance networking opportunities while assisting members to contain the costs and carbon emissions associated with travel.</li> </ul>

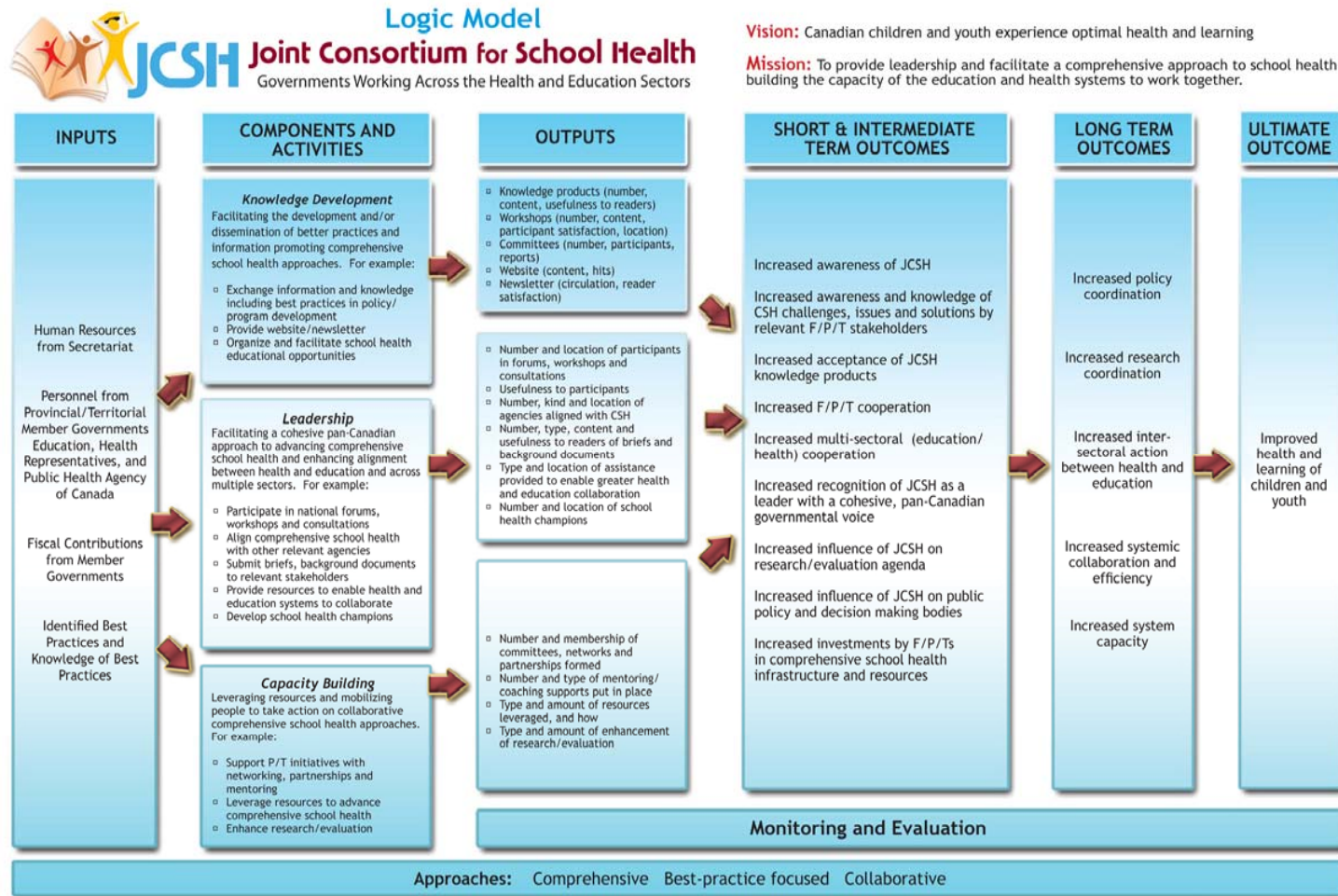
Key Success Factors	JCSH Experience	Recommendations for Second Mandate
	<p>members not only contribute to moving the national agenda forward, they also enrich their own work by having a team of colleagues from across the country on which they can rely for honest information exchange and reciprocal resource sharing.</p>	
<p><b>Open communication.</b> <i>Related to the above, is that ongoing and open communication among partners is essential to the success of cross-sector collaborations.</i></p>	<ul style="list-style-type: none"> <li>• In addition to regular meetings, a members-only component of the JCSH website provides a forum for jurisdictions to challenge preconceived notions and candidly share ideas and resources for the purposes of building better policies and programs across the country.</li> <li>• Strong meeting management and detailed record keeping ensure transparency in all key decisions and these are backed up by thorough background documentation and common briefing notes for members to use in garnering support within their respective jurisdictions.</li> <li>• Web-based meeting software along with regular exchanges via email and telephone all contribute to ongoing and open communication among members, particularly at the operational level.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities for more frequent interaction between senior members of the Consortium.</li> </ul>
<p><b>Information management tools.</b> <i>Cross-sector collaborations benefit from effective information management tools, the most commonly used being a website providing “one-stop shopping.” Over and above this, large-scale initiatives especially benefit from complex performance measurement systems whose development and maintenance often requires sophisticated information technology tools.</i></p>	<ul style="list-style-type: none"> <li>• In addition to serving as a forum for collaboration, the members-only side of the JCSH website is a rich repository of JCSH materials as well as other resources related to comprehensive school health developed by external agencies.</li> <li>• As part of the JCSH mandated requirement for an evaluation of its first five-year term, the Secretariat has also collected preliminary baseline performance data to use in tracking and reporting the Consortium’s progress. Subsequent evaluation will require a more robust measurement system.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in web site enhancements to strengthen online information management tools.</li> </ul>

<p><b>Individual accountability.</b> <i>The success of a cross-sector collaboration also depends on individuals at the operational level. The broad objectives of the collaboration must be interpreted and translated into operational activities by all personnel (such as managers and others) who are charged with the responsibility of supporting and/or implementing it.</i></p>	<ul style="list-style-type: none"> <li>• Through the unique structure of the JCSH Management Committee and School Health Coordinators' Committee, each member of these committees is accountable to both the ministry of health as well as the ministry of education within their jurisdiction.</li> <li>• In their capacity as JCSH representatives they serve as the critical linkage between front-line personnel and senior levels of government by translating strategic objectives into operational activities.</li> <li>• School Health Coordinators also play a critical role in facilitating systems change by modeling cross-sector collaboration as an effective mechanism for promoting comprehensive school health.</li> </ul>	<ul style="list-style-type: none"> <li>• Revise the accountability framework to strengthen senior cross-sector leadership and engagement.</li> </ul>
---	---	--

DRAFT



# Appendix A



## Appendix B

### JCSH Outputs 2005 – 2009

Outputs	Member Survey Scores
<b>Knowledge Development</b>	
<p><b>2005 – 2007</b></p> <ul style="list-style-type: none"> <li>• established a <b>Consortium website</b> (<a href="http://www.jcshcces.ca">www.jcshcces.ca</a>) that serves as a portal to pan-Canadian school health issues as well as links to international and member jurisdictions' resources. The website also provides a forum for information exchange and collaboration for JCSH members;</li> <li>• established a <b>Consortium newsletter</b> which keeps members and stakeholders up to date on JCSH activities, including news from member jurisdictions, links to the latest relevant research and information about upcoming events and opportunities;</li> <li>• produced <b>scans</b> of school policies, programs and information on injury prevention, positive social development, sexual health, healthy school awards and incentives, nutrition, anaphylaxis, Aboriginal student health, youth engagement, French language resources, physical activity, and tobacco control; a scan (either "environmental" or "quick") is a snapshot of what's happening across the country or a high level summary of key information;</li> <li>• produced a <b>knowledge summary</b> on nutrition and work underway to produce knowledge summaries on physical activity and substance abuse; a knowledge summary is an in-depth review of the latest research findings in a topic area.</li> </ul> <p><b>2008</b></p> <ul style="list-style-type: none"> <li>• developed a <b>series of fact sheets</b> in partnership with the Public Health Agency of Canada and Queen's University, summarizing the most important findings of the <i>Healthy Settings for Young People in Canada</i> report. The report, released in early 2008, details the latest Canadian findings from the long-running, international Health Behaviour in School-aged Children (HBSC) research initiative, a survey conducted every four years in collaboration with the World Health Organization;</li> <li>• developed three <a href="#">scans of resources and activities</a> in Canadian schools in the areas of <b>sexual health, mental resilience</b> and <b>injury prevention</b>. Previous scans have provided high level snapshots of what is happening in schools across the country in areas including school policies, positive social development, healthy school awards</li> </ul>	<p>Question 5.1 and 5.2</p>

Outputs	Member Survey Scores
<p>and incentives, nutrition, anaphylaxis, aboriginal student health, youth engagement and French language resources;</p> <ul style="list-style-type: none"> <li>• developed <b>jurisdiction profiles</b> highlighting school health initiatives underway in Canada's provinces and territories. The profiles include geographical, organizational and cultural contexts and are available on the Consortium website. These profiles demonstrate both the common elements as well as the rich diversity among provinces and territories in their approaches to comprehensive school health;</li> <li>• enhanced the <a href="#">Consortium website</a> to improve navigation and to include a members-only forum for information exchange and collaboration. The website serves as a portal to pan-Canadian school health issues as well as a link to international and member jurisdictions' resources;</li> <li>• refined the <a href="#">Consortium newsletter</a> to include two special editions each year to highlight work being done in the Consortium's top priority areas. Started in 2005, the newsletter keeps members and stakeholders up to date on JCSH activities, including news from member jurisdictions, links to the latest relevant research and information about upcoming events and opportunities.</li> </ul> <p><b>2009</b></p> <ul style="list-style-type: none"> <li>• Partnered with the Canadian Association of Principals to produce a <b>special edition journal on comprehensive school health</b>. The publication featured articles by some of Canada's leading researchers in the field of school health promotion and was distributed over 12,500 school principals and school administrators across the country.</li> <li>• Published five issues of the Joint Consortium's newsletter in both French and English including two <b>special editions newsletters</b> on the topics of <i>Substance Use in Canadian Schools</i> and <i>Physical Activity in Canadian Schools</i>.</li> <li>• Updated <b>two quick scans</b> of Canadian resources and activities: <i>Investigating Positive Psychology Themes in School Health and Mental Resilience</i> and <i>Quick Scan of Activities and Resources in Resilience/Positive Asset-Based Social Development in Canadian Schools</i>. These documents are both available on the Resources page of our web site.</li> <li>• Distributed the <b>2008 Annual Report</b> to over 500 partners and stakeholders across the country. The publication included recent research data on the health status of Canadian students as well as a description of the Consortium's newly endorsed comprehensive school health framework.</li> </ul>	

Outputs	Member Survey Scores
<b>Leadership</b>	
<p>2005 – 2007</p> <ul style="list-style-type: none"> <li>• established a <b>regular schedule of meetings among member jurisdictions</b>. School health coordinators meet monthly by teleconference and twice a year in person. Senior representatives from each jurisdiction also teleconference regularly to support ongoing communication, coordination and collaboration and meet face to face twice per year for strategic planning purposes;</li> <li>• formalized <b>relationships with established working groups</b> which align with the key priority areas of the Consortium’s activities. The working groups connect the JCSH with the research community and ensure expert vetting of knowledge products developed for use by member jurisdictions, to enhance their capacity to deliver comprehensive school health initiatives.</li> </ul> <p>2008</p> <ul style="list-style-type: none"> <li>• facilitated member jurisdictions’ contributions to the development of the International Union for Health Promotion and Education’s new international <b>Guidelines for Health Promoting Schools</b>;</li> <li>• developed a detailed <b>annual operating plan</b> with measurable targets to improve transparency and accountability, as well as to assist in making linkages to other national organizations with an interest in comprehensive school health;</li> <li>• commissioned a <b>literature review of successful horizontal initiatives</b> to support a formal evaluation of JCSH activities and structures;</li> <li>• welcomed <b>Alberta as the newest member</b> jurisdiction – further supporting development of a cohesive pan-Canadian approach;</li> <li>• worked to <b>engage a variety of stakeholders</b> to seek alignment with common goals through presentations at meetings and forums including: <ul style="list-style-type: none"> <li>- Canadian Public Health Association Conference</li> <li>- Federal Coordinating Committee on School Health</li> <li>- Federal/Provincial/Territorial Mental Health Advisory Group</li> <li>- Public Health Network’s Population Health Promotion Expert Group</li> <li>- British Columbia Education Advisory Committee</li> </ul> </li> </ul>	

Outputs	Member Survey Scores
<p>2009</p> <ul style="list-style-type: none"> <li>• with support from the Public Health Agency of Canada, JCSH began working with the University of Waterloo's Centre for Behavioural Research and Program Evaluation to develop the <b>Healthy Schools Assessment Tool</b>, a simple tool schools can use to gauge their school health environment;</li> <li>• explored opportunities for partnerships to <b>influence the national agenda</b> in various sectors with stakeholder groups including: <ul style="list-style-type: none"> <li>- Canadian Association of Principals</li> <li>- Canadian Mental Health Commission</li> <li>- Conference Board of Canada Table on Socioeconomic Determinants of Health</li> <li>- McGill Think Tank on Childhood Obesity</li> <li>- National Advisor on Healthy Children and Youth</li> <li>- Public Health Network Mental Health Issue Group</li> </ul> </li> <li>• <b>facilitated networking and interface opportunities</b> for Consortium members by managing 16 meetings in the year. School Health Coordinators meet monthly by teleconference and two times a year in person. Senior public servants from each jurisdiction also teleconference regularly to support ongoing communication, coordination and collaboration and meet face to face twice per year for strategic planning purposes;</li> <li>• compiled <b>policy overviews</b> comparing approaches across jurisdictions to the topics of nutrition, physical activity, anaphylaxis and made these available to jurisdictions via the members' web page;</li> <li>• working with the Public Health Agency of Canada (PHAC), reviewed existing JCSH knowledge tools to identify programs/practices and resources for inclusion in PHAC's <a href="#">Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention</a>. The review focused on physical activity and substance use in the school setting and systems integration of the health and education sectors to increase the effectiveness of comprehensive school health approaches;</li> </ul>	
<b>Capacity Building</b>	
<p><b>2005 – 2007</b></p> <ul style="list-style-type: none"> <li>• established <b>a regular schedule of meetings among member jurisdictions</b>. School health coordinators meet</li> </ul>	

Outputs	Member Survey Scores
<p>monthly by teleconference and twice a year in person. Senior representatives from each jurisdiction also teleconference regularly to support ongoing communication, coordination and collaboration and meet face to face twice per year for strategic planning purposes;</p> <ul style="list-style-type: none"> <li>• formalized <b>relationships with established working groups</b> which align with the key priority areas of the Consortium's activities. The working groups connect the JCSH with the research community and ensure expert vetting of knowledge products developed for use by member jurisdictions, to enhance their capacity to deliver comprehensive school health initiatives.</li> </ul> <p><b>2008</b></p> <ul style="list-style-type: none"> <li>• with support from the Public Health Agency of Canada, JCSH began working with the University of Waterloo's Centre for Behavioural Research and Program Evaluation to develop the <b>Healthy Schools Assessment Tool</b>, a simple tool schools can use to gauge their school health environment;</li> <li>• explored opportunities for partnerships to <b>influence the national agenda</b> in various sectors with stakeholder groups including: <ul style="list-style-type: none"> <li>- Canadian Association of Principals</li> <li>- Canadian Mental Health Commission</li> <li>- Conference Board of Canada Table on Socioeconomic Determinants of Health</li> <li>- McGill Think Tank on Childhood Obesity</li> <li>- National Advisor on Healthy Children and Youth</li> <li>- Public Health Network Mental Health Issue Group</li> </ul> </li> <li>• <b>facilitated networking and interface opportunities</b> for Consortium members by managing 16 meetings in the year. School Health Coordinators meet monthly by teleconference and two times a year in person. Senior public servants from each jurisdiction also teleconference regularly to support ongoing communication, coordination and collaboration and meet face to face twice per year for strategic planning purposes;</li> <li>• compiled <b>policy overviews</b> comparing approaches across jurisdictions to the topics of nutrition, physical activity, anaphylaxis and made these available to jurisdictions via the members' web page;</li> <li>• working with the Public Health Agency of Canada (PHAC), reviewed existing JCSH knowledge tools to identify programs/practices and resources for inclusion in PHAC's <a href="#">Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention</a>. The review focused on physical activity and substance use in the school setting and systems integration of the health and education sectors to increase the effectiveness of</li> </ul>	



Outputs	Member Survey Scores
<p>comprehensive school health approaches;</p> <p><b>2009</b></p> <ul style="list-style-type: none"> <li>• Designed and pilot tested the <b>Healthy School Planner</b>, a web-based tool to assist schools in conducting annual assessments. The Healthy School Planner was developed in partnership with the University of Waterloo, building on their School Health Action, Planning and Evaluation System (SHAPES). The Planner includes assessment, planning and evaluation functions that address the four pillars of comprehensive school health, and covers three health topics (healthy eating, physical activity and tobacco use). In addition to supporting a self-assessment approach by schools, the HSP offers the ability to report on aggregate environmental school health data at a regional level. This will assist the Consortium in determining the extent to which the comprehensive school health framework is being implemented across Canada. The tool is now available free of charge through the JCSH web site.</li> <li>• Produced a comprehensive toolkit entitled <b>Addressing Substance Use in Canadian Schools</b> which is available for download in both official languages from our web site. The toolkit summarizes the most recent evidence in substance and includes the following models tailored for various players within the school health community: <ul style="list-style-type: none"> <li>○ <i>Effective Substance Use Policy: A Knowledge Kit for School Administrators</i></li> <li>○ <i>Effective Substance Use Education: A Knowledge Kit for Teachers</i></li> <li>○ <i>Responding to the Needs of Higher Risk Youth: A Knowledge Kit for Counsellors and Health Workers</i></li> <li>○ <i>School Family Community Partnerships: A Knowledge Kit for School and Community Leaders</i></li> </ul> </li> <li>• Completed the production of the evidence document entitled <b>Physical Activity within a Comprehensive School Health Model: A Best Practices Toolkit</b>. The resource is available in both French and English on the JCSH web site. The toolkit series provides an in-depth understanding of how Canadian schools can use a comprehensive school health approach to increase physical activity levels. The four modules in the toolkit are: <ul style="list-style-type: none"> <li>○ <i>Physical Activity within a Comprehensive School Health Model: A Best Practices Toolkit</i></li> <li>○ <i>Physical Activity within a Comprehensive School Health Model: A Toolkit for Decision Makers</i></li> <li>○ <i>Physical Activity within a Comprehensive School Health Model: A Toolkit for Researchers</i></li> <li>○ <i>Physical Activity within a Comprehensive School Health Model:</i></li> </ul> </li> </ul>	

Outputs	Member Survey Scores
<p data-bbox="380 269 779 293"><i>A Toolkit for School Policymakers</i></p> <ul data-bbox="186 347 1625 803" style="list-style-type: none"> <li data-bbox="186 347 1625 467">• <b>Enhanced the JCSH website</b>, particularly the members' forum, a secure area for jurisdictions to candidly share ideas and resources for the purposes of building better policies and programs across the country. Both the English and French home pages were also revamped to be more appealing and easier to navigate for first time visitors. This was timed to coincide with Healthy School Assessment Tool online pilot project for educators.</li> <li data-bbox="186 500 1625 683">• Strengthened opportunities for <b>federal/provincial/territorial health and education collaboration</b> by managing 16 meeting: four face-to-face meetings and 12 teleconferences. Ten additional sub-committee meetings were also supported by the JCSH Secretariat. In surveys of meeting participants 100% of respondents agreed, or strongly agreed that the meetings were a valuable mechanism for gaining new knowledge that can be applied in their respective jurisdictions as well as an opportunity to strengthen existing partnerships. Web-based meeting software along with regular exchanges via email and telephone all contributed to ongoing and open communication among members</li> <li data-bbox="186 716 1625 803">• Prepared a proposal for a <b>renewed mandate</b> beyond 2010 including the development of a more detailed accountability framework which expands upon the original founding document by better defining the working relationships among Consortium members and articulating specific terms of reference for each of its sub-committees.</li> </ul>	



## List of Appendices

1. Members' On-line Survey Results – May 2009
2. Partner/Stakeholders' Online Survey Results – May 2009
3. 2008 Key Informant Interviews conducted by Lillian Baynes
4. Newsletter Users Online Survey Results – March 2009
5. School Health Coordinators Committee Meeting Satisfaction Survey Results
6. Management Committee Meeting Satisfaction Survey Results
7. Anecdotal Feedback from members/partners (see summary document in Evaluation file)
8. Web Traffic Reports – April 2009
9. Lists of stakeholder meetings/presentations
10. Lists of references to JCSH in other national publications
11. Lists of publications (national and international journal articles)
12. List of resources created (fact sheets, x-sector discussion paper, tool kits , quick scans, CSH framework, Healthy School Planner)