

Record of Decision

Pan-Canadian Joint Consortium for School Health

Management Committee / School Health Coordinators' Committee

Combined Face-to-Face Meeting

Yellowknife, NT June 6-8, 2017

Chair MC: Imelda Arsenault (PE)

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

Participants:

Name	Jurisdiction
Christie Docking (SHCC)	BC
Pat Martz (SHCC)	AB
Michelle Mougeot (SHCC)	SK
Jennifer Wood (SHCC)	MB
Jennifer Munro-Galloway (SHCC)	ON
Fran Harris for Chris Treadwell (MC) Marlien McKay (SHCC)	NB
Imelda Arsenault (MC) Sterling Carruthers (SHCC)	PE
Ed Walsh (MC) Ellen Coady (SHCC)	NL
Charlotte Borg (MC) Shara Bernstein, Daman Dhillon (SHCC)	NU
Rita Mueller, Sabrina Broadhead (MC) Elaine Stewart (SHCC)	NT
Karen McKinnon (MC) Jennifer Shortall (SHCC)	PHAC



Secretariat	
Katherine Kelly	Executive Director
Susan Hornby	Senior Advisor
Regrets	
Lisa Dominato (MC)	BC
Jessica Ellison (MC)	AB
Tanya Schilling / Flo Woods (MC)	SK
Vicki Toews (MC)	MB
MC representative	ON
Kim Barro (MC) Steve Machat (SHCC)	NS
Cathy Stannard / Gloria Coxford (MC) Ian Parker / Stacey Burnard (SHCC)	YT

Record of Decision

Pre-Meeting Dinner

Monday, June 5 2017

The group met for dinner, welcome, and introductions on the evening of June 5.

Day One

Tuesday, June 6 2017

Detah – TRC Learning

Travelling by bus to Chief Drygeese Centre in Detah, the group participated in a full day of Residential School Awareness In-service training

Recognizing that many jurisdictions are exploring these issues in different ways, this day was designed to show Management Committee and School Health Coordinators' Committee the basis of the training that is mandatory in the NWT for all Department of Education staff, and all teachers in the territory. It was planned and delivered as a comprehensive experience to engage participants at more than an 'informational' level through the several components of the full-day experience. These included

- The legislative and bureaucratic frame within which residential school development and policy were created - bureaucrats such as ourselves were the implementers.
- A shared role play activity and group circle debrief that explores the larger frame of colonization and its effects through the Blanket Exercise
- Small group conversations with former residential school students who both share their own stories and answer people's questions
- Presentation by a young person who explores the Intergenerational, and often invisible, effects of how the legacy of residential schools continues to be passed down through generations
- Opportunity to explore what reconciliation might look like in our own lives and work (this was picked up on as a substantial part of Day 2 of the agenda).

Day Two

Wednesday, June 7 2017

The day at the Prince of Wales Northern Heritage Centre began with a welcome from Minister Glen Abernethy, Department of Health and Social Services.

This was followed by a series of presentations by staff of the Department of Health and Social Services and the Department of Education, Culture and Employment.

Where available, the PowerPoint presentations are available on the private side of the JCSH website.

The Department of Health and Social Services led the morning presentations:

- Dr. Kami Kandola, Deputy Chief Public Health Officer
- Sara Chorostkowski, Manager, Mental Health & Addictions Unit
- Alex Wah-Shee, HSS Mental Health & Addiction Specialist

Presentations featured the following topic areas:

- Overview of Health and Health-Related Behaviours of Children and Youth in the Northwest Territories
- Aboriginal Health and Community Wellness (AHCW) Initiatives targeted to NWT Children and Youth
- Mental Wellness in NWT Children & Youth
- Healing journey of a recovering Youth

The Department of Education, Culture and Employment led the afternoon presentations:

- Sophie Call, Director of Health, Wellness and Student Support
- Elaine Stewart, Health and Wellness Coordinator
- Raymonde Laberge, Teaching and Learning Coordinator

Presentations featured the following topic areas:



- Education Renewal Framework /Commitment to Wellness
- Foundational Statements and Key Competencies
- Development process of new NWT Health/Wellness
- Curriculum and results of field testing

Day Three

Thursday, June 8 2017

JCSH Meeting and School Visit/Experiential Learning

Welcome: Imelda welcomed all to the meeting and reflected on the power of the experiential learning experiences throughout this special combined meeting in Yellowknife.

Agenda: The agenda was compressed to focus on jurisdictional roundtables; previous feedback on face-to-face meetings has suggested these are an important focus for Management Committee and School Health Coordinators' Committee representatives and optimal time should be devoted.

Cross-Sector Engagement Successes and Challenges / Emerging Trends

Roundtable of Jurisdictional Updates:

(In order of presentation):

NT: Following four years of planning, the territory has released a 10-year early childhood framework, combining the work of the Department of Health and Social Services (HSS) and the Department of Education, Culture and Employment (ECE). Junior kindergarten becomes part of the school system for the first time, effective July 1; the curriculum is entirely play-based for the four-year-olds in the program. The territory has 33 communities, many of them fly-in, and many with ice-road-only access in winter. Communities will make the decision on whether to have half- or full-day kindergarten programs, based on services capabilities. Junior kindergarten



is fully funded, providing free access for all families. The territory will allow practitioners with a minimum two-year early childhood diploma to teach in the junior kindergarten program.

Discussion:

- To a question on whether NT has trouble finding qualified educators, Rita responded that NT funds education authorities to the cost of BEd-trained teachers, understanding that higher education correlates with higher quality teaching. The larger centres have pressed for university-trained teachers in kindergarten with diploma-trained teachers acting as assistants. (Possibly did not capture this accurately).

The tabling of the Early Childhood Action Plan will frame much of the work of the education and health departments as well as the ministries' work with the NT communities. The Plan has been well received to date.

The territory is spending much effort on the early years as a way of strengthening its investment in Grades 1-12 outcomes. The strength of the two departments collaborating on this work is found in serving small remote communities and finding creative ways of serving these communities.

Much of Northwest Territory's health curriculum is from Alberta; that province is in the process of an education redesign and, for the first time, is including NT in the process. This collaboration is helping NT determine its JK-12 curriculum moving forward. It is developing a more holistic approach for health and wellness for students in JK-12. This work may allow the territory to be able to transfer the approach to other jurisdictions as they work towards their own more holistic education plans.

Other jurisdictions might benefit from NT's health and education's partnering work on its health curriculum renewal: A large portion of the funding for the renewal has come from HSS. Funding from the health department has also contributed to on-the-land programming, an important connection for Indigenous populations. Communities have experienced difficulties getting funding allocations to support on-the-land initiatives for education, healing; part of the funding has come from HSS. Many other funders have also gotten involved, including



philanthropists, industry, Health Canada. The department has worked with the federal government funders to reduce the application process and has given responsibility to the Indigenous governments in the north to ensure this money gets to where it needs to go.

The partnering work of the two ministries in NT is broader than the school system; it incorporates connections for all students with language and culture-based funding to indigenize education for all students, and to ensure all students have the ability to learn the language of their communities. The departments also have worked on thorough and practical evaluation to look deeper at why and what is working and how this work continues to be shaped. All this because we believe all students throughout school year need rich cultural experiences on the land with elders. It all has to do with health and wellness.

NB: In the past year, the province released the 10-year Education Plan: Everyone At Their Best. Wellness curricula is under redevelopment and, as is the case in the province with new curriculum, and will be electronically available. All teachers will have a laptop. Technology has impacted physical education as well, with PE teachers having iPads to allow students to measure their own performance and make corrections. The high school outdoor-ed curriculum has also been completed; it is an elective, but has proven popular and offered in a number of schools.

This year represents the last for in-service for principals on an LGBTQ resource that was developed in collaboration with Egale. The resource is available on the government website and includes testimonials from key individuals and links to related policies.

The province's Integrated Service Delivery Program Model (ISD) for delivering mental health received a national 2016 IPAC/Deloitte Public Sector Leadership Award.

The Anglophone Sector is currently investigating competency based curriculum. The Council of Ministers of Education (CMEC) released their six global competencies in June 2016. Following that, the ministers of education agreed to begin work on the development of a pan-Canadian strategy for assessing these global competencies. NB has taken on the lead in submitting a proposal for assessing the Global Citizenship Competency. This work may lead to the Anglophone sector moving to competency based curricula for all subjects. New Brunswick's

education system offers students the opportunity to learn in both French and English through two parallel but separate education systems. Each linguistic sector of the Department of Education is responsible for its own curriculum and assessment. The Francophone sector has been working the development of competency based curricula for some time now. They have been working with Sharon Friesen (U of Calgary) for the past 2-3 years and for the 2017-2018 school year a pilot project with 3 schools will begin. This pilot project, along with other key documents such as the *“Politique d’aménagement linguistique et culture”*, the *“Profile de sortie d’un élève”* and their 10 year education plan *“Donnons à nos enfants une longueur d’avance”* will be used to guide them in their development of competency based curricula.

The Department of Agriculture, Aquaculture and Fisheries' new food and beverage strategy includes actions for schools. One action is the establishment of a co-op of non-profit organizations who have capacity or infrastructure to support provision of local foods to schools. A government commitment to obesity and tobacco reduction strategy has involvement from numerous departments; there are 49 policy-driven actions across 13 departments, a number of which include EECD actions (eg. Healthy Eating policy review and revision).

NU: The district education authorities, schools, and communities work closely with Department of Health program leads to run a number of after-school and weekend programs for children and youth. NU has adopted the community wellness plans developed in NWT, which are included in the renewal of the 10-year Nunavut Wellness Agreement which allows communities to receive multi-year funding for two-five year plans with full control over the projects. The community wellness plans opened up an opportunity for various stakeholders, including schools, to work collaboratively on the development of these plans and have conversation about space for programming in schools during non-instructional time. However, schools could still access funds to supplement their instructional time for IQ activities like qamutik making for boys and kamik making for girls.

The Inuutsiarniq guided literacy program is developed in partnership with the Department of Education to improve literacy rates in Nunavut. Through this partnership, over 300 Nunavut and Inuit-specific books have been developed for K to grade 2 students in Inuktitut, English,



French, and Inuinnaqtun. This resulting partnership, the Inuutsiarniq Literacy Program, embeds healthy messaging across four strands (Nutrition and Life Skills, Tobacco and Addictions, Physical Activity and Injury Prevention, and About Me, which incorporates age-appropriate mental and sexual health promotion).

For the Department of Education, one ongoing priority is the implementation of the recommendations of the inclusive education review. Among the recommendations is to increase services, supports and training. One key area is addressing the substantial rates of hearing loss in students and implications: Nunavut has one of the highest rates of hearing loss in the world, and 25 percent of students are hearing impaired. Sound Fields for Learning is a project partnered with Better Hearing in Education for Northern Youth. Teams went to 10 schools to deliver training and install amplification systems. Education is working to expand to all NU schools.

The territory has been working to improve resiliency in students. Last year, the Canadian Association of Suicide Prevention conference was held in Iqaluit. All school community counsellors attended. A sub-conference for youth was part of the full event. Through ongoing partnership with the Canadian Red Cross, all Grade 4 teachers and school community counselors participated in Be Safe training: this focuses on personal safety and healthy relationships with the intent of preventing child abuse. All the kits from the Red Cross have been translated and adapted for NU context. Other training initiatives include Respect Ed and social-emotional learning programs specific to NU: Social Decision Making, Social Problem Solving for K-9 (in approval process now). The adapted self-regulation program for the North, Northern Zones, is complete for K-8. Other SEL programs are under review to see how they could fill some gaps.

ON: A new division has been created in the recent reorganization of the Ministry of Education: Indigenous Education and Student Well-being. In this province of 72 school boards and 2 million students, the remote communities are sometimes the areas where program delivery challenges are more prevalent. For example, Ontario's Fresh from the Farm was born from the JCSH School Health Coordinator's Committee meeting when MB shared this initiative. After five years, ON is

preparing for a full provincial rollout. Because of the positive partnership with MB, that province is providing the Peak of the Market program to 10 ON northwestern school boards. What this meeting in Yellowknife has shown is that, translated to ON context, adaptation is possible but targeted efforts are needed to promote healthy eating culture in the remote and most northern schools.

Daily Physical activity (DPA) requirements during the school day have proven difficult to implement due competing priorities. Separate from the DPA requirement, the province is conducting gap analysis to develop performance measures on how to approach the 60 minutes of physical activity recommended for children and youth. DPA has been a mandatory requirement since 2005 for all students Grades 1-8 - 20 minutes of sustained moderate to vigorous physical activity during instructional time; this often gets dropped to achieve other curricular needs. The ministry is consulting with experts such as Mark Tremblay, CHEO; Ian Janssen, Queens; Scott Leatherdale, Waterloo; and Bruce Kidd, U of T.

Discussion:

- Katherine advised that the ministers responsible for Sport, Physical Activity and Recreation (SPAR) are planning a research project on DPA around the country. A contract has just been awarded to do the framework.
- It was suggested that JCSH host a teleconference on cannabis legalization for School Health Coordinators and colleagues.

Action: Secretariat will send out a Doodle for a dedicated teleconference on cannabis legalization.

SK: The Ministry of Education has been working on authentic engagement with First Nations and Métis people through an internal protocol for renewing Caring and Respectful Schools. Consultation with elders in the five main language group to ask what do First Nations and Métis students need have been valuable in improving the document. The elders will be called in to support work in many projects moving forward. One of the province's many responses to the Truth and Reconciliation Commission's Calls to Action is to develop new online resources to

support education in learning and teaching about the residential schools. These are available on the curriculum website. As well, Supporting Reconciliation in Saskatchewan Schools is a new website to support this work. It will be translated into French and has opportunities for partners to propose new content.

A number of new resources have been developed in the province. The new CSCH newsletter is published three times a year, and includes stories of where CSCH happening in schools. In Feb 2017, resources from the Students First Anti-bullying Forum: Our School Includes Everyone were launched on the I Am Stronger website: 2000 students participated in this forum. The ministries of health and education are working with the school divisions to deliver mental health training. A healthy snacks document was created by health and – this is another new aspect of the strategic planning approach to bring CSCH more alive in SK schools. The province continues to seek assistance in this area of CSCH implementation.

MB: MB: The province is reviewing its disbursement of Healthy Schools grants to improve equity of funding, for First Nations and Independent schools.

The document on support for transgender students is under review; it will be shared with JCSH members when the Department of Education completes the approval process.

The Health Equity and Prevention Unit at Manitoba Health has begun a professional development pilot to read and discuss the executive summary of the Truth and Reconciliation Commission report; questions have been developed by a community partner and guide discussion of the materials . The group meets to read and discuss impacts of colonization on our work; it is hoped this will roll out in the department and become a core competency for people in policy positions.

The MB First Nations Education Resource Centre (MFNERC) is developing a land-based curriculum. The centre holds a number of events annually, including a three-day research forum, and has published a guide to Indigenous research and proper protocols, books on medicines, and anthologies of student writing.



Action: Jennifer will send Susan the link to the [Manitoba First Nations Education Resource Centre website](#).

NL: The provincial government has made public commitments to move forward in number of areas. Out of this is the move to full-day kindergarten, with the first graduates this year. There is also interest in junior kindergarten and the kind of work in this area by NWT. Egale Canada has collaborated with the province on supports for LGBTQ* students. Earlier work was on the establishment of Gay Straight Alliances (GSAs), followed by the development of training for every NL teacher by the end of the school year 2018. There are 10 stand-alone lesson plans which allow teachers to embed them into the K-12 curriculum areas and discuss and support improvements in student safety and inclusion.

Another government commitment is to citizen consultation, shown in the release last November of [The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador](#). In this, each department had to state how it would advance economic social policy in the province. The Department of Education and Early Childhood Development (DEECD) is committed to policies to support disengaged and disfranchised youth, including through the GED program and credit rescue and recovery. The Department of Children, Seniors and Social Development (CSSD) is committed to using the Healthy School Planner and planning to double the number of schools using the Planner in the next year.

The province has an all-party committee on mental health, with members from all three parties involved. A [new report](#) on mental health services in the province contains 54 recommendations. The departments of Health and Community Services, Education, Justice, and CSSD are collaborating on recommendations that have cross-overs to the education system. The Premier's task force on improving academic outcomes has a mandate to review a number of key areas: literacy, math, but also instructed to consult with public, teachers, students, advocacy, on inclusion, mental health, early learning. This report is expected by end June and should guide departmental initiatives for the next 5-10 years.

The SEAK (Socially and Emotionally Aware Kids) Project is completing the second year of a 3-year Innovation Strategy funded project through PHAC and CMHA NS. DEECD NL is working with



other ministries to scale up SEL so the approach is embedded into work with children and youth. The province is also committed to supporting teachers during the initiative while working towards sustainability. We are also in the early stages of developing a mental health K-12 plan using a comprehensive school health approach. Health curriculum development in Grades 4 and 5 are in process and involve collaboration with provincial health experts. In Health 4, curriculum specialists partnered with Body Diversity NL group - how to factor in gender fluid concepts in puberty. The renewed Clothing 1101 and Textile 3101 curricula will come out this fall and features a new unit on NL culture. It guides students through learning experiences that highlight the role clothing and textiles plays in the lives of families and communities in NL.

BC: BC's new K-9 curriculum was launched this past year, with 10-12 in trial (to be implemented this upcoming school year). The new curricula supports flexible learning environments, with an aim of empowering students and includes the core competencies of communication, thinking, and personal and social competency. The new Physical and Health Education (PHE) curriculum has expanded to include physical literacy, healthy and active living, social and community health, and mental well-being and is designed to develop educated citizens who have the knowledge, skills and understandings they need to be safe, active, and healthy citizens throughout their lives.

The Ministry of Education has formed a Sexual Orientation and Gender Identity (SOGI) Working Group in partnership with the ARC Foundation, and has supported a SOGI Education Advisor position. Their work supports SOGI policies and practices on the SOGI education [website](#).

Action Schools! BC has been updated to align more strongly with CSH with the addition of physical literacy and food literacy mentorships and regional coordination components.

The BC School Fruit and Vegetable Nutritional Program has completed its 11th year, reaching around 90% of BC's public and First Nations schools. It's Fresh to You Fundraiser has run into some challenges in having greater participation in the lower mainland to offset delivery costs to rural and remote areas; promotion continues in order to increase participation.

In other areas: Farm to School BC has received recent three-year funding (\$1M) to support sustainability and moderate growth. The Province has funded \$3M to the YMCA to expand their successful youth mindfulness program. This may potentially include eventually supporting educators and students.

AB: In June 2016, the Minister of Education announced the development of future K-12 provincial curriculum in six subject areas, including Wellness Education and Indigenous curriculum.

In-person sessions and online survey, which closed Friday, June 2, provided Albertans an opportunity to review and provide insights on the draft subject introductions and scope and sequences. The online survey and in-person sessions included questions for the future K-12 wellness-related curriculum that focus on comprehensive school health as part of the K-12 Health and Physical Education Introduction.

Education Supports-School Community Children and Youth, inclusive of mental health, appreciates the revisions to the JCSH Positive Mental Health Tool Kit given they both use and recommend the use of this tool kit. Education's School Nutrition Meal Program will see a province-wide rollout in 2017-2018 providing access to a full-meal/once a day, to schools with low SES status. The following are updates on health/wellness initiatives: Northlands School Division recently advertised for 10 new wellness champion positions; a province-wide review of public health nurses roles in schools has just been completed which also included the roles of the health promotion coordinators' (HPCs) positions. HPCs, are instrumental in promoting CSH; Alberta's Valuing Mental Health strategy has a DM's committee in place that consists of more than 200 community members, assuring the strategy is inclusive to all Albertans living with mental health issues. Education has representation on this committee; and the ministry Community and Social Services/Children's Services is collaborating on the national child poverty reduction strategy.

PE: The Department of Education, Early Learning and Culture continues to advance the School Goals Framework throughout the province. All schools have set three-year goals regarding High Quality Education, Public Confidence, and Well-being. The School Goals Framework is providing



another opportunity to promote the use of various sources of student health behaviour data (e.g., SHAPES) and to promote the use of JCSH resources such as the Healthy School Planner and the Positive Mental Health Toolkit. The Department continues to move forward with support for social-emotional learning (SEL) including a recognition of current curricular outcomes and a new pilot to support the scale-up of PATHS (Promoting Alternative Thinking Strategies) within the Atlantic Provinces.

The Department of Health and Wellness is working on a new wellness strategy, as the current five-year strategy has expired. Schools continue to be a key setting for this work, which provides an opportunity for health promotion in addition to important clinical supports for mental health and addictions. A multi-department/agency collaborative will see a new Student Support Program roll-out over the next three years. This program will hire new mental health clinicians, public health nurses, and addiction supports within each family of schools to provide direct supports to students, and to support an enhancement of existing MAST (Multi-Agency Service Teams).

A 2007 Tripartite Partnership Agreement between Indigenous and Northern Affairs Canada, the Mi'kmaq Confederacy of PEI, and the Provincial Government supports collaboration within the areas of Education, Health, Child & Family Services, Justice, and Economic Development. Policy and Planning Forums (PPF) have been established to identify needs and develop collaborative workplans to address them. In April - an 'all forums' meeting was held to explore how each PPF is helping to address the TRC calls to action.

PHAC:

UN Convention on the Rights of the Child

- In July 2018, Canada will submit its 5th/6th report under the Convention on the Rights of the Child. The report will be composed of input from federal departments, as well as provinces and territories. The input from provinces/territories is collected by the Continuing Committee on Human Rights and coordinated by Canadian Heritage. PHAC will provide updates on this process throughout the year via JCSH teleconferences.



Indigenous and Early Learning Child Care

- The Indigenous and Early Learning Child Care initiatives under Minister Jean-Yves Duclos, Federal Minister of Families, Children and Social Development which focuses on First Nations, Inuit, and Métis childcare initiatives. As this is a collaborative process should individuals and groups wish to provide feedback, they are asked to go to the IELCC website: [English](#) / [French](#)

- Also available is Host Your Own Discussion Toolkit: [English](#) / [French](#)

Aboriginal Head Start in Urban and Northern Communities

- At a previous JCSH meeting, PHAC shared a factsheet on “The Impact of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program on School Readiness Skills” (June 2012) [English](#) / [French](#)

Two new factsheets are available for sharing:

o AHSUNC: Closing the Gap in Health and Education Outcomes for Indigenous Children in Canada (October 2016) [English](#) / [French](#)

o Tips for Parents/Caregivers to Support Young Indigenous Children’s Talking, Listening and Learning (tips to develop language through relationships and daily activities which value Indigenous ways and traditions) (January 2017)

Afternoon

The afternoon and final portion of the three-day meeting featured a trip to the K’alemi Dene School, N’dilo to tour the school and take lunch with students.

This was followed by a cultural afternoon consisting of a woods walk to the BDene site for a series of cultural activities organized by Bobby Drygeese/BDene. The activities are designed to introduce visitors "to the Dene people and the significance of their land and traditions; share culture, art and foods. Listen to the beat of traditional drums and join the excitement of traditional Dene Hand Games” (from BDene website). Optional activities were opportunities to

scrape moose hide and see where hides are smoked, taste fried bannock and see skins curing, and venture into the bush to seek out plants on a 'medicine walk'.

DRAFT



Record of Decision

**Pan-Canadian Joint Consortium for School Health
Management Committee Meeting
November 22-23, 2017**

Chair: Imelda Arsenault, PE

Participants:

Representative	Jurisdiction
Pat Martz for Jessica Carlson by telephone	AB
Flo Woods by telephone	SK
Vicki Toews	MB
Fran Harris for Chris Treadwell	NB
Jennifer Heatley for Steve Machat	NS
Imelda Arsenault	PE
Elizabeth Churchill	NL
Elaine Stewart for Rita Mueller Laura Seddon for Sabrina Broadhead	NT
Liza Manolis	YT
Karen McKinnon	PHAC
School Health Coordinators' Committee	
Sterling Carruthers	Co-Chair
Secretariat	
Katherine Kelly	Executive Director
Susan Hornby	Senior Advisor
Regrets	
Scott Beddall	BC
Representative	ON
Donald Mearns for Charlotte Borg	NU

**Management Committee Face-to-Face Meeting
Day One**



**Wednesday, November 22, 2017
8:30 a.m. – 5:00 p.m.**

1. Welcome and Introductions

Imelda welcomed all to the meeting, including those joining by teleconference. Imelda noted how the other tables in which she participates hold student and staff mental wellness as extremely important; JCSH work is being recognized at these tables for the work in positive mental health and in student and staff well-being.

2. Review and Approval of:

- Agenda

The agenda is approved as written; the final version includes two presenters for the cannabis item: Paul Spendlove and Adrienne Merton.

- Record of Decision June 6-8 2017 face-to-face meeting

The Record of Decision of June 6-8 2017 is approved pending change made to NB overview.

3. Update from Secretariat and School Health Coordinators' Committee

A. Secretariat

- Invitation to Quebec

Katherine noted that a number of people from QC Ministries of Health and Education and from school boards attending conferences where she has presented have been asking for new communication with Quebec about becoming a member of JCSH. She asked Management Committee if another formal invitation should be sent to Quebec. It is more than seven years since the last formal invitation; contacts in Quebec have suggested to Katherine the process of invitation might be best initiated with officials and senior bureaucrats.

Discussion:

- There is an opportunity, when deputies of education meet in December, for the PE deputy minister to communicate with Quebec deputy minister regarding an invitation to join JCSH; PE's deputy minister of Health could communicate in a similar way with the Health deputy minister in Quebec.
- It was suggested that conversations around an invitation to Quebec be held in French. At some other tables there are expectations that not everyone will speak French. As long as one or two voices at the table speaking French, this often works; a French speaker often translates.
- PHAC may be able to offer some help with translation.
- It was suggested that representatives from Quebec be invited as guests to the next Management Committee face-to-face meeting. There is support for this invitation around the table.



Decision: Support to invite Quebec representative(s) to the next Management Committee face-to-face meeting.

Decision: Support to explore a formal invitation to Quebec to join JCSH.

- Annual Report

Susan advised this Annual Report features a 3-page executive summary with a graphic, general overview of work accomplishments and strategic directions over the past year, and a feature initiative from each PT.

Katherine asked for Management Committee's help to get the annual report completed in a timely manner so that it can be presented to the deputy ministers' and ministers' tables with sufficient advance communications.

Discussion:

- It was suggested that a more clear definition of word length be shared so that jurisdictions and ministries within jurisdiction have a clearer idea of expectations.
 - Follow-up: This report has been part of PHAC requirements, and serves to share accomplishments among jurisdictions, provide a backgrounder on JCSH, and offer an overview of the JCSH strategic directions and initiatives.
- The question was asked: What is the purpose of report; what is the so what piece of each submission.
 - Follow-up: The province and territory already know what is happening; thus, it is not a priority to share in a JCSH report.
 - Would it be better to offer one key initiative of the past year and share links?
 - Would it be possible to have two reports: one to meet deputy ministers' meeting timelines; the other to share information?
- Others see the annual report as a useful document: As a curriculum writer, this gives a glimpse of things happening throughout the country. It also serves as an extension of sharing by School Health Coordinators' Committee members.
- It was suggested this is the only document where a jurisdiction brings both Health and Education and, in some cases, additional ministries together to collaborate; it is seen as valuable to share with senior leaders in the ministries.
- It was suggested the Secretariat could ask PTs early in the year: What are my jurisdiction's superstar accomplishments, the pieces I want to share with the rest of the country.
- It was also suggested a template be created to develop consistencies in reporting in each jurisdiction.



B. School Health Coordinators' Committee

Sterling advised that SHCC continues to be a valuable table, defined by collaboration and generous sharing. There is a new co-chair: Jennifer Munro-Galloway completed her two-year term, and Jillian Code has agreed to take on this role.

SHCC members are actively involved in working groups and advisory committees: among them, substance use, next steps from the June Yellowknife meeting.

- Elaine added the SHCC table is very important for its accessibility to other jurisdictions. Through this table, members find ways to take initiatives in other PTs and consider how their own provincial/territorial context can also support implementation.

4. JCSH Resources: Current Status and Next Steps

- PMH Toolkit
 - Launch of Revised Toolkit
 - Addition of Indigenous Module

Katherine provided an overview of the new Positive Mental Health Toolkit, launched earlier this year. The outcome of a very involved Advisory Committee who worked diligently with researcher developers Dr. Bill Morrison and Dr. Patti Peterson, this iteration reflects the most recent evidence and knowledge on inclusion and diversity. It has been received very positively at every conference and meeting where she has presented on it. In particular, the module on school team relationships and staff wellness has resonated.

While the toolkit has embedded some pieces that reflect Indigenous perspectives, the researchers and advisory committee recognize the current resource does not reflect a robust lens. Kevin Lamoureux, now national education lead for the National Centre for Truth and Reconciliation (NCTR) at the University of Manitoba is very interested in developing a separate module on Indigenous perspectives for this toolkit. He advises he would work through partnership with the NCTR to develop this module. The cost of the module and other included pieces to be embedded in other modules in the toolkit would be approximately \$20,000.

Discussion:

- There is support for the Indigenous module for the PMH Toolkit
- Response was positive the module would be developed in partnership with the NCTR: this would reduce the complexity of having one voice represent Indigenous peoples in Canada; within the Centre's network are many Indigenous voices.

The Secretariat has been approached on two occasions by education publishers to see if there is interest in them publishing the Positive Mental Health Toolkit: The first was in July by Pearson when Katherine and Susan presented to CASSA; most recently, Katherine was



approached by Nelson Publishing to see if they can pilot the toolkit on one of their digital as well as print platforms to support schools.

Discussion:

- The Secretariat will have conversations with potential publishers regarding issues such as intellectual property, and any costs to users.
- PHAC is willing to support dissemination efforts; a strategic marketing contract may be helpful in supporting dissemination of this resource.

- CIM: CSH and Student Achievement

Susan presented the portion of the work on the Core Indicators Model on Comprehensive School Health and Student Achievement that ties the circular or ecological model to the CSH framework and adds example measures. A 4-pager of the model was circulated. She has met with Dr. Alicia Hussain, who was the lead researcher in the first two phases of CIM development (2013, 2016) under the overall guidance of Dr. John Freeman. Alicia will put together a piece aimed at educators and principals as the initial audience, to guide educators in an easy-to-use and accessible piece to begin to bring CIM indicators and measures into schools. The concept of a roadmap may frame this work.

- Healthy School Planner

Katherine advised there is interest in possible update/revision of the Healthy School Planner. This might involve an additional module on school staff well-being; this module would be able to use the work already in the Positive Mental Health Toolkit.

More discussion will be had at the School Health Coordinators' Committee face-to-face meeting in December on next possible steps for the Planner.

- YE Toolkit

Katherine explained a small contract with the Students Commission will result in a revised evidence base in the Youth Engagement Toolkit, breaking the toolkit into individual modules, and a new module from the literature review completed by the Students Commission a couple of years ago, led by Dr. John Freeman, called Youth Who Thrive. This takes the youth engagement work to the implementation phase.

Discussion:

- The question was asked how we could link all of these tools in a way that will allow schools to measure competencies.
 - One of the pieces of work with Dr. Freeman prior to his death was consideration of the CIM framework as one that reflects the tools and resources of JCSH: understanding CSH would be shown by the Healthy School Planner, for example;

student and staff well-being by the Positive Mental Health Toolkit. It could be used as an overarching framework for school health resources.

5. 2015-2020 JCSH Operational Plan: Moving Forward/Next Steps

- To discuss the following areas of the Operational Plan (following up from the June meeting in Yellowknife):
 - *1E. Strengthen inclusiveness in the work of JCSH to support the needs of diverse populations*
 - *1E.4 Engage expertise to increase knowledge of First Nations/ Inuit/ Metis lens within comprehensive school health*
 - *1C.3 Seek and advance partnership opportunities specific to northern and remote communities*

Katherine introduced this item by asking what it would look like to follow through on these areas of the Operational Plan. These are among the reasons for the meeting in Yellowknife last June.

First, we need an opportunity to follow up from our takeaways in Yellowknife.

Leading the discussion, Elaine asked those who participated in the Yellowknife meeting to reflect on their personal and professional takeaways from that meeting, with a view to considering whether the work we do at this table can advance this work.

Among the takeaways were the following:

- The environment was a significant contributor to the learnings from this meeting; including the opportunity to walk around trails, schools, woods walks, Yellowknife.
- In working on curriculum development, we need to be more open about the transfer of Indigenous knowledge. Rather than going canoeing, wouldn't be better to bring in elders, teach us to build canoes, then take these canoeing. This contributor will establish a committee with principals to move this forward.
- The experience was personally moving; many expressed they often reflect on this trip and this meeting.
- The sessions where trauma survivors spoke, the blanket exercise were among the experiential pieces that caused those in attendance to consider the questions of privilege, and what we need to do as a country to confront privilege, issues in the north, colonization.



- This was a safe and inclusive experience for all, regardless of where they were on their journey of awareness and knowledge about residential school history, Indigenous experiences, challenges of life in northern communities. It was essential to be there in person to fully learn and understand.
- How can the experiential learning we had in Yellowknife be transferred to the classroom?
- The blanket exercise helped participants understand not only the traumatic experiences they've gone through but how many generations were impacted, and the generations it will take for rebuilding and reconciling. It was possible to understand this on an intellectual level; it took the experience to take this understanding to a deeper level.
- All need to work together to support healing. "We need to move from thinking we know better."
- The question following the meeting is how to change our behaviours in our work and our lives after our return back to our ministries and our homes. What conversations do we have with friends and family? How do we begin to understand how much we do not know?
- This journey of learning began before Yellowknife for some, including the talks by Kevin Lamoureux, and his call for understanding, his informing us that we are all treaty people, his challenge to explore the Indian Act and the pieces that came out of the Truth and Reconciliation Commission.
- One of the takeaways from the meeting in Yellowknife was how Elaine and her colleagues showed and demonstrated ways in which government and community and residential school survivors work together; how do we bring this level of authentic collaboration and partnership into our work.

In inviting those who had not participated in the Yellowknife meeting, Elaine reflected that this meeting reinforced the need to find spaces to take our capacity for intellectual considerations to more holistic experiences.

Work currently underway:

Northwest Territories: The territory has a 10-year framework, [Directions for Change](#), but all JCSH members can connect with Indigenous communities throughout Canada. NWT's work begins with foundational statements, looking first at relationships, at ecological elements, at students' voices and agency, looking for ways for the questions students have to emerge. The territory is trying to change deeply the conversation for health and wellness curriculum. Competencies is an interesting area - not a way to check boxes but something profoundly different. It takes humility to reflect questions that lead to directions and responses unanticipated. What does it mean to place ourselves in positions of vulnerability?



Yukon: There are 14 First Nations in the Yukon, and the territory has moved from a requirement to consult to one of engagement. All First Nations are represented at all tables, all consultations. Elders are invited to provide teachings in schools; there are First Nation teachers and First Nation language teachers. A First Nations curriculum for Grade 10 was rolled out two years ago: this helped children and youth get answers to questions they were never able to ask their families. The legacy of residential schools is very recent in the territory: the last residential school closed in 1995.

Manitoba: School health coordinator Jennifer Wood, as an Indigenous woman has shown a lot of leadership in supporting staff awareness and learning through this work. MB has an Indigenous education secretariat, providing courses and teacher education. The health promotion sector has been able to access resources.

Discussion:

- Senator Murray Sinclair had a clip on an episode of CBC's The Current in April on ['why don't you just get over it'](#) and how to bring this into the school environment.
- If you make sure have community involvement and engagement in school and curriculum work, you will still stumble but you will find your way.
- There is a need to do a better job with validating Indigenous knowledge and learning and shifting what we define and validate as evidence, so that we are not excluding the wisdom of Indigenous communities.
- Should there be Indigenous representation and voice at JCSH tables?
 - Imelda responded that any new representation would need to go to deputy ministers for decision; the timing might be advantageous before next mandate.

6. 2015-2020 JCSH Operational Plan: Moving Forward/Next Steps (Continued)

- To discuss the following areas of the Operational Plan:
 - *2A.1 Support a coordinated research agenda for comprehensive school health*

Katherine said that, in light of the strategy to support a coordinated research agenda for CSH, she and Susan met with John Freeman in July to discuss what this could look like and how it might develop. Among the questions and suggestions out of this discussion were the following:

- What is meant by a comprehensive research and knowledge exchange strategy for CSH? What would it look like?
- In considering CSH as a holistic model, how might researchers and research funders be more intentional about such a research model?
- Is there a role for JCSH in bringing together a group of researchers to consider directions for studies in CSH? In this meeting, it was suggested that John lead a



team of 7-8 researchers with others as an additional network of content-specific investigations.

- Is there a role for JCSH in bringing funders to address Management Committee / School Health Coordinators' Committee meetings?

Discussion:

- PISA is now measuring school wellness. Is there a way to position the CIM work in this?
- PHAC would support this work regarding establishing a research network. As well, the agency would be happy to connect with CIHR to get a chair to a meeting. CIHR also working with knowledge users.
- The Secretariat is building an inventory of Canadian researchers working in CSH areas. This would help in having the JCSH provide a forum for sharing the work and interests of these investigators.
- What steps are needed to develop a research strategy?
- There is no institution in the North. Thus, cross-national work, such as HBSC, EDI, and MDI, provides necessary evidence bases for change, reaching through the school to communities and youth. JCSH is the mechanism through which the Health and Education ministries work together; research questions and knowledge exchanges of interest include whether these studies address the four components of comprehensive school health.
- There is a role for PTs to influence research questions so they are of greater value to the provinces and territories. At this time, some PTs are encumbered by an excess of surveillance and data collection, and have insufficient analysis occurring to make the research results impactful.

Action: PHAC and the Secretariat will discuss steps to bringing a CIHR representative to a face-to-face meeting.

- *1D.1 Identify opportunities for engaging and partnering with additional government sectors, e.g. :*
 - Agriculture

Discussion:

- The federal agriculture ministry is developing a food policy inclusive of food security.
- PHAC will support asking someone from the federal ministry of Agriculture to meet with Management Committee and help advance the food policy when it is announced.



- Sport and Recreation
- Other ministries

Discussion:

- The Conference of Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation (SPAR) asked Katherine to sit on a sub-committee to see how it could engage more fully with the education sector.
- It would be helpful to have support for newcomers. Even within the ministries of education, what are we doing to advance their health and wellbeing?
- There are two national strategies: housing and poverty. It would be helpful for this table to have conversations with the ministries responsible for these strategies.
- Youth leadership agencies or organizations focusing on youth emerging issues and needs should connect with JCSH. Additionally, the Solicitor General and the ministries responsible for youth at risk, incarcerated youth, alternative education programming, and education for incarcerated youth.

7. Workshop: Developmental Evaluation

- Evaluation Framework – Plans for Measuring Progress

Katherine introduced the final evaluation framework. She and Susan have spoken with Jamie and will meet with him early February to look at the monitoring process.

As part of monitoring and in keeping with the developmental evaluation approach, Susan developed a table of collaborations identified in the PT submissions of the annual reports between Health and Education ministries. This is one way of showing this ongoing work; other ways of capturing this question will be from surveys, interviews, focus groups, and review of Records of Discussion/Decision.

Discussion:

- The Annual Report submissions may not have been written with the intent of showing collaboration
 - The benefit of a Developmental Evaluation approach is that it is not retrospective but organic and developing. Perhaps it can inform discussion on how information is captured in the annual report and other documents.
- The JCSH changes how PTs capture the collaboration between the two ministries.

Action: The Secretariat will consider ways of capturing different questions for survey and for focus groups (likely next spring). Susan and Katherine will discuss with Jamie.

Action: Send to JCSH members by email.



Action: MC members contact Susan with suggestions.

Action: Susan will continue to add to this work through data gained from Records of Decision/Discussion, Secretariat Update, and website additions.

8. Emerging Trends

Katherine/Jocelyn East

- FPT Concussion Working Group
 - Next Steps in Engaging with Education Sector

9. Cross-Sector Engagement Successes and Challenges

- Roundtable Discussion on Jurisdictional Priorities in School Health

NB: The Department of Education and Early Childhood Development will take the lead as Canada's 4th **Strength to Diversity Forum** is held in Fredericton in May 2018. Social and emotional learning and fostering a sense of belonging for immigrant and refugee learning will be the focus areas. Department representatives were in Paris to present on work the ministry is doing on immigrant and refugee learning. The event was sponsored by the Organisation for Economic Co-operation and Development (OECD). One of the objectives in the province's [10-year Education Plan](#) is on student wellness: this represents the first time wellness will have an accountability measure. The K-5 phys ed curriculum is now in digital version, in English and translated version of the English for French immersion (not Francophone) students. Teachers' outcomes are all on one page, with links to resources. The intent was to design a user-friendly approach and the ministry purchased equipment to support the approach; teachers find this version much easier to navigate. Student survey results have been released, with provincial, district, and school reports. The ministry is working to use this data to help with wellness plan indicators.

AB: The Education curriculum, inclusive of wellness, is undergoing revision, with K-4 on track for release in the fall of 2018. [Bill 24](#) was passed earlier in November. This bill supports Gay Straight Alliances and was contentious for its protection of students' privacy and confidentiality. The provincial government has just released the results of the school nutrition pilot of 14 school boards in 2016-2017; the \$10 million expansion has implemented the nutrition program in all of Alberta's school districts. The medical management, care and support for children and students in education programs is under review to determine delivery of services in schools. Emerging topics of interest include: concussion management; access to defibrillators in schools; and legalization of cannabis. Among the celebrated accomplishments of the past year is the launch of the University of Calgary Werklund School of Education's new Bachelor of Education requirement: [Creating Healthy School Communities](#). This is the first university in the country to have comprehensive school health as a graduation requirement.



NL: The provincial commitment to the three-year Socially and Emotionally Aware Kids (SEAK) project continues to be well supported. In addition, the report [The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador](#) initiated a Premier's Task Force to improve educational outcomes. The [82 recommendations](#) that came from this work included a number linking closely with school health outcomes, including inclusive education, the reinforcement of social-emotional learning and self-regulation throughout the province, and a new student support services model.

YT: The ministries of Education and Health and Social Services work collaboratively on school health issues. The territory underwent much restructuring of initiatives in the past year; current priorities include the upcoming Health Behaviour in School-aged Children survey (HBSC), opioids and fentanyl awareness, and the 10-year [Mental Wellness Strategy](#), now in its second year.

NS: The restructuring of the health system and a significant teacher strike has impacted some of the province's work in school health in the past year. [Health Promoting Schools](#) is a collaboration of the health authority in NS in partnership with the Department of Education. However, the governance of HPS may change with the completion of the school boards' review. The K-8 health curriculum is under renewal. The province is expanding the school breakfast program, adding snacks and possibly lunches, to become a school food program. Nourish Nova Scotia is willing to partner and follows the [Food and Nutrition Policy for Nova Scotia Schools](#), but will not be involved with food industry, and Presidents' Choice is offering to provide funding. Some school boards may go with Presidents Choice. The province is looking at the completion of the pan-Canadian physical activity framework and how the Ministry of Education may use it in phys ed curriculum. [Schools Plus](#) is being expanded to provide services to all schools in the province over the next couple of years; this will support initiatives in inclusive education, mental health and addictions, and increased youth health centres in schools.

MB: Healthy Schools Initiative grants will now be able to be accessed by the province's newly established [First Nations School](#) Division. The education and health ministries are collaboratively examining provincial data needs for children and youth, and will be participating in this round of the Health Behaviour in School-aged Children (HBSC) survey. In addition, work is underway to implement the next round of the provincial Youth Health Survey following the end of Tell Them From Me contract. The JCSH work on a Core Indicators model (CIM) of Comprehensive School Health and Student Achievement will be a useful tool in analyzing the data within a school health framework. Several school divisions are actively using the Positive Mental Health Toolkit with the support of the Healthy Schools Coordinator. The new [Supporting Transgender and Gender Diverse Students in Manitoba Schools](#) is now available on the government website. Manitoba School nutrition policy has been evaluated by comparing

schools responses before and after guidelines were developed. Apple Schools is coming to MB in 2017, with two schools in Swan River participating.

NT: The Department of Education, Culture and Employment Inclusive Schooling working group brought [Kim Barthele](#) to Yellowknife for a week of training in Trauma-informed practice. Kim is an occupational therapist who specializes in attachment, trauma, addiction, sensory processing, movement and learning. In her time in the NWT she worked with school administrators and program support teachers for four days, and also worked with RCMP/Department of Justice and Department of Health and Social Services staff. The Departments of Education and Health & Social Services worked together on opioid awareness messaging within schools - impact of fentanyl, importance in the North of using northern contexts and voices, as well as mapping initiatives in harm reduction and resilience with current health curricula to support students and their communities. The [Drop the Pop](#) campaign is working to ensure an inquiry-based approach is integral. Apple schools are also coming to NWT; two schools have been selected and will be supported for the next five years. Work on the development of a new health and wellness curriculum is progressing well, focusing on the development of health and wellness competencies. Work with field testers and pilot teachers shows that it is a significant shift for both students and teachers to undertake, but once they adjust to the increased scope for questioning and for agency, the students become highly motivated to seek out answers to the questions that they have constructed. A transformation of the NWT's Health and Social Services system may create opportunities to enhance how health/social services professionals work with education and other sectors. Healthy living fairs are continuing this fiscal year and next, and represent important ways in the territory to reach the smallest communities and support their health/wellness priorities and directions.

PHAC: Ethics approval has been obtained for the Health Behaviour in School-aged Children survey, and data collection will begin in the next months. PHAC is collaborating with Departments of Justice and Heritage to coordinate reporting on the UN Convention on the Rights of the Child. They are also working with the Students Commission around reporting under the Conventions. With final work underway on the Canada food guide and poverty reduction strategy, there may be opportunities for PHAC to assist in bringing speakers to this table.

PEI: Student Wellbeing teams have been piloted in two families of schools in the province; they include mental health specialists, comprehensive school health nurses, and youth workers in each family of schools. This new initiative has involved the ministries of health, justice, and education. Thus far, the teams are striving to find a balance between whole school prevention/education initiatives and the clinical needs of students. The Student Wellbeing Teams have started their work, with a plan for province-wide rollout in the next three years. As



part of the school goals framework (academic excellence, public confidence, and wellbeing) the provinces school health survey (SHAPES) and the student-response survey [Our School](#) (formerly Tell Them From Me) are working to support schools in the development of their wellbeing goal. A meeting of researchers, policy makers, and practitioners was held to review the impact of surveys and data collected. There is no school health grant in the province, for the first time since 2009. However, the Department of Agriculture and Fisheries released funding for food education initiatives that will take place in 10 schools.

10. Health Behaviours in School-aged Children 2017-18 Survey
Wendy Craig (by teleconference)

Dr Will Pickett and Dr

Will and Wendy have been involved in the HBSC survey for many years, although JCSH connection was with the late Dr. John Freeman, co-principal investigator with Will. Will and Wendy have been formally sanctioned by the international HBSC network as co-PIs for Canada, and will work with JCSH in survey developments and communications. Will, together with Matt King, is responsible for the day-to-day part of the survey and he sits on the international coordinating committee. Wendy is responsible for relations with JCSH and reporting and knowledge translation with this work. Will co-edited and co-wrote the last three national reports, and co-authored the last international report. Wendy has written parts of the national reports.

For this meeting and the one in a couple of weeks with School Health Coordinators, they are most interested in developing relationships with JCSH members, and having full discussions on what JCSH members need from the central HBSC team to make this as valuable an asset as possible.

As researchers, they are aware of the value of HBSC data, not just for research and publication purposes, but also to improve resources for practitioners. In association with her work with PREVNet, Wendy and her team used HBSC data to look at how different elements in school policy relate to bullying and victimization rates. This led to a tool to assist schools in considering the elements of their school policy that lowered these rates.

The HBSC is active in more than 40 countries, affiliated with [World Health Organization Regional Office for Europe](#), around for 28 years. Because it is primarily used as a monitoring and research tool in Europe, half of the questions are mandatory. In the Canadian context, PHAC is a major partner and funder and provide items and priorities for which they need information. Another voice is youth engagement: if young people are being studied, the Convention on the Rights of the Child and other directions necessitate that young people are consulted on the questionnaire. Then there are the 13 provinces and territories and their needs. And then researchers and their needs.



To date, the national team has completed consultations internationally, nationally, with JCSH, young people, and researchers. The final instrument is now being tailored to meet contextual needs throughout the country. There is a unique opportunity for this survey round, in that Queens is a centre for military and veterans' health unit. There has been no data collected on the health and health behaviours of military and veterans' children and that centre asked to partner to collect this data.

The partnership with JCSH is critical to the success of HBSC in Canada and the co-PIs want to ensure strong working relationships so the end documents are relevant to JCSH members and stakeholders.

Will and Wendy asked the group: If there is one thing that the HBSC coordinating group could do to be of service to Management Committee and colleagues, what would that look like: Reviewing data, creating knowledge products, other suggestions.

Discussion:

In PEI, HBSC worked with the province to include in the letter of invitation to participate that HBSC is both different and complementary with SHAPES data. Is there a way to bring HBSC closer to school level data? This would increase buy-in from principals, looking to see the school community context.

- This matter has been shared with the HBSC team a number of times over multiple cycles from several jurisdictions. This is a matter that must be discussed with the HBSC team.
- It might be possible to drill down the data, if not to the school level, then perhaps to families of schools or similar profiles in small, rural, remote areas.

In the Yukon, HBSC provides the data used to make changes in policies and practices in the territory. The Yukon has a number of health behaviour concerns and HBSC provides an opportunity to look at trends over time. The territory may be experiencing social issues that feel unique, but many similar patterns are common throughout country, as well as internationally.

In Alberta, the ministries of Education and Health were involved in previous survey rounds, paying for oversampling in 2009-10 (Education) and 2012-13 (Health). The Ministry of Education is asking for release of the data so it can be available to both ministries for use. The province requires approve to go through four departments, but provincial endorsement should be completed without hold-ups. Regarding questions of importance to stakeholders, Indigenous responders would not support the current survey as they believe the questions too colonial. This would be an area worth reviewing for the next survey cycles.



- The HBSC team and PHAC can help with data transfer agreements within the jurisdictions to support both ministries having access to the data. The concern about the colonialized tone of the questions is important and is an area that will require more funding to make improvements. Discussions on this must happen on an ongoing basis to be more prepared for the next survey round in four years. There is no researcher on the national HBSC team at this time. Researchers are: Elizabeth Saewyc - UBC; Wendy, Will, Ian Janssen, Colleen Davison, and Don Klinger - Queens; Frank Elgar – McGill, Bill Morrison – UNB, and Scott Leatherdale – University of Waterloo. The team is hoping to expand to other parts of the country; they communicate with many researchers not formally named as investigators.

In Nova Scotia, there have been some challenges in uptake of the HBSC. One of the issues is provincial-level data compared with interest in school-level data.

- The province has voiced interest in the new HBSC work on the children of military veterans. Will and Wendy considered that one way to obtain school-level data might be through an online survey version.
- It was suggested there may be complications with online surveys in some areas of country with limited access to computers.

In NWT, there will be trend data with this, the third round since PHAC authorized oversampling. The territory is looking for improved knowledge exchange and translation products and how the data can be made for relevant for communities. There is concern with the expected negative results but, going forward, it is important to align the questions to achieve optimal support for communities in context of colonization and trauma. The decision to not have the suicide questions was based on a number of factors, but the absence of them is a gap. The territory would like to discuss the cost of a territory-wide report, as the Yukon has done.

- The HBSC team is interested in meeting with stakeholders to improve use and relevance of data in the context of the province / territory. There have been improvements in youth voice, and some of the research through Queens University summarizing youth engagement initiatives is available on [Child Health 2.0](#).

In Manitoba, the ministries of Health and Education are working closely to obtain approvals. This survey is staggered with the provincial health survey. The province is interested in making better use of HBSC data; it is also helpful to look at trends in rural and remote areas, as well as nationally. Also helpful to look at national trends, rural and remote trends. Knowledge exchange work will also be of interest.

- In Manitoba, researchers working in areas related to HBSC includes [Dr. Alyson Mahar](#) whose PhD research was in military veteran health and mental health, and [Dr. Andrew Hatala](#) of University of Manitoba.



- There are researchers working in many areas of the country who would make valuable contributions to this work.

In New Brunswick, the HBSC team is working with the province's student wellness survey team to coordinate these data pieces. As was expressed by a number of other jurisdictions, there is primary interest in NB for school level data. Some common questions in the two surveys will allow for both school-level data and province-to-national comparisons. This was part of the reason that Bill Morrison at UNB is an important contributor to the national team.

In Nunavut, this is seen as a long survey with questions considered disrespectful. The national team has worked to reduce the questionnaire length.

Action: PHAC: Karen advised PHAC will partner with and contribute to knowledge dissemination at the national level, and willing to assist in other ways that would help.

Action: NWT would like to assist the HBSC team in working through the colonization nature of the questionnaire and making changes for the next survey round.

Action: Katherine will contact Ken Bain of CASSA on uptake of HBSC in jurisdictions.

Overview of current status from each province / territory:

BC: With 5 surveys going on this year in the province, HBSC is asked to stay out of certain school boards in the province, including Vancouver.

AB: In the final stages of provincial endorsement.

SK: School division letters and application letters have gone out.

MB: Going with 3000 sample. Seeking endorsement

ON: Have approval for 3,000 sample and perhaps over sample.

QC: Very good cooperation.

NB: Going ahead with sample. Bill Morrison will help with recruitment.

NS: Approval is going well, awaiting final word.

PEI: It's a go there.

NL: English board participation pending.



YT: Doing consultations with instrument. Trying to create standard instrument across the north. Getting consultation from Indigenous communities on content. Still waiting to hear on suicide questions from Indigenous communities.

NU: They are working to finalize the instrument and protocols.

NT: finalizing instrument. Would like to discuss contract for more detailed report.

Next Steps: The survey could be in field in next 2-3 weeks and goes out to schools, likely in winter term

1. Cannabis Legislation

- Preparation federally and in PTs

Paul Spendlove and Adrienne Merton, Health Canada

- Discussion

2. Next Meetings

Imelda

3. Concluding Remarks

Imelda

4. Adjournment