JCSH Annual Workplan 2020-2021

**Vision**:

Children and youth in Canada thriving in school communities that are committed to optimal health, well-being, and learning

**Mission:**

To work collaboratively across jurisdictions and between the education and health sectors to support optimal health, well-being, and learning of children and youth in school communities

**Values:**Collaboration ● Diversity & Inclusion ● Equity ● Evidence-Informed Practice ● Innovation ● Accountability ● Efficiency ● Knowledge Mobilization

**Priorities:**

* **Problematic substance use,** with a strong initial focus on vaping;

o **Mental well-being,** including social-emotional learning, resiliency, anxiety, protective factors and disruptive behaviours; and

o **School food environment,** including the alignment of healthy eating school food policies and priorities through the comprehensive school health approach.

| Goal | Strategy | Activity | Priorities Reference | Meeting March 13 comments  |
| --- | --- | --- | --- | --- |
| **1. 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. | 1. Strengthen connections with the Council of Ministers of Education, Canada and the FPT Ministers of Health to encourage alignment of priorities and needs. | 1. Letter to ACDME and PT DMoH / Health Promotion advising of priorities of 2020-2025 mandate and suggesting collaborations on overlapping priority areas | Focus on areas where mandates align: Priorities plus emerging issues plus general school health, well-being, learning | JCSH being asked: how does this group support CMEC and PHN Council? |
|  |  | 2. Develop a document of CMEC and Health Ministries’ priorities as they pertain to JCSH priority areas and emerging issues impacting health, well-being, and learning of K-12 | Priorities only? Plus emerging issues |  |
|  |  | 3. Invite CMEC to have representative on Management Committee | Specific activity |  |
|  |  | 4. Advance JCSH work with CMEC and Public Health Network through regular engagement, including agenda item at CMEC, PHN Council meetings. Suggested contact – 2x year. | Specific activity with request for areas of policy, program pieces. What are this year’s priorities for JCSH with this? Possible: Education / awareness on all sides leading to more direct subsequent outcomes. | Eldred Barnes may have suggestions.What is it that CMEC would be interested in from JCSH? |
|  | 2. Continue to support member jurisdictions with policy and practice-based tools and resources that leverage a comprehensive school health approach. | 1. Assess what is currently in place | Tools need to relate to priorities | What are the tools? Are they being used optimally? How can they connect with other evidence-based / program pieces? Complete this assessment in year 1. |
|  |  | 2. Enviro Scans, cross jurisdictional sharing | This is current practice; perhaps CSH approach should be more directly referenced | Support best fit tools for JCSH membership |
|  |  | 3. Budget decisions on the future of current resources are needed |  | HSP noted as one example |
|  |  | 4. Resource promotion by tables |  | With change in governance structure, this will need to become more intentional; focus on what tables need in order to enhance promotion |
|  |  | 5. Policy sharing on stated priorities |  | Enviro scans, meetings; also current practice |
|  |  | 6. Develop CSH-based summaries on priorities |  | May be opportunity to move resources (such as vaping resource) beyond school to board level. Should this be placed with a different goal? |
| Leadership (cont’d) | 3. 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. | 1. Increase JCSH discussions with federal teams (ex. HC) |  | Focus on priority areas; 1. How to improve post-presentation responses by JCSH tables? 2. How to optimize value of presentations for both presenters’ agencies and for JCSH member ministries? Followup evaluation after presentation to colleagues would help demonstrate value from PHAC resources, efforts. Invite larger participation by ministry subject-matter experts to these meetings; show colleagues’ the connection occurs because of JCSH. |
|  |  | 2. Document CMEC priorities, work areas (see 1.1.2) | General reference | Start from here next meeting:  |
|  |  | 3. Tables disseminate funding announcements re cessation initiatives |  |  |
|  | 4. 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. | 1. Update partners’ list | Focus is priorities |  |
|  |  | 2. Tables determine NGO partners |  |  |
|  |  | 3. Connections made by individual jurisdictions |  |  |
|  |  | 4. Update JCSH communications pieces (goal/strategy alignment?) |  |  |
| **2. 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. | 1. Support member jurisdictions to be responsive, resource efficient, and economically responsible by sharing knowledge of what works best and has the greatest positive impact. | 1. Enviro scans (see 1.2.2 – better placement here?) |  |  |
| Capacity/KDE (cont’d) |  | 2. Tables share latest research | Focus is priorities |  |
|  |  | 3. Research of focus – also Canadian school health programs evaluated |  |  |
|  | 2. Identify and/or develop tools to strengthen existing partnerships across the education and health sectors. | 1. Strategy requires clarification |  |  |
|  | 3. Continue to strengthen knowledge on how CSH-based approaches can meet the needs of diverse population groups and address inequities. | 1. 1-2 pager how to use CSH to address equity / diversity issues | Focus is priorities.  |  |
|  |  | 2. Checklist on how to apply CSH framework to school health topics |  |  |
|  |  | 3. Partner with groups with subject matter expertise | Specific priorities to be referenced  |  |
|  | 4. Increase and enhance opportunities for knowledge exchange among member jurisdictions. | 1. Increase participation of ministerial colleagues on teleconferences |  |  |
|  |  | 2. Increase jurisdictional reps on working groups |  |  |
|  |  | 3. Use ministerial expertise in updates |  |  |
| **3. 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. | 1. Proactively identify and provide potential solutions to existing and emerging challenges to student health, well-being, and learning, and disseminate results among member jurisdictions. | 1. Seek research, interventions, programs to share |  |  |
|  |  | 2. Collect jurisdictional responses – enviro scans, discussion posts (see 1.2.2 & 2.1.1) |  |  |
|  |  | 3. Develop template on how to capture programs, policy, practice |  |  |
|  |  | 4. Track emerging trends discussion to reflect innovation, solutions to challenges |  |  |
|  | 2. Utilizing a comprehensive school health approach, advance application of evidence to address emerging issues of concern (e.g. vaping). | 1. Develop issue resources (ex. vaping resource); evergreen enviro scans |  |  |
|  |  | 2. Tables share jurisdictional responses to emerging concerns during meetings |  |  |
|  |  | 3. Jurisdictional responses to emerging concerns collected on JCSH website private side |  |  |
| Promote Innovation (cont’d) | 3. 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. | 1. Strategy requires clarification |  |  |
|  |  | 2. Reach out to CIHR institutes for presentations, poss collaborations |  |  |
|  | 4. Work with research partners to advance evidence-based reviews of responses to emerging challenges. | 1. Clarification needed; this is new work. |  |  |
|  |  | 2. Develop action item to advance CIM |  |  |
|  |  | 3. Continue relationship with HBSC team – evidence base |  |  |
| **4. Monitoring, Evaluation, and Accountability**To implement a comprehensive evaluation framework for the goals, strategies, and operational plans of the JCSH 2020-2025 mandate. | 1. Develop annual JCSH operational plans and budgets that specify planned areas of actions to support the five-year JCSH goals and strategies. | 1. Track, evaluate dissemination of news bundles (relationship to strategy?) |  |  |
|  |  | 2. Develop timelines |  |  |
|  | 2. Undertake a comprehensive evaluation of the JCSH during the mandate. | 1. Review current evaluation |  |  |
|  |  | 2. Decide on use of current evaluation framework or need for new one |  |  |
|  |  | 3. Develop formative evaluation at 2 years; summative eval at 4 years |  |  |
|  | 3. Support and ensure the ongoing alignment between the JCSH governance structure, the operational policies, and the implementation of the Strategic Directions | 1. Improve connection and knowledge exchange between MC and SHCC |  |  |
|  |  | 2. Conduct review of MC-SHCC working connection within jurisdictions |  |  |
|  |  | 3. Conduct review how evidence/practice/policy learned through JCSH involvement shared between H and E ministries in each PT |  |  |
|  |  | 4. Annual review of governance structure, operations, and strategic directions |  |  |
|  |  | 5. Determine how CMEC and Health ministry leads engage within their jurisdictions |  |  |
|  |  | 6. Develop staging plan for annual workplans |  |  |