*CONFIDENTIAL ADVICE TO DEPUTY MINISTERS OF HEALTH*

COMMON BRIEFING NOTE

TELECONFERENCE OF PT DEPUTY MINISTERS OF HEALTH

**SEPTEMBER 11, 2014**

**AGENDA ITEM:**  *PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH (JCSH): MANDATE RENEWAL (2015-2020)*

**LEAD JURISDICTION**: **PRINCE EDWARD ISLAND**

**DECISIONS REQUESTED:**

 **Decision** [x]  **Discussion** [ ]  **Information** [ ]

* Renewal of JCSH Mandate (2015-2020) (Attachment 1); and
* JCSH Lead Jurisdiction and Secretariat Host.

**BACKGROUND:**

* The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the Council of Ministers of Education, Canada and the Conference of Ministers of Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. Its purpose is to facilitate the collaboration of the health and education sectors to better accomplish mutual goals and support shared mandates for the promotion of wellness and achievement in children and youth in Canadian schools.
* BC was the lead jurisdiction and hosted the JCSH Secretariat for the first five years (2005-2010). JCSH received a second five-year mandate from the FPT Deputy Ministers of Health on June 19, 2009 and from the PT Deputy Ministers of Education on September 03, 2009. Prince Edward Island was chosen as the lead jurisdiction and Secretariat host for the second five-year mandate (2010-2015).
* JCSH comprises the Ministries of Education and the Ministries of Health from all provinces and territories with the exception of Quebec. Although Quebec shares the concerns and objectives of the JCSH, and will continue to contribute by sharing information and leveraging best practices, Quebec intends to remain solely responsible for responding to school health needs within its territory.
* The federal government also supports the work of the Consortium, with the Public Health Agency of Canada (PHAC) serving in a funding and advisory capacity.
* An external evaluation of the JCSH was completed in May 2014 (Executive Summary provided in Attachment 2).
* JCSH’s current mandate expires on March 31, 2015.

**CURRENT SITUATION:**

* The expiration of the JCSH's current mandate and potential next steps were briefly discussed at the May 29, 2014 meeting of the Conference of Deputy Ministers of Health (CDM). It was agreed that by way of follow-up to this meeting, as JCSH lead, PEI would:
	+ canvass member jurisdictions regarding JCSH impact and uptake; and
	+ prepare a report and recommendation for DM consideration at the Fall 2014 CDM.
* On July 16, 2014, the PE DM of Health, through his PE Health Support Committee lead, sent an email to Health Support Committee members. The email asked Health Support Committee members to respond to three questions regarding JCSH impact and outcomes in their jurisdiction (on behalf of their Deputy Minister) by August 1st.
* All member jurisdictions responded to the email, indicating their support for the work of the Consortium in promoting and advancing school health and student outcomes across the country.
* Prince Edward Island has surveyed provinces and territories to determine if there is an interest in assuming the role of JCSH Lead Jurisdiction and Secretariat Host. PEI has expressed interested in retaining these roles.
* The Advisory Committee of Deputy Ministers of Education (ACDME) was provided a presentation on the work of JCSH and the JCSH proposal for mandate renewal at its July 7, 2014 meeting in Charlottetown. At this meeting, ACDME:
	+ indicated its support for a renewed JCSH mandate (2015-2020); and
	+ reviewed and accepted the 2014 JCSH Annual Report, and subsequently tabled it before the Council of Ministers of Education, Canada.

**CONSIDERATION(S):**

* Annual funding ($250K from PHAC and $250K from PTs) has remained the same since 2005. The present funding formula for member contributions is a fixed amount of $2000 for each of the 12 members, with the remaining amount determined by percentage per capita.
* JCSH cultivates strategic, multi-sector, multi-jurisdictional partnerships and exchanges; mobilizes knowledge and best practices; coordinates school health policy and research agendas; and develops evidence-based, sustainable and user-friendly tools and resources – all at a national level. This is a direct benefit to member governments, resulting in significant cost savings and eliminating duplication of efforts.
* JCSH’s work to promote “comprehensive school health” is in keeping with evidence-based, effective approaches to school health endorsed by entities such as the World Health Organization[[1]](#footnote-1) and the United States Association of Supervisors and Curriculum Development (ASCD) and Centers for Disease Control and Prevention (CDC)[[2]](#footnote-2).
* The multi-sector work of the Consortium in areas such as physical activity, healthy eating, positive mental health, substance use, healthy relationships and injury prevention reinforces key commitments of FPT Ministers of Health.
* At the provincial and territorial levels, support for the comprehensive school health approach is being demonstrated in new ways. For example, Ministries of Health and Education across the country are engaging in efforts to transform and renew education by incorporating what have traditionally been considered “health” objectives into strategic and operational goals and planning, recognizing that students are best positioned to achieve academically when they are supported in environments that enhance their mental and physical health, their sense of self and belonging, and the skills to make positive choices.
* Among many other opportunities, a renewed mandate would enable the Consortium to:
	+ build upon and strengthen the evidence base between student wellness/well-being and student achievement;
	+ promote, disseminate, implement and evaluate its many new tools and resources;
	+ build upon and establish new multi-sector partnerships; and
	+ increase collaboration in health and education surveys and assessments, resulting in efficiencies in data collection, and reduced burden on the school system.

* Renewal of the Consortium’s mandate, and acceptance of the 2014 JCSH Annual Report, would provide the CDM with the continued opportunity to demonstrate an ongoing commitment to this successful model of cross-sector collaboration and work on priority areas impacting the wellness/well-being and achievement of Canada’s school-aged children and youth.

**PREVIOUS DIRECTION FROM MINISTERS AND DEPUTY MINISTERS:**

* The 2010-2015 Agreement for the Pan-Canadian Joint Consortium for School Health was signed by all member jurisdictions in 2010.
* Each year since the JCSH’s inception (2005), Deputy Ministers of Health and Education have reviewed and accepted the JCSH Annual Report, and tabled it at an annual intergovernmental meeting of the Ministers of Health and Ministers of Education, respectively.

**ATTACHMENTS**

1. JCSH Proposal for Mandate Renewal (2015-2020)
2. 2014 Evaluation of the Pan-Canadian Joint Consortium for School Health – Executive Summary

Prepared by: Prince Edward Island

September 2014

1. World Health Organization. Available at: <http://www.who.int/school_youth_health/gshi/en/> . Accessed Apr 16/14. [↑](#footnote-ref-1)
2. ASCD. Available at: <http://www.ascd.org/news-media/Press-Room/News-Releases/ASCD-and-CDC-announce-whole-child-model.aspx> Accessed April 16, 2014. [↑](#footnote-ref-2)