

Joint Consortium for School Health Work plan April 1 2021 – March 31, 2022

The Joint Consortium for School Health (JCSH) comprises the health and education ministries of 12 provinces, with the Public Health Agency of Canada (PHAC) as funder and advisor. The secretariat facilitates engagement.

Vision: (Ultimate Outcome) Children and youth in Canada are thriving in school communities that are committed to health, well-being, and learning

Mission: To work collaboratively across jurisdictions and between the education and health sectors to support health, well-being and learning of children, youth, and school communities using the JCSH Comprehensive School Health Framework.

Identified JCSH priority areas 2020-2025: substance use, mental well-being, school food environment, COVID-19 support

	Guiding Principles: Providing Leadership, Enhancing Capacity, Promoting Innovation, Ensuring Accountability (Monitoring and Evaluation)
	Objectives: (Long-Term Outcomes – taken directly from JCSH Strategic Directions document) <ol style="list-style-type: none"> 1. Member jurisdictions experience increased capacity, collaboration and efficiency in their efforts to promote health, well-being, and learning outcomes for all students in the school setting using the Comprehensive School Health approach. 2. There is a continual exchange of information and knowledge among member jurisdictions related to the connection between health, well-being, and learning outcomes for all students. 3. JCSH to increase collaboration with other FPT bodies, key stakeholders, and national and international researchers in the field of youth wellness/healthy schools to enhance healthy school environments.
Workplan items are tagged to each Guiding Principle and Strategy from the JCSH 2020-2025 Strategic Directions Legend: G# = Guiding Principle, S# Strategy (e.g., G2S1 refers to Guiding Principle 2, Strategy 1)	

Activities	Outputs	Indicator	Lead(s)	Frequency	Status Update/Other Notes
Activity 1.1: Ensure reporting, planning and financial accountability for the JCSH (G2S1, G4S1).	1.1.1 Financial and annual reports and work plan submitted to management	Annual financial statement; Annual work plan and Report	Lead Province, Secretariat	Annually, by March 31 st .	Configure into annual report Evaluation TG to create form/ template to capture completion

	committee from Lead Province / Secretariat. (G4S1)	List of priorities from CMEC and Health Ministers school-health priorities (G1S1)	CMEC, FPT Ministers Health Secretariats; MC	Annually by March 1 each year	
		Number of requests for input in priority focus area planning by JCSH membership.	Priorities and Work Plan Task Group	Annually by March 1 each year	
		Collect feedback from JCSH membership to monitor work throughout the year (G2S2), G2S4, G4S1, G4S2).	Evaluation task group	Quarterly	
Activity 1.2 MC – SHCC – Foster active participation on Management Committee (MC) and School Health Coordinator Committee (SHCC) in each jurisdiction.	1.2.1 Provide federal/provincial/territorial and inter- sectoral information exchange through regular JCSH management committee and school health coordinator committee meetings (G2S4).	12 SHCC meetings completed. 6 MC meetings completed. 4 joint meetings (SHCC-MC) Members from MC and SHCC are invited to provide feedback on committee meeting structure/content (G4S2).	JCSH secretariat	Annually	Survey for MC and SHCC on JCSH experience (G4S2).
	1.2.2 Members actively participate in JCSH meetings of MC and SHCC as well as task groups (G2S1).	80% participation/ jurisdiction in meetings; 80% of jurisdictions participate on at least one working group	MC, SHCC representatives co-chairs	Annually (March 31 st)	Annual surveys – what would increase participation/challenges to participation; Capture attendance/gaps

	1.2.3 Provide federal/provincial/territorial and inter- sectoral information exchange through circulating F/P/T request for information and compiling responses of environmental scans (G2S4).	4 environmental scans completed 100% of jurisdictions respond to requests for information in environmental scans All final scans shared with jurisdictions and posted to the JCSH website	MC/SHCC	Annually Ongoing	- School Meal Program Environmental Scan sent to SHCC August 2021
Activities	Outputs	Indicator	Lead(s)	Frequency	Status Update/Other Notes
Activity 2.1: Support projects and resource development in priority areas to support health, well-being and learning of students using the CSH approach (G1S2, G2S3, G2S4, G3S1, G3S2, G4S1, G4S3).	2.1.1 Create a revision plan for the Healthy School Planner assessment tool based on feedback from external consultant (G3S2).	Receipt of standards, indicators, wise practices report; HSP revision plan created	SHCC HSP task group	Phase 1 – March 2022 Phase 2 – March 2023 Phase 3 – March 2024	RFP for Phase 1 (Standards and Indicators / Wise Practices of CSH/HPS) released; Deadline for Proposals October 6 2021
	2.1.2 Create and disseminate knowledge exchange products and Comprehensive School Health focused subject matter summaries/infographics of JCSH priority areas (substance use, mental well-being, school food environment, COVID-19 support) (G2S4).	4 CSH focused subject matter summaries created per year (over life of agreement) Number of newsletters disseminated to members # of multi-media assets / products developed each year on priority areas # of adult influencers identified # of products disseminated to JCSH members	Secretariat Task groups	March 2022 Annually	Substance Use Multi-media assets Contract awarded to Students Commission; project underway. Deadline for completion early December This year, focus on substance use. Next year will focus on school food environments Subsequent years will focus on other priorities. Under Mental Health priority, consider Create a task group for Digital/Social Media in 2022(G2S4, G3S1)

	2.1.3 Develop an Indigenous Module of PMH Toolkit (G3S2).	RFP is developed by March 2022	PMH Toolkit Task Group	Phase 1: March 2022 Phase 2: March 2023	Begin task group formation in September and scope of group
	2.1.4 Conduct Structural Determinants of Health and Equity Environmental Scans related to the school environment. (G1S2, G2S3)	Develop Equity Task Group as overarching group. • Identify priority scans • Begin undertaking scans # of scans conducted	TG	March 31, 2022	Begin task group formation in September and scope of group MC, SHCC, and other colleagues are welcome to participate. Subsequent years will have activities out of scans and first work
	2.1.7 Share research on the emerging needs of children and youth in the school setting in response to COVID-19. Identify trends, issues, future priorities and bring together Provincial and Territorial representatives with similar issues to share (G3S1).	Frequency or number of products produced in relation to monitoring Determine what form monitoring would take: Address upstream approaches, supportive environments, and social determinants of health Part of the reporting on this will be the Annual Report	MC/SHCC	Annually throughout the pandemic	School nutrition will be focus for 2021-2.
	2.1.8 Revise, update, and support the use of JCSH website.	Reviews on quarterly basis Communications from jurisdictions on quarterly basis. 4 meetings with webmaster. 4 website updates performed Quarterly review of website by MC and SHCC members	JCSH secretariat	Annually	Summer 2021 cleanup Included in Intro to JCSH conversations with new representatives to the MC-SHCC tables

		100% of SHCC and 80% of MC members access the private side of JCSH website			
Activities	Outputs	Indicator	Lead(s)	Frequency	Status Update/Other Notes
Activity 3.1: Engage with partners and key stakeholders to increase collaboration and advance work in CSH/school health (G1S3, G1S4).	3.1.1 Develop a strategic process to outline the engagement process with partners to support identified priority areas (G1S4, G2S2).	Spreadsheet of partners and their affiliations created Process of who to engage documented	JCSH secretariat	December 2021	Breakout session for Sept 2021 joint MC-SHCC meeting: identifying partners, checklist to engage partners. What process would you suggest to engage with each partner?
	3.1.2 Partner with PHAC and Queens University to support HBSC survey (G1S3).	PHAC and Queens University have received survey feedback and have engaged with # of P/Ts	SHCC HBSC task group	March 2022	Letters to schools early fall
	3.1.3 Participate on CHEO's Healthy Active Living and Obesity Research Group to support the Sedentary Behaviour Research Network panel to develop education-related sedentary behaviour recommendations for school-aged children and youth (G1S4).	Number of meetings attended with CHEO. Number of updates given to JCSH committee regarding work conducted by SBRN. Dissemination of final products / documents to JCSH members.	JCSH secretariat	March 2022	Systematic review and draft recommendations complete (Aug 2021)
	3.1.4 Engage with partners (including government and non-government organizations) to deliver presentations to support JCSH priority areas and other relevant topic areas (G1S4, G2S2).	6 presentations delivered 25% of presentations given for each priority area.	JCSH secretariat	Ongoing every second month	Surveys are sent following each presentation Future presentations: Rights of the Child (to honour Nov 20) opioid research healthy built environment and school food

		75-80% level of satisfaction with presentations among MC and SCHH Master list of partners created			Invite CIHR to present to a joint meeting of MC and SHCC presentation meeting to discuss current research that supports school health (G3S3, G3S4) Joint meeting September discussion. CIHR may be able to present in January 2022. CIHR Indigenous Health VP presentation? Link to Equity, Indigenous work TGs
	3.1.5 Invite international partners to present to JCSH committees (G1S4).	One presentation delivered Number of partners contacted. Number of presentations given by each partner.	JCSH secretariat	March 2022	Annual meeting / presentation by/with international partners
Activity 3.2: Provide opportunity for active collaboration between JCSH members and researchers to support healthy school environments and youth wellness(G1S1, G2S4, G4S2).	3.2.1 Establish JCSH research council to collaborate and advise on latest research to support youth wellness in JCSH priority areas.	Task Group developed Terms of Reference developed Research council established with 20 researchers in the field of youth research	JCSH secretariat JCSH Research Council Task Group	March 2022	This needs a new task group

Legend: Guiding Principles/Strategies defined:

- Guiding Principle 1 (G1): PROVIDING LEADERSHIP To advance coordinated and aligned policy, programs and practice that support the optimal health, well-being, and learning of children and youth in Canada.
 - Strategy 1 (G1S1) – Strengthen connections with the Council of Ministers of Education, Canada and the FPT Ministers of Health to encourage alignment of priorities and needs.
 - Strategy 2 (G1S2) – Continue to support member jurisdictions with policy and practice-based tools and resources that leverage a comprehensive school health approach.
 - Strategy 3 (G1S3) – Proactively engage with federal initiatives focused on student health and well-being to align with efforts within jurisdictions and encourage principles of CSH to be embedded and visible within these federal initiatives
 - Strategy 4 (G1S4) – Continue to strategically engage representatives of the non-government sector, and key stakeholders in sectors beyond health/wellness/education, in order to advance CSH-based approaches to common needs and issues.

- Guiding Principle 2 (G2): ENHANCING CAPACITY THROUGH KNOWLEDGE DEVELOPMENT AND EXCHANGE To build, share, and leverage knowledge that enables member jurisdictions to support the optimal health, well-being, and learning of children and youth in Canada.
 - Strategy 1 (G2S1) – Support member jurisdictions to be responsive, resource efficient, and economically responsible by sharing knowledge of what works best and has the greatest positive impact.
 - Strategy 2 (G2S2) – Identify and/or develop tools to strengthen existing partnerships across the education and health sectors.
 - Strategy 3 (G2S3) – Continue to strengthen knowledge on how CSH-based approaches can meet the needs of diverse population groups and address inequities.
 - Strategy 4 (G2S4) – Increase and enhance opportunities for knowledge exchange among member jurisdictions.
- Guiding Principle 3 (G3): PROMOTING INNOVATION To support innovative approaches to policy, programs, and practice in member jurisdictions that address common challenges to the optimal health, well-being, and learning of children and youth in Canada.
 - Strategy 1 (G3S1) – Proactively identify and provide potential solutions to existing and emerging challenges to student health, well-being, and learning, and disseminate results among member jurisdictions.
 - Strategy 2 (G3S2) – Utilizing a comprehensive school health approach, advance application of evidence to address emerging issues of concern (e.g. vaping).
 - Strategy 3 (G3S3) – Continue engaging research partners in order to create an evidence base of strategies to support student health, well-being, and learning and comprehensive school health approaches.
 - Strategy 4 (G3S4) – Work with research partners to advance evidence-based reviews of responses to emerging challenges.
- Guiding Principle 4 (G4): MONITORING, EVALUATION, AND ACCOUNTABILITY To implement a comprehensive evaluation framework for the goals, strategies, and operational plans of the JCSH 2020-2025 mandate.
 - Strategy 1 (G4S1) – Develop annual JCSH operational plans and budgets that specify planned areas of actions to support the five-year JCSH goals and strategies.
 - Strategy 2 (G4S2) – Undertake a comprehensive evaluation of the JCSH during the mandate.
 - Strategy 3 (G4S3) – Support and ensure the ongoing alignment between the JCSH governance structure, the operational policies, and the implementation of the Strategic Directions.