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 | Responsibility / Lead | Priorities Reference | Comments from March 13 & 23 Meetings |
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| **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 from co-chairs of MC to ACDME and PT DMoH / Health Promotion advising of priorities of 2020-2025 mandate and suggesting collaborations on overlapping priority areas | Management Committee chair / co-chairs | Focus on areas where mandates align: Priorities plus emerging issues plus general school health, well-being, learning | JCSH is 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 | Secretariat with School Health Coordinators’ Committee members | Priorities only? Also, emerging issues |  |
|  |  | 3. Invite CMEC to have representative on Management Committee | Management Committee chair/co-chairs | 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. | Management Committee | 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? |
| Providing Leadership (cont’d) | 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 | School Health Coordinators’ Committee | 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 | School Health Coordinators’ Committee; Management Committee; Secretariat | 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 | Management Committee for budget discussions & decisions re future use of current tools; School Health Coordinators’ Committee for Advisory Committee members |  | Healthy School Planner noted as one example |
| Providing Leadership (cont’d) |  | 4. Promote and share resources and tools are already in place: Enviro scans, toolkits, Healthy School Planner, news bundles, website | School Health Coordinators’ Committee members / Management Committee members |  | 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 | School Health Coordinators’ Committee; Management Committee; Secretariat (dissemination) |  | Enviro scans, meetings; also current practice |
|  |  | 6. Develop CSH-based summaries on priorities | School Health Coordinators’ Committee / small advisory committees); Secretariat | Leveraging CSH approach – develop 4-6 page subject-matter documents using CSH framework on stated priority areas (with format like that created for vaping) | May be opportunity to move resources (such as vaping resource) beyond school to board level. Should this be placed with a different goal? |
| Providing 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. Health Canada teams working on areas that reflect JCSH priorities)  Related:  - Invite larger participation by ministry subject-matter experts to these meetings; show colleagues’ the connection occurs because of JCSH.  - Follow-up evaluation after presentation to colleagues would help demonstrate value from PHAC resources, efforts. | PHAC updates, School Health Coordinators’ Committee; Management Committee | A Federal team collaborating with JCSH through dissemination will lead to greater uptake. (ex: who else is involved in school nutrition work.) | 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? |
| Providing Leadership (cont’d) | 3. (cont’d) Proactively engage with federal initiatives | 2. Document CMEC priorities, work areas (see 1.1.2) specific to federal initiatives impacting student health and well-being  Related:  - Document who are the PT representatives on FPT tables that relate to JCSH priorities  - Clarify how JCSH makes connections with FPT tables - Identify JCSH priority areas and some of the interconnections with federal initiatives.  - Determine the connection tables for JCSH priority issues: ex. Vaping – is this Health Canada, role of TCLC  - Connect JCSH with FPT table on vaping. | Secretariat, with School Health Coordinators’ Committee and Management Committee; CMEC rep on MC | General reference. Vaping may be first priority referenced.  Purpose of activity is that JCSH is the connect between CMEC and FPT health tables, councils | How will JCSH connect CMEC priorities with federal priorities? Ex: FPT Health Ministers list vaping as health priority. Tobacco Control Liaison Committee also looking for connects. JCSH can offer connection link – supports both sectors.  Why do this activity: If we had proper connects on Consider the Consequences tour would have been better connect on how this changes curriculum. Now looking at alternatives to vaping – cessation, alternatives to suspension. |
| Providing Leadership (cont’d) |  | 3. At jurisdictional levels, become aware of initiatives, funding announcement to work on school based tools for cessation initiatives. And share with JCSH tables. | School Health Coordinators’ Committee; Management Committee | - Vaping: example, cessation initiatives  - School feeding program  - Mental health initiatives | Ex: PHE Canada received federal funding to develop classroom resources (school food).  This is happening and Health Canada, for example, is working on this; are they using CSH approach?  When we hear announcement, could JCSH reach out to them and say we have these connections, this our approach. Unique collective perspective of health and education ministries |
|  | 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.  – Related: Define how JCSH lends its credibility to NGOs. | Secretariat | Focus is priorities | This is not about being on NGO committees; it is about how we connect with those groups. Purpose: to clarify how JCSH is used to provide feedback. Do NGOs reach out to JCSH PTs or to Secretariat to provide feedback? Ex: SIECCAN guidelines – collected feedback from JCSH and also from each PT – imp to look at how to use JCSH to collate data |
| Providing Leadership (cont’d) | 4. (cont’d) strategic engagement of NGOs | 2. SHCC, MC determine NGO partners | Management Committee; School Health Coordinators’ Committee |  |  |
|  |  | 3. Jurisdictions approach individually – provide way to connect JCSH with jurisdictions | Management Committee; School Health Coordinators’ Committee |  |  |
|  |  | 4. Update JCSH communications pieces for virtual sharing, such as 2 pager on JCSH and on CSH to share with NGOs | Secretariat; School Health Coordinators’ Committee (for feedback and/or Communications working group) |  |  |
| **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. Continue to develop environmental scans | School Health Coordinators’ Committee; Management Committee; Secretariat |  | If an activity only appears once in the workplan, this is a good place for environmental scans. Also might help to develop a colour-coded workplan to see touch points through goals and strategies. |
| 2. Enhance Capacity through KDE (cont’d) | 3. (cont’d) Responsive, responsible, efficient by sharing knowledge | 2. MC, SHCC share latest research that id research gaps to address priority areas. | Management Committee; School Health Coordinators’ Committee; Secretariat (dissemination, repository) | Focus is priorities | What’s best research, best practice on youth vaping, as example. Is this too broad?  What is priority today may not be tomorrow; we need to be proactive and reactive, so this needs to be left broad. |
|  |  | 3. Specifically share research on Canadian school health programs that have been evaluated. | School Health Coordinators’ Committee; Secretariat; Management Committee |  | Has anybody evaluated programs |
|  | 2. Identify and/or develop tools to strengthen existing partnerships across the education and health sectors. | 1. Strategy requires clarification | Management Committee; Mandate Renewal Task Group |  |  |
|  | 3. Continue to strengthen knowledge on how CSH-based approaches can meet the needs of diverse population groups and address inequities. | 1. Develop 1-2 pager how to use CSH to address equity / diversity issues | May be helpful to develop CSH Framework Working Group | Focus is priorities. | Think this will be big over next months, given job losses and how we work in the future. Will need to be able to provide support to schools |
|  |  | 2. Develop checklist how to apply CSH framework to various school health topics. (Specifics on how-to) | See above |  | Leads back to partnerships, align with how we doing this work. Also shows folks working in CSH the benefits of the four domains. |
| 2. Enhance Capacity through KDE (cont’d) | 3. (cont’d) how CSH-based resources meet diversity, equity needs | 3. Develop partnership with groups/networks with expertise (ex. SIECCAN) | Management Committee; School Health Coordinators’ Committee; Secretariat | Specific priorities to be referenced | Helpful to have enviro scans developed for areas that become hot issues: gender equity, sexual health, for example |
|  | 4. Increase and enhance opportunities for knowledge exchange among member jurisdictions. | 1. Increase participation of ministerial colleagues on teleconferences | School Health Coordinators’ Committee; Management Committee |  |  |
|  |  | 2. Working groups / advisory committees include broader jurisdictional representation | School Health Coordinators’ Committee |  |  |
|  |  | 3. Use ministerial expertise in updates on SHCC teleconferences | School Health Coordinators’ Committee |  |  |
| **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. Look for research and interventions. Collections of jurisdictional responses to challenges. Programs developed. Note emerging trends during SHCC teleconferences and being intentional in tracking. | School Health Coordinators’ Committee; Secretariat | How to formalize what is done. |  |
|  |  | 2. Collect jurisdictional responses – enviro scans, discussion posts (see 1.2.2 & 2.1.1) | Secretariat; School Health Coordinators’ Committee |  |  |
|  |  | 3. Develop template on how to capture programs, policy, practice | Secretariat; School Health Coordinators’ Committee |  |  |
|  |  | 4. Track emerging trends discussion to reflect innovation, solutions to challenges | School Health Coordinators’ Committee; Management Committee; Secretariat |  |  |
|  | 2. Utilizing a comprehensive school health approach, advance application of evidence to address emerging issues of concern (e.g. vaping). | 1. Make vaping resource and environmental scans evergreen documents. | Secretariat; School Health Coordinators’ Committee |  |  |
|  |  | 2. Tables share jurisdictional responses to emerging concerns during meetings | Management Committee |  |  |
|  |  | 3. Jurisdictional responses to emerging concerns collected on JCSH website private side. | Secretariat |  |  |
| 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 | Management Committee: Mandate Renewal Task Group |  |  |
|  |  | 2. Reach out to CIHR institutes and other research funders for presentations, possible collaborations | Management Committee |  |  |
|  | 4. Work with research partners to advance evidence-based reviews of responses to emerging challenges. | 1. Clarification needed; this is new work. | Management Committee; Mandate Renewal Task Group |  |  |
|  |  | 2. Develop action item to advance Core Indicators Model on CSH and Student Achievement | Management Committee |  |  |
|  |  | 3. Continue relationship with HBSC team to support surveys and continued evidence | Management Committee; School Health Coordinators’ Committee |  |  |
| **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 (work) 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?) | Secretariat; School Health Coordinators’ Committee | To demonstrate usefulness and show metric of reach. | Could we develop a feedback questionnaire attached to one or two bundles per year to ask recipients with whom do they share bundles. Also, can we develop format for distributing bundles at base (Mail Chimp, for ex.) that get metrics back. Dissemination and usefulness. |
|  |  | 2. Develop timelines for annual workplan and budgets | Management Committee |  |  |
|  | 2. Undertake a comprehensive evaluation of the JCSH during the mandate. | 1. Review current evaluation | Management Committee; School Health Coordinators’ Committee; Secretariat |  |  |
|  |  | 2. Decide on use of current evaluation framework or need for new one | Management Committee |  |  |
|  |  | 3. Develop formative evaluation at 2 years; summative evaluation at 4 years | Management Committee |  |  |
|  | 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 | Management Committee; School Health Coordinators’ Committee |  |  |
|  |  | 2. Conduct review of MC-SHCC working connection within jurisdictions | Management Committee; School Health Coordinators’ Committee |  | Mar 23 : set up evaluation tool for each PT to use |
|  |  | 3. Conduct review how evidence/practice/policy learned through JCSH involvement shared between Health and Education ministries in each PT | Management Committee |  |  |
|  |  | 4. Annual review of governance structure, operations, and strategic directions | Management Committee |  |  |
|  |  | 5. Determine how CMEC and Health ministry leads engage within their jurisdictions | Management Committee |  |  |
|  |  | 6. Develop staging plan for annual workplans | Management Committee; School Health Coordinators’ Committee |  |  |