



**Record of Discussion
School Health Coordinators' Committee Teleconference
January 12, 2016**

Co - Chairs: Jennifer Munro-Galloway and Sterling Carruthers

Participants:

| Representative | Jurisdiction |
|---|---------------------|
| Scott Beddall | BC |
| Gail Diachuk | AB |
| Jillian Code Jocelyn MacLeod / Malinda Strueby | SK |
| Paul Paquin Ciara Shattuck | MB |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Sterling Carruthers | PE |
| Helen Pitman Steve Machat | NS |
| Ellen Coady Carol Ann Cotter | NL |
| Elaine Stewart | NT |
| Stace Burnard | YK |
| Blair Laughner | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | Secretariat |
| Jo-Ellen Craig | Secretariat |
| Regrets | |
| Sanja Ristic | BC |
| Charlotte Borg Sue Peterkova | NU |



Record of Discussion

1. Welcome and Introductions

Sterling welcomed all to the meeting, and extended a special welcome and introduction to new SHCC members Ciara Shattuck (SK) and Steve Machat (NS).

2. Review and Approval of Agenda

The Agenda was reviewed and approved as written.

3. Approval of Record of Discussion from November 18-19 2015 face-to-face meeting

The Record of Discussion was approved as written.

4. Update from Secretariat

a) Acceptance of 2015 JCSH Annual Report and JCSH Strategic Plan: 2015-2020

The 2015 Annual Report and 2015-2020 Strategic Plan were information items on the agenda of the December 9, 2015 meeting of the Federal, Provincial and Territorial Conference of Deputy Ministers of Health. Both were accepted without discussion. The Annual Report will be tabled at the upcoming Federal, Provincial and Territorial Health Ministers' Meeting, to be held January 20-21, 2016.

A memo process is currently underway to facilitate acceptance in the coming weeks of these same documents by the Advisory Committee of Deputy Ministers of Education (ACDME).

Action: Katherine to send School Health Coordinators the memo that will be circulated to ACDME.

b) Positive Mental Health Toolkit Revisions

As was discussed at the November face-to-face meeting of School Health Coordinators, JCSH will work with WMA Wellness Inc. to make updates and revisions to the Positive Mental Health Toolkit. This work would benefit from the input of School Health Coordinators or contacts within their jurisdictions.

Katherine extended an invitation to jurisdictions to participate on an advisory committee. AB, NT, PE and SK expressed their interest in participating.

Action: Katherine to send the invitation to participate on the advisory committee for Positive Mental Health Toolkit revisions by email.



c) Core Indicators and Measures (CIM) Framework on Comprehensive School Health and Student Achievement in Canada

This framework was developed through a research initiative, led by John Freeman, Alicia Hussain, and their team at Queen's University, with support by a Research Advisory Committee of JCSH.

Plans for next steps for the CIM work are to conduct member checks with the 24 key informants and then hold interviews with a broader group to begin work on validity and refinement of the framework to move it forward to practice. The interviews would ask participants to identify what they like about the framework, how they might use it, etc.

It would be helpful to have an advisory committee of School Health Coordinators to guide this work. To date, the following jurisdictions have volunteered to participate on this advisory committee: BC, AB, SK, NS, PE, and NT.

Action: Katherine to send the invitation to participate on the advisory committee for the CIM by email.

d) School Health Coordinators' Committee Spring 2016 Face-to-Face Meeting Location

Katherine confirmed that arrangements are being finalized to hold the Spring 2016 face-to-face meeting of the SHCC at the Delta Montreal hotel in downtown Montreal, May 11-12, 2016.

5. Survey Responses from November face-to-face meeting

Sterling advised that the evaluation of the November SHCC face-to-face meeting showed that the meetings are engaging, and valuable to jurisdictions.

He also noted that the Secretariat and SHCC co-chairs are committed to continuously improving the meetings, and have already met to begin incorporating suggestions into upcoming face-to-face meetings.

On the note of face-to-face meetings, Jennifer cited the importance of ensuring agenda items can be linked back to the JCSH Strategic Plan, 2015-2020. The next face-to-face meeting could build conversations around Leadership, Knowledge Development and Exchange, and Capacity Building. One suggestion is to have SHCs come to the meeting ready to share responses to two questions: What I Have and What I Need. If most choose similar



areas, these could become full-group discussions; the varied topics would lend themselves to small groups.

Action: Secretariat to send an email to School Health Coordinators requesting topics that might be discussed at the Spring SHCC face-to-face meeting.

6. Emerging Trends and Opportunities

a) *Trauma-informed practices*

Malinda advised that a recent inquiry in SK regarding trauma-informed practices has led to a request for more information on this issue. She then asked whether work around trauma-informed practices is an emerging trend in other jurisdictions, and if other jurisdictions would be interested in sharing their resources.

Discussion:

- Work in this area has been underway in YT for a number of years, in health promotion services and in family centres. Relationship-building is an integral part of this work.
- This is also an emerging trend in NT; NT would be interested in taking part in any further conversation.
- *Risking Connection*[®] is a document that might be useful as part of a further conversation.
- An environmental scan on trauma-informed practices might be worthwhile in future.
- It was noted that work in this area may necessitate SHCC members turning to colleagues outside of the health and education ministries.

Action: Stace and Elaine to send resources on trauma-informed practices to the Secretariat for wider circulation to the SHCC.

Action: Secretariat to develop a folder for trauma-informed practices on the private side of the JCSH website.

b) *Research from the New Brunswick Health Council*

Marlien indicated that the New Brunswick Health Council recently released a research piece on resilience. The document, which uses data from the New Brunswick Student Wellness Survey, looks at the link between mental fitness and resilience outcomes.



Action: Marlien to send recent research from the New Brunswick Health Council to the Secretariat for wider circulation to the SHCC.

7. HBSC – Research from surveys

Discussion of PT comparisons decision (Reference article: Inequalities in Spiritual Health in Young Canadians)

Katherine led this discussion item, indicating the following:

- The Secretariat recently received a draft article from Drs. John Freeman and Will Pickett et al (Queen’s University) regarding inequalities in spiritual health in youth across the country.
- While the article does not show comparisons between jurisdictions, it does note that wide variations were observed in the reported importance of spiritual health across provinces and territories.
- The draft article does not violate a decision made by JCSH in 2009, where it was agreed that HBSC data should not be used to compare provinces and territories. However, the article might provide the opportunity to start a more general conversation within JCSH regarding whether, in some instances, jurisdictions could learn and benefit from such comparisons and their accompanying analysis.
- A record of discussion from an August 2011 meeting of the JCSH HBSC Research Advisory Committee provides that, while it was agreed in 2009¹ that HBSC data should not be used for cross-comparisons between provinces and territories, such a decision could be revisited in a future cycle of the HBSC study.
- Discussion around the use of HBSC data might also be considered in light of the open data movement which many PT governments are endorsing, which seeks to increase access to, and use and redistribution of, data.

Discussion

- As a starting point, an agenda item around the question of HBSC data use and jurisdictional comparisons could be added to the spring meetings of Management Committee and the School Health Coordinators’ Committee. It was noted that a briefing note would also be helpful in initiating discussion within jurisdictions.

¹ Notably, this decision was made in the lead-up to the 2009-10 cycle of HBSC: the first cycle to offer expanded sample sizes and accompanying provincial-/territorial-level reports to interested jurisdictions.



Action: Secretariat to prepare a short Common Briefing Note regarding use of HBSC data and jurisdictional comparisons. Katherine to send this Common Briefing Note, as well as the article regarding inequalities in spiritual health in youth across the country, to the SHCC and the Management Committee.

8. Review of Action Items

The Action Items Table was reviewed.

a) *Environmental scans:*

- The scans for the Wellness Education Working Group, as well as for the Equity Working Group, will be due next (i.e. within the next six weeks).
- From there, a scan in the form of a review of, and update to, the Healthy School Planner resource list might be appropriate. As part of this scan, the Secretariat would take the first step of ensuring that all resource links are still active.

b) *JCSH Advisory Committees / Working Groups (Equity, Evaluation, Wellness Education, Positive Mental Health Toolkit Revision, CIM)*

- Next meetings for all advisory committees / working will soon be scheduled.

Action: Katherine will send Doodles to schedule upcoming meetings.

c) *CBN on the Truth and Reconciliation Committee Report*

- There was an inquiry as to when this CBN will be ready, and what it might discuss.
- The Secretariat advised that a draft is under development and will be provided to the SHCC in the coming weeks. The CBN will describe areas of relevance to JCSH, including how JCSH resources may contribute to, or be further informed by, the calls to action in the report.

9. Next Meetings

The dates for upcoming SHCC teleconferences and the Spring 2016 face-to-face meeting were reviewed.

Action: Secretariat and SHCC co-chairs will prepare and send a draft agenda for the Spring 2016 face-to-face meeting to support SHCs in preparing for the meeting.

10. Adjournment

Sterling thanked all for their participation.

Record of Discussion



**School Health Coordinators' Committee Teleconference
February 9, 2016**

Co - Chairs: Jennifer Munro-Galloway and Sterling Carruthers

Participants:

| Representative | Jurisdiction |
|--|---------------------|
| Scott Beddall | BC |
| Gail Diachuk Pat Martz Jeff Bath | AB |
| Jillian Code Jocelyn MacLeod | SK |
| Paul Paquin Ciara Shattuck | MB |
| Jennifer Munro-Galloway | ON |
| Sterling Carruthers | PE |
| Helen Pitman Steve Machat | NS |
| Ellen Coady Carol Ann Cotter | NL |
| Elaine Stewart | NT |
| Blair Laughner | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | Secretariat |
| Jo-Ellen Craig | Secretariat |
| Regrets | |
| Sanja Ristic | BC |
| Marlien McKay | NB |
| Stace Burnard | YK |
| Paige Marshall | NU |



Record of Discussion

2. Welcome and Introductions

Sterling welcomed all to the meeting.

4. Review and Approval of Agenda

The Agenda was reviewed and approved as written.

5. Approval of Record of Discussion from the January 12, 2016 Teleconference

The Record of Discussion was approved as written.

11. Update from Secretariat

e) PREVNet Strategic Planning Session

On February 3, Katherine attended a one-day strategic planning session hosted by PREVNet. PREVNet is beginning its work on a renewal of its Networks of Centres of Excellence (NCE) Knowledge Mobilization Grant and, as a first step, invited JCSH and other organizations to partake in this session. PREVNet and JCSH have a lot of overlap and areas in which they could mutually benefit from collaboration – for instance, in work around healthy relationships/bullying prevention. Some provinces and territories (AB, ON, QC) have already been working with PREVNet to create, disseminate and/or modify PREVNet tools and resources. PREVNet is looking to JCSH as a possible mechanism through which it might engage collectively with ministries of education in all jurisdictions.

Action: Katherine will discuss with Management Committee having a presentation from PREVNet at the April face-to-face meeting to discuss possible collaboration.

f) Federal/Provincial-Territorial Concussion and Head Injuries in Sport Working Group

At the fall face-to-face meeting of the Management Committee, there was a presentation from Ontario regarding concussions management in the school setting. It was recognized at that meeting that discussions on concussions were also being had at other FPT tables.

In follow-up to the MC discussion, Katherine contacted the support person to the FPT table responsible for Sport, Physical Activity and Recreation (SPAR), regarding a possible opportunity for discussion with JCSH about concussion work.

Contemporaneously, Katherine was contacted by Dr. Jocelyn East, co-chair of the Federal/Provincial-Territorial Concussions and Head Injuries in Sport Working Group who asked her as JCSH representative, to join the working group. Jocelyn works with Sport Canada, and is co-chairing this working group with Michel Fafard (Government of Québec).

Regarding the working group:

- The group first came together in January 2015 following a SPAR meeting where, in light of the release of a major concussions report out of Québec, the SPAR table asked interested jurisdictions to form a small working group.
- Membership initially comprised members from the health and sport sectors in some provinces and territories, both within government, as well as from outside of government (e.g. representatives from provincial and national sport organizations, and the Canadian Concussion Collaborative).
- To date, the group has been looking at protocols and a national strategy for concussions management.
- Membership is expanding as the group looks to identify more contacts and stakeholders. JCSH has been asked to participate, particularly as it may serve as a conduit for engagement with ministries of education.
- The working group will report back at the June meeting of SPAR ministers.

Discussion:

- While the accountabilities and reporting structures for school sport associations may differ across jurisdictions, the “return to learn” piece, and any knowledge / communications around new concussion management strategies / protocols is of critical importance to education in all provinces/territories.

Action: Katherine will send an information package regarding the Federal/Provincial-Territorial Concussion and Head Injuries in Sport Working Group to the SHCC and the Management Committee.

12. Annual Report 2016

Susan noted that the call for submissions for the 2016 JCSH Annual Report will be sent out in March. Given suggestions for format change of the Annual Report last year from some



school health coordinators, she suggested that possible changes to the format of the annual report should be discussed early in the year so completion deadlines are maintained.

Discussion:

- In making such a decision, it would be helpful to see examples of other possible formats.
- It should also be considered whether a format change might impact report acceptance by Deputy Ministers.
- It is likely best to stay with the traditional report format so as to ensure its acceptance. However, there may be an opportunity for supplementary piece(s) to the report in different formats (i.e. information could be extracted from the annual report and shared in another format, such as the [JCSH Stories Map](#), or an infographic such as that used in the [Towards a Healthier Canada - 2013 Progress Report on Advancing the Federal / Provincial / Territorial Framework on Healthy Weights](#)).
- Infographics allow for a lot of information to be shared in an engaging format that uses imagery and statistical info, all in a concise manner. An infographic might serve as an executive summary of the annual report (as written in its traditional format) or as a supplementary piece, promoting and profiling work on school health across the country.
- If the objective is to draw more attention to the different pieces of the report that people may be interested in, increasing readability and/or audience, then a supplementary piece to the report using a more creative format may be worthwhile. However, we would have to ensure that such a piece was worth the time and effort.
- Any format changes might also be considered in terms of potential alignment with the work of the JCSH Evaluation Working Group.
- The call for submissions will be sent out in March, with a possible companion piece to the report to be considered at a later stage in the report's development.

Action: Susan will send out the formal call for report submissions in March.

Action: Secretariat will include an agenda item to discuss companion piece on SHCC face-to-face meeting

13. Emerging Trends and Opportunities

This marks Gail's last SHCC teleconference, as she announced her upcoming retirement. Jeff Bath (Alberta Education) and Pat Martz (Alberta Health) will, for the time being, become the



new SHCC members in AB. Sterling wished Gail well, thanking her for her many contributions to JCSH over the years.

14. Review of Action Items

The Action Items Table was reviewed.

JCSH Working Groups and Advisory Committees

The month of February includes meetings of:

- the Equity Working Group;
- the Wellness Education Working Group;
- the CIM Project Advisory Committee; and
- the Positive Mental Health Toolkit Revisions Advisory Committee.

Preparation for SHCC F2F Meeting (May 11-12, Montreal, QC)

- The Secretariat recently spoke with Liane Comeau (Institut national de santé publique du Québec) regarding the upcoming SHCC face-to-face meeting. She and possibly a colleague are looking forward to making a presentation and attending the meeting as observers.
- School health coordinators are encouraged to consider presenting on topics they might present as workshops and also as contributions to the agenda item that will feature a “what I have” / “what I need” format. The formal call for these topics will be issued on the March teleconference of the SHCC.

Action: Secretariat and SHCC co-chairs will prepare and send a draft agenda for the Spring 2016 face-to-face meeting to support SHCs in preparing for this meeting by the end of February.

Preparation for Management Committee F2F Meeting (April 13-14, Toronto, ON)

Katherine noted that she will work with Management Committee members to confirm the final agenda for their April face-to-face meeting. This will be facilitated through a teleconference, or by email.

15. Next Meetings

The dates for upcoming SHCC teleconferences and the May 2016 face-to-face meeting were reviewed.

16. Adjournment

Sterling thanked all for their participation.



RECORD OF DISCUSSION
School Health Coordinators' Committee Meeting
March 08 2016 1:00 pm EDT

Co-Chairs: Jennifer Munro-Galloway (ON) and Sterling Carruthers (PE)

Participants:

| Representative | Jurisdiction |
|---------------------------------|---------------------|
| Sanja Ristic | BC |
| Pat Martz Jeff Bath | AB |
| Paul Paquin Ciara Shattuck | MB |
| Jennifer Munro-Galloway | ON |
| Sterling Carruthers | PE |
| Steve Machat | NS |
| Ellen Coady Carol Ann Cotter | NL |
| Paige Marshall | NU |
| Blair Laughier | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | Secretariat |
| Regrets | |
| Scott Beddall | BC |
| Jillian Code Jocelyn MacLeod | SK |
| Marlien McKay | NB |
| Helen Pitman | NS |
| Charlotte Borg | NU |
| Elaine Stewart | NT |
| Stacey Burnard Ian Parker | YK |

Record of Discussion

1. Welcome and Roll Call



Jennifer welcomed all to the teleconference. The beginning portion of the call was opened for School Health Coordinators to share expressions of sadness and sympathy to Gail Diachuk and her family on the recent and sudden death of her husband Chris.

2. Review and Approval of Agenda

The agenda was approved as written.

3. Approval of Record of Discussion from February 09 2016 teleconference

The Record of Discussion of February 09 2016 was approved as written.

4. Update from Secretariat

In addition to the written update, Katherine reported on the following:

PMH Toolkit: Bill Morrison and Patti Peterson will be in touch regarding the questions they would like to pose to national stakeholders as part of the information-gathering for the toolkit revision. Once these are received Katherine will send out to School Health Coordinators along with a request for suggestions for potential interviewees from each jurisdiction.

Core Indicators and Measures (CIM) Student Achievement and Comprehensive School Health: The next Advisory Committee teleconference will be scheduled within the next month. John Freeman and Alicia Hussain will conduct focus groups during the Management Committee and School Health Coordinators' Committee face-to-face meetings. In addition, they are looking for 4 names/jurisdiction of stakeholders – excluding any who will attend either face-to-face meeting.

Evaluation Working Group: The Secretariat has a call set to discuss draft Logic Model formats with Blair (PHAC), who has evaluation experience, in advance of the next Evaluation Working Group and the Management Committee face-to-face meeting. The Logic Model drafts will be presented to both the working group and the Management Committee face-to-face meeting for feedback.

Equity WG: The working group members will review additions to the guidelines for completing the Equity Environmental Scan before it is sent out to School Health Coordinators for further contributions where applicable.

Request from University of Alberta Master's student: The student contacted the Secretariat with request for assistance with her thesis and a research project in which she is taking part. Her research focuses on DPA (daily physical activity) policy development across Canada, with focus on 5 western provinces. She is asking for assistance from School Health Coordinators, particularly in those provinces.



Annual Report: Susan advised the formal call for submissions from the jurisdictions will go out March 14, with first drafts due back to the Secretariat April 04. The email with the call for submissions will include guidelines for completion and the timeline for 2016. As always, questions and requests for assistance are welcome. School Health Coordinators are asked to seek photographs to include with their submissions to add to the visual presentation of the Annual Report.

Action: Secretariat will send out interview questions from Bill Morrison and Patti Peterson for the PMH Toolkit revision.

Action: School Health Coordinators will provide names of potential interviewees for PMH Toolkit revision Patti Peterson at plp@unb.ca .

Action: Secretariat will send request from John Freeman to School Health Coordinators for 4 names per jurisdiction (not attending Management Committee or School Health Coordinators' Committee face-to-face meetings) as potential interviews for CIM next steps project.

Action: School Health Coordinators will send list of 4 names directly to Alicia Hussain at Alicia.hussain@bell.net

Action: Secretariat will forward to School Health Coordinators the letter for assistance from University of Alberta student Elizabeth Campbell on daily physical activity policy across Canada – particularly Ontario to British Columbia.

5. Management Committee Face-to-face Meeting April 13-14 2016

- *Outline of Agenda*

Katherine advised that the Management Committee draft agenda has been sent out. Since there have been no suggested changes or strong requests for a planning teleconference in advance of the face-to-face meeting, the current version of the agenda will be considered as final. In addition to discussion of general JCSH items, including the Operational Plan, Logic Model drafts, and cross-sector roundtable discussions there will be presentations from the following: PREVNet, the National Concussions Working Group, and John Freeman (on the CIM, HBSC national report, and data usage).

Discussion:



- Blair advised that this meeting will serve as introduction of Karen McKinnon, the new Management Committee representative from the Public Health Agency of Canada; Karen is replacing Stephen Bent.

6. SHCC Face-to-face Meeting May 11-12 2016

- *Draft agenda review*

The draft agenda for the SHCC face-to-face meeting has been sent out. It is important to have workshop and presentations from School Health Coordinators as soon as possible, in order to provide a full and engaging agenda for all who will be attending. They do not need to be formal presentations; a discussion of priorities in jurisdictions will be beneficial to all.

Discussion:

- Ciara suggested that for the What I Have / What I Need carousel, MB has highlighted work in physical activity and would like to hear from other jurisdictions on their initiatives in sexual health and in substance abuse/ addictions.
- Attendees are welcome to provide their What I Have / What I Need topics before the meeting, but the Secretariat and co-chairs also will arrange tables to promote conversations that might be initiated at that time.

7. Emerging Trends and Opportunities

AB: Pat had an opportunity recently to sit in on a session on school health for newcomer students from Syria. The province is beginning to coordinate supports for newcomer students in schools. Pat will share information schools have put together re supports and mentoring for newcomer students learning and health (including dental issues).

BC: Sanja advised that BC has produced a guide for teachers in schools to support students with refugee, newcomer backgrounds. It has been recently updated.

MB: Paul noted that the [Rainbow Resource Centre](#) in Winnipeg has received funding to hire a coordinator to support LGBTTT students and GSAs in schools. This initiative will begin April 1. The resource centre supports gay, lesbian, bisexual, transgender and two-spirit communities in Manitoba and Northwestern Ontario.

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| <p>Action: Pat will share resources from AB school supports for newcomer students from Syria with JCSH.</p> |
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Action: Sanja will share teachers' guide to support students with newcomer, refugee backgrounds with JCSH.

8. Review of Action Items

The Action Items Table was reviewed.

9. Next Meetings

- April 12 2016 teleconference
- May 11-12 2016 face-to-face meeting (*May 10 teleconference will be cancelled*)
- June 14 2016 teleconference
- July 12 / August 09 2016 teleconference

All teleconference meetings begin at 1:00 Eastern Time.

10. Adjournment

**Record of Discussion
School Health Coordinators' Committee Teleconference
April 12, 2016**

Co - Chairs: Jennifer Munro-Galloway and Sterling Carruthers

Participants:

| Representative | Jurisdiction |
|---------------------------------|--------------|
| Scott Beddall | BC |
| Pat Martz Jeff Bath | AB |
| Jillian Code Jocelyn MacLeod | SK |
| Paul Paquin | MB |
| Jennifer Munro-Galloway | ON |
| Sterling Carruthers | PE |
| Steve Machat | NS |
| Paige Marshall | NU |
| Stace Burnard | YK |



| | |
|--------------------|-------------|
| Ian Parker | |
| Blair Laughler | PHAC |
| Secretariat | |
| Jo-Ellen Craig | Secretariat |
| Regrets | |
| Katherine Kelly | Secretariat |
| Sanja Ristic | BC |
| Ciara Shattuck | MB |
| Marlien McKay | NB |
| Ellen Coady | NL |
| Carol Ann Cotter | |
| Elaine Stewart | NT |
| Charlotte Borg | NU |

Record of Discussion

3. Welcome and Introductions

Sterling welcomed all to the meeting.

6. Review and Approval of Agenda

The Agenda was reviewed and approved as written.

7. Approval of Record of Discussion from the March 8, 2016 Teleconference

The Record of Discussion was approved as written.

17. Update from Secretariat

The written Secretariat update was presented. Additional information was provided regarding the recent PHE Canada Stakeholders meeting held on April 6-7. This meeting provided an opportunity for PHE Canada to discuss, with some of its stakeholders, the current role of PHE Canada in Health Promoting Schools, as well as to identify successes and barriers/challenges, and what its role might look like in future.

18. Report of Working Groups



- *CIM Next Steps (Meeting held April 4)*

This meeting provided time to review questions for the upcoming focus groups and individual interviews. Feedback from this meeting has been incorporated into final versions of the questions.

- *Evaluation Working Group (Meeting held April 4)*

This meeting provided the opportunity to discuss the latest draft of the logic model, which will be discussed at the April face-to-face meeting of the Management Committee. The latest draft will also be of relevance in discussing the JCSH Operational Plan at the upcoming face-to-face meeting of School Health Coordinators.

19. SHCC Face-to-Face Meeting May 11-12 2016

School Health Coordinators were reminded to consider topics they might present as workshops at the upcoming face-to-face meeting, as they can likely still be accommodated on the draft agenda.

They were also asked to consider contributions to the “what I have” / “what I need” item on the agenda.

Discussion:

- It was clarified that regarding the “what I have” / “what I need” agenda item, nothing formal need be prepared. A subject line with a few supporting bullets will suffice for this item, which is to be conversational in nature.

20. Emerging Trends and Opportunities

- A Grade 5 student in London, ON recently died of an asthma attack that took place at school. This recent and tragic event reinforces the importance of policies and protocols around the management of life-threatening conditions in the school setting.
- The 60 Minute Kids’ Club was recently integrated into the Sport for Life Society. It will be interesting to see how this plays out across jurisdictions.
- Jocelyn is looking for policies regarding emergency communications / procedures around when school districts/divisions can use their emergency contact lists as the result of a crisis in a school.



Action: Secretariat will send out a request to SHCs, asking them to forward along any policies/parameters/protocols in their jurisdiction regarding emergency communications / use of emergency contact list as a result of a school crisis.

21. Review of Action Items

The Action Items Table was reviewed. SHCs were reminded of upcoming deadlines for submissions to the Annual Report, for contributions to the environmental scan on equity, and for providing names of potential interviewees regarding the PMH Toolkit revision.

22. Next Meetings

The dates for upcoming SHCC teleconferences and the May 2016 face-to-face meeting were reviewed.

23. Adjournment

Sterling thanked all for their participation.

**Record of Discussion
School Health Coordinators' Committee Meeting
Montréal, QC
May 11-12, 2016**

Co - Chairs: Jennifer Munro-Galloway and Sterling Carruthers

Participants:

| Representative | Jurisdiction |
|-------------------------|---------------------|
| Scott Beddall | BC |
| Jeff Bath | AB |
| Jocelyn MacLeod | SK |
| Ciara Shattuck | MB |
| Jennifer Munro-Galloway | ON |
| Steve Machat | NS |
| Marlien McKay | NB |



| | |
|---------------------------------|---|
| Sterling Carruthers | PE |
| Ellen Coady | NL |
| Charlotte Borg / Paige Marshall | NU |
| Elaine Stewart | NT |
| Stacey Burnard | YT |
| Blair Laughner | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Jo-Ellen Craig | JCSH Secretariat |
| Guest | |
| Liane Comeau | INSPQ (Institut national de santé publique du Québec) |

Record of Discussion

4. Welcome and Introductions

- *Jurisdictional Updates*

Sterling and Jennifer welcomed all to the meeting. School Health Coordinators introduced themselves by giving a brief snapshot of work underway in their respective jurisdictions:

Public Health Agency of Canada (PHAC):

- PHAC continues to support JCSH in a funding and advisory capacity, assisting with work underway across JCSH projects and initiatives as appropriate (e.g. Evaluation Working Group).

Yukon:

- After three years of work, new Food and Beverage Guidelines for Yukon schools are scheduled to be introduced in November 2016.
- A mental wellness strategy was launched last week.
- HBSC results are being disseminated across YK communities. In particular, discussions are focusing on Grade 6-10 girls, who face challenges in the areas of physical activity, nutrition, sexual decision-making, and social-emotional development.



- In keeping with Yukon’s HBSC results, resources are being focused on girls. Fall 2016 will see the launch of a social media campaign related to sexual health curriculum, and the development of a guide regarding how to run girls’ groups.
- YK and NWT have each launched a self-regulation initiative for this year and next.

Nova Scotia:

- Nova Scotia recently consolidated its nine health authorities into two, resulting in significant changes to government departments’ structure, assignment of roles and responsibilities, etc.
- One current focus is educational achievement across subject areas; questions related to literacy and math may be reframed to better reflect the importance of health and well-being.
- A considerable task on the one- to two-year horizon involves work on a physical activity framework for the province. It is important that social-emotional learning be found across the curriculum.
- Regarding NS’s School Food and Nutrition Policy: it has recently been revised, but challenges remain around implementation.

Saskatchewan:

- In the aftermath of January’s shootings at a school in La Loche, student safety (e.g. policy and protocol around school emergencies) is a top priority.
- SK recently released an “Early Years Plan”, which makes ties to the province’s Poverty Reduction Strategy, as well as its Mental Health and Addictions Action Plan.

Nunavut:

- A territorial comprehensive school health framework was recently approved, with an accompanying one-year action plan. Work on a three-year action plan is underway.
- A “health expansion pack” was recently introduced into the Department of Education’s guided reading program.
- Realignment is taking place within the Department of Education.
- Momentum is gathering in a number of areas related to school health, including work around mental health and positive school climate.

New Brunswick:

- In spite of a strategic program review that resulted in significant budget decreases across the province, New Brunswick’s \$600K investment in the NB Student Wellness Survey and school wellness grants remains intact.



- Relocation of the Wellness Branch into the Department of Social Development has resulted in new opportunities for wellness initiatives, e.g. leveraging space and looking at health equity in a different way.
- Priority areas of focus include food security, mental fitness and resilience, mental health promotion, and healthy aging.

Northwest Territories

- The territory is pleased to present and share its guiding document around education renewal, Education Renewal and Innovation Framework: Directions for Change. As evidenced in this document – and in particular, in its foundational statements – wellness is serving as the entire basis for what NT is trying to achieve with respect to student achievement. The document is ‘strong like two people’ and presents the renewal through traditional and western groundings. Eighteen initiatives have emerged out of this new direction.
- Health curriculum renewal is underway. With a curriculum framework having been decided upon, competencies can now be embedded, and outcomes can be chosen and attached to the theme areas.

British Columbia

- The new Physical Health and Education curriculum is being fully implemented in Grades K-9 this year. At the same time, piloting of the curriculum will take place in Grades 10-12. The curriculum puts more emphasis on mental well-being and has a broader health literacy focus.
- The work of the Child and Youth Mental Health and Substance Use Collaborative, which seeks to provide timely access to support and services for child and youth mental health and substance use in BC, has recently expanded across the entire province.
- The province recently launched a new Physical Activity Strategy; the question of how it will link to pre-existing strategies and programming remains to be seen. Steps are also being taken under the province’s Healthy Eating Strategy to encourage schools to take action in this area.
- DASH BC is now responsible for the management and administration of the Action Schools! BC program in partnership with viaSport British Columbia and PHE Canada.
- Twenty-eight applications were recently received for the Healthy Schools BC School District Readiness Grant. The grant supports BC school districts and groups of schools, including First Nations schools, as they identify and address priorities for healthy schools through strengthening and shaping partnerships with health sector partners.
- Healthy Schools BC recently initiated a project to better serve, and build capacity within, BC’s francophone and French immersion schools. “Caravane Santé” trained champions



in schools on the Healthy Schools BC Learning Framework, and created a learning community around healthy habits in students and staff. Among other outcomes, the work resulted in some exciting videos from each of the participating school communities.

Manitoba

- Changes are taking place with a new government in place. Health and wellness initiatives are now found under Manitoba Health, Seniors and Active Living.
- Jennifer Wood will assume the role of School Health Coordinator representing health.
- Priorities in education include math, as well as performance indicators and data.
- Internal work around health equity is ongoing with an aim to having an all-of-government approach to health and wellness.
- Work continues on Affordable Food in Remote Manitoba (AFFIRM), a food security project that provides produce and dairy subsidies to eligible remote northern communities.
- In November 2015, a dedicated position of Equity and Inclusion Coordinator was created at Manitoba's Rainbow Resource Centre. It is hoped that through this position, schools will be assisted in the establishment of GSAs, etc.
- Manitoba Students Working Against Tobacco (S.W.A.T.) has recently put "supertrainers" in a number of First Nations schools across the province, a peer-to-peer training initiative in tobacco reduction.

Newfoundland and Labrador

- Grade 4 health curriculum is currently being re-written and will be piloted in the fall. The process involves four components over three years.
- Implementation of a universal full-day kindergarten program will begin effective September 2016.
- Under the operating plan of the province's Healthy Students Healthy Schools initiative, school districts and government will set plans, but the execution of plans and priorities will take place at the district level.
- The end of Year 1 in the Socially and Emotionally Aware Kids (SEAK) project's social-emotional learning (SEL) pilot is approaching. Under this project, K-3 teachers have received two days of SEL training. Surveys indicate that this training was beneficial. Grades 4-6 teachers will be trained in the fall.
- As part of the "Start Right Now" initiative – wherein the provincial government is partnering with Canadian Tire Corporation, ParticipACTION, School Sports Newfoundland and Labrador, and the Newfoundland and Labrador English School District to promote and increase physical activity opportunities for school-aged children



– the Healthy School Planner has been rolled out in 52 schools across the province. Schools receive funding to form a school team and complete the Planner, and subsequently develop a physical activity project to get students more active in the school.

Alberta

- A new Education Act is slated for implementation in Fall 2016. The legislation, which has not been amended in 26 years, includes the requirement for schools to have policy around LGBTQ inclusivity, as well as requirements around welcoming, caring, safe, and respectful schools.
- The School Nutrition Program recently underwent a one-year pilot.
- All curriculum is currently being revised around competencies and literacies.
- In the wake of the recent wildfires in Fort McMurray, an all-ministry task force has been created. Schools have graciously opened their doors to evacuees.

Québec (Guest)

- Liane works on school health matters on a small team of two with the INSPQ. Notably, in 2015, within each of Québec's 18 regional health authorities, 30% of the budget dedicated to public health was cut.

Prince Edward Island

- Recent restructuring, wherein PEI's English Language School Board was absorbed into the Department of Education, Early Learning and Culture, is resulting in major operational changes, as well as changes to the Education Act.
- A Wellness 10 course (modeled after Saskatchewan curriculum) was launched one year ago; a new Wellness 11-12 course was just released.
- The province's School Health Grant, as well as its Student Engagement Grant, both continue to serve as purposeful opportunities to share information around the comprehensive school health approach in Island school communities.
- The province is set to embark upon a review of its 11 year old nutrition policy. It is suspected that a new orientation will be meal-based, easier to understand and implement.
- A Wellness Strategy was launched one year ago; an implementation plan has not yet been released.
- The province is awaiting the launch of its mental health strategy.



Ontario

- With the federal government taking its first steps to legalize marijuana and the new influx of e-cigarettes on the market, considerable work is underway to determine what this means for existing legislation and policy (e.g. *Smoke Free Ontario Act*).
- Select grocery stores and farmers' markets have been piloting the sale of beer and wine. Product selection varies depending on such factors as the store, product cost, shelf space requirements, etc.
- The concussion team recently met with Dr. Charles Tator, who will conduct an evaluation of the concussion strategy.
- The province just released a new \$60M math strategy that will afford 60 minutes of protected math time each day to students in Grades 1-8. Paired with the requirement of 60-80 minutes daily literacy instruction, not to mention other course requirements, this will pose challenges for implementation of the province's 20-minute daily physical activity (DPA) policy. It is hoped that a revised approach to DPA will be in place by September 2017.
- Having already received two years of pilot funding, Ophea's Healthy Schools Certification recently received funding approval from the Ministry of Education until the end of the 2017/18 school year. The program provides schools with a six-step process to follow in order to celebrate school communities for promoting and enhancing the health and well-being of students, school staff, and the broader community. Funding has also been provided to allow for an independent evaluation of the program. If, upon conducting a self-assessment, a school chooses physical activity as a priority area, the school is supported through Canadian Tire funding – formerly "Active At School", now "Heroes of Play" – to hold a celebration.

Sterling acknowledged the breadth and depth of the work being carried out across the country, and thanked meeting participants for their valuable contributions to the JCSH table.

8. Review and Approval of:

- *Agenda*

The Agenda was approved as written.

- *April 12 2016 Record of Discussion*

The April 12 2016 Record of Discussion was approved as written.

24. Review of Action Items



The Action Items Table was reviewed.

25. Update from Secretariat

In addition to written update, Katherine provided the following:

A. Canadian Association of Principals (CAP) Annual Conference, St. John, NB: May 16-19, 2016

Katherine will lead a concurrent session on the JCSH Youth Engagement Toolkit at this conference.

B. Management Committee April 2016 face-to-face meeting update:

This meeting was well attended, with good engagement and valuable contributions from participants.

NT Management Committee members extended an invitation to Management Committee and possibly SHCC to hold a face-to-face meeting in Yellowknife. The Secretariat, in consultation with NT Management Committee members Rita and Sabrina, will draft a proposal outlining the feasibility of such a meeting including cost, scope and a potential agenda. A tentative date of Spring 2017 was suggested.

C. Annual Report 2016: Discussion of companion pieces

Susan thanked all for submissions and pictures provided to date, noting that while the Report can be sent to translation while still in draft form, that it *cannot* be forwarded to the graphic designer until all content is approved.

She proceeded to ask SHCC members for their perspectives regarding possible companion pieces to the Report (e.g. map of Canada with links to jurisdictional highlights/initiatives).

Discussion:

- An animated infographic/whiteboard illustration such as those available through Twiddla might be of interest.
- In considering options for a companion piece(s), it is important to bear in mind the story or key message JCSH is trying to communicate through the Report.
- It would be helpful to strike an *ad hoc* committee to discuss the Report and any prospective changes.
- If the purpose of the Report is to influence decision-makers, it may be advisable to keep submission parameters tight (e.g. 750-word range); if it is to serve more so as a



reporting/accountability piece, there may be more leeway in terms of submission length.

- It would be helpful to have feedback on the report: who is reading it, what are they doing with it, number of hits to the Report weblink, etc.
- It was suggested that the Annual Report is a way of highlighting the JCSH with Ministers of Health and Education; however, since the report is only “tabled” for information at that level, it is not certain that it is widely read.
- A new Report format, wherein a profile of school health across Canada could be organized under various school health topic areas, might be worthy of exploration/discussion.
- There may also be value in a document that collects and communicates JCSH learnings/best practices; however, such a document may be more promotional in nature, and may not fulfill the reporting/accountability requirements in the same way as does the current Annual Report.
- It was suggested that for this year’s Report, 1000-1500 words would serve as a good ballpark figure to keep in mind for submission length.
- JCSH might consider whether organizing the Report’s content around the four JCSH goals – leadership; knowledge development and exchange; capacity building; and monitoring, evaluation, and accountability – is meaningful.

Action: Secretariat to strike an *ad hoc* committee to discuss the Report and any prospective changes.

26. Healthy School Communities – Québec

Guest Liane Comeau, from l’Institut national de santé publique du Québec, shared a presentation on the healthy school communities approach in Québec: a voluntary, competency-based approach to educational success, health, and well-being.

Discussion:

- The seven competencies provided in the approach to support healthy living environments can be embedded in curriculum for any given subject area, and can be developed in any age group. This approach aligns nicely with JCSH’s comprehensive school health framework.
- There is a consensus piece available: a compendium of best practices to address health issues in the school setting: [Educational Success, Health and Well-Being: Effective Action in Schools - Synthesis of Recommendations](#). It was determined, however, that this document is too big, and stands to overwhelm the end-user. As such, Québec is presently working on a renewed framework.



- In order to demonstrate the effectiveness of this model, Québec would need to ascertain: i) that students are demonstrating the competencies; and ii) that there is uptake of the approach.
- After renewing the framework, Québec hopes to develop a universal tool that would provide questions a school community can ask itself as it goes about the healthy school planning process, e.g. how do its programs and curricula stack up against the competencies and actions provided for in the approach?
- In particular, and citing the work of Jacques Tardif, NT would like to follow up with Québec around this approach, and ties to curriculum.

Action: Secretariat to post Liane's presentation to the private side of the JCSH website in the May 2016 SHCC meeting folder.

27. 2015-2020 JCSH Operational Plan

- *Logic Model*

The Secretariat presented the latest version of the draft JCSH logic model.

Discussion:

- This document is useful, but does not explain what JCSH is or what it contributes in the long-term, nor does it support the creation of an evaluation framework.
- The story JCSH is trying to tell, and how this is expressed in a document(s), require further discussion.
- We still need the three middle columns to cascade more neatly / make more linkages between one another.

Action: Secretariat to set up a call of the Evaluation Working Group to review the draft logic model in more depth, and to develop a revised draft.

Action: Secretariat to bring revised logic model to next SHCC face-to-face meeting.

Action: Secretariat to post latest version of the draft JCSH Logic Model to the private side of the JCSH website in the May 2016 SHCC meeting folder.

- *Dashboard*

The Secretariat presented latest draft version of a dashboard, which is intended to assist in monitoring progress on the Operational Plan.



Discussion:

The dashboard is useful in helping JCSH identify priority areas for action (e.g. “Seek and advance partnership opportunities specific to northern and remote communities”). Katherine expressed that on items where there has not been much activity to date, there is a need for further discussion and analysis of potential action with Management Committee/SHCC.

Action: Secretariat to post latest version of dashboard to the private side of the JCSH website in the May 2016 SHCC meeting folder.

Action: Secretariat to identify items in the in Operational Plan which require further discussion and ensure these items figure on future agendas for SHCC / Management Committee teleconferences and face-to-face meetings.

Partnership opportunities specific to northern and remote communities

With the example of the Operational Plan item “Partnership opportunities specific to northern and remote communities” having been raised – and noting that a similar discussion had taken place at the April 2016 face-to-face meeting of the Management Committee -- the discussion turned specifically to this item:

Discussion:

- Further discussion is needed about how to move this item in the Operation Plan forward.
- During the April face-to-face meeting of the Management Committee, the NT Management Committee members extended an invitation to the Management Committee, and possibly to the School Health Coordinators’ Committee, to hold a face-to-face meeting in Yellowknife.
- When the possibility of such a meeting was discussed at the April 2016 face-to-face meeting of the Management Committee, it was suggested that a proposal be drafted, outlining the meeting’s scope and possible agenda items. The Secretariat also agreed to explore the financial feasibility of such a meeting.
- The release of the final report of the Truth and Reconciliation Commission and its 94 calls to action need to be considered.
- A special teleconference of the SHCC is warranted to specifically discuss how to move this item in the Operation Plan forward.



Action: Secretariat to send a Doodle for teleconference regarding partnership opportunities specific to northern and remote communities.

28. CIM / HBSC

- *CIM: Focus Group with Management Committee*

A focus group on the CIM was conducted by Drs. John Freeman and Alicia Hussain.

- *HBSC 2017/18 Round: Draft Mandatory Questions*

John provided the following updates:

- Dr. Scott Leatherdale recently joined the HBSC team. The team currently comprises twelve members of a possible fifteen.
- Nine jurisdictions have PT-specific reports coming out. Questions have been raised, and jurisdictions have been consulted, regarding the format for the summary piece for these reports.
- The next HBSC cycle is 2017/18. Tentative mandatory questions are being drafted by the HBSC International team, which will meet again next month in Stockholm. It appears that for this upcoming cycle, the package of mandatory questions will be tighter, allowing Canada more flexibility in the design of its country-specific questionnaire.
- Queen's University has been working with NB and MB to ensure complementarity and alignment between HBSC questions and those posed in jurisdictional-level surveys, ultimately reducing burden on students/schools.
- To accommodate different languages, five versions of the HBSC survey were sent out in the 2013/14 cycle. This was challenging, but should still be feasible in the 2017/18 cycle.
- Over 30,000 questionnaires were completed in the 2013/14 cycle.
- For the 2017/18 cycle, Queen's has been asked to consider including a suicidal ideation question. Options around such a question include:
 - Don't include the question; or
 - Develop two versions of the questionnaire – one with the suicidal ideation question, and one without – and leave it to schools/districts/jurisdictions to decide which version of the survey to administer.
- Internationally, a suicidal ideation question is not being used, as to do so requires reference to the question in the questionnaire consent letter, and in turn, the instance of consent tends to reduce.
- Notably, in referencing sex-related questions in the HBSC consent letter, very few opted out.



- Dr. Elizabeth Saewyc (McCreary Centre Society) has explored the question of the impact of including questions around suicide. While the evidence suggests that including such questions is not harmful, it could prove challenging to communicate this to parents, teachers, etc.
- While there might be other ways to collect related data (e.g. questions around hopelessness, connection to school, protective factors), a specific question around suicidal ideation would be a unique slant on existing HBSC life satisfaction questions.

- *HBSC data access and cross-jurisdictional comparisons*

John reported that, per JCSH's 2009 decision, the current policy does not permit Canadian HBSC data to be used to show cross-jurisdictional comparisons in provincial / territorial HBSC reports, nor does it allow for comparative analysis to be conducted for the purpose of publishing in academic journals.

With that said, the policy does permit a jurisdiction looking to conduct a cross-jurisdictional comparison to work with John, who can facilitate such a cross-jurisdictional conversation on a case-by-case basis.

In 2016, the team at Queen's wrote a spiritual health results article in which cross-provincial/territorial results were studied and reviewed but not reported, because of the 2009 decision by JCSH to not report across jurisdictions. He asked if there is a change in the 2009 decision; researchers are asking to look at provincial- or territorial-specific work and across PTs within specific subsets. This question was also raised at the April 2016 face-to-face meeting of the Management Committee.

Discussion:

- It may be prudent to continue with the status quo policy for two reasons:
 - Current reporting parameters – i.e. publication of a national average – is the option that poses the lowest risk to individual jurisdictions; and
 - The status quo policy still allows for voluntary collaboration on the part of jurisdictions interested in conducting cross-jurisdictional comparisons.

Decision

- It was decided to continue with the status quo policy, i.e. consideration of such requests on a case-by-case basis.

Action: Queen's and JCSH will work together to facilitate input into the 2017/18 HBSC questionnaire



29. JCSH Projects: Implementing Next Steps

- *PMH Toolkit*

Katherine updated that work under the contract with Drs. Bill Morrison and Patti Peterson to revise the Positive Mental Health toolkit continues to move forward. Interviews are complete in all but one jurisdiction and, using this input, a draft outline of the layout and content areas to be included in the revised toolkit has been created. The first draft of the revised toolkit will be available in early June, at which point piloting will begin.

The next call of the PMH toolkit revision Advisory Committee will take place on June 22.

Action: Secretariat to post draft outline of the layout and content areas to be included in the revised PMH toolkit to the private side of JCSH website in the May 2016 SHCC meeting folder.

- *CIM*

The latest work on the CIM has involved interviews with 24 individuals, some through focus groups (Management Committee and School Health Coordinators' Committee), and the rest through telephone interviews, to refine the framework to move it forward into practice. The first deliverable was a literature review (updated from 2013). The next call of the CIM Advisory Committee will be held in late June / early July.

- *HSP Evaluation*

Katherine provided an overview of the evaluation of the Healthy School Planner recently completed by the Propel Centre for Population Health Impact, University of Waterloo. Interviews were conducted with HSP users and non-users regarding why the Planner was/was not used, benefits derived, overall functionality, challenges, and recommended areas for improvement.

Action: Secretariat will arrange a time for Propel to walk the SHCC through the evaluation's findings.

Action: Secretariat to post HSP Evaluation to the private side of JCSH website in the May 2016 SHCC meeting folder.

30. Conversation Carousel



- “What I Have, What I Need”

A roundtable discussion was held on each of the following topics, with leadership from the jurisdictional representatives identified:

“Gender and Sexual Diversity School Policy and Learning Resource” (Jocelyn -- SK)

Jocelyn provided a brief overview of the SK document, Deepening the Discussion: Gender and Sexual Diversity. The online professional resource, which is available in English and French, was designed to support school division staff to start the conversation around gender and sexual diversity to ensure all students feel safe and welcome in schools. She noted that among the document’s major successes were the embedding of SK’s Comprehensive School Community Health framework into the document, as well as the inclusion of FNM perspectives. Contact information was provided for the consultant of the document, Anna Grumbly (anna.grumbly@gov.sk.ca). SHCs are invited to contact Anna for more information on the document.

Discussion:

- At present, SK has a provincial policy obliging schools to support GSAs if requested. MB and ON have legislation around GSAs; AB, YK, and NS have guidelines.
- NS’s guidelines around transgender and gender non-conforming students are rooted in human rights legislation.
- MB’s sexual health curriculum currently makes no reference to same-sex relationships.
- Regarding school dress codes and sexual diversity: in many jurisdictions, these policies represent an opportunity for more integration of equity and youth engagement. It was noted that in NU, the policy is entirely gender neutral.

“Transgender Information and Self-Regulation Resources” (Stace -- YT)

Stace provided an overview of ongoing work in YT regarding transgender and self-regulation resources. The territory is doing a lot of work with Grades K-3 students who are transitioning. This year’s training has focused on the provision of information to schools and school administrators regarding gender-variant individuals; next year’s focus will be on two-spirited youth. Comprehensive Sexual Health has also been a focus, with Yukon bringing trainers from Options for Sexual Health.

She proceeded to reference a host of resources that may be of interest to SHCs.

Discussion



- Projet Mosaïk provides a number of useful transgender resources for health professionals, teachers, students, etc.

Action: Secretariat to post Stace's Powerpoint slideshow, which includes links to all documents referenced during her presentation, to the private side of the JCSH website in the May 2016 SHCC meeting document folder.

"Physical Activity: Areas of Work" (Ciara -- MB)

Ciara presented information regarding physical activity in Manitoba in a number of areas:

- The 2012-13 Manitoba Youth Health Survey indicated that only 46% of Manitoba youth are getting the required daily amount of moderate-to-vigorous physical activity, and, of those 46%, there are considerably fewer females than males (40% vs 52%, respectively).
- A recent analysis of Manitoba's Healthy Schools Grants indicates that, at 34%, physical activity is the area in which grants are most often used.
- Great work is underway through Green Action Centre, planning through the Safe and Active and Safe Routes to School program, and providing bike education to kids aged 8-14.
- Winnipeg Sport To City is confronting challenges and barriers to physical activity in the city through equitable physical activity initiatives.
- Geo-caching loaner programs have been met with great success in schools, and may be accessed by some early childhood centres.
- Manitoba is currently drafting a position statement for consideration by Canadian Chief Medical Officers of Health (CCMOH). It is expected that this position statement, which will seek to find a balance between free play and mitigating the risk of injury, will have much in common with the Position Statement on Active Outdoor Play published by ParticipACTION in its June 2015 Report Card on Physical Activity for Children and Youth.

Discussion:

- Projects funded through the Lawson Foundation's Outdoor Play Strategy may be of interest as it pertains to work around the balance between free play and risk of injury.
- In PE, the percentage of children and youth meeting the physical activity requirements has not changed in four years. This, despite the fact that 60% of school health grants are physical activity-related. It would be helpful to be able to drill down the data to get a better sense of where the priorities lie, and how best to move this agenda forward.



- In AB, the recent shift in how the AB Wellness Fund focuses its resources – a shift to focus on positive mental health – has led to secondary benefits in children and youth’s physical activity levels.
- NL is including messaging in its curriculum documents to emphasize physical activity opportunities outside of the school day – i.e. the after-school time period – and is considering how to engage parents and heighten awareness around such opportunities.
- MB has had great success with the Rec & Read Aboriginal Youth Mentor Program, which builds on the strengths, talents, and energy of Aboriginal youth, and focuses on academics, healthy eating, and physical activity.

“Capacity Building: School Connectedness, Food Literacy” (Scott -- BC)

Scott described how, in light of BC’s 10-year plan on mental health and substance use, the province was seeking to increase work in the area of positive mental health. Whereas originally, the plan was to use a PMH train-the-trainer model, it was not resonating with educators, and was perceived as a top-down approach. School connectedness was subsequently identified as a cross-sector rallying point – a protective factor with which all school health stakeholders could identify, with linkages to student achievement and improved health outcomes. Innovative work was initiated at a grassroots level and took the form of a partnership between DASH BC and the BC School Mental Health Coalition. From there, funding from the Ministry of Health – a \$5K grant to support the school/district in question – supported the schools/districts to: review their current activities through a comprehensive school health lens; utilize an inquiry approach to deepen their own understanding of their school connectedness work and where to go next; develop a community of practice; and access school connectedness data, evidence, tools and programs. Notably, 117 applications were received (in a school year that experienced provincial teacher labour action). Six grants were awarded. The same, bottom-up approach is now being taken with respect to grants around food literacy; however, this time grants will be for a smaller amount (initial grants of \$750 with supplementary grants of \$500 for pursuing identified actions), and there will be more of them available.

Discussion:

- It was noted that it was not difficult to secure funds for the work around school connectedness, as funds had already been earmarked for the positive mental health initiative – it was simply reframed as work related to school connectedness.
- A question was posed regarding whether there was any return on investment / cost-benefit analysis conducted for these initiatives. How was success measured?



- Qualitative metrics were used (the schools/districts shared their stories, via video, of the difference their school connectedness work made on their school community), and some of the schools/districts were also gathering quantitative data to gauge impact on student achievement.
- While the link between school connectedness and improved health outcomes in areas like mental health, physical activity, and healthy eating was not immediately apparent to all involved, there has been an increasing shift to look at these areas as interconnected.

“New Brunswick’s Healthy Learners in School Program Guide” (Marlien – NB)

Marlien described the Healthy Learners in School Program Guide’s origin: in 2000, there was a platform commitment to hire 200 new nurses; 50 of those new FTEs were allocated to provide dedicated resources to health promotion in the school setting. The purpose of the new Program Guide is to support Public Health staff in clarifying and reframing their role, providing questions and answers, real-life issues and scenarios, and tools (e.g. JCSH tools) to move evidence-based health promotion initiatives and programming forward. Marlien invited SHCs who would like more information on this program to contact her.

Discussion:

- In PE, dietitians from the PEI Healthy Eating Alliance have used the Social and Physical Environment component of the JCSH comprehensive school health framework to explain what they do in the school setting, i.e. next to the “what we mean” descriptor of the component, they have drafted a descriptor of “what we do”.

Action: Secretariat to post the Healthy Learners in School Program Guide to the private side of the JCSH website in the May 2016 SHCC meeting folder.

Sterling and Jennifer thanked the presenters for leading discussions in these topic areas, concluding that this discussion format was successful.

Action: Continue to include the “What I Have / What I Need” discussion format into future meetings.

– Day 2 –

1. Welcome and Check-in

Sterling welcomed meeting participants back to the table.



2. Review of Agenda Items

The day's agenda items were reviewed and approved as written.

3. JCSH Working Groups

- *Equity*

Susan presented the draft environmental scan on Equity, thanking jurisdictions for their contributions.

Discussion:

- In jurisdictions where there are no positions/teams dedicated to work around equity, it can be challenging to come up the type of information to be included in such a scan.
- There are many definitions of equity; it took considerable time to arrive at a definition for JCSH's context.
- The section regarding "Challenges, Needs, Questions, and Successes" was generally not populated.
- Dr. Ryan Meili was recently invited to present in New Brunswick regarding his work around the social determinants of health (SDoH), and the role of government in addressing SDoH and reducing health inequities. Dr. Meili is partnering with the National Collaborating Centre for the Determinants of Health (NCCDH) on some of this work. As such, it might be worthwhile for JCSH to reach out to the NCCDH to see what opportunities might exist for continuing education and knowledge exchange/mobilization.
- Québec may also contribute to the scan.
- JCSH's equity scan would not be shared with any of the aforementioned groups without first obtaining permission from the JCSH membership.
- Themes emerging out of the draft scan include work around gender diversity and inclusiveness.
- References to work specific to FNMI and newcomer initiatives/ policies/ practices varies among jurisdictions.
- Another meeting of the Equity Working Group will be organized. This will serve as an opportunity to reach consensus around the final draft of the scan, and to discuss next steps.

Action: Katherine to reach out to the NCCDH, as well as the HPCSC, regarding work around health equity.

Action: Secretariat to post draft environmental scan on Equity to private side of the JCSH website in May 2016 SHCC meeting folder.



Action: Secretariat to organize next meeting of the Equity Working Group.

- *Wellness Education*

Jo-Ellen presented a roll-up of themes emerging from the draft environmental scan on Wellness Education, thanking jurisdictions for their contributions.

Discussion:

- SK's contribution to the scan proved very helpful to NT, where health curriculum is currently undergoing renewal. NL has also had valuable discussions with NT regarding NL's curriculum development process.
- BC is coming into the implementation phase of its new Physical Health and Education curriculum in Grades K-9 and is encountering challenges. To this end, the province is engaging in cross-sector work to create and provide supports to teachers.
- Another meeting of the Wellness Education Working Group will be held in the coming weeks to reach consensus around the final draft of the scan and discuss next steps.

Action: Secretariat to post draft environmental scan on Wellness Education, as well as accompany roll-up of themes emerging from the draft scan, to private side of the JCSH website in May 2016 SHCC meeting folder.

Action: Secretariat to organize next meeting of the Wellness Education Working Group.

4. How Healthy School Communities Support Student Success

Sterling gave a presentation similar to one he recently gave to principals and aspiring principals enrolled in the UPEI's School Leader Development Program. The presentation provided an opportunity for information and discussion around comprehensive school health, linkages between comprehensive school health and student success/achievement (JCSH's CIM Framework), local research initiatives regarding the health behaviours of Prince Edward Island children and youth, tools / resources to support planning for healthier school communities, and next steps.

Discussion:

- This is a compelling piece for current and aspiring administrators. It would be interesting to ascertain school health commitments that may have been made by administrators as a result of such learning opportunities and discussions.
- It was noted that there could be an opportunity, through JCSH, to conduct an unofficial inventory of activities principals have engaged in to support healthier school communities (e.g. action plans, on-paper and/or personal commitments)?



- It can be challenging to attach health and well-being outcomes to the plans / frameworks of education ministries, school districts, and schools. With that said, consideration might be given to working *backward* to make such linkages, i.e. identify a given requirement(s) in such document(s) and, on behalf of the school/school district, make the linkage/connection to health well-being for them (e.g. identify a numeracy requirement that a school district must fulfill, and explain its linkage with physical activity).
- Principal and school staff wellness is a critical piece of comprehensive school health. NT indicated that in the territory, many teachers have taken and benefited from courses through Mindful Schools.
- A 2015 book on school health, *Schools for Health and Sustainability: Theory, Research and Practice*, includes a chapter on principals and health promoting schools: *Healthy Principals – Healthy Schools? A Neglected Perspective to School Health Promotion*.
- The following links regarding school administrators and health promoting schools might also be of interest, and will also be posted to the private side of the JCSH website in the May 2016 SHCC meeting folder:
 - [What School Administrators Can Do to Enhance Student Learning by Supporting a Coordinated Approach to Health;](#)
 - [Strengthening School Administrator Support For Coordinated School Health;](#) and
 - [The Healthy School Communities Model: Aligning Health & Education in the School Setting](#) (Note that "Lever 1" is called "The Principal as Leader").

Action: Secretariat to post Sterling's presentation to private side of the JCSH website in May 2016 SHCC meeting folder.

5. FPT Working Group on Concussions and Head Injuries in Sport

Jocelyn East (Sport Canada) and Michel Fafard (Ministère de l'Éducation, du Loisir et du Sport, Québec), co-chairs of the FPT Working Group on Concussions and Head Injuries in Sport, introduced themselves. Jocelyn also noted the project management role of Rashmi Joshee (PHAC) on this work.

The working group came out of a 2015 workshop that recommended a harmonized approach to concussions work in Canada. The working group initially comprised sport organizations and representation from the health sector, including Public Health Agency of

Canada, but not from the education sector. Katherine was invited to represent JCSH and provide a link to the education sector.

Working group members agree on key areas in concussions prevention, detection, and management. Budget discussions have focused on mobilizing funds to develop evidence-based, scientifically-validated protocols for return to learn and return to play.

The presenters asked SHCs how they see JCSH, as well as the education sector, supporting the activities of the working group as it moves forward with a pan-Canadian concussion strategy.

Discussion:

- In the case of anaphylaxis, it is the responsibility of the parent to let the school know that that his/her child has this medical condition. It remains to be seen what communications protocols will be developed in the case of concussions; however, it is certain that parents will play a significant role.
- Schools and school boards also have a legal responsibility/due diligence regarding concussions.
- Generic protocols will be adapted from the protocols established by Sport Canada and the sport sector and subsequently moved through ministries, school boards, and schools.
- A question was raised regarding the extent to which the lack of medical resources in certain jurisdictions and communities (e.g. northern and remote) will be considered as concussions protocols are developed and implemented. Jocelyn and Michel responded by speaking to challenges in this area: there are three types of concussions (severe, moderate, and light), and the protocols will need to address which ones need medical treatment, being mindful of resources available in individual jurisdictions. More information is required regarding what doctors require; a balanced approach is required.
- The 5th International Consensus Conference on Concussion in Sport, to be held in Berlin in October 2016, will be an academic conference that will further the knowledge on collaboration among disciplines, sectors, and government ministries. Knowledge exchanged at this Conference will be synthesized into a consensus statement / best practices.
- PE is currently the lead jurisdiction for CMEC. A letter from Sport Canada and PHAC to Ministers of Education might help to support an agenda item on the CMEC meeting.



- In NS, it is expected that the Nova Scotia School Athletic Federation, as well as colleagues in government responsible for sport and public health, will take a leadership role in disseminating this work.
- In PE, Sterling expects that he will seek feedback from the PEI School Athletic Association, provincial sport organizations, and Sport PEI regarding the protocols. Furthermore, while there will be some challenges, he expects that communicating the message around Return To Learn taking precedence over Return To Play will resonate with the education sector and most parents.
- ON's work on concussions, including moving forward on recommendations from the Rowan Stringer inquest, includes an important recommendation on peer advocacy. The focus is on the student, rather than the athlete.
- Work to develop competencies in students that provide them the tools to assert themselves and decipher how they are feeling post-concussion is important. Of note is the competency-based approach to educational success, health, and well-being promoted in Québec.
- Many physical education teachers receive education/training in sports ethics: might there be opportunities to integrate safety into such training, and to pass these learnings on to students? What other pedagogical tools might exist to promote to students awareness regarding their own health and safety? Notably, such training might emanate more so from physical educators' associations. It might therefore be worthwhile for the Working Group, through JCSH, to connect with PHE Canada.
- Once the protocols are established, JCSH might play a role in connecting the Working Group with the Canadian Association of School System Administrators (CASSA), the Canadian Association of Principals (CAP), and the Canadian School Boards Association (CSBA).
- Questions remain around how data collection and data sharing will take place once the protocols are in place. How will this happen i) in the education sector? ii) in the sport sector? Will sectors be inclined to share information regarding incidents, treatments, and whether the protocols are working?

Action: Katherine to put the Concussions Working Group Co-Chairs in touch with PHE Canada, as well as CASSA, CAP, and CSBA.

Action: Secretariat to post this presentation to the private side of the JCSH website in the May 2016 SHCC meeting folder.

6. Teleconferences 2016

Dates for upcoming teleconferences were reviewed.



7. Wrap-up and Concluding Remarks

Sterling and Jennifer thanked all for their participation during the meeting and wished those traveling a safe journey home.

**Record of Discussion
School Health Coordinators' Committee Teleconference
July 12 2016**

Co-Chairs: Jennifer Munro-Galloway (ON) and Sterling Carruthers (PE)

Participants:

| Representative | Jurisdiction |
|-------------------------|---------------------|
| Scott Beddall | BC |
| Pat Martz | AB |
| Jillian Code | SK |
| Jennifer Wood | MB |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Sterling Carruthers | PE |
| Steve Machat | NS |
| Ellen Coady | NL |
| Carol Ann Cotter | |
| Charlotte Borg | NU |
| Elaine Stewart | NT |
| Stacey Burnard | YK |
| Ian Parker | |
| Blair Laughher | PHAC |
| Secretariat | |
| Jo-Ellen Craig | Secretariat |
| Susan Hornby | Secretariat |
| Regrets | |
| Sanja Ristic | BC |
| Jeff Bath | AB |
| Gail Diachuk | |
| Jocelyn MacLeod | SK |
| Paul Paquin | MB |
| Katherine Kelly | Executive Director |



Record of Discussion

11. Welcome and Roll Call

Jennifer welcomed to the call all School Health Coordinators; Jennifer Wood, new School Health Coordinator from MB, introduced herself.

12. Review and Approval of Agenda

The agenda was approved as written.

13. Approval of Record of Discussion from May 11-12 2016 face-to-face meeting

The May 11-12 2016 Record of Discussion was approved as written.

14. Update from Secretariat

In addition to the written update, there were two items:

Annual Report: Susan advised that the front and back portions of the Annual Report will be sent out shortly to Management Committee for review.

Jurisdictional Weblinks: Many of the weblinks, provided as part of the annual report submissions, might be helpful additions to the resources offered on the public side of the JCSH website.

Action: School Health Coordinators will advise Secretariat of additional weblinks from their jurisdiction they would like to have posted on the public side of the website.

15. Fetal Alcohol Spectrum Disorder (FASD) and its implications in a school setting - Heather Caughey (PHAC)

Heather presented an overview of this work. FASD is defined as a brain injury caused by prenatal exposure to alcohol.

Among her major presentation points are the following:

- Each child with FASD manifests the condition in individual and unique ways, but the condition is lifelong and a significant health concern, impacting an estimated 1 million people in Canada.
- Among features of FASD: distinct facial features in some but not in others; emotional and expression responses; memory challenges; emotions regulation and motivation responses. The individual's IQ may not be impacted but processing skills are affected.



- PHAC's FASD initiative has a mission to provide federal strategic leadership and coordination.
- PHAC's strategic plan on FASD involves raising public awareness; preventing alcohol use in pregnancy; improving health and social outcomes for those affected by FASD; obtaining data on alcohol use in general/in pregnancy, as well as FASD prevalence; and trying to improve awareness about FASD among educators.
- In the education sector, FASD presents many challenges for teachers and classes; not many children are diagnosed. Teachers are already working with children and youth with FASD, but issues exist around diagnosis and professional development/training around how to access and use the FASD resources available.
- There may be opportunities to move forward FASD initiatives in the education sector, including a cross-Canada and international literature review, identification of best practices, professional development, opportunities within curriculum.
- Heather asked if there are opportunities to work together with the School Health Coordinators' Committee on this issue; she feels that the CSH model would work well as an approach to working with children and youth with FASD.

Discussion:

- There may be opportunities for PHAC to work with specific units in Education / Health / Wellness departments in a number of provinces and territories:
 - NS: Student Services within the Department of Education
 - PE: the Family Resource Centres and Early Childhood sector
 - ON: Professionally Speaking, the magazine of the Ontario College of Teachers
 - NL: Staff within the Department of Education and Early Childhood Development's Student Support Services Division, the Atlantic Provinces Special Education Authority, the Newfoundland and Labrador Teachers' Association, and guidance counsellors
 - YT: manual produced in Yukon- Making a difference: Working with students who have Fetal Alcohol Spectrum Disorders
- Heather was asked about work underway at the federal level on prevention messaging, similar to that used for tobacco control:
 - There has been some collaboration and agreement among government agencies / ministries with lead responsibilities for aspects of this work about the need for broader prevention messaging.



- Providing information / education / presentations at a national level:
 - To the Council of Ministers of Education, Canada
 - To the Council of Chief Medical Officers of Health
 - Canadian Teachers' Federation
- It was suggested that webinars would be an optimal way of connecting with educators and perhaps preferable to conferences or professional development workshops. It was additionally suggested that webinar leaders include educators as well as clinicians – this would increase the value of the session for educators.
- Heather added that the Centre for Addiction and Mental Health (CAMH) is doing a prevalence study of FASD in classrooms in the Greater Toronto Area – looking at Grade 2 students in schools across different school boards. Because of the number of students involved, this study will show general prevalence rates. She asked that if School Health Coordinators to contact her if they were aware of other explorative work being done to look at FASD trends.

Action: The Powerpoint presentation will be posted on the private side of the website.

Action: School Health Coordinators will forward materials and contact names from their jurisdiction to Heather Caughey.

16. Healthy School Planner Evaluation

- Jennifer Yessis

Jennifer presented an overview of the HSP evaluation results and the development of the short survey to look at jurisdictional promotion of the Planner. The purpose of the evaluation was to look at the functionality and usability of the Planner, from both user and non-user perspectives.

Among the key results are the following:

- Users reported that the main way of learning about the Planner was through recommendations from the school board / district.
- Time to complete was longer when a team was involved: however, use of the team was deemed valuable.
- Primary motivator for completion was interest in the school environment.
- Generally speaking, instructions on the Planner website are perceived to be clear.
- The Planner report is seen as valuable; report findings are used to make plans.



- Non-users also registered due to interest in improving school environment but did not complete, most commonly, for lack of time.
- Among areas for improvement: clear notation on the website that a report is provided upon completion; and more promotion within provinces and territories.
- It was noted that while the language used in the HSP has been simplified for school stakeholders (including students), students in the lowest grades will need support to properly interpret the questions.

Discussion:

- There were no evaluation questions specific to the Planner's bank of resources.
- The survey of School Health Coordinators was not complete at time of the meeting but early answers show that the Planner is being used by a number of groups, including researchers and coalitions. Efforts to increase completion include Planner promotion, supportive help to schools, and tying Planner completion with school grant funding. Post-evaluation steps should include discussion at the full SHCC table, rather than at the Advisory Committee level; this committee has largely been ended.
- Jennifer Yessis added the overall response in the evaluation is that the Planner is valuable. If there is one change suggested it is to provide greater clarity on the website on how to print reports.

Action: Survey results and next steps for HSP work will be placed on the agenda of the August 9 School Health Coordinators' Conference teleconference.

17. Emerging Trends and Opportunities

No topics were brought forward.

18. Review of Action Items

The Action Items Table was reviewed.

19. Next Meetings

Jennifer asked that any items for the August teleconference be brought to the Secretariat for inclusion on that agenda.

Regarding the face-to-face meeting in the fall, it was acknowledged that all School Health Coordinators need to complete travel requests soon and so it is important to



decide on a date. Conferences suggested that might be able to coincide with the SHCC meeting are (1) the 6th Global Forum on Health Promotion (celebrating the 30th anniversary of the Ottawa Charter) in Charlottetown October 16 and 17 and (2) the 6th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity: *Understanding the Interplay between Physical and Mental Health* in Ottawa October 24-26.

Next meetings:

- August 9 2016 teleconference
- September 13 2016 teleconference
- October 11 2016 teleconference (depending on date of face-to-face meeting)
- November 8 2016 teleconference

All teleconference meetings begin at 1:00 Eastern Time.

20. Adjournment

Record of Discussion School Health Coordinators' Committee Meeting August 9 2016

Participants:

| Representative | Jurisdiction |
|----------------------------------|--------------------|
| Scott Beddall | BC |
| Pat Martz | AB |
| Michelle Mougeot | SK |
| Paul Paquin Jennifer Wood | MB |
| Marlien McKay | NB |
| Ellen Coady Carol Ann Cotter | NL |
| Elaine Stewart | NT |
| Shanna Sunley for Blair Laughher | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Jo-Ellen Craig | Secretariat |
| Susan Hornby | Secretariat |
| Regrets | |
| Sanja Ristic | BC |
| Gail Diachuk Jeff Bath | AB |



| | |
|---------------------------------|----|
| Jillian Code Jocelyn MacLeod | SK |
| Jennifer Munro-Galloway | ON |
| Steve Machat Carol MacKinnon | NS |
| Sterling Carruthers | PE |
| Charlotte Borg | NU |
| Ian Parker Stacey Burnard | YT |

Record of Discussion

21. Welcome and Roll Call

In the last minute absence of the co-chairs, Katherine chaired and welcomed all to the meeting; a special welcome went out to new School Health Coordinator, Michelle Mougeot (SK).

22. Review and Approval of Agenda

The Agenda was approved with the addition of two items: the upcoming SHCC face-to-face agenda was added to Next Meetings, and an item on PHAC's Innovation Strategy initiatives to Emerging Trends.

23. Approval of Record of Discussion from July 12 2016 teleconference

The Record of Discussion from the July 12 2016 teleconference was approved as written.

24. Update from Secretariat

In addition to the written update, Katherine provided the following:

- *Management Committee fall 2016 face-to-face meeting*
The Management Committee fall face-to-face meeting will be held in Toronto Nov 17-18. A draft agenda will be shared within the next few weeks.
- *Survey of School Health Coordinators on Healthy School Planner dissemination in provinces and territories*

Katherine provided an update of the survey in July of School Health Coordinators to explore dissemination of the Planner in the jurisdictions.

Discussion:

- Katherine noted that in her presentations over the past two months to educators across the country - during conferences/annual meetings of Canadian Teachers' Federation, Canadian School Boards' Association, and Canadian Association of School System Administrators - there was much interest expressed in the Planner and questions on how they can obtain information on this and other JCSH tools. She added that dissemination is always a challenge and the Secretariat welcomes all suggestions.
- Suggestions of the most influential ways to showcase the benefits of the Planner centred on three approaches: teacher-led webinar(s), case studies, and success stories.
- Promotion of the HSP through PT ministries has been shown to increase uptake in some jurisdictions and is one vehicle for dissemination; however, this promotion method may be found to be more successful when used in conjunction with feedback directly from educators, administrators, and school teams who have used the tool.
- The benefit of connecting Planner completion to funding grants has been shown to support and improve uptake.
- Longitudinal feedback: It would be important to check back with users a year or two years after initial feedback collection to determine the impact of the Planner in the school over a longer period. This information would inform the value of the tool for other schools/districts/jurisdictions.
- Partnerships: It was suggested that connecting and partnering with other groups such as the Canadian Association of Principals, through which such webinars and success stories could be distributed and shared, would be beneficial.

Instructions to Generate Healthy School Planner Reports

- Jo-Ellen advised that School Health Coordinators are able to generate reports providing HSP results within their respective jurisdiction at the i) PT-level, ii) district-level and iii) customized school grouping level). She has developed a document that describes various uses for the reports and provides instructions on how to set up an account to generate them (through the help of Dana Zummach at the Propel Centre for Population Health Impact, University of Waterloo). .

Action: Secretariat will follow up with interested jurisdictions to discuss and explore possible mechanisms to improve dissemination and sharing of the Planner and other JCSH tools and resources.

25. Environmental Scans (from July agenda)

(A) To provide update of Healthy School Planner resources as potential next scan revision

Jo-Ellen provided an overview of the value of the considerable list of resources available to those who complete a Healthy School Planner assessment. The resource is customized in a number of ways: Provincial / Territorial resources; National and International resources; Topic-specific areas. The current list has not been updated in the past few years. Jo-Ellen has checked weblinks and has highlighted broken or updated links to assist School Health Coordinators in reviewing the list for their jurisdictions.

Discussion:

- It is not known whether Propel is able to identify whether the resources are being accessed. This information would be of benefit to determine the impact of providing these resources and to explore whether this feature of the Planner is helpful to school teams.

Action: Secretariat will check with Propel to see if use of Planner resources can be measured.

Action: Jo-Ellen will send out the HSP resource list with instructions to go through resources, make suggestions, changes, additions; highlight as per instructions. There will be 4-6 weeks to complete.

(B) To discuss possible benefit of scan of jurisdictional supports for LGBTQ students?
 Elaine asked that if any PTs have produced resources on supports for LGBTQ students post 2013, they may be shared with Elaine and Susan and will be posted on the website.

Action: Stace will share new resources developed in Yukon.



26. Operating Plan Progress

- *To begin discussion of items needing further attention: for example*
 - *1D. Explore engagement of additional sectors beyond health / wellness / education.*

Katherine provided an overview of discussions held during the May School Health Coordinators'

Committee face-to-face meeting of areas less developed in the Operating Plan. One of these is the above action item regarding exploring engagement of additional sectors: as a beginning, a broad discussion might open some considerations for further action. We have had some engagement with sport through physical activity targets in previous mandates and, currently, the Federal/Provincial/Territorial Concussions and Head Injuries in Sport Working Group. Others sectors that would be a good fit for engagement by the JCSH were discussed.

Discussion:

- A collaboration of provincial and territorial governments with the Recreation Association of Canada published the Framework for Recreation in Canada. Partnerships with schools and connections with municipalities and the built environment are referenced and relate to the Partnerships and Services component of the Comprehensive School Health Framework.
- Improving connections through agriculture is seen as valuable, given the educational and health benefits from the Farm to Cafeteria program, school gardens, Agriculture in the Classroom, national food strategy, community gardens, and climate change discussions.
- Other sector areas of interest:
 - Health promotion initiatives that align healthy schools and communities
 - Government interconnections of justice and social services departments around Fetal Alcohol Spectrum Disorder
 - Support for physical literacy promotion and other sectors that also focus on physical activity and physical education
 - Sectors working in alcohol and drug use and delaying first use
 - Social Services
 - Ways to make school health links across sectors.

| |
|---|
| <p>Action: Secretariat will add an item on exploring engagement of additional sectors to the SHCC face-to-face fall 2016 agenda.</p> |
|---|



27. Emerging Trends and Opportunities

a. PHAC Innovation Strategy Positive Mental Health Projects: Shanna introduced Clément Chabot, who works with PHAC's Innovation Strategy. He would like to explore links with JCSH and the Innovation Strategy's school-based mental health stream: in particular, whether JCSH would share learnings from its positive mental health projects, and whether it plans further work in the next two years in positive mental health, social-emotional learning (SEL), and/or other mental health initiatives. The Innovation Strategy is funding three school-based project areas in 11 provinces/territories:

(1) The Fourth R - Promoting youth well-being through healthy relationships
(*Western University/Centre for Addition and Mental Health (CAMH) Centre for Prevention Science, London, Ontario. Project lead: Dr Claire Crooks, Western University*)

This is an evidence-based school-based program intended for youth Grades 7 to 12. An Indigenous adaptation of this program has also been successfully implemented. The Aboriginal adaptation led to the creation of a range of programs developed in partnership with the Thames Valley District School Board (London, Ontario). Uniting Our Nations programs have the same focus on healthy relationships as other Fourth R programs, but are delivered within a culturally relevant context.

(2) SEAK (Socially and Emotionally Aware Kids)

(*Canadian Mental Health Association NS Division (CMHA NS) partnered with Young Lives Research Lab, University of Prince Edward Island.*)

The SEAK Project is working to develop and expand social and emotional learning in Atlantic Canada schools in two ways:

- With the Departments of Education and selected school boards to institutionalize social and emotional learning in schools and communities.
- With selected schools in the four provinces to implement a chosen social and emotional learning school curriculum: Promoting Alternative THinking Strategies (PATHS®). PATHS® is an evidence-based elementary school curriculum that focuses on five core areas of social and emotional development: self-control, emotional understanding, self-esteem, peer relations, and interpersonal problem solving skills.

(3) **Listening to One Another to Grow Strong: Culturally-Based, Family Centered Mental Health Promotion for Indigenous Youth**

(*Culture and Mental Health Research Unit (CMHRU), Lady Davis Institute for Medical Research*)



(LDI), Jewish General Hospital & McGill University, Montreal, Quebec. www.mcgill.ca/mhp
Project lead: Dr Laurence Kirmayer, McGill University)

'Listening to One Another to Grow Strong' is a community-based program intended to promote mental health and contribute to the prevention of suicide-related behaviours among Indigenous youth. The basis of the intervention is a 14-session group experiential learning program for Indigenous children ages 10 to 14 and their parents or caretakers. This program is currently implemented in on-reserve First Nations communities.

This project is in the process of developing a school-based version of their community program, this process is still in its early days and more information will become publicly available over two years.

Discussion:

- Collaboration with PHAC on this work is a good way to share initiatives that may be underway at a regional level with the rest of the country.
- It is helpful to learn more about projects and results. JCSH presented feedback when the Innovation Strategy call was launched four years ago. At this time, what might a collaboration with JCSH look like, given the Consortium does not promote specific programs?
- Beyond sharing information on specific areas funded under the Innovation Strategy, it is worth considering the expertise from around the country at the School Health Coordinators' Committee.
- It was suggested that the fall 2016 face-to-face meeting of School Health Coordinators would be an opportune time to have a deeper conversation on benefits of collaboration: small group discussion would facilitate additional ways of partnering beyond dissemination.

Action: Secretariat will connect with Clément to frame an agenda item on Innovation Strategy collaboration for the face-to-face meeting in October.

b) Power Point Presentation on changes in teacher collaboration prior to and following implementing

Action: Pat to share

Action: Sect send out.



28. Review of Action Items

- *To review and update the Action Items table*

The Action Items Table was reviewed. Susan asked that anyone interested in participating in the Annual Report committee to let her know.

29. Next Meetings

Katherine asked for suggestions for the upcoming face-to-face agenda. Out of this teleconference there are two items: Possible engagement with additional sectors, and Innovation Strategy areas of collaboration.

Discussion:

- Explore more of federal initiatives around farm-to-school, food strategy, and agriculture in the classroom. There is a connection with Mental Well-being with Aboriginal students and importance of food and the land through research in Manitoba.

Action: Secretariat will ask for agenda items via email.

Action: Jennifer (MB) will check on the research noted above.

- September 13 2016 teleconference
- October 11 2016 teleconference
- October 27-28 face-to-face meeting
- November 8 2016 teleconference (this or the October 11 teleconference may be cancelled due to face-to-face meeting)

All teleconference meetings begin at 1:00 Eastern Time.

30. Adjournment



**School Health Coordinators' Committee Meeting
September 13 2016**

Chair: Jennifer Munro-Galloway (ON)

Participants:

| Representative | Jurisdiction |
|---|---------------------|
| Sanja Ristic | BC |
| Pat Martz | AB |
| Michelle Mougeot Jillian Code Jocelyn MacLeod | SK |
| Jennifer Wood | MB |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Kari Barkhouse | NS |
| Ellen Coady | NL |
| Elaine Stewart | NT |
| Charlotte Borg | NU |
| Blair Laughner | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Jo-Ellen Craig | Secretariat |
| Susan Hornby | Secretariat |
| Regrets | |
| Scott Beddall | BC |
| Gail Diachuk Jeff Bath | AB |
| Paul Paquin | MB |
| Sterling Carruthers | PE |
| Carol Ann Cotter | NL |
| Ian Parker Stacey Burnard | YT |



Record of Discussion

31. Welcome and Roll Call

Jennifer welcomed all to the meeting. A special welcome was offered to new School Health Coordinator for Nova Scotia, Kari Barkhouse, who introduced herself.

32. Review and Approval of Agenda

The Agenda was approved as written.

33. Approval of Record of Discussion from August 9 2016 teleconference

The Record of Discussion from the August 9 2016 teleconference was approved as written.

34. Update from Secretariat

In addition to the written update, Katherine provided the following:

- Jo-Ellen has accepted another position and will be leaving the JCSH Secretariat. Her last day will be September 23. Best wishes were expressed by members on the call.

Task Force on Marijuana Legalization and Regulation

- As provided for in the written Secretariat Update, Katherine noted that on August 25, on invitation from the Task Force on Marijuana Legalization and Regulation, she attended a Marijuana Legalization and Regulation Roundtable in Halifax, Nova Scotia. The task force will present a final report in November 2016.

She invited School Health Coordinators to provide updates regarding discussions underway in their jurisdictions regarding this issue.

Discussion:

- In Ontario, a working group including ministry representatives from health and education is working on a strategy regarding the impending legalization of marijuana, and potential impacts for the education sector.
- Conversations have also been underway in Alberta regarding the impending legislation, including around the medical use of marijuana by students in the school setting.
- There would be value in School Health Coordinators holding a discussion at the Fall face-to-face meeting regarding this issue (i.e. conversations and work taking place across jurisdictions, across sectors, and with stakeholders – and governments' overall state of readiness) in anticipation of the legislative and regulatory framework.

In Nova Scotia, discussions on legalization are being led by Injury-Free Nova Scotia in communities throughout the province.

Action: Secretariat to add marijuana legalization to Emerging Trends item of School Health Coordinators face-to-face agenda.



Action: Kari will share the work conducted by Injury-Free Nova Scotia when the group completes its report.

35. October 27-28 SHCC face-to-face meeting agenda

The agenda is still being finalized, but highlights include the following:

- *Presentation on Developmental Evaluation from Jamie Gamble*
Developmental evaluator Jamie Gamble, has agreed to provide some consulting work and training on this approach to JCSH. Developmental evaluation is a relatively new form of evaluation that supports adaptation and learning in initiatives involving high levels of uncertainty, innovation, and complexity. As part of his work, Jamie will deliver a training session during the SHCC face-to-face meeting. This would serve not only as an opportunity to move forward work under the Consortium’s Monitoring and Evaluation goal, but also as a professional development opportunity for School Health Coordinators in attendance.
- *Presentation from Kevin Lamoureux, University of Winnipeg*
An instructor with the U of W Faculty of Education’s ACCESS program, Kevin Lamoureux has developed expertise in groundbreaking mentorship and inclusion programs as well as governance models within Aboriginal education. This presentation links with the Consortium’s work on Equity, and the following sections of the Strategic Plan (“1E. Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations”) and Operating Plan (“1E.4 Engage expertise to increase knowledge of a First Nations / Inuit / Métis lens within comprehensive school health”). In order to accommodate scheduling and to make full use of the time for presentation and discussion/reflection, this session will begin late in the afternoon on Day 1 and include a working dinner.
- Day 2 of the meeting will allow for discussion regarding how to move forward a number of areas identified in the Operating Plan, as well as a discussion with Clément Chabot (PHAC) in follow-up to the discussion held on the August 2016 SHCC teleconference regarding possible JCSH-PHAC collaboration in the area of Positive Mental Health as part of PHAC’s Innovation Strategy.

Action: Secretariat to post updated drafts of the face-to-face meeting agenda on the private side of the JCSH website (under October 2016 meeting).

36. Operating Plan Progress

Katherine notified School Health Coordinators of a funding opportunity through CIHR: Pathways to Health Equity for Aboriginal Peoples. Katherine will share this information

with School Health Coordinators for their review in consideration of whether there are researchers in their respective jurisdictions who might be linked in to this work.

Action: Katherine will share the CIHR Pathways funding information.

Action: School Health Coordinators will share information about research networks in their PTs involved in health equity for Aboriginal Peoples.

37. Communications Committee

I. Susan provided an overview of three areas of JCSH communications that may benefit from a short-term renewal of the Communications Committee:

a) As discussed during the May 2016 face-to-face meeting of School Health Coordinators, JCSH is looking at how the Annual Report could be made more useful and/or marketable, including through additional formats to showcase the work on comprehensive school health taking place across the country.

b) The Consortium's Communications Strategy is in need of updating: It predates this mandate and does not reflect current work.

c) The committee would also provide needed feedback on how public and PT links are posted to the JCSH website and how to make the site easily accessed by School Health Coordinators in particular as well as other visitors.

This work would only require a few meetings of the Communications Committee.

II. Katherine provided an update on the approval process for the 2016 Annual Report. Every year, the report requires acceptance by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH), respectively), and subsequent tabling/acceptance by Ministers of Health and of Education.

Action: The Secretariat will send an email to SHCs regarding their possible interest in participating in an ad hoc Communications Committee.

Action: JCSH will circulate briefing notes regarding the acceptance and tabling of the JCSH 2016 Annual Report to the JCSH membership.

38. Emerging Trends and Opportunities

- New Brunswick recently released a new 10-year education plan, one for the Anglophone sector, and another for the Francophone sector.
- Alberta Education recently launched a pilot for its school meal program in eleven school districts. Of the money allocated as part of the pilot program, none will be



used for infrastructure. After this year of piloting, the full \$20M program is set to roll out in the 2017-18 school year.

Discussion:

- This is of interest to Ontario, particularly in light of all the advocacy for school food programs taking place at a national level.
- In Northwest Territories, schools make efforts to maximize the opportunity to tie such programs to students' courses (e.g. Career and Technology Studies) and skill development.
- In British Columbia, recent changes have been introduced to better support and protect LGBTQ students in the province's schools districts, as well as its independent schools.
- A question was raised about the possible Management Committee meeting in Yellowknife in Spring 2017. Katherine responded that draft plans are being developed and shared with Management Committee members: responses to date have been positive.

Action: Marlien will circulate links to New Brunswick's new education plans.

Action: Pat will forward along information regarding Alberta's pilot of its new school meal program.

Action: Sanja will forward along information regarding changes to better support LGBTQ students in BC schools.

39. Review of Action Items

The Action Items table was reviewed.

40. Next Meetings

Upcoming meeting dates were reviewed. It was noted that, as has been done in the past, the meeting scheduled immediately before or immediately following the fall face-to-face meeting of School Health Coordinators may be cancelled.

41. Adjournment

**Record of Discussion
School Health Coordinators' Committee Meeting
October 11 2016**

Co-Chairs: Jennifer Munro-Galloway (ON) and Sterling Carruthers (PE)



Participants:

| Representative | Jurisdiction |
|-------------------------------------|--------------------|
| Scott Beddall Sanja Ristic | BC |
| Pat Martz Jeff Bath | AB |
| Jocelyn MacLeod Michelle Mougeot | SK |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Sterling Carruthers | PE |
| Ellen Coady | NL |
| Charlotte Borg | NU |
| Elaine Stewart | NT |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | Secretariat |
| Regrets | |
| Jillian Code | SK |
| Paul Paquin Jennifer Wood | MB |
| Kari Barkhouse | NS |
| Carol Ann Cotter | NL |
| Charlotte Borg | NU |
| Stacey Burnard Ian Parker | YT |
| Jennifer Shortall | PHAC |

Record of Discussion

42. Welcome and Roll Call

Sterling welcomed all to the call.

43. Review and Approval of Agenda

The Agenda was reviewed as written.

44. Approval of Record of Discussion from September 13 2016 teleconference

The September 13 2016 Record of Discussion was approved as written.



45. Update from Secretariat

In addition to the written update, Katherine provided the following information:

a) Annual Report – This has been accepted by the Deputy Ministers of Health, and will be tabled at the FPT Ministers of Health meeting in later this month. The planned acceptance at the Advisory Committee of Deputy Ministers of Education’s October teleconference has been deferred to the November 10 teleconference. The Annual Report will be posted on the JCSH website after the November 10 acceptance by ACDME.

First Nations Schools First Conference: Sharing successful Indigenous learning: This conference, held October 6-7 in Vancouver, was really valuable for the work of the JCSH and, in particular, a presentation by four of the group of Indigenous youth representing all provinces and territories who met at an event in May hosted by the Rideau Hall Foundation. The youth spoke about their work to enhance Indigenous education through co-creation; a [video](#) from this session has been posted on YouTube. Out of this May meeting, the youth developed a [declaration and key recommendations](#) for education. This declaration is being taken to Indigenous and non-Indigenous leaders and JCSH members will be interested in the recommendations. The Executive Director of Council of Ministers of Education, Canada (CMEC) took the recommendations to present to ministers during the July 2016 meeting.

Discussion:

- Marlien asked if a member of the student group from Ottawa might be available to speak to the School Health Coordinators’ Committee meeting later this month.
- It will be interesting to see if this declaration is presented to the Indigenous education sub-group of CMEC.
- There is also interest expressed in seeing other elements from this conference, including the extent to which co-creation can be actioned and appetite for co-creation initiatives by the education sector.

Action: Secretariat will send out briefing note on Annual Report that was sent to CMEC for adapting to their format.

Action: Secretariat will send out a link to the video.

46. October 27-28 SHCC face-to-face meeting agenda



- *To review the draft agenda and discuss additions/changes, including working group dinner*

The current draft agenda for the upcoming face-to-face meeting was circulated as part of this meeting package. Although no further changes are anticipated, the latest version will continue to be posted on the private side of the website.

47. Core Indicators Model of CSH and Student Achievement

- *Overview of Models (Table and Circle Representations) and Glossary*
- *Review of CIM Process by Advisory Committee members*

The Core Indicators Model of Comprehensive School Health and Student Achievement final document was shared as part of this meeting's package, and the process used to reach the latest iterations of the framework (table and circular formats) was reviewed by members of the Advisory Committee. The group discussed the iterative nature of the process used in reaching the conclusion of this phase of this work; further discussion on the CIM will be held during the face-to-face meeting.

48. Emerging Trends and Opportunities

PE: Sterling noted that the PE Minister of Education has announced all schools must work on three goals: academic excellence, public confidence, and well-being and set actions for each. The well-being goal is focused on three areas: positive mental health, character development, and executive functioning. Sterling has taken the opportunity in his presentations to principals to promote the Positive Mental Health module of the Healthy School Planner as a means of developing this goal. This work reflects the importance of JCSH work and its connection with education goals.

49. Review of Action Items

- *To review and update the Action Items table*

The Action Items Table was reviewed, and a reminder was noted for all to check the items and complete any tasks.

50. Next Meetings



In reviewing this item, Sterling asked those present if there is any objection to cancelling the November 8 teleconference in light of its occurring little more than a week after the face-to-face meeting; no objection was offered.

- October 27-28 face-to-face meeting.
- November 8 2016 teleconference - to be cancelled
- December 13 2016 teleconference
- January 10 2017 teleconference
- February 14 2017 teleconference.

All teleconference meetings begin at 1:00 Eastern Time.

51. Adjournment

Record of Discussion

**School Health Coordinators' Committee Meeting
Ottawa, ON
October 27-28, 2016**

Co-Chairs: Jennifer Munro-Galloway and Sterling Carruthers

Participants:

| Representative | Jurisdiction |
|-------------------------|---------------------|
| Scott Beddall | BC |
| Pat Martz | AB |
| Jillian Code | SK |
| Jennifer Wood | MB |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Sterling Carruthers | PE |
| Ellen Coady | NL |
| Ian Parker | YT |
| Jennifer Shortall | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | JCSH Secretariat |
| Regrets | |
| Kari Barkhouse | NS |



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| | |
|----------------|----|
| Charlotte Borg | NU |
| Elaine Stewart | NT |

DRAFT



School Health Coordinators' Committee Face-to-Face Meeting Record of Discussion

52. Welcome and Introductions

Sterling welcomed everyone to the meeting. A special welcome was extended to those attending their first face-to-face meeting.

53. Review and Approval of:

- Agenda

The agenda was approved as written.

- October 11 2016 Record of Discussion

The October 11 2016 Record of Discussion was approved as written.

54. Review of Action Items

- To review and update the Action Items Table.

The Action Items Table was reviewed.

55. Update from Secretariat

- To highlight recent JCSH activities

In addition to the written update, Katherine provided a brief overview of the Child and Adolescent Obesity conference held earlier this week. The Secretariat presented a poster, which drew much interest and discussion, and shared QR code cards on many of JCSH resources.

Members of the Secretariat and a few School Health Coordinators attended the 6th Global Forum on Health Promotion, held in October in Charlottetown, PE. One takeaway from the Forum is the link between health promotion and the Sustainable Development Goals, and how each goal is a supporter, an enabler, or an outcome of health promotion initiatives.

56. Workshop: Developmental Evaluation

Imprint Inc.

Jamie Gamble

- Evaluation Framework
- Logic Model(s)



Jamie began the session with a presentation on Developmental Evaluation, and how it is useful in looking at initiatives that are innovative and complex. For the purpose of JCSH in investigating evaluation, not only as one of its four strategic goals but also as an ongoing way to remain focused on the most valuable aspects of its work, it is important to ask two questions:

- Who is going to use JCSH evaluation work (audiences)?
- What are they going to use it for (purpose)?

He asked the group a number of questions: What is Innovation? What is the role of adaptation and using trial/error initiatives in order to create more work of value?

The JCSH is an example of a complex initiative dealing with challenging and broad social issues, and this means that evaluations will not find evidence of a cause-effect relationship between the Consortium's activities and outcomes. A best practices model is problematic in complex situations, because this sort of model does not consider or fit contexts. In simple practices and programs, it is important to monitor fidelity. In complicated initiatives, expert support and advice is required in order to achieve success. However, in complex endeavours, the best course is to take action, look at emergent practice, track evolving understandings, and develop principles. Emergent strategies use not just plans, but patterns. And complex approaches address wicked systems problems.

Developmental evaluation (DE) is used to address complex issues: it makes use of the same data collection methods; the differences are in interpretation of the data, requiring a more rapid feedback cycle.

Features of DE:

1. Conceptual journey: Framing the intervention
2. Testing quick interactions: attach learning objectives to prototypes
3. Track developments: here is what we learned, here is what we now know. Accountability is to learning, and to the portfolio.
4. Bring out tough issues to the fore. How to harness productive conflict.

Discussion:

- JCSH is inherently complex, because of the cross sectorial structure, provincial/territorial realities and efforts to find common ground for working through issues impacting school health work in the jurisdictions.
- While the jurisdictions have similar issues and challenges, the contexts in each province and territory necessitate unique responses.

- The JCSH also contends with five-year mandates where evaluation has been retrospective; using DE allows for course corrections.
- Using DE will poise JCSH better for the next mandate renewal; evaluation work throughout the mandate will provide data to show ongoing relevance.

As an exercise, Jamie led School Health Coordinators through questions on the benefits DE might offer JCSH. The questions posed were in the following main areas:

- Will DE assist PTs in building capacity, to continue to learn from one another, and how to respond to the highest needs?
- Is the work of JCSH effecting change? Do all jurisdictions talk of JCSH as being a positive influence, of value? Is it acknowledged as a leader in cross sector collaboration and comprehensive school health?
- Does our purpose reflect what we actually do? How does JCSH navigate the differences in PTs on what aspects are most important: Some jurisdictions appreciate the tools and resources developed; others see more value in the JCSH role as a partnership table.
- What would we lose if tomorrow there was no more JCSH?
- What is current status of the JCSH brand? How does the Consortium increase its brand and influence? We don't hold the only comprehensive school health card, but there is interest from this table in having JCSH continue to be positioned as the real authority on CSH.
- What is the reach of JCSH? Does it carry weight at the school and district level as well as within the health and education ministries? Should it position itself on specific issues? Should it work more directly with partners to position initiatives through a CSH approach?
- How do school health coordinators and others articulate the importance of the time and commitment to JCSH within their jurisdictions? If JCSH has influence with national partners, such as PREVNet, can this help to articulate its importance?
- After receiving three mandates, does there need to be still more conversation on the benefit of JCSH – there has been much conversation on the value of JCSH and it may be time to move past this.
- How does collaboration impact work in PTs and what level of leadership is there possible from JCSH to support leveraging of the collective impact. Many



provinces/territories continue to experience difficulties in showing CSH as a priority in health and education ministries.

- Contextualizing the importance of JCSH and CSH in each PT is the responsibility of the members from that PT. However, are there things the JCSH collective can do: synthesizing literature, showing common themes so each can contextualize. This is being done but not always in advance and strategically: sometimes JCSH as a collective is not timely, proactive enough.
- Why is JCSH working on evaluation: To show buy-in from the ministries? Understanding of the goals? Essential value add of JCSH? Ministers may want to know what was before, why did JCSH get created: If there is no JCSH, we all would need to do this on our own, and if we left, there would be no one to do this work.

Jamie wrapped up the session with the following points:

- There will be a survey of the members of this committee.
- There is interest expressed in developing language to articulate the value of intangibles, the difference made.
- Does our purpose statement reflect what we do? To what degree should we do each of the areas in the Strategic/Operational Plans - more of one, less of another. Also who do we need to reach, and why? Does JCSH need to be seen on the ground? Does that matter?
- Also important for JCSH is that it is timely and responsive to emerging issues, opportunities.

Collection and Analysis of Data:

- Information sources:
 - Interviews/surveys with SHCC and MC
 - Review of tools – use, dissemination, value, how this analysis moves forward strategies
 - Assess strength of health-education partnership within provinces/territories: JCSH may not be able to fix problems or gaps in the partnership but data can indicate the strength of the collaborations.
 - Documents in PTs that provide indication of strength and use of CSH: is CSH reflected in policies and programs as an enabler?



- Review of data: To what degree does SHCC want to be involved in analysis? It is felt that proportion is important: data analysis discussions should inform the work but not get in the way of actions.

Next Steps:

Jamie has been engaged by the Secretariat to gather data through the interviews and survey and to develop an evaluation framework. A draft will be completed by the end of November.

The Secretariat will present on the work to Management Committee during the November face-to-face meeting.

Action: Jamie and Secretariat will take the results of this discussion and other data sources and begin to shape the evaluation framework.

57. Jurisdictional Updates

- Discussion of initiatives, emerging trends, and challenges in provinces and territories

YT: The 10-year Mental Wellness strategy is currently a major priority in the territory. The YG Health Promotion Unit has also taken an interest in examining the relationship between YT First Nations culture and health literacy. A master's student intern has completed a culture-health literacy project exploring how Indigenous culture can be used as a tool for improving health literacy. The Health Behaviour in School-aged Children work in the territory focused on gender and rural-urban issues of concern. Feedback from First Nation Health representatives indicates the need for a more collaborative approach to the next HBSC cycle. The territory has held discussion with HBSC Canada lead researcher Dr. John Freeman regarding a possible cross-northern HBSC.

SK: The recent tragedies the province has faced with the deaths of young people has put mental health issues in the forefront of major priority areas. The province is interested in learning about other jurisdictions work around supporting transition years for students: there is evidence of mental health deterioration during those school transitions.

AB: Alberta Education is working to create a new provincial curriculum, a process that will span 6 years. Education recently launched a School Meal Program in 14 school districts. Alberta's Nutrition Report Card was recently released by Power Up, a collaboration of researchers and policy makers from the U of Alberta. Final reporting has been received from Ever Active Schools and Alberta School Community Wellness



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Fund: All objectives were met (exceeded) for this year. The annual Shaping the Future conference will feature a pre-conference workshop entitled *Resilience as a path to healthy school communities: Lessons learned from Indigenous Youth*. Ever Active Schools Director Brian Torrance has requested that the JCSH consider being part of the 2018 Shaping the Future conference in a larger role, participating in a pre-conference day on comprehensive school health. Kainai Board of Education, Treaty 7, has developed its own Wellness Policy: *Our Children Are Our Future* along with a supporting handbook.

NL: A spring meeting of three departments, the two school boards, and the province's regional health authorities focused on their commitment to Healthy Students Healthy Schools and to health, well-being, and academic achievement of NL students. The group identified opportunities for joint sustainable actions and set the following priorities: physical activity, nutrition/healthy eating, and social and emotional learning (mental health). The province is in year 2 of a three-year commitment to the SEAK Project, Phase 3 Scaling Up Social and Emotional Learning In Atlantic Canada. The province's long-term approach to success and innovation *The Way Forward: Shaping Our Future* identifies commitments to the Healthy School Planner Project Expansion and other *Start Right Now* physical activity Initiatives (Participation Nation, Active Schools). Curriculum renewal continues with Health 4 in pilot this school year, a planned implementation date of September 2018, and Health 5 in development for pilot September 2017.

MB: With the provincial election in April, there are changes to the ministries connected with JCSH – the Department of Health, Seniors and Active Living and the Department of Education, with adjustments placing Healthy Child MB in the latter department. The Body Positive initiative has been working with the Women's Health Clinic in Winnipeg and using the Healthy School Planner for evaluation. The initiative has been used with staff, students, and most recently parents with positive feedback.

PHAC: The Public Health Agency of Canada is preparing a video for National Child Day, November 20, to be shared on social media, as well as the Minister's message. [TakingITGlobal](#) has provided a portion of its website for a global art gallery; PHAC is contracting with them to do a National Child Day competition, open across Canada. A webinar was held on October 26, marking the 25th anniversary of Canada ratifying the Convention on the Rights of Child - UNCRC. The Agency is contracting with Senator Landon Pearson and some youth on how UNCRC and health articles have assisted them on situations they have gone through in their lives. The Youth Advisory Council was asked for topics of interest: climate change and mental health are the top areas. The mental health interest is related more to access to services, but the Agency is working to increase and school health lens. Food security and healthy eating announcements include work on marketing to children.



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ON: The Ministry of Education has been named lead to implement the government's commitment to 60 minutes daily of physical activity for youth. The school day has become challenging in light of other mandatory daily commitments: 60 minutes math instruction, and 100 minutes literacy. With the physical activity commitment, only 140 instructional time daily remains for all other areas. Also incorporating 20 minutes of daily physical activity for Grades 1-8 during instructional time has met with challenges (e.g., teacher comfort level and space). The Ministry is looking at revising the daily physical activity policy to improve implementation; including light activity such as yoga and dance are being explored. Ministry of Education staff is working on a prevalent medical conditions policy and are hoping to release a policy this fall.

NB: School-based surveys are again under discussion in the province: the Atlantic Student Drug Use Survey is no longer happening, and NB schools did not participate in the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). Schools are increasingly saying no to surveys, although support for the Student Wellness Survey remains high as feedback and data use support is provided to schools. A committee of the departments of Health, Education, and Social Development will be established to develop a system to meet multiple needs, including use of local data and cross-jurisdictional comparability. The Wellness Branch of the department of Social Development is developing an all-of-government policy action plan with a focus on obesity and tobacco. Policies will include those that focus on changing the context, such as physical and social environments, and on socio-economic policies, including the literacy strategy, the education plan, and social assistance. Priorities of the Wellness Branch include healthy aging, including inter-generational opportunities; food insecurity; and positive mental health promotion: all have a school health component.

BC: The province is completing a three-year evaluation of its Healthy Schools BC strategy: this includes regional health-education partnerships, building cross-sector capacity, coordinating provincial school-based healthy living programs, and improving student engagement. Analysis of school district healthy schools coordinator positions indicates that they have a significant impact on school-level participation in provincial programming and development of district-level health and wellness goals/plans. Province is working with McConnell Foundation on next phase of WellAhead initiative – examining levels of school district readiness and what are the fundamental elements (eg. grants, coaching, communities of practice, etc) for effectively supporting regions in addressing mental health and well-being priorities. The revamped Action Schools! BC program will be launched soon – includes connections between physical activity, healthy eating and mental well-being, as well as with CSH and First Peoples Principles of Learning. The new Kindergarten-Grade 9 curriculum is being implemented in BC schools this year - embeds daily physical activity. Province and partners have been working together to develop and promote instructional samples and curriculum supports in priority areas (mental health, sexual health, sexual orientation and gender identity)



that can support teachers in developing the new curriculum. DASH BC is creating instructional samples on healthy eating and physical activity that integrate CSH and First Peoples Principles of Learning.

Action: Ian will share the culture-health literacy project resource.

Action: Pat is willing to contact Health Canada regarding the possibility of a teleconference presentation to School Health Coordinators on its consultations regarding revisions to Canada's Food Guide.

Action: Pat will send the following links: to the official announcement of the School Meal Program, to the Nutrition Report Card, and to the Kainai Board of Education, Treaty 7 Wellness Strategy.

Action: Jennifer Shortall will share communications re the TakingITGlobal National Child Day gallery competition.

Action: Matthew Enticknap will share a presentation on deliverology.

Action: Scott will circulate BC's Healthy Schools Strategy evaluation.

58. JCSH Working Groups / Advisory Committees Updates

- CIM – CSH and Achievement Advisory Committee

Katherine advised that the latest version of the Core Indicators Model (CIM) of comprehensive school health and student achievement represents a great deal of work and strong collaboration from the Advisory Committee members and the John Freeman – Alicia Hussain research team. School health coordinators are asked to review and consider what next steps might be helpful. Sterling explained that he has presented the former version to groups of educators and principals: the challenge he has found is to have educators understand and use this work when there is not an opportunity to share and explain the framework.

Discussion:

- This work was begun to develop a set of measures to reflect comprehensive school health with a broader set of education indicators. It is important to learn if users of this framework and research bodies such as Canadian Institutes of Health Research see these measures in supporting their work, and how they support identification of student success.
- It was suggested that supports such as a webinar and a presentation template will be helpful in increasing use of this framework.
- The CIM should be packaged differently for researchers and educators; it would be helpful to have popups to show examples of measures rather than having to go to the back of the document for examples.



- It might be helpful to share with CIHR as a funding body and with researchers working in comprehensive school health such as Kim Schonert-Reichl.
- A question was raised on the copyright and names listed there.
- It was suggested it would be helpful to have a teleconference set up specifically to have John walk through the CIM and answer questions for School Health Coordinators, colleagues, and other stakeholders invited to participate. During this call and in other information, it can be shared that this work is not intuitive but has a learning component before it can be used and shared.

Action: Katherine will follow up with John Freeman regarding names listed on copyright and possibility of teleconference solely to discuss the CIM and next steps.

- PMH Toolkit Revision Advisory Committee

Katherine noted that the Positive Mental Health Toolkit revision has a set of deadlines currently listing completion of the stand-alone six modules by early December. As the result of review and feedback, including that offered during this meeting, these timelines will need to be revised. The Advisory Committee members have been thorough in consulting with colleagues and providing extensive feedback. This is one of the JCSH resources of particular interest to many people, including those attending both oral and poster presentations at conferences and meetings. There is resonance in this toolkit across contexts of language, age groups of students, geography, and culture.

Discussion:

- It was suggested that non-members of the Advisory Committee might be able to help offset any major gaps and support marketing of the toolkit if there is a final screening of the last review to all School Health Coordinators. A suggested three-week window for responses would ensure broad acceptance and support in all jurisdictions.
- A question was asked about accessibility for assisted devices on the website and the need for this in place with JCSH resources.
- It was suggested that the PMH Toolkit, when completed, should be shared with the Mental Health Commission of Canada and with PREVNet.

Action: Secretariat to explore issues of assisted devices accessibility for the Positive Mental Health Toolkit.



Action: Secretariat to share the completed toolkit with MHCC and PREVNet as well as other interested partners.

59. Presentation & Discussion Meeting

Reconciliation and Healing: A presentation from Kevin Lamoureux, University of Winnipeg

Kevin gave a powerful address on school health and wellness through the lens of the historical and present-day relationships of Indigenous and non-Indigenous peoples in Canada, the Truth and Reconciliation Commission, the 94 Calls to Action, and steps to building relationships in this country, built on partnerships. The presentation is available in two parts through the following links. Please note that although these videos are on YouTube, they are private for the purposes of sharing at the discretion of each member.
(Part 1) <https://www.youtube.com/watch?v=TGEJat5zmPo&feature=youtu.be>
(Part 2) https://www.youtube.com/watch?v=obWyku_NTi4&feature=youtu.be

Follow-up Reflection and Discussion

- Discussion of next steps for JCSH

Discussion:

- It was suggested that Kevin's comments on humanizing the other in society be incorporated into the Positive Mental Health Toolkit revision.
 - Discussion from this point reflected some concerns of the draft Diversity module of the PMH Toolkit revision. This work should be reflected throughout the toolkit, even if this means extending the timelines.
 - The Circle of Courage seems to fit well into the concepts of the Positive Mental Health Toolkit and should be found there.
- It was suggested that treaty education would be helpful for JCSH members. There is treaty education in the curriculum in some provinces/territories.
- Kevin's interest in working with JCSH now and moving forward represents an entry point for the Consortium's engaging with Indigenous experts.
- It was suggested that JCSH as a collective is uniquely placed to endorse the Truth and Reconciliation Commission Calls to Action.
 - How could this be actualized? A statement on the JCSH website? A briefing note to JCSH jurisdictions?



- Is there a way to look at the Calls to Action through the lens of the Comprehensive School Health Framework and, if so, what would this look like? A discussion guide for the framework would be an option. This would be helpful when jurisdictions are writing curriculum guides.
 - It was suggested the development of a discussion guide from the Calls to Action might be a role of the Equity Working Group with, if needed, further expertise to support the development.

Action: Kevin requests that School Health Coordinators read the 94 Calls to Action and, for each one, ask themselves the following 2 questions: (1) Why is this Call to Action being asked of us? (2) Would our nation, the world we leave behind for our children, be better or worse off if this Call to Action is fulfilled?

Action: Ian would like to join the Equity Working Group (First Nation Case Study).

Action: Sterling will report to SHCC on the results of CMEC Indigenous Peoples work.

Action: Advisory Committee of the Positive Mental Health Toolkit revision will support changes to the toolkit to reflect the Calls to Action, embedding Indigenous well-being and learning lenses throughout the toolkit.

Action: SHCC and Secretariat will explore having a standing item on education, health inequities, and building relationships through Indigenous perspectives in JCSH work.

Action: Secretariat will share the video of Kevin's presentation on the private side of the JCSH website.

60. PHAC Innovation Strategy Fund Chabot, PHAC

Guest: Clément

- To discuss possible JCSH-PHAC collaboration on this work in the area of Positive Mental Health

Clément provided an overview of the Innovation Strategy Fund, with focus for this presentation on the latter of the fund's two priorities: Achieving Healthier Weights and Mental Health Promotion. The Mental Health Promotion stream was launched in 2009 with attention on children, youth, and families. It was not specific to the school as a setting. However, of 15 projects, six were school-based. In Phase 2 funding (2010-11-2014-15) four of the nine projects were school-based. Despite the lack of formal intention, the findings showed this fund had a school-based emphasis, in both priorities, although more so in the Mental Health Promotion stream

The intent of Phase 3 projects is to show scaling up and sustainability, for both the mental health and the healthier weights streams: Phase 3 of the former has 1.5 years remaining; Phase 3 of the latter will begin in March 2017. Each project is to complete a full evaluation of outcomes and the fund is considering next steps. On-reserve projects

have faced challenges in seeking other funding after this last phase; off-reserve projects have found more funding partners to continue the work.

Clément noted that a partnership role with JCSH might be in development and support of resources for teachers and, of particular need are school-based resources for Indigenous children and youth.

Discussion:

- One of the difficulties some provinces and territories have experienced is the lack of sustainability when Innovation Strategy funding is withdrawn, particularly in the absence of a conversation at the front end on partnerships and whether the funded project aligns with PT priorities. How can we improve alignments at the front end so community stakeholders can have confidence in moving forward? There have been situations where these funded areas are not provincial priorities and the situation becomes challenging for the PT government following the federal withdrawal of project funding.
 - Clément responded that the Innovation Strategy program was intended to address some of these issues, by funding those three-phase projects for eight years and requiring project partnerships.
 - These projects address complex issues and, using a Developmental Evaluation approach, funding and sustainability should be addressed differently than with straight forward projects. It is important to look, not at best practice, but at emergent practice.
 - Clément responded it would be helpful to engage the SHCC table as PHAC designs the next iteration of the Innovation Strategy so that issues, such as this one, can be taken into account.
- The SEAK project in Atlantic Canada, and particularly NL, looks at realignment of partnerships and what tasks should be the responsibility of each. One way to address sustainability issues for projects with Innovation Strategy funding is to look for partners and ministries doing similar work at the outset of funding and discuss ways of working on the issue together. SEAK also works to move forward on scaling up the broader goal of improved social-emotional learning, regardless of the approach.
- Initiatives such as those actioned by McConnell Foundation that focus on perspectives rather than a specific program or project are gaining traction.
- Provinces and territories are facing fiscal restraint measures and are challenged by the difficulty articulating the benefit of a broad health promotion perspective.



- The School Health Coordinators' Committee agreed to continue conversations with Clément on the Innovation Strategy work.

Action: School Health Coordinators' Committee and Clément will continue conversations on potential linkages around the Innovation Strategy, potentially on school-based mental health promotion for Indigenous children and youth (building on conversation with Kevin).

Action: Jillian will share the cultural adaptation report produced out of the BC and SK healthier weights project.

Action: Secretariat will follow up with Clement re possible next steps with School Health Coordinators and invite him back to a teleconference.

61. Emerging Trends

- Marijuana Legalization

Ottawa Public Health is advocating that marijuana sales be prohibited to those under age 25. The provinces and territories are waiting to see what federal government decides on age limits. The discussion paper circulated with this meeting's documents was drafted inviting responses to questions they posed in developing their response to Government to inform decisions on how best to legalize, regulate, and restrict access to marijuana. The opportunity for public input closed the end of August.

62. Next Meetings

There was a suggestion that School Health Coordinators' Committee should meet in the North, possibly in Nunavut. Subsequent to this meeting, Management Committee decided that a joint meeting of the two committees would be held in the spring 2017 in Yellowknife.

63. Wrap-up and Concluding Remarks

The agenda item 2015-2020 JCSH Operational Plan: Moving Forward/Next Steps was set aside to have more time for presenting jurisdictional updates. The following areas of the Operating Plan will be followed up during subsequent teleconferences:

- 1C.3 Seek and advance partnership opportunities specific to northern and remote communities
- 1D.1 Identify opportunities for engaging and partnering with additional government sectors, e.g. :
 - Agriculture



- Recreation
- 2A.1 Support a coordinated research agenda for comprehensive school health

Sterling and Jennifer thanked all for the high level of engagement and wished all a safe journey home.

**Record of Discussion
School Health Coordinators' Committee Meeting
December 13 2016**

Chair: Sterling Carruthers (PE)

Participants:

| Representative | Jurisdiction |
|---|---------------------|
| Scott Beddall | BC |
| Pat Martz | AB |
| Jillian Code Jocelyn MacLeod Michelle Mougeot | SK |
| Sterling Carruthers | PE |
| Kari Barkhouse | NS |
| Ellen Coady | NL |
| Charlotte Borg | NU |
| Elaine Stewart | NT |
| Stacey Burnard | YK |
| Jennifer Shortall | PHAC |
| Secretariat | |
| Katherine Kelly | Executive Director |
| Susan Hornby | Secretariat |
| Regrets | |
| Sanja Ristic | BC |
| Jeff Bath | AB |
| Paul Paquin Jennifer Wood | MB |
| Jennifer Munro-Galloway | ON |
| Marlien McKay | NB |
| Carol Ann Cotter | NL |
| Ian Parker | YT |



Record of Discussion

64. Welcome and Roll Call

Sterling welcomed all to the call. Pat advised that Gail Diachuk will retire effective Jan 6; she is on long-term leave until then. Pat expressed that Gail to pass on her best wishes and to thank everyone for their commitment to school health over the years.

65. Review and Approval of Agenda

The Agenda was approved without change.

66. Approval of Record of Discussion from October 27-28 2016 face-to-face meeting

The Record of Discussion of the October 27-28 2016 face-to-face meeting was approved without change.

67. Update from Secretariat

In addition to the written update, Katherine provided the following:

- SHCC Survey Monkey – The report of the survey responses from the October meeting will be finalized for dissemination. One of the comments requested information regarding upcoming conferences. One additional support might be that the Secretariat could send out conference programs to SHCC; School Health Coordinators would be welcome to send along sessions of interest and Katherine and, if attending, Susan will attend those sessions and report back.

68. SHCC Co-Chair

Sterling advised that as per the SHCC Terms of Reference, the co-chair of the non-lead jurisdiction changes every two years; in January, Jennifer Munro-Galloway will have been co-chair for two years.

Sterling is seeking volunteers to act as co-chair for the next two years. School Health Coordinators are asked to advise Sterling or the Secretariat of interest. There will be a formal call for a co-chair in the new year.

Jennifer has agreed to stay on until a new co-chair is named.



69. Resources Updates:

- *CIM (copyright question; CIM teleconference)*

Katherine advised that she has been in communication with John Freeman, following up on the question asked during October meeting regarding the copyright of the CIM framework. After discussion with John, it has been decided that John and JCSH will hold the copyright.

Management Committee discussed during their November face-to-face meeting whether the CIM framework could be shared with someone such as Kevin Lamoureux for assessment of alignment with Indigenous perspectives. There may be other next steps of interest to School Health Coordinators and Management Committee, including having John participate in an upcoming teleconference.

Discussion:

- Interest was expressed in a teleconference with John to discuss next steps: some preferred it be part of a monthly SHCC call; others would like a stand-alone call so colleagues can participate.
 - It was decided a combination of the two options is possible: the first part of an SHCC teleconference could take care of business matters; the second part, possibly an hour, can be devoted to discussion with John on the CIM next steps. Other jurisdictional colleagues would be able to join this part of the teleconference.
- One area of interest for next steps for the CIM would be the development of key questions for use in presenting this resource to a group.

Action: The Secretariat will contact John regarding participation on an upcoming SHCC teleconference.

- *PMH Toolkit*

Katherine provided an update of the active role of the Advisory Committee in reviewing and providing comments on the toolkit draft modules. The entire group is working to have this toolkit reflect the country's diversity and make it usable and accessible to all. The next teleconference meeting of the Advisory Committee to review the modules with Bill Morrison and Patti Peterson will be held in mid- January.

In addition, the Secretariat is committed to the request from SHCC in October and will send the toolkit out to all jurisdictions for review before it is finalized.

70. Environmental Scans



- *Life-Threatening Conditions – would a scan be of value?*
- *Equity Environmental Scan – question re: sharing on public side.*
- *Dissemination of Environmental Scans*

A general discussion was held on intent and dissemination of environmental scans. It was felt by those in attendance that sharing on the private side of the website is preferable; more public sharing requires enhanced approval levels within the provincial/territorial ministries.

In addition, there are individual preferences around how requests are sent to School Health Coordinators – either sending the email directly or going through the Secretariat are a matter of preference, provided the Secretariat is copied on the question and the responses if these are to be compiled on the private side of the website for future reference and tracking.

71. Emerging Trends and Opportunities

- *Discussion re a possible presentation by Health Canada (HC) on its work on revisions to Canada's Food Guide (CFG)*

Pat asked if School Health Coordinators are interested in an update on Health Canada's upcoming work and stakeholder consultation on changes to the CFG. It is acknowledged that the jurisdictional representation on the Federal Provincial Territorial Group on Nutrition (FPTGN) will gather and provide each jurisdiction's input, however, this presentation would facilitate an opportunity for the JCSH to hear first-hand from HC about this work taking place over the next 18 months to two years. If in agreement, Pat will contact the leads with the HC's Office of Nutrition Policy and Promotion (ONPP) regarding a presentation.

Discussion:

- There is interest in a presentation from HC's ONPP on the consultation process and possible changes that might have an impact on school nutrition.

Action: Pat will contact Hasan Hutchinson, Director General, Office of Nutrition Policy and Promotion, Health Canada to see about a presentation to SHCC in March.

Action: The Secretariat will add this item to an upcoming SHCC teleconference agenda, possibly in March.

72. Review of Action Items

- *To review and update the Action Items table*

The Action Items Table was reviewed with the usual reminder to all to check the items and complete any tasks.



73. Next Meetings

- February 14 2017 teleconference
- March 14 2017 teleconference
- April 11 2017 teleconference
- May 9 2017 teleconference

All teleconference meetings begin at 1:00 Eastern Time.

74. Adjournment

DRAFT