Joint Consortium for School Health

Governments Working Across the Health and Education Sectors

Moving Forward: Planning for a New Mandate

Proposal submitted to the Advisory Committee of Deputy Ministers of Education and Conference of Deputy Ministers of Health

2009

Introduction

In 2005, Canada's ministers responsible for health and education pioneered a new approach to improving health and learning for children and youth. They recognized that, statistically, young people's lifestyles were putting them at risk for a range of physical, psychological and behavioural problems – and that these kinds of lifestyle issues have major implications not only for learning, but also for our health care system.

According to the Public Health Agency of Canada, chronic diseases, such as cancer, Type 2 diabetes, arthritis and heart disease, are among the most common and costly problems facing Canadians. However, they are also among the most preventable and taking steps today to encourage healthy habits among our young people can make a real difference.

The World Health Organization has concluded that effective school health programs are among the best investments a nation can make to simultaneously improve education and health[i]. Comprehensive school health[ii] (CSH) programs, which involve multi-faceted, whole school approaches, have been found to be the most effective[iii], demonstrating significant improvements in student achievement, behaviour and health outcomes[iv].

Comprehensive school health approaches can deliver results in return for relatively small investments. The primary challenge arises from the fact that CSH is dependent on partnerships and collaboration, both between the health and education sectors and within the school community, which Canada's health and education systems were not designed to easily accommodate. The different cultures, diversity of resources available within sectors and jurisdictions and the complexities of federal, provincial and territorial roles have also presented challenges in efforts to collaborate.

The Pan-Canadian Joint Consortium for School Health was formulated specifically to serve as a catalyst to overcome these barriers. Its unique structure brings together key representatives from both the health and education sectors to foster cooperation and collaboration at the highest levels of government. It also provides a wide range of tools and resources for partners including educators, school districts, health authorities and others. Since the JCSH's inception, CSH has become much more established in Canada.[v]

Everywhere that CSH concepts have been implemented, schools, students and parents are reporting improvements. Kids are more attentive. There are fewer behaviour problems. Teachers find it easier, and in many cases, more rewarding, to teach. School staff are also supported to adopt healthier lifestyles and students learn the importance of making positive choices.

As the Consortium plans for a second five-year mandate, its founding governments can be proud of its progress to date. The challenge now is to maintain and build on this momentum so that, over time, all Canadians can realize the benefits of a stronger, healthier, better-educated society.

Proposal

Extend the mandate of the Joint Consortium for School Health for another five years (2010 – 2015) with a number of refinements to its formal agreement, funding formula and accountability framework, as set out below.

Membership

The Public Health Agency of Canada would no longer be a member of the Consortium alongside provinces and territories. Rather, it would serve in a funding and advisory capacity. This will open the door to Quebec (currently the only non-participating province) becoming a member jurisdiction. It will also allow the Consortium to access funding from federal sources.

Funding

The Consortium has developed a revised funding structure as part of its new mandate proposal. In light of the current economic climate, no additional funding is being requested. Instead, the proposed new approach redistributes the costs, setting a minimum annual contribution at $2,000 per jurisdiction and allows the Consortium to seek out funding from sources other than its member jurisdictions.

Accountability

The revised agreement and new terms of reference create a more robust accountability framework, clarifying roles, responsibilities and processes. The agreement is also more specific about the nature of the Consortium's work, emphasizing the need for senior cross-sector leadership and engagement.

Name

The Consortium's official title, The Pan-Canadian Joint Consortium for School Health, is awkward to say and difficult to remember. As part of its new mandate, the Consortium will be looking at options for a simpler name that more intuitively reflects its role and mandate.

Rationale

Since its inception in 2005, the Consortium has made significant progress in advancing the comprehensive school health agenda to improve both health and educational outcomes for school-age children and youth. Extending its mandate would allow it to continue building momentum and increase the capacity of the health and education

systems to work together more effectively. The proposed refinements would provide greater equity among member jurisdictions, open the door to Quebec's membership, provide new sources of funding, improve accountability and create new opportunities to support cross-sector collaboration.

Recommendation

Approve the proposal to extend the Consortium's mandate, along with refinements to its agreement, terms of reference and funding structure as described above.

i World Health Organization website. Available at www.who.int/school_youth_health/en/. Accessed Nov. 27, 2006.

ii Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way.

iii Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e88185.pdf, accessed 16 Sep. 2008).

iv Center for Disease Control and Prevention. (2008). Student Health and Academic Achievement. Retrieved October 6, 2008, from *http://www.cdc.gov/HealthyYouth/health_and_academics/*.

v Canada, Pan-Canadian Joint Consortium for School Health, Governments Working Across the Health and Education Sectors, Annual Report (July 31, 2008).

Appendix A:

Pan-Canadian Joint Consortium for School Health AGREEMENT

1.0 Background

In 2005, provincial and territorial Ministries of Education and Health and the Public Health Agency of Canada established the Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The agreement establishing the Joint Consortium for School Health expires on March 31, 2010.

By virtue of this agreement ("the Agreement") being entered into by provincial and territorial Deputy Ministers of Education and Health (or equivalent health promotion ministry), hereinafter collectively called "the Parties", the Joint Consortium for School Health ("the Consortium") is continued.

The Agreement builds upon the initial vision for the creation of the Consortium. It provides greater clarity of the roles and responsibilities of the Parties and committees. It reaffirms the commitment of governments to work collaboratively across jurisdictional boundaries and the traditional sectors of health and education. It supports the ongoing work of the Consortium and acknowledges the value of the relationships created and nurtured since the creation of the Consortium.

2.0 Purpose of the Consortium

The purpose of the Joint Consortium for School Health is to be a catalyst to strengthen cooperation and capacity among the Parties to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

The Consortium will provide leadership and facilitate a comprehensive approach to school health by building the capacity of education and health systems to work together by:

- strengthening cooperation among ministries, agencies, departments and others in the support of healthy schools;
- building the capacity of the education and health sectors to work together more effectively and efficiently; and
- promoting understanding of, and support for, the concept and benefits of comprehensive school health.

Five long term outcomes associated with achieving the Consortium's vision are increased:

Policy coordination

Research coordination

Inter-sectoral action between education and health

Systemic collaboration and efficiency

System capacity

3.0 Commencement and Duration of Agreement

This Agreement commences April 1, 2010 and remains in force until March 31, 2015.

4.0 Governance Structure

4.1 Consortium Lead

The Consortium will be led by the Lead Jurisdiction. The Lead Jurisdiction will be selected by the majority of the Parties for the lesser of the duration of this Agreement or a five year period.

4.2 Deputy Ministers' Committees

The Joint Consortium for School Health will be governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

The Deputy Ministers of Health (or Healthy Living/Wellness) and Education in the Lead Jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables with responsibility for tabling the annual reports, seeking strategic direction and facilitating approvals of the strategic plans and Management Committee Terms of Reference. The liaison Deputy Ministers in the Lead Jurisdiction may name another Deputy Minister within the same sector in another jurisdiction to provide the leadership function.

The Conference of Deputy Ministers of Health shall invite the Public Health Agency of Canada (PHAC) to appoint a similarly senior representative to participate in discussions of the Deputy Ministers' Committee in an advisory capacity, but that representative will not be a member of the Committee.

4.3 Role and Responsibilities of the Deputy Ministers' Committees

The two Deputy Ministers' committees will be the governing bodies of the Consortium, and will provide strategic direction for the Consortium by:

- establishing a Management Committee as the operational committee of the Consortium and approving its Terms of Reference;
- providing strategic information and direction to the Management Committee;
- approving the Strategic Plan and any subsequent amendments to the plan, submitted by the Management Committee to the Deputy Ministers' committees;
- reviewing and accepting the Annual Report with financial statements, submitted by the Management Committee; and
- tabling the annual report at an annual intergovernmental meeting of the Ministers of Health and an annual intergovernmental meeting of the Ministers of Education.

Meetings are not required to be held in person. Business may be conducted in any manner determined to best meet the needs of the Committee members.

Decisions of the Deputy Ministers' committees shall be communicated by the Liaison Deputy Minister to the Chair of the Management Committee.

5.0 Consortium Secretariat

The Parties agree to continue the operation of a Joint Consortium for School Health Secretariat ("the Secretariat").

The Secretariat will coordinate the activities of the Joint Consortium for School Health and provide administrative support to the Consortium, under the direction of an Executive Director.

The Lead Jurisdiction will host the Consortium Secretariat function and will hire, supervise and evaluate the Secretariat Executive Director.

6.0 Addition of a Provincial/Territorial Jurisdiction to the Consortium

A government entity may be invited to join the Consortium on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of an amount determined at the time by the Deputy Ministers' committees.

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the Consortium

Any party can withdraw from the Agreement by providing 90-day written notification to the Liaison Deputy Ministers of the two Deputy Ministers' committees.

In the event of withdrawal, the party shall pay a pro-rated portion of its contribution fees for the fiscal year in which it withdraws from the Consortium. In addition, the party shall be responsible for its portion of any outstanding contracted work created while the party was a signatory to the Agreement.

8.0 Funding

The Parties agree to fund the salary, benefits, travel and program costs associated with the obligations of their respective representatives serving on the following committees:

- Deputy Ministers' Committees; and
- Management Committee

The Parties agree to fund the salary, benefits and program costs associated with the obligations of School Health Coordinator Committee members. Travel costs associated with committee meetings for one School Health Coordinator member per jurisdiction will be covered by the JCSH. Travel costs associated with attendance at the Management Committee meetings will be covered by the JCSH for one School Health Coordinator Committee Co-chair.

In addition, the Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations are contingent upon federal government funding as specified in Schedule 1. Contribution fees are due to the Lead Jurisdiction on or before April 15th, and are to be accounted for separately by the Lead Jurisdiction.

The Consortium may seek other funding sources to supplement funding arrangements articulated in this Agreement.

9.0 General Provisions

9.1 Schedules

The Schedules shall have the same force and effect as if expressly set in the body of this Agreement and any reference to this Agreement shall include the Schedules.

9.2 Variation of the Agreement

This Agreement may be amended at any time by agreement of the Parties.

9.3 Termination of the Agreement by Mutual Agreement

This Agreement may be terminated at any time by unanimous agreement of the Parties.

Termination of this Agreement is without prejudice to the rights, duties and liabilities of the Parties accumulated prior to termination.

Intellectual property developed under the Agreement shall become the property of the Lead Jurisdiction at the time of termination. The Lead Jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

9.4 Legal Rights and Responsibilities

The creation of the Consortium does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial Ministers of Education, or any of the provincial or territorial Ministers of Health.

The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 6 (withdrawal) and 7 (funding).

9.5 Evaluation

The Parties agree to further evaluation of the Consortium, as determined by the Management Committee.

Schedule 1: Cost-Sharing Agreement

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/territorial jurisdictions:

- Public Health Agency of Canada will contribute $250,000 annually; and
- Provinces and territories will match this contribution annually according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2010.

Provincial/territorial jurisdictional contributions are based on a fixed contribution of $2,000 annually plus a variable portion based on total population of their respective jurisdictions. Jurisdictions with less than one percent of the population will contribute the fixed portion only.

Proportional breakdown of the provincial/territory contribution:

Province / Territory	Total Population	Pop %	Fixed	Variable	Total Contribution
AB	3,290,350	14%	$ 2,000	$ 31,029	$ 33,029
BC	4,113,487	17%	$ 2,000	$ 38,791	$ 40,791
MB	1,148,401	5%	$ 2,000	$ 10,830	$ 12,830
NB	729,997	3%	$ 2,000	$ 6,884	$ 8,884
NL	505,469	2%	$ 2,000	$ 4,767	$ 6,767
NT	41,464	0%	$ 2,000	N/A	$ 2,000
NS	913,462	4%	$ 2,000	$ 8,614	$ 10,614
NU	29,474	0%	$ 2,000	N/A	$ 2,000
ON	12,160,282	51%	$ 2,000	$ 114,675	$ 116,675
PE	135,851	1%	$ 2,000	$ 1,281	$ 3,281
SK	968,157	4%	$ 2,000	$ 9,130	$ 11,130
YK	30,372	0%	$ 2,000	N/A	$ 2,000
Federal					*$ 250,000*
Totals	**24,066,766**	**100%**	**$ 24,000**	**$ 226,000**	**$ 500,000**

Schedule 2: Parties to the Agreement

Member Jurisdiction		Name	Signature	Date
Alberta	Deputy Minister of Health and Wellness			
	Deputy Minister of Education			
British Columbia	Deputy Minister of Healthy Living and Sport			
	Deputy Minister of Education			
Manitoba	Deputy Minister of Healthy Living			
	Deputy Minister of Education, Citizenship and Youth			
New Brunswick	Deputy Minister of Wellness, Culture and Sport			
	Deputy Minister of Education			
Newfoundland and Labrador	Deputy Minister of Health and Community Services			
	Deputy Minister of Education			
Northwest Territories	Deputy Minister of Health and Social Services			
	Deputy Minister of Education, Culture and Employment			
Nova Scotia	Deputy Minister of Health Promotion and Protection			
	Minister of Education			
Nunavut	Deputy Minister of Health and Social Services			
	Deputy Minister of Education			
Ontario	Deputy Minister of Health Promotion			
	Deputy Minister of Education			
Prince Edward Island	Deputy Minister of Health			
	Deputy Minister of Education and Early Childhood			
Saskatchewan	Deputy Minister of Health			
	Deputy Minister of Education			
Yukon	Deputy Minister of Health and Social Services			
	Deputy Minister of Education			

Appendix B:

Management Committee
TERMS OF REFERENCE

Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial and territorial Deputy Ministers and Ministers of Health and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and facilitate a comprehensive and coordinated approach to school health by building the capacity of the school and health systems to work together. The Consortium enhances the capacity of provincial/territorial education and health systems to work together to promote the healthy development of children and youth through the school setting.

The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH). Under the terms of the Agreement, the two Deputy Ministers' committees must establish a Management Committee as the operational committee of the Consortium and approve its Terms of Reference.

Purpose

The Management Committee provides overall direction and support for the JCSH. The Committee is a forum for information sharing and consideration of strategic-level issues related to the purpose of the Consortium.

The Management Committee is responsible for ensuring that the purpose of the Consortium is carried out. It is accountable to the two Deputy Ministers' committees for the success of the Consortium in meeting its goals.

The Management Committee provides direction to the Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium.

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support decisions that strengthen partnerships across jurisdictional boundaries and across traditional health and education sectors.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet the needs of the members, not just their own jurisdictional needs.
- **Integration:** Members will support decisions that strengthen integration of health and education objectives and goals.

- **Effectiveness:** Members will support decisions that are based on effective practices.
- **Open Communication:** Members will share information openly with other members where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring decisions are made in a timely manner.

Mandate and Objectives

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the two Deputy Ministers' committees by:

- exchanging ideas, opportunities and concerns related to existing and emerging issues;
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat;
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues;
- participating in discussions and making decisions on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward, as outlined in the strategic plan and annual business plan; and
- offering a forum for discussion on other health and educational issues where appropriate.

Operational responsibilities of the Management Committee are as follows:

- prepare a five year strategic plan for approval by the two Deputy Ministers' committees, updated as necessary;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee, including setting direction and priorities;
- approve the annual operating plan and budget prepared by the Secretariat;
- oversee the financial and administrative matters of the Consortium, in conjunction with the Lead Jurisdiction (as host of the Secretariat function);
- establish the Secretariat Executive Director's responsibilities based upon the annual budget and operating plan;

- participate in the hiring and evaluation of the Secretariat's Executive Director;
- approve an annual report and financial statements prepared by the Secretariat and submit them to the two Deputy Ministers' committees each fiscal year, on or before July 31;
- approve Terms of Reference for the School Health Coordinators' Committee; and
- approve mandate, work plans and Terms of Reference on an annual basis for external committees and working groups deemed necessary by members of the Committee to carry out the work of the Consortium. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on work plans.

Membership and Process:

Membership:	The Management Committee will invite the Public Health Agency of Canada (PHAC) to appoint a senior executive representative to participate in discussions of the Management Committee in an advisory capacity, but that representative will not be a member of the Committee.
Committee Chair:	The Management Committee will be chaired by the Lead Jurisdiction Management Committee Member.
Meetings:	The Management Committee will meet a minimum of four times each year. Two meetings will be face-to-face. In addition, the Committee will meet as required to provide oversight and direction/ advice on major issues. School Health Coordinators' co-chairs are to attend Management Committee meetings on an alternating basis. The Secretariat Executive Director will attend meetings of the Management Committee.
Alternates at Meetings:	An alternate may attend in place of a member, but must be empowered to make decisions on their behalf at the meeting.

Decisions:

The Committee is a decision-making body. A minimum of fifty percent of the Management Committee is required for a quorum.

Decisions or recommendations will be reached by consensus (defined below). All members will have a say. Divergent views will be fully discussed. If consensus cannot be reached, the majority will rule. Differing opinions will be noted in the meeting records.

The following process will be used to reach consensus on an issue and to make a decision/recommendation. A decision timeframe will be determined by the urgency in which the decision or recommendation must be made:

Each member will state their position on the following four point scale:
Level 1: Fully support; Level 2: Support with reservations; Level 3: Require more information; Level 4: Cannot support.

Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations or level of support as part of the meeting record.

If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.

If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed upon timeframe. Members failing to respond by the agreed upon time forfeit the opportunity for further input into any related decision.

Communications:	The Committee will keep meeting records including records of its decisions. The meeting records will be available to: • the Committee Members' respective Deputy Ministers and, • the two Deputy Ministers' committees The Secretariat will prepare and regularly update an "issues tracking" document to assist Members in meeting their obligations for timely and informed decision-making.
Accountability and Reporting:	Accountability is to the two Deputy Ministers' committees – ACDME and CDMH. An annual report including financial statements must be submitted to the two Deputy Ministers' committees on or before July 31. The annual report must include information on the progress made by the Consortium in meeting its goals and objectives as laid out in the strategic plan approved by the two Deputy Ministers' committees.
Budget:	Administrative costs associated with meetings are covered by the JCSH budget. Travel and accommodation expenses of Members will be the responsibility of each jurisdiction.
Duration:	Ongoing per Agreement.
Related Committees:	The Committee will establish terms of reference for the School Health Coordinators' Committee and provide guidance and direction to that Committee.

Terms of Reference Approved:

_____ Date: _____

Deputy Minister of Education
JCSH Lead Jurisdiction

_____ Date: _____

Deputy Minister of Health
JCSH Lead Jurisdiction

Appendix C: JCSH Preliminary Evaluation: Status Report

From the outset the Joint Consortium for School Health has put plans and mechanism in place to measure whether it is achieving its stated goals. The first priority was the development of a logic model which provides strategic direction for the Consortium's work while also serving as a mechanism for measuring progress. A literature review of best practices in cross-sector collaboration was also conducted to identify key factors in successful horizontal initiatives. In addition to these guiding documents, annual reports and regular surveys of members and partner agencies are among the many tools used to track results.

In the early years, much of the work of the Consortium concentrated on building a national presence while establishing an effective model for working across sectors as well as across jurisdictions. Work of this nature is particularly challenging to evaluate because it takes time to both get agreement on what success looks like as well as to produce the paradigm shift necessary to deliver the desired results. Consequently, early indicators of the Consortium's success focussed on outputs produced in each of the Consortium's three areas of activity: knowledge development, leadership and capacity building along with anecdotal feedback from members, partners and stakeholders. These preliminary results form the baseline data by which the Consortium will ultimately measure its long terms successes.

The good news is that four years into the first five-year mandate, members are already witnessing evidence of systems change. Jurisdictions report increased information sharing between members through resources such as the JCSH knowledge tools, policy overviews, newsletters, web site and regular meetings. Increased awareness of comprehensive school health is leading to more collaboration among health and education professionals within jurisdictions, resulting in better policy and program development across the country.

Members are reaping the benefits of shared national resources such as the Healthy School Planner developed in collaboration with leading experts in the field of school health and now available free of charge to schools across the country.

The Consortium is increasingly engaged in national dialogues at both health and education tables and in many cases is challenging the traditional way of conducting government business by facilitating increased collaboration beyond just health and education to business, sport, recreation and many other sectors.

The JCSH is also recognized as a formidable player on the international stage as evidenced by invitations to participate in several meetings of the World Health Organization and the International Union of Health Promotion and Education. In 2008 the JCSH was a major contributor to the development of international guidelines for health promoting schools as published in Health Promotion International.

Having overcome numerous challenges associated with the creation of a new horizontal structure, the Consortium is now beginning to realize synergies and maximize the effectiveness of school health policies and programs in Canada through the sharing of ideas and resources. As it approaches the close of its first five-year mandate the JCSH has broken new ground in horizontal integration across the health and education sectors and, as a result, has evolved as an effective model of cross-sector collaboration in Canada.

Highlights of JCSH Performance 2005 – 2009

Please consult the annual reports for detailed descriptions of all JCSH accomplishments

Outputs and Outcomes	Preliminary Performance Indicators
Knowledge Development	
Website	• 2, 098 average hits per day • 143 average visitors per day • 7.47 average page views per visitor
Newsletters	• 24 issues published in both official languages • 100% reader satisfaction
Scans of Resources and Activities	• 11 scans produced
Jurisdiction Profiles	• 11 produced
Policy Overviews	• 7 policy topics available for member use only
Fact Sheets	• 5 fact sheets summarizing survey results in both official languages (Health Behaviour in School-aged Children)
Annual Reports	• 3 reports produced in both official languages • 500 copies distributed/year
Journals	• 12,500 copies distributed of special edition journal produced in partnership with the Canadian Association of Principals
Leadership	
National Dialogues (with government, NGO and research sectors)	• Participated in over 60 national meetings, conferences and consultations
National Research Enhancements	• Identified programs and resources for inclusion in Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention • Developed the Healthy School Planner which has capacity to report on aggregate school health data at regional and national levels
International Influence	• Contributing author of 2008 International Guidelines for Health Promotion Schools (International Union for Health Promotion and Education) • Co-hosted meeting of the World Health Organization, 2007 • Invited to present at the meeting of the Pan American Health Organization, 2009 • Invited to present at the European Conference on Health Promoting Schools, 2009
Capacity Building	
Member Meetings	• Facilitated 64 meetings of members (42 School Health Coordinators Committee + 22 Management Committee) • 98.4% participant satisfaction rating
Comprehensive School Health Framework	• 1400 Comprehensive School Health Framework documents distributed to health and education professionals
Healthy School Planner	• 1700 Healthy School Planner User Guides distributed to Canadian educators
Best Practices Toolkits	• 2 toolkits produced in both official languages (physical activity and substance use)

Appendix D: JCSH Logic Model