



Record of Decision

**Pan-Canadian Joint Consortium for School Health
Management Committee Meeting
April 11-12, 2018**

Chair: Imelda Arsenault, PE

Participants:

Representative	Jurisdiction
Stephen Smith by phone	BC
Pat Martz for Cheryl Przybilla by phone	AB
Jillian Code by telephone	SK
Vicki Toews	MB
Debbie Thompson	ON
Steve Machat	NS
Imelda Arsenault	PE
Elizabeth Churchill	NL
Daman Dillon for Maria Mendillo	NU
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	
Chris Treadwell	NB



Management Committee Face-to-Face Meeting Record of Decision

1. Welcome, Introductions and Acknowledgment of the Land

Imelda welcomed all to the meeting and opened it with an acknowledgement of the traditional lands of Indigenous peoples on which the meeting was held. All introduced themselves and their work.

2. Review and Approval of:

- Agenda

The agenda was approved as written.

To a question regarding the invitation to a representative from Quebec to attend this meeting, Katherine responded that the invitation was extended; Amélie Trépanier was unable to attend but representatives in the Health Ministry remain interested in moving forward on next steps towards joining JCSH.

- Record of Decision November 22-23 2017 face-to-face meeting

The Record of Decision of Decision of the November 22-23 2017 face-to-face meeting was approved as written.

3. Update from Secretariat and School Health Coordinators' Committee

Katherine / Sterling

Annual Report

Katherine noted that the process is that the Annual Report is accepted by deputies and then tabled to ministers. The approval process for CMEC acceptance of 2017 Annual Report is currently underway through a Memo to all jurisdictions.

Discussion:

- From a governance perspective, communications between JCSH and national and pan-Canadian committees and organizations such as Healthy People Healthy Communities (HPHC), the Federal / Provincial / Territorial Group on Nutrition (FPTGN), or the Conference of Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation (SPAR) would be helpful to have reflected in the front portion of the Annual Report.

National Collaborative: Alliance for Healthy School Communities

Katherine reported that a number of organizations that have a health promoting schools mandate have been connecting over the past number of years to share resources and communications: Ophea, DASH BC, PHE Canada, and Ever Active Schools are some of the primary groups involved. More recently, CASSA (Canadian Association of School System Administrators) has expressed interest in the group. Another meeting is being planned for early summer.

4. Workshop: Developmental Evaluation

[Jamie Gamble](#)

- Evaluation Framework – Plans for Measuring Progress

Jamie introduced the session as an update of his first conversation with SHCC. Since that meeting (October 2016), the evaluation framework has been developed. Using a developmental evaluation format allows CSH to provide more extensive insights, a movie rather than a snapshot, Jamie noted.

The purpose of meeting with Management Committee is to share aspects of evaluation and provide an overview of how JCSH is able to analyze and use the data it collects, from a number of sources: the recent Members' Survey is one example; annual reports, Secretariat updates, and Records of Decision/Discussion are some others.

This session will also provide an opportunity to consider where gaps are in the current evaluation process. What are decision-makers influenced by? Is there value in developing case studies? Do decision-makers prefer quantitative data? Is it possible to measure results of health promotion work, to evaluate success as problems that did not occur? Much of our work is based on a concept of informed hope. Effective communication of our work relies on an understanding of the audience(s).

The root of evaluation is critical thinking, how we understand change, whether reality matches our assumptions about a program of actions and initiatives. Without data we rely on assumptions and that is problematic; with data, we need to interpret it, then judge it. And then we need to take action.

Evaluation means different things to different organizational structures: from collaborative forms, through to innovation, accountability, and performance. Even within an organization,

including JCSH, there may be different ways to apply different pieces of work. At the broad level, for JCSH, the best way to get at the theory of change or logic model may be through a form of storytelling - here's what we are doing and why.

Accountability is also part of this form of evaluation - from accounting and audits to consideration of impact to reflective work on what we should be doing. The last is often ignored, but essential: Are we impacting what we should be?

One of JCSH's challenges is what Jamie referred to as ***Problematizing the reality of decision-based evidence making***. Although there is growing recognition for innovative, exploratory work, this requires an evolving logic model and a recognition this work necessitates failures, problems, changes in theories and directions, and stopping work in areas that do not meet the impact the organization seeks.

Evaluation is needed to tackle complex, wicked problems, but it requires different ways of drawing conclusions. Concepts such as 'contribution' or 'best practices' can be misused in innovative or complex situations; what is needed are principles, examples of emergent practices, and having an experimentation mindset.

Biases are another area that emerge during a Developmental Evaluation. These include: (1) Privileging information that confirms our assumptions; (2) Escalation of commitment (financial, social, or relational) when evidence points to another direction. It is important to be able to 'disrupt the frame' that we bring to this evaluation.

Facilitating use of the evaluation: In the second phase – post evaluation development - What conditions can we set to facilitate use of the evaluation, both while in process as well as for decision making? It is important to know who will use the evaluation and what will they use it for.

Use of the Evaluation for Management Committee: To adapt current and develop new strategies, to describe value and impact of contribution that each jurisdiction brings to the Consortium; to review the work of JCSH for end of mandate to show accomplishments; and to renew mandates. One addition for SHCC is also to inform practice on ground. For both committees and the Secretariat, the evaluation is the opportunity to take stock, allow for emerging areas to come on the landscape to which we need to pay attention. Ultimately, Deputy Minister Committees will make decisions based on this work.

The four goals of JCSH inform the questions we need to ask for our evaluation work: Collaboration within and across sectors and jurisdictions, level of engagement in the network, emerging themes, role of partners, inclusion initiatives, research agenda, knowledge exchange value, and the fit and dissemination of tools and resources.

Work to Date: Much has been, and will continue to be, captured in the surveys, and interviews and focus groups. There is also room for the possibility of a case study: Something exciting occurring in one jurisdiction; or what does Indigenous comprehensive school health look like? The role for a case study is to consider how we meet very diverse needs, but also what is the line of division between what we meet and don't meet. Is this group of activities the form of evaluation that we need moving forward: Is this worth the effort we have put into it.

The Secretariat has a tracking tool of observations they review a couple of times a year – what are we learning, what changes need to be made. The Collaboration Rubric has been developed in draft form and is shared for review and feedback.

There were 19 responses to the Members' Survey. These answers should stimulate the next cycle of questions. Qualitative answers might be the most useful, but the surveys will be analyzed in a number of ways: for example, do the same people tend to give low – or high – ratings? Do different sectors provide different groups of answers?

It will be helpful to map out the various data pieces by calendar when to do survey collections, focus groups, internal sense making.

Discussion:

- Important again to tell the story: the evaluation is about data and information, and we need prosaic answers but also want to take people along with the story.
- An important question for a jurisdiction is whether JCSH is seen as a collaboration somewhat external to provincial/territorial work to provide resources, such as a market, or a cooperative where the members are the resources: you should vs we should.
- What do people want in each PT around collaboration: how is the whole-of-government approach used in Manitoba playing out in various forms in other jurisdictions.

- The purpose of the Collaboration Rubric is to show the kinds of behaviours and practices that demonstrate good collaboration. How is information shared? How are policies developed and implemented?
- We will do an analysis of website use: who is using, how useful to others, such as partners.

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

Research Agenda:

Katherine opened the discussion by noting this is one area of the Operating Plan in the beginning stages. The Secretariat is working on developing documents to show the responses to two questions she sent to all JCSH jurisdictional representatives (Management Committee, MC Alternates, and School Health Coordinators' Committee).

From the evaluation presentation by Jamie Gamble, two of the slides demonstrate results from the recent members' survey specific to research/areas of interest: the most frequently noted areas of interest are mental health, cannabis, and comprehensive school health approach.

Given the survey results, it is important to consider the role of a coordinated research strategy, and what would be the basic areas of focus. The strategic plan notes these as research trends, needs, and potential sources of funding. From the research strategy, a research plan would direct activities and timeframes. To this end, PHAC has connected with the Canadian Institutes of Health Research (CIHR) and it is hoped that a representative from one of the Institutes will attend the next Management Committee face-to-face meeting in the fall of 2018.

Discussion:

- The question was posed on how a research strategy lens should be developed. Would it include researchers not directly engaged in a comprehensive school health lens; Stan Kutcher for example. What lens should be used? Should it include all researchers in school health, or maintain a broader focus on CSH.
 - The last work in this area came about in the spring of 2017 when Katherine and Susan met with the late Dr. John Freeman to discuss developing a core group of researchers working broadly in the area of CSH and bringing them together for a 'think tank.'



- The possibility of a think tank raises additional questions:
 - What problem do we address?
 - What would we bring people together for?
- The burden on schools of school health research is not addressed in the above points but it remains of considerable significance in schools and, consequently, for school health researchers.
 - Researchers want to connect with JCSH as the link to all schools. What is the role of the Consortium in addressing both the needs of the researchers and the needs of schools?
- What is the next step in the Core Indicators Model of Student Achievement and Comprehensive School Health? There is interest in taking this work further. Do we conduct more research?
 - The JCSH does not, itself, conduct research; however, we do collaborate with researchers to develop an evidence base.
 - There is interest expressed in further work on the CIM and a broad approach to research in the context of CSH.
- It is important to connect with knowledge keepers, Indigenous communities around the issues of *what else constitutes research, evidence*.
- What are the collective priorities, the low hanging fruit; who is a notable researcher working now in this area? Answers to these questions will help bring this work forward into the renewal of the next five-year JCSH mandate.

Action: The Secretariat will roll up this discussion, bring it to the SHCC face-to-face meeting, and then take next work pieces and steps back to Management Committee in the fall 2018 face-to-face meeting.

6. JCSH Resources: Current Status and Next Steps

- PMH Toolkit
 - Addition of Indigenous Module

Katherine advised that Kevin Lamoureux remains interested in developing an Indigenous perspectives module for the Positive Mental Health Toolkit through the National Centre for Truth and Reconciliation. It will benefit the toolkit to have this created through the national centre. The Secretariat hopes to discuss next steps with Kevin when he addresses the School Health Coordinators' Committee face-to-face meeting later this month in Winnipeg.

- Healthy School Planner

This is the longest standing resource for JCSH. It is seeing reduced uptake; the Secretariat will bring together the Advisory Committee to discuss next steps.

- YE Toolkit

The Youth Engagement Toolkit French modules are now up on the JCSH website.

7. Concussion Return-to-Learn Protocol Pilot Project **Stephanie Cowle, Parachute**

Stephanie Cowle, Manager of Knowledge Transfer with Parachute, presented the key learnings from the Concussion Protocols in Schools pilot conducted with NB and PE schools. This follows up on the Return to School Pilot. The slides were shared with Management Committee members and are available on the private side of the JCSH website.

Discussion:

- The connection between the federal, provincial, and territorial (FPT) Ministers responsible for sport, physical activity, and recreation (SPAR) table and Parachute is through the FPT Working Group on Concussion. This group has been developed out of the SPAR table and Parachute's work has come out of the Working Group.
- Parachute provides support to provinces and territories through its tools, access to expert advisory committee, and ability to respond to questions from the PTs.
- Among concerns across the country is access to primary care, especially in remote and northern areas, and the requirement for medical clearance prior to return to learn and play.
- Stephanie is willing to attend a future meeting to provide further updates and dialogue.

Action: Katherine will forward to JCSH members any updates from Stephanie / Parachute.

8. Update of Canadian Guidelines for Sexual Health Education **Alex McKay, [SIECCAN](#)**

- Update on the progress of the Working Group

Alex provided an update of the work of The Sex Information and Education Council of Canada (SIECCAN) and of the working group revising the Canadian Guidelines for Sexual Health Education, last updated in 2008.

Sexual health education often is a response to a crisis, he noted. Yet, Canadian youth tend to be more knowledgeable about sexual health than in the past. However, there are concerns in a number of areas:

- Results for 16-24 year-old women speak to the need for education on consent

- The reported rates of sexually transmitted and blood borne infections (STBBIs) are increasing
- There are concerns expressed about online pornography viewing; however, these are not resulting in major health behaviour changes. Positive sexual health messages and education in schools may be countering the impact of online pornography messaging.

There is an increasing direction of current sexual health education being framed around a rights-based approach.

Sexual health education needs to be a partnership of schools, communities, and other organizations.

The Canadian guidelines are a complement, not a substitute, for provincial/territorial guidelines; the Canadian work will be most helpful when curriculum documents are being revised.

Among the changes to this revision of the Canadian guidelines are the following:

- Technological update
- Sexual and gender diversity from a social justice perspective
- Discussion of consent from positive as well as negative perspective – how to give consent as well as how to withhold.
- Resources for the new guidelines will include
 - Sexual Health Education Q&A
 - Sexual Health Education Promising Practices Portal
 - Online training modules and webinars

The slides were made available to Management Committee and are available on the private side of the JCSH website.

Action: Katherine will continue to provide updates on the work of SIECCAN and the Working Group's revision of the Canadian Guidelines for Sexual Health Education.

9. Cross-sector Engagement Successes and Challenges / Emerging Trends

- Roundtable Discussion on Jurisdictional Priorities in School Health

NT – Access to child and youth care counsellors in schools is a significant challenge in the smaller communities in the territory. As part of the government's new Child and Youth Mental Wellness Action Plan, youth gatherings on the land have been held; in these, youth said they needed celebrations of strength, safety, privacy, right to choice. In response to the challenge and these measures, the Department of Education has provided significant financial resources

to pay for child and youth care counsellors from Department of Health and Social Services staff but located in schools; travelling teams will include psychologists and other resource personnel. The strength of this is that implementation will begin in the area of the territory with the evidence of greatest need from Early Development Instrument (EDI) and other research, in the smallest and most marginalized communities.

NL – The [Premier’s Task Force on Education](#) was released July 2017 with 82 recommendations, which the province has committed to having actioned. In the Student Mental Health and Wellness chapter, the Integrated Service Delivery (ISD) Model is referenced as one that would be particularly helpful to supporting the province’s goals. The New Brunswick model is referenced; the developers from that province came to NL to discuss; the province has formed a Secretariat to work with the Departments of Education and Early Child Development; Justice and Public Safety; Health and Community Services; and Children, Seniors and Social Development to take down the silos and improve inclusion for the provincial child health services model. The Department of Education and Early Child Development is represented on the committee looking at cannabis legalization. The province is now in year three of the three-year Socially and Emotionally Aware Kids (SEAK) project.

AB – The Comprehensive School Health grants have received sign-off, an important government commitment in years of fiscal restraint. Mental health supports in schools are considered important funding needs; in response to this need is a pilot of youth health hubs in three schools.

NS – The province is engaged in working together across departments in a number of ways. A seniors officials’ table of those accountable to social policy deputy ministers has been developed, and is an important table for providing briefings on Comprehensive School Health / [Health Promoting Schools](#). This is part of trying to look at how to improve impact by taking initiatives at the population level, in ministries such as Justice and Community Services in addition to Health and Education. Another committee is looking at an Integrated Service Delivery (ISD) Model, such as that developed by New Brunswick.

MB – The Departments of Health and Education have been active in improving more collaborative relationships between the two ministries. A youth health data working group has been established to coordinate all school-based survey requests, including Health Behaviour in School-aged Children, the first survey to be considered. This represents the first time Manitoba

has participated in the HBSC data collection. [Manitoba Healthy Schools](#) has initiated a partnership with [Addictions Foundation of Manitoba](#) on the distribution of cannabis resource material to Manitoba schools in advance of legalization. The [MB First Nations School System](#) has added another 10 schools eligible to receive healthy schools grants. Seven Oaks School division is using peers for some of its data collection on youth research related to mental health. Education is developing a concussion resource including return to play and return to learn protocols. A successful literacy and numeracy summit was held in January: the strategy from this summit should be released in the near future.

YT – The health and education partnership in this territory has been improved to the point that it is considered thriving at this time. The HBSC survey has just wrapped up; with the third round of data collection, interest in this survey remains high, with a story on CBC and presentation to the teachers' college. The sexual health education resource has just been rolled out and curricular lessons on fentanyl and cannabis are being developed. The second year of Mental Health Strategy calls for more mental health counselors; out of these, child and youth workers will be in schools.

NU – One of the priorities in the territory is improving literacy levels. The Department of Education has been working to develop a culturally-relevant guided literacy program; Grade 3 is complete, Grade 4 is underway, and next steps include supplements for early childhood education to Grade 3. Health and Education ministries maintain a positive relationship. The school food program has seen improved funding for all schools for breakfast or lunch. The Health department has signed a memorandum of understanding with Education on immunization and also outbreaks, timely work given the high rates of tuberculosis in NU. The NU hearing screening project hopes to conduct assessments in all regions by the fall of 2018, with access to audiology supplements: hearing loss statistics in NU are exponentially high. The territory is very happy the HBSC researchers are adapting the survey for the pan-territorial group, and look forward to the results of this survey round. Two new positions have been created within the Department of Education to support comprehensive school health, including work on sexual health, cannabis, and smoke-free workplace. The territory is working with Stephanie Cowle of Parachute on Nunavutizing concussions work.

ON – The ministries of Health and Long-Term Care and Education are working on strengthening partnerships in a number of areas, including cannabis and concussions. The Ministry of

Education and the Ministry of Health and Long-Term Care are collaborating on a new school health guideline for public health units.

The [prevalent medical conditions in schools policy](#) was released the end of February 2018 to support students in 72 publicly funded school districts with diabetes, asthma, epilepsy, and anaphylaxis. Resources were also released to support school boards and parents, included fact sheets, plan of care templates, and videos.

The province's [Education Equity Action Plan](#) was released September 2017, with well-being, equity, and achieving excellence as key components.

Ontario's Cannabis Act, 2017 will amend the suspension, expulsion, and code of conduct provisions in the Education Act so that recreational cannabis remains prohibited at school, on school property and at school-related activities. These amendments will also be reflected in updated Policy and Program Memoranda (PPMs) that reference these provisions. We are also developing and updating resources for youth, parents, and the education sector on informed decision-making, substance use, addictions and related behaviours, and supports available for students and families.

PE – The province has brought together a new group to develop messaging for parents and teachers in advance of the cannabis legalization this year. A Department of Education group of curriculum experts and school health counselors is trying to develop a plan, with the hope of framing it around comprehensive school health, to include everything from health and physical education to law. The Canadian Public Health Association (CPHA) document, [Normalizing conversation, not consumption](#), is included in the PEI plan. Questions being discussed include the following: How do we address issues at this time as opposed to the future? How does the Department of Education, Early Learning and Culture support provincial programs? Mental health literacy remains a major focus, with social emotional learning (SEL), including the province's participation in the Atlantic scale-up of the SEAK project, and master training of educators with Dr. Stan Kutcher's work on GoTo Teacher. This latter has the potential to build capacity, change the language of mental health, and support resilience in students. School food work remains a priority as well, with healthy lunch standards facing some compliance issues on the one hand and the collaboration from the Department of Agriculture and Fisheries in local food initiatives on the other. The local food project was piloted in three schools, with students engaged in conversation around possibilities for their schools. Multiple schools in the province

are taking on local food initiatives without funding, developing connections between student chefs and school students to grow, cook, and sell. New student wellbeing teams have been placed in schools as a partnership of the departments of justice, health, education, and family and human services: First concerns have been to manage problems, but it is hoped that a more population health approach will evolve.

PHAC – Contributions by JCSH members to the report on bullying have been submitted. A couple of new studies supported by PHAC are prevalence estimates for autism spectrum disorder (ASD) surveillance and applied research areas and a fetal alcohol spectrum disorder (FASD) study. In the former research, this marks the first time Canadian ASD prevalence rates are shown; in the second, the [Dr. Svetlana Popova](#) study of FASD rates in the Toronto District School Board has found rates are double what was expected, and compare to American rates. HBSC study seems to be going well. PHAC is supporting Health Canada on the development of tools and communication pieces on cannabis; a Health Canada colleague will reach out to JCSH to support cannabis education tools development and mapping of the gaps. A youth engagement group brought together by the RCMP will be developing pieces on cannabis; this will be shared with JCSH members when complete. PHAC and Health Canada are cognizant that the provinces and territories are still waiting on federal communications pieces around cannabis and there are impacts for curriculum.

SK – Cannabis resources in advance of legalization are a multi-ministry collaboration and information has been [posted](#) on the government website. Priorities are public safety and child and youth protection. The Ministry of Education is supporting the working groups through the provision of education and information for educators and youth. New investments in mental health are developed to support implementation of the 10-year [Mental Health and Addictions Action Plan](#), as well as mental health training.

10. Conversations about Well-being for All Students

[Charlene Bearhead](#)

Charlene held a conversation with Management Committee members for the entire morning. The following represents selected statements for reflection, rather than an overview or summary of her talk.



She noted that there needs to be a change in how people view reconciliation: as long as we talk about *what* is right and wrong, rather than *who* is right and wrong, this work will proceed. It will not always be smooth, but it is possible to move forward.

She asked about the purpose and nature of the school system: What are we doing when we don't see fluency in a child's first language as a measure of success. How is a 'healthy student' defined, if the connection of health and the environment are not part of the definition.

What is evidence? In First Nations, Inuit, and Métis communities, evidence is transferred and shared through stories. It is verbal and experiential and so embedded in people's lives it is not necessary to write it down.

Changes to curriculum need to be for all students, so that all students see themselves in what they are learning. She said she believes that most of the Indigenous students who leave school do so because they do not see themselves and their experiences reflected in the school environment.

The word 'qualified' needs to be redefined in the education system so that knowledge keepers and elders are seen as 'qualified' teachers and educators.

She said she has not paid much attention to the formal apologies from groups for the residential school apologies, except for [that](#) from the United Church of Canada, part of which says, "We tried to make you be like us and in so doing we helped to destroy the vision that made you what you were. As a result, you, and we, are poorer."

She asked for reflection on the level of difference between assimilation practices carried out during the years of residential schools and that carried out today in standardized testing and current measures of student success. She suggests that success should, instead be measured by fewer kids taking their lives, more kids seeing themselves in the education they want.

When she talks with students, she suggests to them they measure school success by imagining themselves at the end of a long life, a life that was worth living, then deciding what needs to change in their education to get to that place.

Discussion:

- If in some areas an approach such as the [Medicine Wheel](#) is not used, that is fine as long as the approach is holistic; we need to honour multiplicity.
- To a question of how to respect Indigenous staff often asked to be the Indigenous source of knowledge, Charlene responded it is important to ask them if this is respectful and where else can we look for this knowledge.
- Storytelling is an important way to improve teacher-student relationship, so that both are learners and both are teachers.
- Language can complicate authentic gestures for change, such as when all elementary schools in Nova Scotia received [drums](#) to play the Mi'kmaq Honor song; some criticism was that this is religion. It is important to remember that Indigeneity is already part of the land. It is also important to use language in a way that reflects intent. The word [pimatisiwin](#) means a good life in the fullest, healthiest sense.
- One of the areas where work remains is in supporting Indigenous students who are mocked for traditional practices by non-Indigenous students. This is an example of an environment where the Indigenous students do not see themselves as supported members of the school community. What happens to a kid when they spend their life trying not to be noticed. Change must come from change to the environment and to relationships. Part of the process of change begins with the youngest children in the school, so that they can all grow up as part of a welcoming community.

11. Adjournment

The meeting was adjourned. The Management Committee thanked Imelda for her work as Chair and congratulated her on her upcoming retirement.



**Record of Decision
Management Committee Meeting
Toronto, ON
December 11-12, 2018**

Chair: John Cummings (PE)

Participants:

Representative	Jurisdiction
Stephen Smith by telephone	BC
	AB
	SK
Vicki Toews	MB
	ON
Steve Machat	NS
Marcel Lavoie Chris Treadwell	NB
John Cummings	PE
Elizabeth Churchill	NL
	NU
Sabrina Broadhead	NT
Liza Manolis	YT
Karen McKinnon	PHAC
School Health Coordinators' Committee	
Patricia Martz	Co-Chair
Secretariat	
Katherine Kelly	Executive Director
Susan Hornby	Senior Advisor

Record of Decision

1. Welcome, Acknowledgement, and Introductions

John welcomed all to the meeting and acknowledged the land on which the meeting was held. All meeting participants introduced themselves.

2. Review and Approval of:

- Agenda

The agenda was approved as written, with the following adjustment: the Mandate Renewal item was moved to the beginning of Day 2.

- April 11-12 2018 Record of Decision

The April 11-12 RoD was approved as written.

3. Update from Secretariat

- To highlight recent JCSH activities

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

The School Health Coordinators' Committee met in Ottawa November 27-28, with discussions on the Developmental Evaluation process and presentations from Dr. Claire Crooks on the PHAC - Western University Youth Resilience Project to develop resources for Canadian school stakeholders to help address problematic substance use, from Dr. Liane Comeau on the work of the International Union for Health Promotion and Education, and from Dr. Stan Kutcher on two resources developed through teenmentalhealth.org.

Pat, co-chair of the SHCC, also noted the Western University Youth Resilience Project was asked to include language reflecting comprehensive school health in the resources.

Discussion:

- One member indicated that it would be helpful to have Ministries of Education invited to participate in PHAC meetings on cannabis and other federal / pan-Canadian meetings.
 - Karen responded that federal government-led meetings often rely on the Health Ministry representatives to confer with related ministries in the province/territory.

Action: Katherine will let Management Committee members know of invitations she receives to meetings at federal government tables.

4. Knowledge Exchange across Jurisdictions

- Roundtable discussion of initiatives, emerging trends, priorities, and challenges in provinces and territories

NT – The territory’s health curriculum is undergoing a comprehensive renewal, the first in 30 years. This is being completed with both the Health and Education Departments working in close collaboration. The Grades 4-6 curriculum has been piloted, with Grades 7-9 pilot underway. The Health department is supporting Education in providing loaded iPads in classrooms. The two departments collaborate in many other ways: in particular, in response to the Truth and Reconciliation’s Commission Calls to Action (C2A), the NT government is building cultural awareness training by providing the package developed by the Department of Education to be revised to be delivered to every GNWT employee. When complete, this territory will be one of the first jurisdictions to comply with this C2A.

Discussion:

- All training on residential school impact has been developed in consultation with Indigenous governments and peoples. The advisory committee is through the Department of Finance where HR sits in the GNWT.
- Sabrina will share information on the training links and other pieces as requested

AB - The draft Kindergarten to Grade 4 (K-4) curriculum, inclusive of wellness education, is available on the [Alberta Education website](#) and through the new [LearnAlberta.ca](#) in both English and French. Both NU and NT have representatives on the working group for AB Indigenous education. This is the third year of the province’s school nutrition program. The program has committed to providing a daily nutritious meal to more than 30,000 students. The Alberta Healthy School Community Wellness Fund (AHSCWF) signed a new three year Government of Alberta grant (2018-2021), with a commitment to using the Comprehensive School Health Framework for school district initiatives. The mandatory Comprehensive School Health course, that is part of the University of Calgary’s Bachelor of Education degree, funded by WellAhead, was launched January 2018. Since then, this past November eight other universities gathered together in Edmonton to discuss a mandatory CSH course as part of their BEd programs.

Discussion:

- The school nutrition program funds a daily meal, with universal access.

- When asked if Chartwell was a food provider: Chartwell is not operational in Alberta. One of the issues with having an organization such as Chartwell is that they are not able to follow the Alberta Nutrition Guidelines for Children and Youth.

NB – The Comprehensive School Health framework is included in the Student Wellness Survey for Grades 6-12; the survey provides considerable data, including mental health and food security. The Department of Education finds the survey data to be critical to its work in supporting student health and wellbeing. [Dr. Harvey Milkman](#) who has helped turn around the problematic youth substance use crisis in Iceland, participated in the province’s cannabis symposium. New Brunswick’s chief medical officer seeks to replicate the Iceland program in that province. The 2019 NB Wellness Conference will connect public learning to public wellness. In the health sector, the Integrated Service Delivery (ISD) Model has progressed from a focus on bringing people together to changing culture. While information sharing challenges remain, the four departments involved (Health, Education, Community Services, and Justice) are working to move away from critical services to public health services. An added complication is that, in NB, bilingual services are required in each school.

Discussion:

- The development of the ISD model in NT is going well, thanks to connections with NB.
- Iceland’s [Planet Youth](#) program is very impressive - community driven rather than top down.
- The upstream approach taken by the ISD model has brought people together who did not collaborate in the past, and in adopting a culture change model has resulted in changes. For example, mental health services had not been provided to children with autism, but the ISD model requires that no child is refused services. The composition of the teams is also important, as well as looking at models in other jurisdictions: there are insufficient psychologists in NB to meet the needs but Manitoba has an initiative NB is exploring.
- A gap remains between the ISD model and supporting students with Tier 1 needs. Dr. Bill Morrison is providing assistance in bridging the gap, with teachers being the key for that first level of intervention. Despite challenges, the teachers union says it would not go back to pre-ISD.

NL – One of the recommendations of the [Premier’s Task Force on Improving Educational Outcomes](#), was to adopt NB’s ISD Model. The province invited Dr. Bill Morrison and his team to the province for advice during the early stages and continues to work with that province on development of the model. A provincial forum was held on comprehensive school health in November to further the work on the [Education Action Plan – The Way Forward](#), and in support of the province’s Mental Health and

Addictions Plan, [Towards Recovery](#). The Education Action Plan recommendation reads as follows: “The Department of Education and Early Childhood Development, the Department of Children, Seniors and Social Development, and the Department of Health and Community Services implement and support, province-wide, the Comprehensive School Health Framework of the Pan-Canadian Joint Consortium for School Health” (p. 41).

MB – In the recent revisions in the Department of Health, Seniors and Active Living, the Health Promotion and Policy unit continues to support ongoing work with the Department of Education. The team has completed a study of the [Truth and Reconciliation Final Report Summary](#) and are now beginning to look at the Indian Act. The Department of Education will begin a review early in 2019. School Health Coordinator Jennifer Wood worked with the Winnipeg Regional Health Authority to develop a Letter of Intent (LOI) in response to a funding call from the Public Health Agency of Canada: this initiative is to support a Mental Health Promotion Planning Guide to help schools and school divisions use the Positive Mental Health Toolkit as well as the Healthy School Planner to plan and develop mental health promotion action teams and school plans. In addition, plans are underway to scale up use of the Positive Mental Health Toolkit to operational level in MB schools. In review of healthy schools guidelines for the provincial grant program, public health collaborations are being prioritized to understand their role in school setting. The education and health departments are collaborating to share resources on cannabis, and resources from JCSH colleagues as well as Addiction Services MB have been disseminated. The MB Minister of Education wrote a letter acknowledging work with the Health ministry on cannabis resources. Suicide prevention work has been developed with Healthy Child Manitoba and based on the [Pax](#) approach. Thrival kits have been developed with support from Canadian Mental Health Association in collaboration with Manitoba teachers.

PE – The Department of Education, Early Learning and Culture is working with the Departments of Agriculture and Health to develop a new [school food strategy](#). There is a connection to the province’s poverty reduction strategy. The aspiration is that the school food strategy will move to a province-wide rollout with hub schools centred in high/intermediate schools. The department also continues to collaborate with multiple departments to support the provincial [Just the Facts](#) campaign and to implement the ‘cannabis information sharing’ work plan. E-cigs and vaping use among young Islanders are of increasing concern: The PEI Tobacco Reduction Alliance (PETRA) is collaborating with Education to develop an education campaign.

PHAC - Assistance from JCSH members was helpful in the messages and the quality of the Canadian submission to the Convention on the Rights of the Child. The document should be submitted soon and will be made public. Funding for initiatives to address family violence will be made available; JCSH will be kept apprised. The Government of Canada has been more pro-active in the last few budgets in developing a strategy to address gender-based violence. The first initiatives are being evaluated and the results will be shared. A \$1.7 billion federal investment for Indigenous child learning has been announced, with Indigenous-led designs and priority settings.

Off-reserve funding will also be phased in. A backgrounder on this will be shared. The new Canada Food Guide is almost ready; the delay is to develop support documents and ensure products to support the food guide will meet the needs of diverse populations.

Discussion:

- JCSH is an important table linking education and health and given discussions on how education leads and supports across jurisdictions, it would be helpful to have a Health Canada representative discuss education issues with this table.
 - Karen will discuss a presentation to Management Committee with her Health Canada colleagues.
- The Canada Food Guide consultation was held on many levels, including consultation with members of the general public. It would be beneficial to connect with targeted groups, including Home and School Association, to discuss changing the culture in school communities around use of food: for example, how to have food initiatives become as important as school trips.
 - Karen offered to reach out to Health Canada colleagues regarding a presentation to Management Committee on marketing of the Food Guide and discussion on uptake of the Food Guide in the school setting.

YT – A working group is meeting to determine dissemination of the latest results of the 2017-2018 Health Behaviour in School-aged Children (HBSC) survey round. The data will provide information on students’ lives and contexts, allowing the territory to plan and ensure effective supports are in place. YT has the highest cannabis use in the country; the results of this survey will allow us to see if use has changed since the last survey. Grade 10 Physical Health and Education teachers will be trained in Dr. Stan Kutcher’s “Mental health literacy curriculum” and will introduce the resource to students following the training. [From the Ground Up](#) is an initiative partnered by the Departments of Education, Health and Social Services, and Energy Mines and Resources to use locally grown root vegetables for student fundraising. The territory is also working to make the change from fundraising for school trips to events that support health, such as a trip to the swimming pool.

NS – The new deputy minister of Education and Early Childhood Development, Cathy Montreuil, is committed to student wellbeing and, in support, the department is working with Dr. Sara Kirk of Dalhousie University on a program for health and learning, with five-year funding. The new student wellbeing policy framework will develop a way to bringing a five-tiered approach – including trauma informed teaching, social determinants of health, and health promoting schools – into one piece. Health Promoting Schools in Nova Scotia has an emphasis on youth engagement. The former seven school boards now report directly to the Minister of Education. The Nova Scotia Health Authority has

committed to supporting the education system in funding and revising the 2006 school food nutrition policy. The new 5-year provincial physical activity strategy will have a school system focus beginning in 2019. School communities are dealing with student cannabis use rates; renewal and refresh of resources are underway. The [Youth Health in Schools](#) pilot project will have four school sites in 2019 and is designed to discuss the key combination of health and wellbeing in student success. In addition to health services and issues, students are asked to discuss areas as diverse as school foods, physical activity, and lived experience.

BC – The newly-created Ministry of Mental Health and Addictions is working on a mental health and substance use strategy for BC. Based on a government commitment, the strategy will emphasize a response to the needs of children and youth, with particular emphasis on Indigenous children and youth, focusing on enhancing mental health and wellbeing support offered in schools. In developing this strategy, the new Ministry undertook an extensive process to gather and collect information, including a trip to New Brunswick to look at that province’s Integrated Service Delivery (ISD) model. Work on this strategy will include proposed increases to budgets and corresponding programs and services. The BC Ministry of Education will be hosting its second annual school mental health conference in February. The conference will focus on systems leadership and mentorship, as well as social emotional learning (SEL). The BC Ministry of Children and Family Development has been supporting a school-based anti-anxiety program, [Friends for Life](#), for over a decade. The ministry recently signalled that they will change direction this year with introduction of a new initiative known as [EASE](#) - Everyday Anxiety Strategies for Educators, which is designed to be delivered by teachers, support staff, administrators, and others. The Ministry of Education continues to promote and refine [SOGI 123](#) resources to support teaching and learning related to sexual and gender minority students. The intent is to apply learning in different contexts in school communities so that all members of the community are treated with dignity and respect. The Ministry’s [ERASE](#) strategy is being refreshed this school year: shifting from and exclusive focus on preventing bullying and violent events in a school setting, the new approach is on supports positive action on various issues, including student wellbeing, safety, mental health, substance use/cannabis use, online safety, and gangs/gun violence.

5. Indigenous Perspectives

- Statement on Reconciliation

Katherine provided an overview of the iterative process involved for the SHCC Working Group to develop a Statement on Reconciliation, and how this initiative emerged from the work JCSH has done in the past couple of years on Indigenous perspectives and, specifically, from the SHCC meeting in Winnipeg in April 2018.

Discussion:

Review of Statement

- The meeting participants agreed that the content in the draft Statement on Reconciliation is excellent. It also fits with the work in all jurisdictions to create similar statements and policies to inform government work following the release of the Truth and Reconciliation Commission's [94 Calls to Action](#). Management Committee did not see anything to cause concern within PTs and feel it has a lot of value.
- What may be missing from this Statement is how to frame it as part of the collaborative commitment of JCSH, and how taking action on it supports JCSH's role in collaboration. What is the unique niche this statement is providing, supporting?
- It will be important to make a connection of the Statement on Reconciliation with Comprehensive School Health. In addition, it will be important to make a connection of the Statement with the Calls to Action, specifically #63.3 and #63.4¹. The thread to the Calls to Action provides JCSH with a mandate in this area.

Where to house?

- The Statement could become part of the preamble of the JCSH Strategic Plan to show it as a Statement for an organization that represents governments.
- It also could be included in the 2019 JCSH Annual Report.
- It could possibly be used in conjunction with the new Indigenous Module for the Positive Mental Health Toolkit.

What next?

- It could be part of the materials provided to support the next JCSH mandate.
- It could become part of the strategic direction for JCSH.
- It could be used to support work within PTs.
- It was suggested the Statement be tabled for discussion during the next Management Committee next meeting.
- Indigenous colleagues in member jurisdictions should review the Statement and provide

¹ **C2A 63:** We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including: **iii.** Building student capacity for intercultural understanding, empathy, and mutual respect. **iv.** Identifying teacher-training needs relating to the above.

feedback.

Action: MC members seek consultation on the JCSH Statement on Reconciliation from Indigenous colleagues.

Action: Secretariat and the Statement Working Group will develop a Common Briefing Note on the Statement and how it may infuse JCSH work. The Briefing Note will be shared with Management Committee members as soon as developed.

- Positive Mental Health Toolkit – Indigenous Module

Katherine advised that Kevin Lamoureux remains very keen to complete the Indigenous Module for the Positive Mental Health Toolkit, and he has spoken about it with colleagues at both the National Centre for Truth and Reconciliation (NCTR) and the University of Winnipeg. As part of his sabbatical to work on his PhD thesis, he will support students at the university to work on the module. He will also connect with his NCTR colleagues to support consultations with elders and knowledge keepers. Kevin will work with the Secretariat to provide a draft of the module.

6. JCSH Tools and Resources

- Healthy School Planner – Next Steps

Susan gave a brief overview of use of the Planner over the past number of years, by province/territory, and by number of schools completing any module.

Discussion:

- Alberta has evaluated the use of the Planner in that province. Pat suggests that, given the amount of data collected on schools completing one or more modules, information could be really valuable in addressing the priorities of JCSH.
- It was suggested that capturing the percentage, rather than the number, of schools using the Planner would offer more information. It would also be helpful to have some data on frequencies - schools that complete more than once will have insights that may well assist others.
- Manitoba is using the Planner extensively, although it has had to make some changes in order for it to be applicable and relevant for small Indigenous communities. Revisions to the Planner that would support cultural adaptations would be helpful.
- This work is important in making the application for the next JCSH mandate.

- Alberta numbers reflect the number of school districts, not the number of schools that have completed the Planner. This is another area where statistical data needs clarification.
- Tracking rural-urban completions is needed.

Action: Pat will share the Alberta evaluation of the Healthy School Planner

Action: Secretariat will discuss statistical measures and data rollup with University of Waterloo.

7. Developmental Evaluation

Jamie Gamble

- Overview and Discussion of the Evaluation Process

Jamie introduced the session with an overview of Developmental Evaluation and the current phase of data collection and analysis at this place in the JCSH mandate, with mandate renewal work emerging as a focus for 2019 and the next phase for evaluation. The premise of Developmental Evaluation is to engage and consult, in order to refine and upgrade the strategic work on an ongoing basis. Rapid feedback loops support the rationale for strategic directions.

The School Health Coordinators' Committee face-to-face meeting in late November was provided with considerable data; the purpose of the session with Management Committee is to build on this data to inform the mandate renewal. The data gives information about the current directions of JCSH; it is important to show how to take this as a pathway moving forward.

- The purpose of this evaluation process is to provide decision-makers looking at mandate renewal the tangible deliverables to date and the plans for the immediate and short-term outcomes from JCSH.
- This meeting and the one held a few weeks ago with School Health Coordinators are essential to discern the value of the data collected and the kind of information still required.
- SHCC received more of the data; in that meeting, each goal and strategy was reviewed to see what statements can be made from the evaluation data collected thus far.

Jamie went through each of the goals, to begin discussion of the main strategies from each goal and the essential pieces required for the Evaluation report for mandate renewal. What will be helpful is to place the strategies in a hierarchy. Knowledge exchange, for example, is of value to this table. The work of JCSH is complex to articulate; the challenge in this evaluation is to develop language that will tell the story in a way that will resonate with those deciding on the next mandate.

Leadership Goal - This is the work that supports and works to advance Comprehensive School Health, Jamie noted.

Collaboration Strategy: Under this goal, the key strategy is Strategy 1: *Support Ministries of Education and Ministries responsible for Health and/or Wellness in collaborating across the sectors.*

From the School Health Coordinators' meeting, it was expressed that JCSH is a supporter of, but not necessarily the stimulant for, collaboration; the agency does not necessarily rest with JCSH.

So, what is the support role for JCSH? Jamie also asked where collaboration rests in the hierarchy of JCSH goals. Are changes needed or should/can this be left as is.

Discussion:

- There is an essential role for JCSH in collaboration across jurisdictions, even if intra-jurisdiction is more difficult to advance. This has been a primary benefit of the Consortium.
- The level of intra-collaboration is very much jurisdiction specific and may depend on the relationships in the Health-Education ministries in the province/territory.
- JCSH is part of a broader re-imagining of public education and how it effects health. High level thinking tables like this need to say we can help move the province/territory forward. Public education has evolved way beyond literacy and numeracy.
- Is there a need to clarify JCSH's collaboration role for the next mandate? Further, what would be the optimal model: would it be having both ministries represented at both tables?
 - It would be helpful to have learnings from what intra-jurisdiction JCSH collaborations have worked well.
- The outcomes of this year's Members' Survey shows that, in the absence of direction to complete the survey as individuals, many provided a jurisdiction response. Representation has changed often in the past 15 years, particularly at the Management Committee level; this is a challenge in giving full response to member surveys, and also an opportunity for informing new representatives on JCSH and on how comprehensive school health is beneficial in so many ways.
 - Jamie suggested that the next members' survey should not seek anonymity; it is important to know the jurisdiction responding, the level of representation from the ministry, how long the responder has been involved/aware of JCSH.
- Intra-jurisdiction collaboration might receive more traction if reporting to the deputy ministers of the relevant ministries was enhanced. A tabled report for acceptance is not the same thing as being on the agenda.
- A case study of where collaboration has worked well can be instructive to other jurisdictions; the difficulty in looking to a small jurisdiction to complete a case study this year was that collaboration

is based more on individuals than it might be in a larger province. The concept remains a positive one for consideration.

Strategy 2 – to strengthen existing partnerships – may be too broad. JCSH is a unique partnership that brings in the both health and education ministries. The current mandate moved beyond focus on specific issues, such as healthy weights or physical activity, to a broad framework; it is important to consider what is added and what is removed by this strategic direction. As well, despite the changed focus, JCSH has continued to be linked with national tables focused on issues: concussions and cannabis are two examples.

Strategy 3 – partner organizations outside of government. There is support for this strategic work in the Francophone government sectors outside of Quebec.

Strategy 4 – explore engagement of different sectors beyond health/wellness and education. If the role of JCSH in supporting Health-Education collaboration is not fully fleshed, it may not be valuable to consider additional sectors. Silos are considered a problem, and without JCSH, school health will become a silo in the health department and another silo in the education department.

Strategy 5 – Strengthen inclusiveness to support diverse populations – the data received to respond to this strategy is mixed. This may mean the need for clarity on next steps. Jamie also asked Management Committee to consider whether this one is a strategy or a principle; if the latter, it may better be reflected in another way.

Discussion:

- It was remarked that JCSH needs to provide an answer to the question ‘What do I get from this table that helps me do my job better and serve the people of the jurisdiction better?’
- Some questioned the role of this committee in addressing the issue of diversity/inclusion such that it impacts changes in the jurisdiction. It was suggested that JCSH work helps; one example is BC sharing its work on SOGI (Sexual Orientation Gender Identity) for the benefit of other PTs.
- While it is difficult to predict crisis responses such as occurred with the influx of newcomers in the past few years, it is important to reflect on how JCSH impacts the wellness outcomes of diverse groups: LGBTQ students, Indigenous students, newcomers.
- This area also supports the work in many communities to make schools integral to the wellbeing of all members of the broader community.

Knowledge Development and Exchange Goal:

If all goals and strategies of JCSH are considered, would this one be at the top?

Discussion:

- It would rate highly. It is an interesting point to consider, given that it is valued, but is not easy to articulate in a way that shows the benefit.
- It is important to translate this goal into informing practice; how do we support educators through this goal? There is support for this direction, as it aligns with provincial government accountability.
- The importance of *knowledge exchange* for JCSH members is not questioned; however, especially when making the case to travel, it would be less difficult to justify *knowledge development*, which is possibly the most prominent part of this goal. There has been real success in creating and mobilizing tools and resources throughout the country; this is a tangible that is highly valued and can be articulated easily.
- Exchanging ideas and practice successes may be hard to sell, but framing it as knowledge development and generation would be more saleable, particularly if it can be expressed in a way that leads to system change.
- It was asked whether research, specifically on comprehensive school health is the goal, or is it moving evidence to practice.
 - It would be helpful to learn about the student wellness presentation made to Council of Ministers of Education Canada (CMEC). The JCSH body of work on positive mental health should be emphasized with CMEC.
- If the research piece is less important than knowledge generation/exchange and using evidence, then new language is needed to show this in a useful light.

Capacity Building Goal:

Strategy 1: The value of JCSH-developed tools and resources differs by jurisdiction, Jamie noted. Some provinces/territories seek a fully developed tool to support them in their comprehensive school health work; other jurisdictions, predominantly the larger ones, use the tools for guidance, principles, and evidence background to support their own resources' development. Given this, where do tools fit in the future work of JCSH?

Discussion:

- The Healthy School Planner has become a core piece of how Manitoba supports and funds schools, with the exception of Indigenous schools. With revisions and enhancements to make it more culturally appropriate, the Planner could become an even more important piece of how the province operationalizes government policy.

- Katherine advised that among the strengths of the JCSH tools and resources are that each one has been developed by national researchers with expertise in the area and supported/improved by a nation-wide advisory committee of School Health Coordinators and colleagues.
- The jurisdictions have been the drivers for tools' development.
- There is much value in each of the primary JCSH tools – Comprehensive School Health Framework, Healthy School Planner, Positive Mental Health Toolkit, and Youth Engagement Toolkit – are they are tangible aspects of JCSH, but it would be important to show Ministers there is more to JCSH than the tools alone. They are not the only products.
- More use and development of the Core Indicators Model of Comprehensive School Health and Student Achievement will be of benefit moving forward.
- It would be of benefit to have a rollup of Healthy School Planner data to look at trends.

Strategy 2:

How does this strategy – knowledge exchange and coordination – improve on the work being done within the provinces and territories?

Discussion:

- Responses showed that this strategy, as written, is not sufficient to make the case for a new mandate, that this is one area where qualitative data is needed; a story needs to be told in a way that will resonate with all member provinces and territories.
- This story should be of 3 of the most powerful examples of Knowledge Exchange among jurisdictions to show evidence of the depth and the breadth of influence of JCSH to improve work within the member jurisdictions. The example that Manitoba shares of 10 tangible benefits of JCSH are helpful, when the story is broadened to show how the Healthy School Planner not only benefits that province but Alberta and Newfoundland and Labrador as well.
- Another way of looking at this is to choose the issue, not specifically the province or the territory. Pick one; reconciliation, for example. Describe: This is what we have done, this is the ripple and value add of JCSH to show traceable effects. Build on this with a more in-depth story to encapsulate the value.
- The purpose of qualitative data is that it is compelling; it provides a tangible value for investment that quantitative data alone cannot.
- Both forms of data are important for this section: within the story, there can be much hard

data. For example, the Healthy School Planner has been completed by [x] number of schools, impacting [x] number of students. The qualitative statements will add memorable power.

- It was shared that JCSH is very good value for the amount of money that jurisdictions invest in it. There are many other tables of much less value for much more money.

Strategy 3:

What is the influence of JCSH on external partners to adopt Comprehensive School Health?

Discussion:

- There are examples in the past few years of external partners/government commitments to comprehensive school health:
 - MB requires schools to adopt a Comprehensive School Health approach
 - The Werklund School of Education at the University of Calgary has developed a new course, mandatory for all Bachelor of Education students: Creating Healthy School Communities (EDUC 551)
 - The NL Premier’s report committed to Comprehensive School Health
- These instances can be tracked by the Secretariat, through a simple data base: list partners, where has there been adoption. This will make a compelling influence. It also may show where there has not been movement in the past 5 years.

Mandate Renewal Discussion from Development Evaluation data:

Jamie advised that while JCSH has committed to a Developmental Evaluation approach, it is a bit late to be relying only on this process; this is the first time the data collected through the variety of sources is being reviewed.

There will be helpful information from interviews with Management Committee and School Health Coordinators’ Committee members to round out the data already collected. The Secretariat has gathered pieces from Records of Discussion/Decision, Annual Reports, and other sources. Jamie will treat the discussion from this meeting and the meeting a couple of weeks earlier with School Health Coordinators’ Committee as focus groups.

It will be helpful to use some issues as entry points in unpacking the value of JCSH: In what way did being part of JCSH help you with these critical issues? What is the contribution role and the unique value of JCSH? Is there ability to document in what ways JCSH work supported provincial/territorial movement in school health?

Discussion:

- This work needs to be complete by the spring 2019 face-to-face meetings.
- JCSH members need to write the jurisdictional perspectives themselves; it is important to look back to show results and look forward to show intentions. What has been achieved if JCSH continues, what will be lost if it does not.
- The new mandate should comment on the value of group learning, such that the jurisdiction benefits from what happens beyond the jurisdiction. Residential schools learning led to development of within-jurisdiction cultural competence as leaders with this knowledge. This moves the work beyond the scope of the jurisdiction and aligns with priorities of federal and provincial/territorial governments on reconciliation. That this is something we are able to do is important.

8. New mandate discussion

Timeline:

January 2019: PEI will take responsibility to get an agenda item on JCSH Mandate Renewal on ACDME and CDMH agendas (likely summer/fall 2019)

January – February 2019: PEI role: determine if it wants to remain JCSH lead / Secretariat host

January – February 2019: PTs' internal conversation on plans re JCSH membership continuation

January – April 2019: Evaluation report preparation; Mandate Renewal proposal preparation

April – May 2019: School Health Coordinators' Committee face-to-face meeting; Management Committee face-to-face meeting

Summer – October 2019: federal election frame.

Financial and Format Considerations:

- What would be the possible results with the same funding formula? With increased funding? Less? No funding?
- What would be the result with a full Secretariat, less than full, no Secretariat?
- 2 main questions to be answered: Do the PTs want to have a Consortium? If the answer to the first question is not a hard no, then how should it be described and managed?
- What are the members seeking in a new mandate? What are the gaps and how are we trying

to fill them? What are upcoming priority agenda items on federal, PT, health and education tables: it is important to show how JCSH work aligns with those tables.

Action: Secretariat will develop Common Briefing Note on JCSH for use by Management Committee and School Health Coordinators' Committee during within-jurisdiction discussions

Action: Katherine will send Management Committee members a Doodle poll to determine spring 2019 face-to-face meeting dates.

Action: Common Briefing Notes to Education and Health Ministries regarding the plans for a new mandate will be developed out of the spring 2019 face-to-face meetings, the evaluation report, and the mandate renewal proposal.

9. Partnerships, Networks, and the Canadian Alliance for Healthy School Communities

Katherine provided an update of the most recent work and plans of this Alliance.

The purpose of this item is to make a decision on involvement by JCSH with the Alliance.

Discussion:

- It is important for governments to show to non-government organizations the work they are doing is important. Otherwise, NGOs may feel disenfranchised if they don't know of this connectivity.
- Some Management Committee members expressed strong concern regarding JCSH direct involvement in the Alliance. It was expressed that meeting minutes and or updates on Alliance activities would be of interest.
- It is important to keep a clear distinction between government and those NGOs that government supports through funding.

Decision: JCSH will not have a direct role with Alliance – member, observer, or advisor. It would like to receive communications, including minutes of Alliance meetings. Katherine will relay this decision to the Stewardship Committee.

10. Canadian Institutes of Health Research (CIHR) Dr. Marissa Creatore

The purpose of having a presentation from one of the institutes of CIHR is twofold:

1. To begin making connections with the major research funding councils in Canada as per the Strategic Plan and learn more about their funding priorities; and 2. To begin to introduce the funding councils to the work of JCSH and ways research funding councils might build in more upstream and

collaborative funding calls.

Marissa noted that she hopes this presentation will be the beginning of ongoing connections between her/CIHR and JCSH. Although the presentation focus was on Healthy Cities, as it is one of the priorities of the Institute for which she is Assistant Director, the work of the Institute of Population and Public Health (IPPH) resonates with many JCSH priorities: Social Determinants of Health; healthy communities, including school communities; population health, including children and youth health and wellbeing; health promotion and disease prevention; and health and wellness for Indigenous peoples.

CIHR does a good job in building research capacity and in funding research to make change in Canadian population health, she said; it does less well in translating knowledge for use by policymakers, practitioners, and general knowledge users. A new strategic plan is underway for IPPH and will be completed later in 2019. The institute with which IPPH most often links is the Institute of Human Development, Child and Youth Health (IHDCYH) because of the latter's attention to lifecourse studies. This would also be an institute of interest to JCSH.

The mandate of IPPH is also one that relates well to the work of JCSH: "Improve the health of populations and promote health equity in Canada and globally through research and its application to policies, programs, and practice in public health and other sectors." The Institute takes an environmental approach: physical, social, education, and policy. The education system is not represented at the Institute's table, nor on the Federal table on Healthy Cities. However, the Institute is seeking to connect with those who use the research, including national bodies such as the Federation of Canadian Municipalities (FCM) which makes decisions on where schools are located.

Discussion:

- JCSH has, as part of its Strategic Plan, a priority to influence research being conducted relating to school health, student health, wellbeing and success, and student equity. The provincial and territorial ministries of education and health collect large amounts of data on the numeracy and literacy scores as well as the health of students. There must be a way to link this data and use it in ways of benefit to all stakeholders; this includes data on urban/community health, children and youth health, student success in school. What is the pro-active work that helps school communities impact their broader communities, including how student equity impacts health equity?
- Connections with funding councils such as CIHR also helps JCSH members understand better how research benefits the education and health mandates in the provinces and territories: for example, research on the impact the postal code has on health outcomes assists in being aware of the health determinants in a student population, possibly differing as much as if one student resided in a wealthy neighbourhood in the United States while their classmate lived in

a developing nation in Southeast Asia.

- It is also worth exploring how CIHR funded studies could link with education-focused research, such as Health Behaviour in School-aged Children (HBSC), Early Development Instrument (EDI), and Middle-Years' Development Instrument (MDI).
- Of interest is to have both CIHR and SSHRC (Social Sciences and Humanities Research Council) at the table with JCSH for research-practice conversations. SSHRC is the body that funds education and other social sciences research.
- Marissa was reminded that a focus on urban environments suggests exclusions of Indigenous communities, 70% of New Brunswick Francophones, and all rural areas of the country, including all of the territories.

Action: The Secretariat will continue to communicate with CIHR through Marissa and explore ways for further connections.

11. Wrap-up and Concluding Remarks

John thanked all who participated in the meeting, both in person and by teleconference, for their contributions and wished safe travels to those returning to their home jurisdictions.