

**Record of Discussion**

**School Health Coordinators' Committee Meeting**

January 09 2014 12:30 pm EST

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Scott Beddall	BC
Paul Paquin	MB
Jennifer Munro-Galloway	ON
Helen Pitman	NS
Sterling Carruthers	PE
Paige Marshall	NU
Anne Aram Stacey Burnard	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Gail Diachuk	AB
Kyla Christiansen Jeanine Rennebohm	SK
Marlien McKay	NB
Carol Ann Cotter Ellen Coady	NL
Elaine Stewart	NT

## **Record of Discussion**

### **1. Welcome and Roll Call**

The Chair welcomed everyone to the meeting and expressed thanks for patience shown while we begin the process of adding a webconferencing platform to our monthly meetings.

### **2. Review and Approval of Agenda**

The Agenda was approved without change.

### **3. Approval of Record of Discussion from December 12 2013 Teleconference**

The December 12 2013 Record of Discussion was approved with wording changes from NB and NL.

### **4. Update from Secretariat**

- SHCC spring 2014 Face-to-Face meeting

Katherine advised that the spring face-to-face meeting of SHCC will be held April 01-02 2014 in Regina, SK. A draft agenda will be sent out in the next few weeks. School Health Coordinators are encouraged to book travel as soon as possible to avoid costly flights. If a flight is going to be exceptionally high, Katherine asks to be contacted prior to booking.

- Advisory Committees – Request for Volunteers

- Annual Report Committee
- Research Advisory Committee

Katherine asked School Health Coordinators to consider volunteering for the above committees. The Annual Report Committee will be underway within the next couple of months; the Research Advisory Committee will meet as per need of projects.

- PREVNet Meeting

Katherine will attend an upcoming meeting of PREVNet's Networking, Partnerships and Knowledge Exchange working group. The day-long meeting will be held Thursday, January 16<sup>th</sup>. All costs are covered by PREVNet.

- Shaping the Future Conference

Katherine will present on the new Youth Engagement Toolkit during this conference, held annually in Kananaskis, AB. In addition, she will attend a meeting organized by Brian Torrance of EverActive Schools on developing partnerships and sharing CSH resources around the country.

- HBSC – TTFM Comparison

Following up on the SHCC meeting discussion last November, Jo-Ellen has completed a comparison of the Health Behaviour in School-aged Children study and the Tell Them From Me surveys. This document is located on the private side of the website.

## 5. Healthy School Planner

Katherine provided an overview of updates on the Planner.

a) HSP Resource List: This list should be reviewed annually. School Health Coordinators are requested to check the resources for each PT and send updates to the Secretariat.

**Action:** School Health Coordinators will review their jurisdiction's resources on the HSP and send updates to the Secretariat.

b) PMH Modules: The Positive Mental Health Express and Detailed modules have been completed and are now live and ready to use on the Planner site.

c) Webinar: The webinar is nearly ready. The slides are being translated and an announcement poster for dissemination to contacts is being prepared with date, time, and registration information. The webinar will be held using Collaborate. The English webinar will be presented by Dana Zummach and Steve Manske on February 04; the French will be presented by Jo-Ellen on February 06.

d) Video: The video promoting the Planner is being developed by a Charlottetown design firm. It is expected to be completed within the next few weeks.

## 6. Collaborate Session

(Guest: Mark Lamey, PE DEECD)

The Chair introduced Mark Lamey, Information Technology Facilitator with the PEI Department of Education and Early Childhood Development. Mark took the group through various aspects of Collaborate and explained that it can be used easily along with the teleconference.

Among the features the meeting participants were guided through:

- a. Audio and speaker wizards
- b. Responses to questions or discussion using emoticons, raising a hand to ask a question, how to indicate that you have stepped away from the meeting
- c. Responding to a question that looks for polled answers
- d. Chat feature: in addition to sending a chat message to the entire group, one can send a private message to another participant by right clicking on that participant's name and choosing 'send a private message' in the drop-down menu. However, Mark advised the group that all messages, including private ones, are visible to those who have moderator status on the meeting.

*Discussion:*

- In response to a question, Mark responded that it is possible to use both Collaborate (for video, chat functions) and the teleconference line (for audio). However, if one has the teleconference line open but also has a headset for use with Collaborate, and if that person wishes to speak, he/she should disconnect the teleconference to prevent feedback.
- The teleconference line will continue to be used for the monthly meetings to enable participation by those without Java enabled on their computer, travelling, or otherwise unable to participate with Collaborate.
- It was noted that participation in the meeting using only teleconference when the Collaborate platform is used is not optimal.
- The question was asked why video was discouraged during the meeting. Mark replied that the video uses a lot of bandwidth and is discouraged on that basis. However, he will check to see if video use is permitted for some meetings. It was suggested that video use would greatly enhance some meetings and presentations.
- In general, the participants were pleased with adding Collaborate to the SHCC meetings.

At the close of the session, the Chair thanked Mark for his presentation, as well as for training sessions with the Secretariat and himself. Sterling asked School Health Coordinators to let him or the Secretariat know if there are any difficulties in using Collaborate.

## 7. Emerging Trends and Opportunities

**a) CSH Initiatives Scan:** Paige provided an overview on the work she and Charlotte are doing in NU to develop a CSH Strategy for the territory. She said she is particularly interested in whether a PT has a strategy or framework in place with regards to CSH, or what CSH looks like in other PTs.

**Action:** School Health Coordinators are asked to update the CSH Initiatives Scan.

**b) Diabetes Care in Schools report:** Scott advised that the [Diabetes Care in Schools](#) report has been shared by Lauren. In addition to the link above, it has been posted on the private side of the website.

## 8. Review of Action Items

- The Action Items Table was reviewed.

## 9. Next Meetings

- February 13 2014 Meeting
- March 13 2014 Meeting
- April 1-2 2014 Face-to-Face Meeting
- May 08 2014 Meeting

## 10. Adjournment

**Record of Discussion**

**School Health Coordinators' Committee Meeting**

**February 13 2014 12:30 p.m. EST**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Lauren Wallace	BC
Gail Diachuk	AB
Paul Paquin	MB
Helen Pitman Sharon Young	NS
Marlien McKay	NB
Sterling Carruthers	PE
Carol Ann Cotter	NL
Charlotte Borg	NU
Anne Aram	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
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Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Kyla Christiansen Jeanine Rennebohm	SK
Jennifer Munro-Galloway	ON
Elaine Stewart	NT

## **Record of Discussion**

### **11. Welcome and Roll Call**

The Chair welcomed everyone to the meeting.

### **12. Review and Approval of Agenda**

The Agenda was approved with the following addition: to Emerging Trends and Opportunities, Carol Ann will raise the Active-at-School campaign.

### **13. Approval of Record of Discussion from the January 09 2014 meeting**

The January 09 2014 Record of Discussion was approved without change.

### **14. Canadian Centre on Substance Abuse (CCSA)**

#### **(Guest: Michael Stephens)**

Katherine introduced Michael Stephens, a knowledge broker with CCSA.

Michael began his presentation (PowerPoint slides are attached to the March 13 2014 meeting bundle) by remarking that CCSA is hopeful this is the beginning of a long-term connection with JCSH.

CCSA's key areas of focus are:

- Partnerships
- Knowledge Exchange
- Research
- Internal Organizational Excellence.

Schools are not the only locus of interest for CCSA but are a significant setting within the social ecology approach espoused by the Centre. In addition, the Centre's national priorities place children and youth at the top.

The Centre has developed a portfolio of three standards documents for youth substance-abuse prevention:

- *Stronger Together*: Canadian Standards for Community-based Youth Substance Abuse Prevention
- *Building on our Strengths*: Canadian Standards for School-based Youth Substance Abuse Prevention
- *Strengthening our Skills*: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs

The evidence-based standards provide a framework of development, implementation, and evaluation for groups. Use of a comprehensive school health approach is the first of the six guiding principles for school-based youth substance abuse prevention. The standards framework complements a number of those used in youth-based work, from the JCSH CSH framework, to Safe Schools/ Bullying Prevention, Anti-bullying/Gay-Straight Alliances, and Resiliency and 40 Developmental Assets.

The Centre welcomes email from School Health Coordinators if they would like to be placed on CCSA's distribution list. The Centre is actively working in the areas of substance use and sport, marijuana and the developing brain, drinking and driving, and competencies for youth substance abuse prevention treatment providers.

***Discussion:***

- Michael was thanked for his presentation and for his willingness to share his slide deck.
- He welcomes further contact from School Health Coordinators on the revisions of the standards. In addition, a round of consultations will be held in Vancouver, Saskatoon, Toronto, and Halifax in the coming weeks, and CCSA will be sending out invitations to School Health Coordinators in those regions to request their participation.

**15. Update from Secretariat**

In addition to the written Update, Katherine provided the following:

A. JCSH Evaluation – The Evaluation Firm has been selected – Pyra Management Consulting Services Inc. (PMCS) – and a member of this group will attend the face-to-face meeting in Regina and hold a focus group with School Health Coordinators. The Evaluation Committee has been very engaged in the process.

B. Management Committee's next teleconference will be held March 11.



C. PMH Toolkit: The pdf download option on the French version is being added and should be available shortly.

D. Healthy School Planner: The date for the next English webinar will be shared in the near future.

In addition, the videos (English and French) to promote and explain the Planner are in development and will be complete in early March. Jo-Ellen provided the voice for each.

E. Core Indicators and Measures on CSH and Achievement: The CIM Executive Summary has been shared with the Advisory Committee. The Committee will meet the third week of February and this item will be brought forward for full discussion during the April face-to-face meeting.

**Action:** Secretariat will set a date for the next English HSP webinar and share time, date, and registration information with School Health Coordinators.

#### **16. School Health Coordinators' Committee April 2014 face-to-face meeting**

Katherine advised School Health Coordinators to contact My Linh with arrival and departure dates and she will book the hotel rooms. She also said the meeting will end at 12 noon to allow for participants to catch flights.

***Discussion:***

- The Focus Group of School Health Coordinators with the Evaluator will be placed as an agenda item on the meeting.
- The agenda item 'CSH Implementation Guides' is more appropriately listed as 'Application of the CSH Framework'.

**Action:** Secretariat will make the change on the face-to-face agenda.

#### **17. Emerging Trends and Opportunities**

**a) CSH Framework: Jurisdictional / National Framing:** Marlien noted that New Brunswick is revising the guidelines for the Healthy Learners in School program, and wants to use the CSH framework to elaborate on the role and responsibilities of public health nurses with the program. Those working on the guidelines would like to make some additions to the Framework two-pager in the following areas (Changes italicized):

1) Physical Environment: add 'healthy foods' so that it will read:

The physical environment includes:

The buildings, grounds, play space, and equipment in and surrounding the school.

Basic amenities such as sanitation, *air cleanliness*, and *healthy foods*.

2) Healthy School Policy: add 'guidelines' so that it will read:

Management practices, decision-making processes, rules, procedures, *policies*, and *guidelines* at all levels that promote health and wellbeing, and shape a respectful, welcoming and caring school environment.

**Discussion:**

- The CSH framework has not been reviewed in any detailed or formalized way since it was developed. It is worth reviewing.
- The Healthy School Planner's descriptions of the four pillars are more elaborate than pillar descriptions found elsewhere (e.g. JCSH website, Annual Reports, etc.) **Action:** Secretariat will send School Health Coordinators the CSH Framework two-pager for review and edits.

**Action:** Secretariat will review the **CSH Framework** description in the Healthy School Planner and elsewhere to ensure alignment, and identify possibilities for revisions.

**b) CSH in Action: Discussion on the Vander Ploeg, McGavock, Maximova, and Veugelers paper.**

Gail noted there has been a high degree of interest in this recently-published article. There are a number of points in the article that merit discussion from the perspective of the Joint Consortium and its commitment to comprehensive school health as an integrated and holistic approach. She advised that the article discusses the work of APPLE Schools, which is a privately-funded initiative with full-time paid staff, dedicated to healthy school programming, and with sufficient funding to purchase materials, such as the pedometers used to measure results in children in the participating schools. While it is very positive that school health promotion is extended to after-school and weekends, it is important to read the results with caution.

**Discussion:**

- Louise remarked that PHAC may well flag this article for its Best Practices Portal. There are other interventions that are costly and highlighted on the Portal. The cost involved does weigh against these interventions being taken up and used.
- The APPLE schools program are costly to operate. In addition, the focus on full-time staff holding responsibility for comprehensive school health in these schools seems to be

different in concept than that promoted by JCSH of an approach that is promoted and engaged in by the entire school community.

- The purpose moving forward for JCSH following this article may be to clarify and show leadership in what we mean when we say ‘comprehensive school health’.

**Action:** JCSH, through the Secretariat and the School Health Coordinators Committee, will raise awareness of comprehensive school health and also clarify within our own framework what we mean by this term.

### **c) Active-at-School Campaign:**

Carol Ann advised that the NL Department of Tourism, Culture and Recreation has been inquiring about this campaign. She would like to know whether other jurisdictions are involved in the campaign and asked if there has been discussion on using the Healthy School Planner in assessment and planning by schools submitting applications for funding.

#### ***Discussion:***

- In Alberta, EverActive Schools is connected with Canadian Tire, but there may not be a lot of school funding.
- In Prince Edward Island, Sterling has checked with his colleagues within the province, and they have not been consulted regarding this fund.
- There is merit in monitoring the progress of this initiative.
- Using the Healthy School Planner as the basis for assessment and planning in making application for campaign funding is a good idea.

**Action:** Marlien will contact her colleagues in the NB Ministry of Education for an update on their work with the Active-at-School Campaign.

## **18. Review of Action Items**

- The Action Items Table was reviewed.

## **19. Next Meetings**

- March 13 2014 Meeting
- April 1-2 2014 Face-to-Face Meeting



April 10 2014 Meeting: *The regular monthly meeting in the face-to-face month is usually cancelled.*

- May 08 2014 Meeting
- June 12 2014 Meeting

## **20. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee Meeting  
March 13 2014**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Scott Beddall	BC
Gail Diachuk	AB
Kyla Christiansen	SK
Kaley Pacek Paul Paquin	MB
Marlien McKay	NB
Sterling Carruthers	PE
Carol Ann Cotter	NL
Paige Marshall	NU
Anne Aram Stacey Burnard	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Jennifer Munro-Galloway	ON
Sharon Young Helen Pitman	NS
Elaine Stewart	NT

## Record of Discussion

### 21. Welcome and Roll Call

Sterling welcomed all to the teleconference.

### 22. Review and Approval of Agenda

The agenda was approved with the following additions to Item 7: Emerging Trends and Opportunities: (1) the JCSH Letter of Support for PREVNet's Network of Centres of Excellence (NCE) application and (2) Gender and sexual diversity work in SK.

### 23. Approval of Record of Discussion from February 13 2014 Meeting

The Record of Discussion of the February 13 2014 meeting was approved.

### 24. Update from Secretariat

Katherine provided the following updates:

1. Management Committee:
  - i. A Management Committee teleconference was held March 11 2014. The meeting included discussion on the following items: An overview of the JCSH evaluation process and work to date; The logistics and agenda for the Management Committee face-to-face meeting April 30-May 1 in Toronto; The JCSH letter of support for the PREVNet NCE application; An overview and discussion of next steps on the development by the JCSH with Dr. John Freeman and his colleagues of the Core Indicators and Measures on CSH and Achievement.
  - ii. The JCSH Evaluation will form a significant part of the upcoming Management Committee face-to-face meeting. Karen Pyra of the evaluation team Pyra Management Consulting Services (PMCS) will present findings at this meeting. A draft of the presentation to be made to Deputy Ministers regarding the results of the Evaluation and the proposal for a third mandate will be discussed.

#### ***Discussion:***

- In light of the number of new Management Committee members, the briefing materials on JCSH are particularly important in preparation for their interviews with the evaluation team.

- **JCSH Evaluation 2014:**

Rick Manuel of PMCS will contact School Health Coordinators in the next few days to advise that they may take part in individual interviews in addition to participating in the Focus Group.

***Discussion:***

- While it is unfortunate that many longstanding Management Committee members have retired or moved on to other positions in the last year or two, it would be extremely difficult to contact those former members.
- It might be beneficial if experienced School Health Coordinators are invited to sit in on interviews of the evaluation team with new Management Committee members.
- There is benefit in having the JCSH work looked at and described by new Management Committee members with fresh insights.
- The Evaluation Framework was not sent out to the full Management Committee but it could be included in the package of briefing materials, if beneficial.
- The Evaluation Committee members have been very engaged and responsive throughout the process.
- Remainder of Evaluation / mandate 3 Proposal Process:
  - The data collection – literature review, focus group, interviews, electronic survey (for research, policy, and practice partners) – will be complete by April 11.
  - A draft annotated outline of the findings will be shared with the JCSH Evaluation Committee prior to their call on April 11. The evaluation team will make changes based on feedback and the draft report will be presented during the face-to-face meeting of Management Committee.
  - Concurrently a draft proposal with input gleaned from the SHCC face to face and the draft evaluation report will be developed by the Secretariat for discussion at the Management Committee face-to-face meeting ..
  - A package of evaluation and Mandate 3 proposal materials will be prepared for the meeting of Deputy Ministers of Health on May 29 in Edmonton. Katherine will present to this meeting.

- The meeting of the Advisory Committee of the Deputy Ministers of Education will be held July 9-11 in Charlottetown. Katherine will present to this meeting as well.
- Annual Report 2014:  
Susan advised that it is time for jurisdictional submissions for this year's Annual Report to be completed. An email with the Annual Report guidelines and timeline will be sent out with this week's email to School Health Coordinators. The timeline shows a completion date of April 7 for draft submission and May 1 for internal approvals. However, this year is exceptional in light of the need for completion in time for the Deputy Ministers' meetings. School Health Coordinators are asked to have submissions and approvals returned in time for a draft report to be shared with Health Deputy Ministers during their May 29 meeting.

***Discussion:***

- The Annual Report committee has made a number of recommendations for this year's report. Among them:
  - If possible, bullets should be limited to one or two sentences each.
  - The four bullets per section maximum will be removed to provide opportunities for a greater number of concise bullets.
  - Hyperlinks are recommended as a way to direct readers to more explanation of provincial / territorial resources and initiatives. However, it is recognized that not all topics in a submission have web links.

## **25. Webconferencing Wrap-up**

After exploring a variety of web conferencing platforms piloted over the course of a few months (Collaborate, WebEx, GoToMeeting), School Health Coordinators were polled for their views; the results indicated an almost unanimous decision to return to teleconferences for monthly SHCC meetings.

The webconferencing possibilities did, however, provide the Secretariat staff with learnings and a greater comfort level and knowledge on the use of this technology. The



first webinars were delivered during this experimental stage. Webconferencing technology will be used to deliver future webinars.

## **26. SHCC Co-Chair**

Since the School Health Coordinators' Committee has been without a co-chair for almost 6 months, Sterling asked members to consider serving in this position. As per the SHCC Terms of Reference the non-lead co-chair has a two-year term. He thanked School Health Coordinators for their support of him as Chair, but acknowledged that the intent is for the position to be co-chaired. As well it is helpful to share the work since one co-chair is to be an ex officio member on each sub-committee. Sterling asked that any School Health Coordinator willing to sit as co-chair get in touch with him, hopefully prior to the face-to-face meeting next month.

## **27. Emerging Trends and Opportunities**

### **1) Canadian Centre on Substance Abuse (CCSA) consultation on school-based standards:**

Sterling advised that Katherine, Ellen Coady, and he attended the first of four CCSA consultations across the country on the school-based standards; community and family standards were also part of the discussions. There will be three more consultations in the next few weeks – Toronto, Saskatoon, and Vancouver – and he encouraged School Health Coordinators in the areas to attend. CCSA is interested in looking at use of the standards in a more user friendly format; JCSH's experience with the Healthy School Planner and with e-books may be potential options to explore.

#### ***Discussion:***

- Katherine noted that there is a one-day meeting Friday, March 21 on revisions to the standards with the end to making them more usable. She will suggest formats that the JCSH has found useful, such as an ebook and/or a module in Healthy School Planner. She will bring the results of this meeting back for further discussion at this table.
- Kyla will be attending the Saskatoon consultation.
- The question was raised on how work that focuses on substance abuse prevention standards might fit into a module of the Healthy School Planner, given the current module on tobacco. This module includes

more than prevention: students who use tobacco, policies, teaching and learning, for example.

- Further discussion asked whether a Planner module on the substance use prevention standards would include tobacco prevention. If so, the options would include a module developed around a list of substances, or a module on risky behaviours prevention.
- Prevention initiatives may be more usable in an ebook format than as a module in the Healthy School Planner.
- CCSA is working to incorporate early engagement with practitioners and policymakers in their development of standards, so as to improve uptake and have a usable product.
- There are precedents for including tobacco with other substances: some integration in Health Canada's work, and inclusion of substance use in the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS, formerly known as the Youth Smoking Survey).
- It was suggested that if a Planner module is considered with a focus on prevention, then that module could be on the prevention of risk behaviours.
- Tobacco receives less attention currently in light of problems faced by many schools with alcohol and drug-use on school grounds.
- Further updates and discussion will be provided during the face-to-face meeting in Regina.

**Action:** Secretariat will find time on face-to-face agenda for an update on the CCSA meetings.

## 2) PREVNet letter:

Katherine provided an overview of the request from PREVNet to JCSH for a letter to support their NCE application. The Secretariat has completed a draft letter using the template from PREVNet. During the Management Committee teleconference earlier this week, the draft letter was discussed. ON is completing its own letter of support and considering funding support of the PREVNet NCE application. During a recent PREVNet meeting attended by Katherine, discussion was held on whether letters of support

should come from every PT Ministry of Education; it was considered that a letter from JCSH would provide collective support from the Education sector.

The current draft of the letter contains the template instructions for completion. It must be no longer than two pages; this will be accomplished following this meeting and discussion of a couple of points raised by the Management Committee.

***Discussion:***

- MB is also preparing a letter of support and is exploring some project areas of common funding.
- Regarding the research themes, Management Committee suggested it might be worth exploring whether a secondary theme of focus from JCSH might strengthen the support letter, and consequently, the NCE application. The committee member suggested there was merit in Theme 4 (Prevention and Intervention) in addition to Theme 5 (Evaluating and Enhancing Knowledge Exchange and Implementation).
  - While a province or territory might put forward Theme 4, it seems that JCSH focus is more clearly the knowledge exchange theme.
  - Theme 4 includes intervention as well as prevention and the former is more aligned to jurisdictional work.
  - It was suggested that the letter state that JCSH chooses Theme 5 as its research theme with a focus on prevention through a comprehensive school health approach.

**Action:** Secretariat will redraft the letter of support to reflect the qualifying lens for the research theme of focus and send the draft to SHCs.

- In-kind contributions are an important aspect of the support provided by the partners for the NCE application. Katherine advised that the Secretariat has put forward contributions in two areas: (1) travel support to attend meetings; and (2) Secretariat staff time to attend meetings, review documents, give presentations. One day a week was offered as a broad estimate for the purpose of submitting a dollar value for the second contribution. However, this seems too much and does not include School Health Coordinators' time on discussions

of PREVNet NCE work during meetings; possibly, three to four meetings per year. This should be added to the contributions.

- It is important to include School Health Coordinators' time – both to show the value of their contribution to JCSH and to reflect the collective nature of JCSH work.

**Action:** Secretariat will redraft the in-kind contribution section of the letter of support to approximately 2 days per month, to reflect Secretariat and School Health Coordinators involvement.

### 3) **Gender and Sexual Diversity (GSD) Work in SK:**

Kyla advised that SK has developed a team to work with stakeholders on sexual and gender diversity and to develop a resource to ensure health and social needs of sexual and gender diverse students. The team has consulted with [Dr. Kristopher Wells](#) regarding his work on gender and sexual diversity. The SK resource is founded on comprehensive school health to support actions and conversation in school divisions and communities.

#### **Discussion:**

- There is considerable interest in having discussion on GSD work during the face-to-face meeting.
- It is hoped that the discussion at the face-to-face meeting will include work on two-spirit and support in First Nations for two-spirit people, as well as photo-voice work in gender and sexual diversity.
- SK is hosting the provincial [Breaking the Silence Conference](#) on Sexual Orientation and Gender Identity March 21-23. Kyla is a panelist on the March 22 program.

**Action:** Kyla will share draft copies of the resource during the face-to-face meeting to assist in the discussion on how to bring a comprehensive school health approach to gender and sexual diversity work.

## 28. Review of Action Items

Sterling reviewed the Action Items table, drawing attention to requests that School Health Coordinators examine the Healthy School Planner resource list and the Comprehensive School Health framework to suggest any changes or updates. This work on the CSH framework will include a Secretariat review of other JCSH resources to ensure congruence.

**Action:** School Health Coordinators are asked to send any changes to the Planner resource list to Jo-Ellen and cc Dana.

### **29. Next Meetings**

Sterling advised that the regular April teleconference is not included in the list at this time. It is normal practice to cancel the regular teleconference in the month of a face-to-face meeting. This can be decided during the face-to-face meeting.

- April 1-2 2014 Face-to-Face Meeting
- May 08 2014 Teleconference
- June 12 2014 Teleconference
- July 10 2014 Teleconference

### **30. Adjournment**

## RECORD OF DISCUSSION

**School Health Coordinators' Committee Meeting  
Regina SK  
April 01-02 2014**

**Chair: Sterling Carruthers**

**Participants:**

Representative	Jurisdiction
Scott Beddall	BC
Gail Diachuk	AB
Kyla Christiansen Jeanine Rennebohm	SK
Paul Paquin	MB
Jennifer Munro-Galloway	ON
Helen Pitman	NS
Marlien McKay	NB
Sterling Carruthers	PE
Carol Ann Cotter	NL
Charlotte Borg Paige Marshall	NU
Elaine Stewart	NT
Stacey Burnard	YT
Louise Aubrey	PHAC
Secretariat	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat

**School Health Coordinators' Committee**  
**Face-to-Face Meeting: Day One**  
**Tuesday, April 01 2014**

**31. Greetings from Saskatchewan Assistant Deputy Minister of Education Greg Miller**

Assistant Deputy Minister (Education) Greg Miller welcomed the School Health Coordinators' Committee to Saskatchewan and provided an overview of key directions in his department.

**Address from Elder Mike Pinay**

Elder Mike gave a talk to the School Health Coordinators at the beginning of the second day. He spoke of the importance of community and partnerships in contributing to a child's full realization of life and well-being. He also said that Education and Health and other ministries often operate as empires and need to work together for the benefit of the child.

**32. Welcome and Introductions**

Sterling welcomed everyone to the meeting, with special welcome to Stacey and Jeanine, attending their first face-to-face meeting.

**33. Review and Approval of:**

- Agenda  
The agenda was approved, with recognition that the focus group is expected to run longer than was allotted. Adjustments to the agenda will be made accordingly.
- March 13 2014 Record of Discussion  
The March 13 2014 Record of Discussion was approved without change.

**4. Focus Group: School Health Coordinators and JCSH Evaluator from Pyra Management Consulting Services**

A focus group was held with attending School Health Coordinators, facilitated by Rick Manuel of Pyra Management Consulting Services.

**5. Review of Action Items**

This item was deferred to ensure sufficient time for completion of the focus group.

**6. Update from Secretariat**

This item was deferred to ensure sufficient time for completion of the focus group. A written Secretariat Update will be shared with School Health Coordinators following this meeting.

## **7. Operating Plan / Work Plans**

Katherine took the group through the five long-term outcomes of the JCSH, as outlined and detailed in the 2012-2015 Operating Plan. In order to accommodate completion of the focus group, a detailed discussion of Next Steps for some key JCSH initiatives was set aside until a future teleconference.

### ***Discussion:***

Major discussion points included:

Re: LT Outcome 1: Intersectoral Action Between Education and Health:

- A suggestion was made to have Management Committee representatives named from both Health and Education, rather than the current practice (in most jurisdictions) of having a representative from either Education or Health.
  - The last mandate proposal was completed in 2009. Now, in 2014, there is better understanding on the importance of collaboration and working jointly and the two sectors should be more engaged in briefing one another.
- It was suggested that if there was Management Committee representative from each of Education and Health, then between them they would decide who would attend a meeting.
- A suggestion was made to hold joint meetings more regularly as per the meeting of Education and Health Management Committee level representatives of member jurisdictions in February 2013.
  - While a face-to-face meeting of representatives from both Education and Health would be too costly, a teleconference workshop on a singular topic would be helpful. One possible topic could be the next steps on the CIM on CSH and Student Achievement. A second would be a follow-up and actions that have resulted from the February 2013 cross-sector meeting.

Re: LT Outcome 2: Increased Policy Coordination

- The Secretariat has just completed a draft policy guide for input by SHCs.
- An inventory of health promoting school policies was completed in NS a few years ago by Sara Kirk and Jessie-Lee McIsaac.
- It would be helpful to use a case study as the method for examining policies developed with a CSH lens.



- SK has developed a Gender and Sexual Diversity document developed through CSH (comprehensive school community health). It is not ready for public distribution but will be shared with School Health Coordinators as soon as that is possible.
- It was suggested that the long-term outcomes focus on the six substantive areas, and that these could be shown under an over-arching Student Wellness/Well-being. A second overarching substantive area could be Student Achievement and might possibly include sub-headings such as Student Graduation Rates, School Attendance, Student Engagement, Student Retention
  - Use of language around Student Success or Achievement / Student Wellness or Well-being was discussed. The terms chosen within an individual jurisdiction were chosen carefully and reflect context and strategic directions in that jurisdiction. The discussion reflected that wording is important.
- It was suggested that the guide reflect communication on CSH with both traditional and non-traditional partners.

**ACTION:** Secretariat will send out the draft policy guide to School Health Coordinators.

Re: LT Outcome 3: Increased System Capacity

- It was suggested that use of testimonials are very powerful forms of messaging. These can be recorded and used as quotes in documents, including CBNs and presentations.
  - Examples of sources for testimonials were: Alberta for Healthy School Planner, Sunrise School Division in MB for Positive Mental Health Toolkit.
- BC advised that the CSH Resource Guides developed in that province for working with various groups and stakeholders will be translated into French.

**ACTION:** Secretariat will explore with AB and MB School Health Coordinators the gathering of testimonials on Healthy School Planner and Positive Mental Health Toolkit.

Re: LT Outcome 5: Increased Research Coordination

- A number of conversations have taken place on overlapping and duplication in surveys completed with or about student performance, attitudes, health/education outcomes. Some of the duplications are occurring at the national level, others at the jurisdictional level.
- The 2007 JCSH meeting on surveillance outlined a concrete role for the Consortium. As a first step, it would be beneficial to review surveys and invite stakeholders to a dialogue on surveys – benefits, challenges, school survey exhaustion, data being

- sought in a jurisdiction, steps taken in one or more jurisdictions to integrate questions in two surveys.
- It was suggested that PTs might be encouraged to support more than one health survey (such as Health Behaviour in School-aged Children, Tell Them From Me, Youth Smoking Survey) in the same way as standardized academic assessments are completed for both PT-specific reviews and for international ratings.

**ACTION:** Secretariat will review the Surveillance meeting documents from 2007 and disseminate the main points and recommendations to School Health Coordinators.

### **8. JCSH Mandate 3 Proposal**

Katherine led the meeting in a discussion on the proposal for the Third Mandate.

Main points:

**1. Proposal:** A draft proposal must be complete by late April, in time for discussion during the April 30-May 01 Management Committee meeting.

**Discussion:**

- School Health Coordinators were not involved in the proposal preparation in 2009 but it seems advantageous to have their involvement this time because many of the Management Committee members are new to that table.
- Key discussions on the directions for this proposal took place during the February 2013 cross-sector meeting and the fall 2013 face-to-face meetings of both Management Committee and School Health Coordinators' Committee; these will be reflected in the proposal.
- This proposal must contain strategic directions for the next mandate.
- Advisory Group volunteers: Sterling, Gail, Carol Ann, Kyla, and Louise.

**2. Process:** It is anticipated that JCSH will be on the agenda of the Conference of Deputy Ministers (CDM) of Health May 29, during the PT Day and May 30, during the FPT Day.

Briefing documents must be disseminated by the first week of May.

A decision could be made during this meeting to have further discussion on the JCSH during a teleconference of Deputy Ministers of Health in September.

In addition, decisions will be required, if the mandate is renewed, on logistics including lead province / territory and location of Secretariat. It is likely that Management Committee will bring forth recommendations on these matters to Deputy Ministers for decision.

The evaluation will be critical. Many jurisdictions, including PHAC, will be looking for signs of efficiencies which have been realized from the JCSH, and for uptake on resources such as the Healthy School Planner.

**ACTION:** Secretariat will complete a Briefing Note on the process of the Mandate Proposal.  
**ACTION:** JCSH will revise the Logic Model based on Evaluation results.

## **9. Workshop I: Application of Comprehensive School Health**

### **A. Systems Change and Comprehensive School Health**

Scott (BC)

Scott gave a presentation on the work BC has been carrying out over the past few years in improving implementation and application of comprehensive school health. The province has developed a number of resources, with the aim both to increase implementation and to bring the regional health authorities and education to the same table. Challenges were encountered in uptake by both groups.

The reasons for the limited uptake were explored and, as a result, a new approach was used: an inquiry and question building approach. This open-ended approach examined where educators were positioned in response to comprehensive school health and used this as a starting point for engagement. The results were much more positive.

The second approach was through student engagement. The move was made from exclusively educator-led inquiries to student-led for many of the inquiries; the Healthy Student Youth Councils were engaged to lead inquiries. A process has been developed to support student involvement in a way that is student-driven and teacher-supported.

Scott advised that the province is trying to create a coordinated landscape for schools and revisiting outcomes and metrics for success in their initiatives.

Three questions were outlined by Scott to help frame the discussion:

I. Successful strategies for systems change and measures for success.

#### ***Discussion:***

- It was suggested that a focus on the student rather than the process or the school as a whole was very helpful – a ‘what is in it for the student’ approach.
- It is helpful to use a sense of ‘culture change in school’ as the driver for any issue, whether it be physical cleanliness or bullying or social wellness for staff and students.

- AB has engaged in this process at a variety of levels, including AB Employee Benefit Plan. The work did not start around assessment but they found as they entered the process that if they were not using data they were not able to show results. For the education sector, the Healthy School Planner has been very helpful in showing the use of assessment for planning strategies.
- In NB, Healthy Schools is one of the settings of the Wellness Strategy, showing schools to see that all the efforts required are not their responsibility but, instead, builds capacity within and between settings. As is the case for JCSH during the evaluation process, it was important to show the value-add of this strategy. The province is trying to create conditions for measuring change. It used the Stages of Change framework and held focus groups. The focus groups were asked to reflect on where they were regarding wellness in 2006 and where they are today, as well as what investments they feel are needed to continue to move forward.
- It was suggested that appreciative inquiry is a useful methodology for assessing implementation of comprehensive school health. Combining a likert scale with open-ended questions would allow people to reflect on what they feel would improve implementation.
- It was suggested that a community development approach would support the move towards using assessments and evidence-informed results to support the widespread strategic direction changes needed for systems change.

**ACTION:** Marlien will share the NB Wellness Indicator Framework.

## II. Effective promotion of CSH impact.

### **Discussion:**

- Position CSH in a way that is compelling to politicians and the media.
- Use photo voice, video to promote school connectedness.
- Use [Storify](#) to bring in various social media forms to share news, celebrate success, identify impact.
- Focus efforts at the district/regional rather than the school level in jurisdictions where there are multiple school districts.

## III. Health and Education ministries' priorities.

### **Discussion:**

- NS has co-chairs from Health and Education on school health grant committees. Other ministries can also be added. Dalhousie University is working on a tri-county comparison around physical activity and healthy eating to show results in

those schools. They used a survey, site visits, and interviews to show interim results.

- AB will have healthy eating and active living (HEAL) results in a few years showing whether work in these areas result in differences in student assessments.

B. Discussing CSH with Traditional and Non-Traditional Partners Carol Ann (NL)  
Carol Ann presented on and introduced discussion on promoting the comprehensive school health framework with both traditional and non-traditional partners.

**Discussion:**

- SK has brought Industry on discussion on a strategy for Community and School Safety within a CSCH Approach.
- NS completed an exercise with stakeholders to show the six substantive areas and the four CSH pillars and ask to post work in each of the sections; there were quickly 85 responses. This served to show the work already in place in CSH implementation.
- Comprehensive school health is also seen as the way to a whole school approach, where both the 80 percent of students not in need of any risk management and the 20 percent requiring intervention all receive holistic and supported initiatives.

**10. JCSH Communications**

Susan provided an overview of some of JCSH communication tools that are active projects at this time.

Annual Report: School Health Coordinators are requested to provide their jurisdictional submissions to the Secretariat as early as possible this year, so that the Annual Report might be included as part of the package of materials for Deputy Ministers in their decision regarding JCSH mandate renewal. The first meeting of the Annual Report Advisory Committee was held and resulted in a number of valuable suggestions, which will be implemented in this year's report.

**ACTION:** School Health Coordinators are asked to have jurisdictional submissions to the Secretariat by April 07.

Website Revision: Susan provided a tour of the test site for the new JCSH website. It was positively received with a few changes:

- Some changes, such as switching the placement of a couple of the coloured boxes, can be done immediately, before the site goes live.
- Other changes, such as renaming the Areas of Focus from the current six substantive areas to two overarching areas: Student Achievement and Student Wellness / Well-being will need to wait for further discussion and will likely not occur until after the site goes live.

**ACTION:** The Secretariat will follow up with the webmaster on suggestions made for the new website.

**ACTION:** School Health Coordinators are asked to provide the Secretariat with content they would like to have on the JCSH website.

#### Print / Video Communications and Social Media

- It was agreed by the table that Social Media is necessary as part of the use of technology and communications opportunities afforded. The Secretariat is in the midst of acquiring Facebook, Twitter, and YouTube accounts.
- It was also agreed that a variety of print resources and the inclusion of videos showing CSH implementation in various jurisdictions around the country are valuable additions to the website and important in demonstrating the work of the JCSH.

#### **4. Workshop II: Healthy School Planner: Next Steps**

**Gail (AB)**

Gail gave a presentation on the work in Alberta in promoting use of the Healthy School Planner to schools and school districts in the province. To date, 42 of 61 school divisions have used the Planner. Schools really like the Foundational Module; it provides them a good understanding of the benefits of applying a comprehensive school health lens to initiatives and planning. All schools are required to complete the Foundation Module; this is a standard requirement of the Planner, but some schools asked to opt out in order to go directly to a module such as Positive Mental Health. This was not permitted, in order to reinforce the importance of understanding comprehensive school health and approaching all the topic areas using that perspective. The schools are using the topical modules as well; they tend to focus on the Express versions.

AB has engaged in significant work to develop district reports with recommendations for action.

School grants are tied in with the Planner – the Foundational Module does not have to be completed each year, but may be repeated if the school team is new.

At this time, AB is correlating data from Tell Them From Me with the CIM work on CSH and student achievement from John Freeman. They are finding a significant positive correlation. The next step is to overlay the statistics from the schools that have completed the Planner's Foundational Module.

***Discussion:***

- The HBSC survey is able to provide provincial level data – it would be interesting to see the results from that data worked through the data from other survey sources.
- In smaller provinces / territories, school-level data is being used to determine planning and resource allocation. It was recommended that these PTs have a conversation with John Freeman to see if there are school-level data possibilities through HBSC.

**5. Workshop III: Fresh From the Farm**

**Jennifer (ON)**

- Evaluation Report from Pilot Year 1 in Ontario – successes and challenges to starting a new farm to school fundraiser
- Discussion: helpful tips on how to start this program in your P/T

Jennifer gave a presentation on the work in ON by the Ministries of Agriculture and Food and Education to develop the Fresh From the Farm initiative. This was created and modeled from the MB program introduced by the School Health Coordinator from that province during a previous JCSH face-to-face meeting of the SHCC.

The objectives of the initiative include:

- Link of initiative to student achievement
- Link of initiative to food and nutrition policy
- Food literacy in food knowledge
- Connection between the initiative and healthy fundraising campaigns
- Benefit to ON farmers
- Sustainable program model.

Volunteer recruitment is significant for the success of the program. There is an effort this year to increase student engagement as volunteers. Issues related to communications, the website, volunteers, and the growing number of participating schools have been worked out. There has been a lot of work to get the program going but response is positive and there are plans to open the program up to the entire province. Among the lessons learned are that essential components of success in the program include: student engagement,

active promotion, a sufficient number of bundles to be worth the effort required to sustain the program.

Jennifer noted that she very much appreciated the support from MB both in sharing the program with SHCC in the first place and in offering continued support; she is willing to help other School Health Coordinators in a similar way.

***Discussion:***

- It was suggested that a note of caution around school fundraising initiatives come up when discussing the need for schools with lower family income averages; at times, fundraising has been for essentials rather than for extras.
- It was agreed that this is a concern and that in ON there are guidelines in place that fundraising ventures are for extras only and not for essential resources.

**6. Workshop IV: Healthy Built Environment  
and the School Setting**

**Carol Ann (NL) and Scott (BC)**

Carol Ann and Scott made a presentation on the importance of the built environment to the school setting and the work of the JCSH and on the process used in NL to propose the adaptation of the Healthy Built Environment Linkages Toolkit developed in BC.

Scott outlined the BC framework's five Planning Principles: Healthy Neighbourhood Design, Healthy Transportation Networks, Healthy Natural Environments, Healthy Food Systems, Healthy Housing. The framework includes a fact sheet on each physical feature as well as summary of the research links between planning principles, impacts, and health related outcomes. The linkages also look at the directionality of the relationships: positive effect, negative effect, no effect, conflicting evidence, or a note for future evidence review.

Carol Ann noted that the healthy built environment requires a cross-sector approach and the Comprehensive School Health Framework provides an approach for involvement of the healthy built environment in the school environment.

***Discussion:***

- This is a great way to start conversations on bringing resources and discussion on the healthy built environment into JCSH work
- There are similar concepts in the built environment and CSH, and the direction for JCSH could be to assist stakeholders in integrating and coordinating the work. There are commonalities with the work on student conveyance.



- One of the benefits of this issue is that, like healthy eating, the healthy built environment is tangible, something that can be clearly assessed and changed and measured.
- Jurisdictions developing curriculum and other learning opportunities for students are asked to share.

## 7. Emerging Trends and Jurisdictional Updates

**Yukon:** The territory is actively moving forward on self-regulation work for students; a website is dedicated to this.

**New Brunswick:** The Active at School Program is coordinated by Fran Harris who has agreed to participate in a SHCC teleconference to discuss the assets-based approach of the program. She is the president of PHE Canada.

**Saskatchewan:** A collaboration of ministries and services in multiple areas, including the Ministries of Education, Health, Justice, Social Services, and non-government and private services, participated in a week-long event Value Stream Map (Time line) event that the Ministry of Justice hosted in Regina. This mapped the "Life Cycle of an offender" and included a few individuals who had experienced the "system" from birth (even prenatal) to current day. The event mapped their life and captured the "touches" throughout life with social assistance, education, health, mental health, alcohol/drug treatment programs, and correctional institutions.

<p><b>ACTION:</b> Invite Fran Harris to participate on an upcoming SHCC call to discuss the Active at School Program.</p>
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## 8. Teleconferences 2013-2014

The regular April teleconference will be canceled in light of its proximity to this meeting. The next teleconference will be held Thursday, May 08 at 12:30 EDT. Teleconferences are regularly held the second Thursday of each month at the same time.

## 9. Wrap-up and Concluding Remarks

Sterling expressed thanks to Kyla and Jeanine for their work in hosting the SHCC and wished everyone a safe journey home.

**Record of Discussion  
School Health Coordinators' Committee Meeting  
May 08 2014**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Lauren Wallace	BC
Gail Diachuk	AB
Kyla Christiansen	SK
Kaley Pacek Paul Paquin	MB
Jennifer Munro-Galloway	ON
Sterling Carruthers	PE
Helen Pitman	NS
Carol Ann Cotter	NL
Paige Marshall	NU
Elaine Stewart	NT
Anne Aram	YK
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Stacey Burnard	YK
Marlien McKay	NB
Louise Aubrey	PHAC

**34. Welcome and Roll Call**

Sterling welcomed everyone to the call.

**35. Review and Approval of Agenda**

The agenda was approved with the following additions: Caring and Respectful Schools item was added to Emerging Trends and Opportunities; CSH application guides was added to the Secretariat Update.

**36. Approval of Record of Discussion from April 01-02 2014 Face-to-Face Meeting**

The RoD was approved without changes.

**37. Update from Secretariat**

a. Management Committee April 30-May 01 2014 Face-to-Face Update:

Katherine provided an overview of the recent Management Committee meeting held in Toronto. Every jurisdiction was in attendance with Alberta joining by teleconference for portions of the meeting.

A large portion of the meeting was devoted to the evaluation report and mandate renewal process. Karen Pyra from PMCS presented on the evaluation report and recommendations. The Executive Summary is being revised based on discussion at the meeting; it will be provided to the meeting of the Conference of Deputy Ministers of Health in Edmonton on May 29 2014 with an email link to request the full document. John Freeman presented on the current survey round of the Health Behaviour in School-aged Children study and on opportunities and next steps for the work of the core indicators and measures on comprehensive school health and student achievement.

*Discussion:*

- The revised evaluation report will be completed and sent to the Executive Director by May 13. The Executive Summary will be shared with Deputy Ministers as part of the JCSH update at the May 29 2014 meeting of the Conference of Deputy Ministers of Health (CDM).
- The Common Briefing Note on the meeting of the CDM will indicate that the evaluation report has been completed but not yet formally accepted.
- The CBN will also state that this report and the proposal for mandate renewal will be presented to the Advisory Committee of Deputy Ministers of Education (ACDME) during their meeting July 07 2014.
- A mandate renewal proposal will go to Deputy Ministers of Health in advance of the next Health Ministers' Meeting, scheduled for September 30-October 1 2014.

- It was suggested that the update of the JCSH during the CDM include notation that the 2014 Annual Report will reviewed and accepted by ACDME during the July 07 meeting.

**ACTION:** The Secretariat will suggest updates to the draft CBN for the Deputy Ministers of Health meeting to reflect points raised regarding the evaluation report and the Annual Report.

b. Mandate/Evaluation Process Update:

Katherine noted that the Secretariat and Advisory Committee are working on the draft renewal proposal and Agreement. It is planned that the mandate renewal document will be presented to the Advisory Committee of Deputy Ministers of Education during their July 07 meeting. The Advisory Committee is composed of the MB MC member and SHCC representatives from SK, ON, AB, PE, NL, and PHAC.

c. Annual Report Update:

Susan provided an update on the Annual Report. The deadline for submissions is May 20, as the report will need to be sent to Management Committee for review, followed by translation, graphic design, and if required, printing. The intention is to have copies ready for ACDME meeting in July.

d. CIM CSH and Achievement: Dissemination of Document

Katherine provided an overview of the discussion to date on the dissemination of the CIM report.

*Discussion:*

- It would be useful to have a slide deck for JCSH members to use in sharing the results of this study with colleagues and stakeholders.
- It was suggested that more discussion be held regarding the results of this research study.
- It was recommended that the CIM report be posted on the public side of the website – both as the full report and the Executive Summary.
- There was support expressed at the Management Committee’s recent meeting for communication resources on the CIM report developed by the Secretariat – such as a PowerPoint deck . There was less support for project funding for new pieces of work on the CIM on comprehensive school health and student achievement.
- The last meeting of the CIM Advisory Committee discussed framing an article for publication on the work to date on the CIM. The AB member advised that AB is working with John Freeman at this time to move forward with this work.

- It was suggested that as part of the next steps with this work, Galileo Institute could be asked to be involved.
- It was suggested that inviting John to a future SHCC teleconference would be helpful in providing suggestions on next steps as well as discussion on the results found in this study. It was also suggested that the Secretariat can apply for an ISBN number for the report.
- It was suggested that SHCs from the Education sector could provide assistance to those from the Health sector in sharing the results from this work.

**Action:** Secretariat will develop a slide deck based on the results of the CIM report for dissemination to JCSH members.

**Action:** Secretariat will post the full report and executive summary on the JCSH website.

**Action:** Secretariat will invite John Freeman to an upcoming SHCC teleconference

e. Application of CSH docs:

Jo-Ellen provided an overview of the process taken since the SHCC teleconference in December 2013 on the development of application guides linking comprehensive school health and issues such as life-threatening conditions and active transportation to school. She worked with SHCs in NB, BC, and SK to develop draft guides; these were shared with Management Committee as part of the face-to-face meeting package. They can be adapted for jurisdictional needs.

*Discussion:*

- It was suggested that these documents should have the CSH framework as an attachment rather than beginning each one with an overview of the framework, which is readily available in many forms and places on the website.
- It was also suggested that these have a consistent style and format.

**38. JCSH website**

a. Susan provided an overview of work being done to complete the content plan for the new website so that it can be made live within the next few weeks. One of the areas is to review existing toolkits / fact sheets on specific topics such as substance abuse and physical activity that were created when the first iteration of the website was developed. These toolkits – which pre-date the more generalized resources such as the Positive Mental Health Toolkit and the Youth Engagement Toolkit – are still being used by organizations and colleagues report them to be useful resources. Given the feedback on these and the fact that they are developed for only two of the current six areas of focus, it would be helpful to have feedback on whether similar tools should be developed for the remaining areas of focus. To assist in the discussion, a draft fact sheet was developed on Healthy Relationships and

follows the template of the physical activity and substance abuse fact sheets. Existing Toolkits / Fact sheets on specific topics (physical activity, substance abuse)

*Discussion:*

- It was suggested that the fact sheets will be helpful but need to contain more than a description of the focus area through a CSH lens; they need to have guides on application in a school community so that they can be tools for deepening discussion on the issues for schools
- It was also suggested that a template for this renewed approach should be the first task.
- It was also suggested that an indigenizing lens be applied to these guides.

**ACTION:** Katherine will send out an email asking for volunteers fan advisory committee to develop CSH application resources.

b. Articles for Website:

Susan advised that Stacey Burnard has offered her article on Social Emotional Learning, which has appeared in two journals, to JCSH for use in part or in whole on the website as we introduce education-focused content more actively. It leads to the question of a review process on articles from members / member jurisdictions / Secretariat staff to ensure standards.

*Discussion:*

- It was suggested that a review process is necessary.
- As a first step, criteria for publication of JCSH articles (including, but not restricted to, the website) be established.
- Next, a Peer Review Committee is to be established.

**Action:** Secretariat will develop criteria for peer review of JCSH articles.

**Action:** Secretariat will put out call for volunteers to CSH Application Committee

**39. Emerging Trends and Opportunities**

SK-Caring and Respectful Schools: Kyla has distributed a scan to JCSH that SK developed on the policy and information available on caring and respectful schools in all jurisdictions. It would be valuable to frame this work within a CSH / CSCH approach. The SK scan is on the private side of the website under SK resources and also under Environmental Scans which are located under Secretariat Supports (admittedly confusing in this instance).

Question for discussion: What are some recommendations, suggestions, and deliverables in jurisdictions around caring and respectful schools to show how a CSH lens can be linked with practice and procedures.

*Discussion:*

- This work is appreciated in PTs where there is not active work underway regarding safe and caring / caring and respectful schools.
- AB is developing a safe, caring, respectful and healthy schools approach through a CSH lens. The work underway in this province will be helpful in developing JCSH resources / information.
- This work has the same considerations as the fact sheets discussed earlier in this meeting: the perspective needed is to take information and transform it through a CSH lens into practical pieces of use to educators and other members of the school community.

Action -Kyla, Gail, and Sterling are willing to continue to explore these avenues, within the scope of the committee developing fact sheets with application of CSH.

**40. Review of Action Items**

- To review and update the Action Items table

**41. Next Meetings**

Co-chair: Sterling still looking for co-chair.

- June 12 2014 Teleconference
- July 10 2014 Teleconference
- August 14 2014 Teleconference
- September 11 2014 Teleconference

**42. Adjournment**

**Record of Discussion**

**School Health Coordinators' Committee Meeting**

**July 10 2014**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Scott Beddall	BC
Kyla Christiansen	SK
Marlien McKay	NB
Sterling Carruthers	PE
Helen Pitman	NS
Carol Ann Cotter	NL
Elaine Stewart	NT
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Gail Diachuk	AB
Kaley Pacek Paul Paquin	MB
Jennifer Munro-Galloway	ON
Charlotte Borg Paige Marshall	NU
Anne Aram Stacey Burnard	YK



## Record of Discussion

### 43. Welcome and Roll Call

The Chair welcomed all to the meeting.

### 44. Review and Approval of Agenda

The agenda was approved with the additions, under Emerging Trends and Opportunities, of Active at School / 60 Minute Kids' Club and an overview of the webinar: *Enriching Families' Community Connections: A Two-Way Street*.

### 45. Approval of Record of Discussion from May 08 2014 Teleconference-

The May Record of Discussion was approved with changes to the Emerging Trends item: SK scan on Caring and Respectful Schools.

### 46. Update from Secretariat – written

In addition to the written update, Katherine advised that both the Council of Ministers of Education and the Advisory Committee of Deputy Ministers of Education met in Charlottetown July 07 and 08. The Education Deputy Ministers indicated their support for a third mandate for JCSH and will proceed to signatures through a memo process; the new JCSH Agreement (2015-2020) will be attached to the memo. The PE DM of Education will send a letter to the PE DM of Health, communicating the Education Deputy Ministers' support for mandate renewal.

Katherine also provided an update on the current process on the Health side. JCSH mandate renewal is scheduled to be an item during either the August or September teleconference of Deputy Ministers of Health. Furthermore, in follow-up to the JCSH update item at the May meeting of Deputy Ministers of Health, the PE Deputy Minister of Health will be connecting with fellow Deputy Ministers of Health across the country through email to collect feedback on impacts and value of the Consortium in each jurisdiction. Katherine will send an email of notice to SHCC, MC, and Alternates when this communication goes out to the Health Deputy Ministers (through Health Support Committee members).

There is a joint MC-SHCC committee formed for mandate renewal and agreement development; the next meeting is expected to be held this month.

Katherine concluded by saying that it was very encouraging to be at ACDME meeting and see the support for JCSH.

#### 47. CSH Framework

##### *a. Discussion: How to explore indigenizing the CSH Framework*

Kyla provided an overview of the exploration in SK to realize an indigenizing lens for their work in Comprehensive School Community Health. Kyla noted that this is a journey for SK; the North may be further along on that journey. Meetings with First Nations and Métis consultants are considering research looking both at indigenizing and at decolonizing lenses. First Nations and Métis have insights into learning that recognize two ways of knowing – western concepts and Aboriginal ways of knowing. They are also exploring cultural competencies more broadly, such as those occurring in newcomers’ communities, and at the web of relationships embodied through indigenous knowledge within an ecological context. Indigenizing work in SK is different than work in the North and in the East but there are common directions and ways of knowing.

Most jurisdictions have multiple documents focusing on one component of CSH – teaching and learning. These are important but SK would like to find documents that support other CSH components within education and more broadly. The work in other regions and countries, including Maori work, is being reviewed. Kyla expressed that this is a great opportunity for JCSH to really explore school health through an indigenizing lens. Taking topical issues is still a piecemeal approach. We need to step back from that and interrupt the ways we have had these conversations and begin to indigenize our work, but important to that, to indigenize our thinking at the front end.

Among the questions being explored in SK: how healthy are our schools for First Nations and Métis students? What are the health disparities that impact student achievement? How are we affirming indigenizing knowledge and practices? How can we recentre that indigenous knowledge at the core of CSH? How may CSH components – for instance physical and social environment – encompass both natural and structural environments. Right now, the focus is on the structural environment.

##### ***Discussion:***

- During SK’s work on indigenizing its framework, has there been discussion on a framework change for JCSH at large? The conversation on JCSH’s framework will likely be held in the coming months.
- Regarding the structural focus of the CSH framework currently and the need to review and reassess it in the next mandate, there are learnings from the Truth and Reconciliation Process of the past three years. Canadians were heard to say ‘what does

this have to do with me?’ It is important to explore our dichotomies of thinking. One of the sayings of the Tlicho peoples is ‘be strong like two people’ – own cultural background as strength plus western ways. There may be learnings on how this exploration can impact our work as a Consortium in broad ways.

- The language of an indigenizing framework is not held at the exclusion of other cultures. In NWT, being responsible and inclusive and respectful of a primary place of Aboriginal culture is not disrespectful of other cultures.
- Louise advised that she will share two documents: (1) the Report Summary of the 2009 Summit on Aboriginal Education by CMEC; (2) *The Framework for Indigenous School Health: Foundations in Cultural Principles* (The National Collaborating Centre for Aboriginal Health in cooperation with Canadian Council for Learning publication). The latter document positions Aboriginal cultures as a collective wisdom of benefit to all and central to education.
- It was suggested that the most recent CMEC press release (2014July09) is an opportunity to tie CMEC and JCSH priorities in this area: in that press release the meeting of Education ministers this week promised additional pan-Canadian work in Aboriginal education over the next two years.

**ACTION:** Indigenizing / decolonizing lens in CSH to be placed on the SHCC face-to-face meeting agenda and a possibly Management Committee meeting agenda for further discussion.

**ACTION:** Louise will share CMEC’s Report Summary of the 2009 Summit on Aboriginal Education and *The Framework for Indigenous School Health: Foundations in Cultural Principles* with the Secretariat for dissemination.

*b. CSH application guides: Initial steps*

Sterling and Susan provided an overview of a recent meeting with curriculum leaders at the Department of Education and Early Childhood Development (DEECD) in PEI. In addition, Susan has had individual conversations with a few school health coordinators on the first steps in providing a CSH application guide with an education lens. The suggestion was made that perhaps CSH application could be introduced through an ‘Understanding CSH’ guide. The opportunity, given the conversations around Student Wellness/Well-being and Student Success/Achievement as overarching areas of focus, may be to take the BC knowledge guide further into an educator lens – perhaps through a participatory action or appreciative inquiry approach. In addition, the conversations around using an indigenizing / decolonizing lens in

discussions of new work / review of the CSH framework may emerge as the process for developing application guides. It is possible that the two processes may overlap.

**ACTION** – The Secretariat will send out an email to School Health Coordinators listing the members of the CSH Application Resources Advisory Committee and asking whether any others would like to volunteer.

Then the Secretariat will send out a doodle for first meeting and discussion of first approaches.

*c. CSH in certification training for school administrators*

Sterling advised that he has asked if, as part of the certification process for all PEI school administrators, space could be provided to include CSH as part of the training. The PEI DEECD is working with York University to deliver the training.

*Discussion:*

- York University has a small school devoted to Sustainability and there may be opportunity for discussion with them.
- It might be advantageous to provide an overview of comprehensive school health as well as an indigenizing lens.
- Kyla has the name of a researcher with experience using an Aboriginal lens if JCSH is looking to contract a research project in the future.

**48. Upcoming JCSH meetings**

Katherine advised that the Secretariat will be sending out a doodle soon regarding dates for the fall face-to-face meeting. It might be a consideration to wait until after the Deputy Ministers of Health have had discussions on JCSH's next mandate. In addition, given the discussions regarding the mandate, the Management Committee fall face-to-face may be held before SHCC's meeting. The Secretariat appreciates the need for setting dates as soon as possible to allow for the time required to gain travel approvals.

**ACTION:** Secretariat will send out doodle for SHCC face-to-face meeting dates.

**49. Emerging Trends and Opportunities**

a. Marlien – Active at School / 60 Minute Kids' Club (60MKC): Is there an update on the activities of the 60 Minute Kids' Club? They are listed as a partner on Active at School.

*Discussion:*

- Scott remembers discussions and reservations about the 60MKC at a face-to-face meeting a couple of years ago. They seem to have success at getting in touch with ministers and do have a connection with Canadian Tire.
- Sterling noted PEI is to be 2<sup>nd</sup> province aligned with Active at School Canadian Tire initiative. He and Marlien have been in touch with Fran Harris, coordinator of the Active at School initiative in NB, also president of PHE Canada; she is willing to participate in a future teleconference.
- Marlien noted that in New Brunswick, Active at School has been amenable to input and feedback from stakeholders.

**ACTION:** Scott will share relevant notes on 60MKC with Marlien and Secretariat.

b. Elaine - *Enriching Families' Community Connections: A Two-Way Street*: This webinar was part of a families series by the Search Institute in the US. One of the interesting aspects was a look at research on how schools can connect better with families. The best outcomes are achieved through creation of experiences for youth together with families to make their communities better. A Brownsville, TX study considered ways of framing questions to engage all families, and ways to work together as partners to enrich the lives of families.

It was noted that this type of resource might be a useful addition to the Healthy School Planner resource list.

**ACTION:** Elaine will forward the slide deck and webinar link to the Secretariat for distribution to School Health Coordinators.

c. Susan noted that the English-only version of the JCSH website is now live, and that the French content is currently with the webmaster.

d. Sterling invited School Health Coordinators interested in exploring the role of SHCC co-chair to contact him.

## 50. Review of Action Items

The Action Items table was reviewed.

#### **51. Next Meetings**

- August 14 2014 teleconference
- September 11 2014 teleconference
- Fall face-to-face meeting – TBD
- October 09 2014 teleconference

#### **52. Adjournment**

**Record of Discussion**

**School Health Coordinators' Committee Meeting**

**August 14 2014**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Lauren Wallace	BC
Kyla Christiansen	SK
Kaley Pacek Paul Paquin	MB
Marlien McKay	NB
Sterling Carruthers	PE
Sharon Young	NS
Carol Ann Cotter	NL
Paige Marshall	NU
Anne Aram	YK
Shanna Sunley for Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Gail Diachuk	AB
Jennifer Munro-Galloway	ON
Elaine Stewart	NT

## **Record of Discussion**

### **53. Welcome and Roll Call**

Sterling welcomed all to the meeting.

### **54. Review and Approval of Agenda**

The agenda was approved.

### **55. Approval of Record of Discussion from July 10 2014 Teleconference-**

The July 10 2014 Record of Discussion was approved.

### **56. Update from Secretariat**

Katherine provided the following updates regarding the process for mandate renewal:

- The Advisory Committee of Deputy Ministers of Education (ACDME) has given approval in principle for mandate renewal. It remains to be seen whether signatures will be obtained through ACDME's established memo process, and/or through signature to the JCSH Agreement. The Secretariat will keep SHCs apprised of updates regarding this process.
- It was anticipated that JCSH Mandate Renewal and Acceptance of the 2014 Annual Report would be on the agenda for the August 14 teleconference of Deputy Ministers of Health. However, due to the fact that the PE DM of Health (lead for this file) not being available for the call, the item has been postponed until the September 11 teleconference. Some JCSH members have requested a copy of the briefing note regarding these items. A draft briefing note has been prepared; once approved by the PE DM, it will be circulated for JCSH members' information.
- The survey of Deputy Ministers of Health regarding JCSH impact, value and uptake in member jurisdictions (facilitated through Health Support Committee) is complete, and the overall response was very positive. Katherine thanked School Health Coordinators for supporting this process.
- The latest version of the draft 2015-2020 JCSH agreement was circulated to members further to the July 29 meeting of the JCSH Agreement Committee. No changes were requested by SHCC or Management Committee members. The Secretariat will send to legal counsel before finalizing.



- Susan and My Linh continue to work to finalize the French version of the Annual Report. It will not be publicly available until it has been accepted by the Conference of Deputy Ministers of Health on their September 11 teleconference. Per the expressed wishes of the JCSH membership, approximately 125 print copies will be made available for JCSH members.
- It was agreed at the May 2014 SHCC teleconference that JCSH would strike a committee to explore the possibility of developing CSH “action” resources, and / or exploring the CSH Framework through an indigenizing or decolonizing lens. A Doodle has been sent out to secure a date for a first meeting of this committee. Katherine will confirm the date and send out meeting information in the coming weeks.

## 57. Fall face-to-face SHCC meeting

### *Logistics*

Katherine thanked SHCs for their patience in awaiting confirmation on meeting logistics, which has been somewhat delayed on account of ongoing discussions regarding mandate renewal. It has been agreed that the fall face-to-face meeting of the Management Committee will precede the fall face-to-face meeting of the SHCC; however, the Doodle sent to the Management Committee did not result in a clear preference. The Secretariat has gone back to the Management Committee to confirm a date (deadline of Friday, August 15), and from there, will secure a date for the SHCC meeting. At this time, the Secretariat can confirm that the SHCC meeting will be held in November, and that it will be held in Toronto.

**ACTION:** Katherine to send another Doodle to the SHCC regarding preferred dates for the meeting.

### *Agenda*

It is anticipated that the following items will be on the fall face-to-face SHCC meeting agenda:

- Comprehensive School Health Framework
- Outcomes from Management Committee’s fall face-to-face meeting (e.g. directions from the 2014 JCSH Evaluation; additional items/ work that might carry forward into a third JCSH mandate)

SHCC members are encouraged to send additional proposed items for the agenda of the fall SHCC face-to-face meeting to Sterling and the Secretariat.

## **58. PT Directions / Use of Data from National School Health Surveys**

### *Balancing health surveillance and education needs*

Lauren led this part of the discussion, indicating that in BC, there are four surveys underway (two provincially-conducted surveys, and two national-level surveys: Health Behaviour in School-aged Children (HBSC) and the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) – formerly the Youth Smoking Survey ). Each of the surveys has been found to have unique value in terms of how it drives policy and programming.

The following questions were raised:

- 1) How have different jurisdictions identified effective approaches for helping schools manage numerous requests for data collection?
- 2) Can the JCSH play a role in moving forward the idea of amalgamating different national surveys (e.g. HBSC and CSTADS)?
- 3) How does the redesign of the Canadian Community Health Survey (CCHS) – i.e. adding a new survey to the CCHS portfolio focusing on the health of children and youth, to be called the Canadian Health Survey on Children and Youth (CHSCY) – align with these other national surveys?

### *Discussion*

- Regarding the redesign of the CCHS, which seeks to address a data gap on children’s health information under the age of 12, this data gap will be filled by surveying parents in the home, and therefore should not have any impact at the school level. That being said, it remains to be seen what unique value-add will be derived from the CHSCY, or what it means for other children/youth health surveys.
- Marlien noted that NB has been working through these issues for a number of years, and that it is becoming increasingly difficult for Education to support these many requests.
  - Regarding YSS (now renamed as CSTADS): In 2012-13 NB was able to integrate administration of the YSS into its administration of the provincial NB Wellness

Survey. NB has been approached by Propel regarding participation in 2014-15 CSTADS, but NB has not been able to provide a decision as yet.

- Regarding HBSC: In the last cycle for the NB Wellness Survey, NB looked for opportunities to align content with HBSC, striking a balance between the needs of each survey. Notably, however, these efforts resulted in only one school participating in the full HBSC last year. To some extent, HBSC is an inflexible survey instrument because its content must allow for international comparison.
- Sterling shared the following:
  - Regarding CSTADS: In PE, the provincial level survey, School Health Action Planning and Evaluation System (SHAPES), has purposefully matched its cycle with that of CSTADS, to minimize burden and leverage cost efficiencies. This allows CSTADS to oversample in PE, while simultaneously; PE can collect its own data (which is complementary to that obtained through CSTADS).
  - Regarding HBSC: Despite best efforts by PEI/Queen's to provide clarification to schools (through written letters, etc.) regarding the alignment and complementarity between SHAPES and HBSC, due to survey fatigue, there was some difficulty in recruiting PE schools to partake in HBSC. In the end, however, enough were recruited to acquire a large enough sample size to generate a provincial-level report.
  - Some schools don't want to partake in surveys that don't generate a school-level report (as does Tell Them From Me, for instance).
- Kyla noted that Queen's also had difficulty in recruiting SK schools to complete last year's HBSC.
- Paul noted that MB issued a communication to school divisions to encourage participation in HBSC; however, he is not yet sure of the outcome.
- Carol Ann noted that in NL, for this latest HBSC cycle, Queen's was seeking a sample size of approximately 3,000 to yield provincial-level data; however, it was noted that several schools queried why they had not received the provincial-level data from the 2009-10 cycle. There is no other provincial survey collecting this kind and level of information

from students. NL would like to know which jurisdictions released their 2009-10 provincial/territorial-level data, and whether/how the data are being used.

- Anne noted that in YK, the first time it administered the HBSC represented the first time YK had baseline data. These data were published and released. YK is very much looking forward to the opportunity for comparison upon receipt of the next round of HBSC territorial-level data.
- Paige noted that in NU, HBSC is the only survey administered in schools and thus the sole data source the territory can reference.
- Sharon indicated that in NS, data collection has been an issue in the past; however, it appears to be well coordinated at present. She will connect with her Education sector colleagues to see whether they have more feedback.
- In February 2007, JCSH held a special meeting regarding data monitoring and surveillance. However, it appears as though the recommendations coming out of the meeting were not all that definitive, and / or have not been moved upon to the extent necessary to allow for the improved alignment and coordination that would be of benefit to schools. It would therefore appear that JCSH may still be poised to facilitate such a conversation, with an initial discussion around the potential role for JCSH role to be held at the Fall face-to-face SHCC meeting.
- Shanna noted that these discussions around opportunities for improved data collection alignment and coordination are on PHAC's radar, and agreed this discussion should be brought forward at the SHCC fall face-to-face meeting.
- In preparation for this agenda item, it would be helpful for SHCs to come with information data collection cycles in their respective jurisdictions. This will allow for a mapping exercise to be conducted at the meeting.

**ACTION:** SHCs who have not yet been in touch with Carol Ann regarding whether their jurisdiction released its 2009-10 provincial- / territorial-level HBSC data, and whether / how the data are being used, are encouraged to do so.

**ACTION:** Secretariat to add discussion around improved data collection and coordination to SHCC fall face-to-face meeting agenda

**ACTION:** SHCs attending the fall face-to-face meeting are asked to come with information regarding data collection cycles in their respective jurisdictions.

### 59. Emerging Trends and Opportunities

Sterling updated that *Active At School* (AAS) is currently rolling out in PE. To date, the roll-out appears as though it will go smoothly, with support for AAS being integrated through PE's existing School Health Grants program. The official launch in PE will have happened by the SHCC's fall face-to-face meeting, at which time Sterling can provide more details. In the meantime, SHCs are encouraged to contact him for more information.

### 60. Review of Action Items

The Action Items table was reviewed.

### 61. Next Meetings

- September 11 2014 teleconference : Sterling will not be present for this teleconference and therefore issued a request for a SHC to chair the meeting in his absence.

**ACTION:** SHCs interested in chairing the September 11 SHCC teleconference to contact Sterling.

- Fall face-to-face meeting – TBD
- October 09 2014 teleconference
- November 13 2014 teleconference

#### ***Congratulations and best wishes were extended to:***

- *Marlien McKay*, on her appointment as the Director of Wellness;
- *Paige Marshall*, who will be taking leave from her current position and starting her Masters in Public Health this September at Queen's University; and
- *Kyla Christiansen*, who will remain in her current position at SK's Ministry of Education (and engaged in the work of the JCSH) but is also taking on a new role with Saskatchewan's Institute of Applied Science and Technology, which will see her working even more closely with First Nations and Métis populations.

### 62. Adjournment

**Record of Discussion  
School Health Coordinators' Committee Meeting  
September 11 2014**

**Chair: Carol Ann Cotter (NL)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Lauren Wallace	BC
Gail Diachuk	AB
Kyla Christiansen	SK
Kaley Pacek	MB
Jennifer Munro-Galloway	ON
Sharon Young	NS
Carol Ann Cotter	NL
Anne Aram	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Paul Paquin	MB
Marlien McKay	NB
Sterling Carruthers	PE
Charlotte Borg	NU
Elaine Stewart	NT

## Record of Discussion

### **63. Welcome and Roll Call**

Carol Ann welcomed all to the meeting.

### **64. Review and Approval of Agenda**

The agenda was approved without additions.

### **65. Approval of Record of Discussion from August 14 2014 Teleconference**

The August 14 2014 Record of Discussion was approved.

### **66. Update from Secretariat (written)**

In addition to the written report, Katherine provided an update on the teleconference of the PT Conference of Deputy Ministers of Health (CDMH), which has a JCSH mandate renewal item, occurring on this date. On the Sept 9 CDMH (FPT) teleconference, the JCSH Annual Report was accepted. Final changes are underway to the Annual Report in preparation for printing and web uploading.

Katherine also advised that the item in the written update pertaining to the Mental Health Commission of Canada (MHCC) will be discussed on a teleconference of the Healthy School Planner Advisory Committee on Sept 12. As noted in the Update, Dr. Kimberley McEwan and her team at the Centre for Applied Research on Mental Health and Addictions (CARMHA) is working on development of national indicators of progress on actions to improve mental health status within the school setting (as well as other settings). The Planner is seen as helpful in providing data which can be used towards progress indicators of action on the Mental Health Commission of Canada's national strategy.

### **67. Fall face-to-face SHCC meeting**

*Logistics:* The face-to-face meeting will be held November 26 and 27 at the Cambridge Suites in Toronto, ON.

The Management Committee face-to-face meeting is scheduled for October 29-30. A draft agenda is prepared and awaiting the outcome of today's CDMH call. A date for a Management Committee teleconference to discuss the agenda for the face-to-face meeting may be set aside in favour of an email process. The face-to-face meeting will focus on strategic planning, working from the mandate proposal, evaluation, and agreement. The result of this meeting will inform much of the SHCC face-to-face agenda.

*Agenda:* The Secretariat is preparing a draft agenda, which will be sent to School Health Coordinators next week to support travel approval applications. Agenda suggestions are welcome.

As has been the custom, the meetings will be held all day on Day One and end at approximately 1 p.m. on Day Two. It is requested that travel arrangements be made as soon as possible in order to obtain the most cost effective air fares.

**Action:** Secretariat will send a draft agenda to School Health Coordinators the week of September 15.

**Action:** School Health Coordinators will send Secretariat agenda suggestions.

#### **68. Emerging Trends and Opportunities**

There were no discussion items brought forward.

#### **69. Review of Action Items**

Carol Ann reviewed the entries in the Action Items table:

- National School Health Surveys: Carol Ann is still seeking updates from provinces / territories on publication of the Health Behaviour in School-aged Children (HBSC) PT reports and on use made in jurisdictions of the information from the 2009-2010 HBSC survey round.
- HBSC: John Freeman is willing to address School Health Coordinators on issues the team has faced in data collection during the current survey round. It was suggested that he be invited to address a teleconference or attend the November face-to-face meeting. He would be able to discuss the next steps for the CIM on Comprehensive School Health and Student Achievement at the same time.

**Action:** The Secretariat will invite John Freeman to discussion HBSC and the CIM with School Health Coordinators at a teleconference or the upcoming face-to-face.

#### **70. Next Meetings**

- October 09 2014 teleconference
  - November 13 2014 teleconference
  - Fall face-to-face meeting – November 26, 27 2014
  - December 11 2014 teleconference
- All teleconference meetings begin at 12:30 Eastern Time.*





Although it is customary to cancel the teleconference in the month of a face-to-face meeting, it was suggested the November teleconference might be necessary in order to share an update from the Management Committee face-to-face meeting and to prepare for the School Health Coordinators' Committee face-to-face meeting. The December teleconference may be canceled as it follows closely after the Toronto meeting.

## **71. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee Meeting  
October 09 2014**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Lauren Wallace	BC
Laureen Lailey for Gail Diachuk	AB
Naomi Shanks	SK
Kaley Pacak Paul Paquin	MB
Jennifer Munro-Galloway	ON
Marlien McKay	NB
Sterling Carruthers	PE
Sharon Young	NS
Carol Ann Cotter	NL
Anne Aram	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Kyla Christiansen	SK
Charlotte Borg	NU
Elaine Stewart	NT

### Record of Discussion

**72. Welcome and Roll Call**

Sterling welcomed everyone to the meeting. Special welcome extended to Naomi, attending her first meeting, and Laureen, representing AB.

**73. Review and Approval of Agenda**

The Agenda was approved without changes.

**74. Approval of Record of Discussion from September 11 2014 Teleconference**

The RoD was approved.

**75. Update from Secretariat (written)**

In addition to the written update, Katherine provided details on the current work on mandate renewal / draft Agreement. The Agreement has gone through legal review and will be sent out shortly. A signature process will be reviewed and discussed during the Management Committee face-to-face.

Katherine also advised of some changes to the Management Committee, with representatives named or to-be-named in four jurisdictions. The new members are: NL – Mark Jones; ON – to be named; SK – Trish Wolbaum; PHAC – Stephen Bent.

*Discussion:*

- The Management Committee face-to-face agenda will be finalized as soon as the facilitator’s outline is received. The meeting package is expected to be sent out early next week.

**76. HBSC**

**(guest: John Freeman)**

Sterling introduced John Freeman to the call. SHCs had been interested in hearing an update on this HBSC survey round.

John provided the following details of survey rates to date in each of the jurisdictions (numbers represent number of students who have completed this survey). In order to give context to the results, they are presented in table form along with the expectations: The expected results are taken from the Management Committee face-to-face meeting presentation in September 2013:

Jurisdiction	HBSC 2013-2014 Survey Round Expectations	HBSC 2013-2014 Survey Round Results
BC	3000. For provincial report this	1136



	round; trends report next round	
AB	3000, hopes for 5000. To compare EverActive with non-EverActive schools	863
SK	10 000. To oversample First Nations students	1034
MB	600-800, as per 2009-2010 sample round. HBSC hoping to work with Youth Health Survey team to integrate learnings	645
ON	10 000. To look at regional comparisons	5746. Still recruiting
QC	3000	1537
NB	600-800	318
NS	3000. To expand from 600-800 2009-2010 round and get provincial report	2249. Will be close enough to generate a provincial report.
PE	3000. Did not participate in 2009-2010; looking for provincial report	>3000
NL	<3000. Not seeking provincial report this round	3145
NU	3000	110 Still recruiting
NT	3000	1739.
YK	3000	Team continues to collect surveys

*Discussion:*

- All jurisdictions will be represented proportionately in the international sample. The HBSC team will extend sample collection timeframe for those jurisdictions still seeking more respondents. AB, SK, ON have committed additional funding to collect larger samples; HBSC would like to get the anticipated numbers in these as well as other PTs that are still short for reports.
- John was very appreciative of help from SHCs and others across the country. Without JCSH the HBSC team would not have collected half the number.
- Barriers to participation: The research team did not have mandatory international questionnaire at appropriate time: May 2013, and it was too long. As a result, the team did not use mandatory questions; Canada was not only country that did this. This

affected the timing of ethics approval and Health Canada approval. And those impacted the timing of going into schools.

- John is now on the committee to shorten mandatory questionnaire and have this completed in timely fashion.
- John and Louise both commented that health surveys need to be coordinated. This is part of a larger conversation being held within JCSH.
- For the next round – 2017-2018 – countries are looking at zone-specific questions (Canada compared with England, for example). John trying to take greater leadership role in this process.
- John remarked that the team was very successful in PEI, even though it did not participate in the previous round. This happened because the one English school board was committed to the importance of this survey. As well, Sterling able to add a paragraph of explanation into letter from Queens to show that this complements, rather than competes, with SHAPES – the provincial health survey.
- PHAC is having ongoing conversations around the HBSC and Canadian Student Tobacco, Alcohol and Drugs Surveys. While the two may be complementary, for the most part schools do not make the distinction and believe there is too much attention to health surveying, particularly when their own data is not provided back to them in usable format.
- HBSC is trying to reach out to other researchers engaged in other health surveys. – Sterling added that it was PEI’s experience that Queen’s tried to make the process as smooth as possible.
- Jennifer remarked that Toronto District School Board – the largest school board in the country – chose to not participate for the first time, having created its own district-level survey. Even with ministry level support, school boards decide priorities.
- It is important, at the Management Committee level, to have another look at the purpose and process of health surveys.

### **77. Fall face-to-face meetings**

Katherine noted that the Management Committee face-to-face meeting will focus on strategy and goals for the next five years. key pieces for consideration are: Data surveillance; work on advancing a decolonizing lens, the Core Indicators and Measures (CIM) on CSH and achievement. School Health Coordinators are asked to consider other suggestions for this strategic work over the next week and provide them to Katherine.

*Discussion:*

- It was suggested that all Management Committee members attending the upcoming face-to-face meeting provide their jurisdiction's priorities – this can ensure these priorities are not lost in the development of JCSH strategy.
- The education ministries in each PT have documents outlining the major goals. It would help to bring these documents – or links – to the face-to-face meeting.
- Katherine advised that the key documents for the Management Committee meeting are: Mandate Proposal; Evaluation; 2010-15 Strategic Plan; Logic Model; Agreement 2015-2020. The Secretariat will send out the Management Committee meeting package next week.

**ACTION** : Secretariat will send out package of meeting materials for Management Committee face-to-face meeting,

**ACTION:** School Health Coordinators are asked to bring forward any priorities to Sterling to present during the Management Committee face-to-face meeting

### 78. Emerging Trends and Opportunities

**NL:** In the new cabinet shuffle of the previous week, there are new departments, including Seniors, Wellness, and Social Development. Carol Ann is moving to this department and will retain her School Health Coordinator role.

**NB :** With the new government elected last month, Premier Gallant has assigned Healthy and Inclusive Communities to the ministry of Social Development.

**AB:** Premier Prentice, also sworn in last month, has named new Ministers of Education and Health, both of whom do not yet hold seats in the legislature.

**ON:** Jennifer thanked everyone for their immediate responses to questions on recent issues and emerging trends. She has shared the responses with Susan for placing on the private side of the website. (Recent discussion items are: concussions guidelines (Stacey); Public reporting of progress of your initiatives aimed at promoting childhood and youth health (Jennifer); and E-cigarettes (Jennifer). She said she appreciates the timing of responses and knows School Health Coordinators are really stopping work to respond.

In ON right now, medical conditions in schools are at the top of list of issues of focus, also reflected in the Healthy Kids Strategy.

### 79. Review of Action Items

- To review and update the Action Items table

**80. Next Meetings**

- November 13 2014 teleconference – will keep this for update from MC f2f meeting and prompts before SHCC f2f
  - Fall face-to-face meeting – November 26, 27 2014
  - December 11 2014 teleconference
  - January 08 2015 teleconference
- All teleconference meetings begin at 12:30 Eastern Time.*

**81. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee Meeting  
November 13 2014 2014 12:30 pm EST**

**Chair: Sterling Carruthers (PE)**

**Expected Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Lauren Wallace	BC
Laureen Lailey for Gail Diachuk	AB
Kyla Christiansen	SK
Kaley Pacak	MB
Jennifer Munro-Galloway	ON
Marlien McKay	NB
Sterling Carruthers	PE
Sharon Young	NS
Ellen Coady	NL
Anne Aram Stacey Burnard	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
<b>Regrets</b>	
Naomi Shanks	SK
Paul Paquin	MB
Carol Ann Cotter	NL
Charlotte Borg	NU
Elaine Stewart	NT



## Record of Discussion

### 82. Welcome and Roll Call

Sterling welcomed all to the teleconference.

### 83. Review and Approval of Agenda

The Agenda was approved with two additions, both under Emerging Trends: Kyla will speak to the work underway in SK on Gender and Sexual Diversity (GSD); Lauren and Louise will talk about work in BC on nature schools.

### 84. Approval of Record of Discussion from October 09 2014 Teleconference

The Record of Discussion of the October 09 2014 teleconference is approved as written.

#### *Follow-up Discussion:*

- HBSC: Queens is still recruiting and engaging with schools to support survey completion. John Freeman is working with some School Health Coordinators to increase the numbers of participants in some PTs to meet expected goals.
- Data surveillance is noted on the draft Strategic Plan; it is expected that it will be brought forward as an action item during the School Health Coordinators' Committee Strategic Planning sessions at the upcoming face-to-face meeting.

### 85. Update from Secretariat

- **Update from October 29 -30 2014 Management Committee face-to-face meeting**

Katherine provided an update of the Management Committee face-to-face meeting held on October 29-30. There was very good engagement by all members of the Management Committee and much discussion on strategic direction for the upcoming mandate. By and large, JCSH will continue on the paths underway.

#### *Discussion:*

- Sterling advised that there were three School Health Coordinators present for the Management Committee face-to-face and, thus, the perspective of the SHCC was well provided. The bulk of the work for School Health Coordinators during the November 26-27 meeting will be on developing actions for each of the goals.
- Katherine noted that the involvement of the School Health Coordinators both from those present at the Management Committee face-to-face and in briefings before and after the meeting was much appreciated.
- There was discussion that the spring face-to-face meetings may be overlapping MC-SHCC meetings.

- **Update and overview of Strategic Planning 2015-2020**

The next iteration of the Strategic Plan will go to the School Health Coordinators' Committee in time for review prior to the face-to-face meeting. The goals are familiar and have been taken directly from the three main components of the current mandate: Leadership, Knowledge Development and Exchange, and Capacity Building. The long term outcomes have been reduced from five to three.

There was excellent discussion on vision, mission, and values; long-term outcomes, and strategies were also discussed. A temporary writing committee comprising Management Committee members from NU, AB, MB and NS was struck to work with the Secretariat and the facilitator to come up with a document to move forward. The draft Strategic Plan is composed of the following: a longer context, mission, vision, values, long-term outcomes, goals, and strategies. This high-level Strategic Plan will be the document that goes to deputy ministers of health and education for approval.

The actions will be moved to a separate document, as it is anticipated that they will change over the course of the mandate. Actions will be developed during the School Health Coordinators' Committee face-to-face meeting, forming a high-level action plan for Management Committee's review and decision and the basis of a full Operational Plan to be developed during the spring 2015 meeting.

#### **86. Fall face-to-face SHCC meeting**

Sterling provided an overview of the plans for the November 26-27 face-to-face meeting. A draft agenda has been circulated. This will be a facilitated meeting to assist in achieving a high-level action plan.

#### **87. Emerging Trends and Opportunities**

- **Gender and Sexual Diversity (GSD)**

Kyla provided an overview of the work in SK in moving forward with the document on GSD within a CSCH approach. She has met with some of researchers, , in particular Kris Wells and André Grace, of the University of Alberta's Institute for Sexual Minorities. They are doing some exploration of what queer indigenous means from the perspective of the work by the province on GSD. She hopes also to meet in the upcoming weeks with elders on two-spirit perspective. As well, they will meet in the next few weeks with one of their partners to support GSD within the teaching of that association and align their work with what is being done within the ministry. Kyla will explore whether she can share the document with interested School Health Coordinators, who may be willing to provide a review and feedback. It is expected that this document will be completed and approved by the end of year.

*Discussion:*

- The purpose of the document is similar to the renewed curriculum outcomes document. It is primarily for use by staff, teacher in-service, school division support, support of school in

community, support for teachers. André Grace is interested in supporting this work within a CSH approach.

- SK is not seeking to add or change legislation through this initiative. Rather, the team has reviewed SK's Human Rights Code, Education Act, and the work of partners – all of which will be highlighted at the document's front end. YK would like to move forward in this direction.
- YK policy does not elaborate on queer indigenous or transgender perspective, and has experienced difficulties in moving these directions forward. Documents to support this work would be appreciated.
- SK made the decision to pause from this work to support the minister's informed review and to have cabinet meetings on these issues. A full risk analysis was completed on moving forward and on stopping. This process has been helpful in order to get this off 'stop and pause' around political risks and to complete a scan on legislation and partnerships in place. It will be one package that can be shared throughout government.
- Sterling has had email communication on a scan being completed of policy pieces on Gay-Straight Alliances (GSAs). He will go through his emails to locate the name of the originator of this work and share with the committee.
- Kyla said that during her last meeting with the University of Alberta researchers, they agreed that more work was needed in curricula development and support across curricula. She will share this work.

**Action:** Kyla will explore the opportunity to send these documents to the Secretariat for dissemination to School Health Coordinators.

**Action:** Stacey and Laureen volunteered to review the document.

**Action:** Sterling will locate email information on a scan of policies on GSAs and share with SHCC.

- **Nature Schools**

Lauren and Louise have been in touch regarding nature schools in BC. As an overview, Louise said she was contacted by PHAC colleagues in the Chronic Disease Prevention team a letter they received from the Centre for Early Childhood Research and Policy at the University of Victoria regarding the evaluation of effective policies and practices in forest and nature kindergartens in BC. She asked whether JCSH would be interested in learning collectively about this work, given its potential benefit for other jurisdictions.

Lauren provided background information on nature schools as an opportunity for students to spend large amount of their learning day outdoors, exploring the natural environment. This approach is familiar in Scandinavia, Europe, and Australia. There is a nature kindergarten in Victoria BC:

kindergarten students spend mornings outdoors, and the University of Victoria researchers from the Centre are looking at the health benefits for physical activity, mental health, reduced internalizing behaviours, supporting assertiveness, and self-control.

*Discussion:*

- Louise noted that the purpose of the project is to provide evidence-based policies and practices for nature-based practices in the school setting. Is this unique to BC? Or is this happening in other settings? She feels this speaks to the purpose of JCSH in positive impacts on school achievement and health.
- Sterling said that information on promising practices that integrate nature into school work would be welcome. Physical education teachers and others in PEI are encouraged to use the outdoors as classroom but do not have the information on best practice and best approach.
- Other School Health Coordinators expressed interest in receiving more information on this work.

**Action:** Lauren and Louise will share any information with Secretariat for dissemination to School Health Coordinators.

### **88. Review of Action Items**

The Action Items table was reviewed. Sterling drew attention to the item asking that School Health Coordinators attending the face-to-face meeting come with information on school-based education and health surveys and data collection cycles in their PTs. This may not end up as a specific topic on agenda, given the need to complete the work needed on the Strategic Plan during this meeting, but there are elements of the meeting that will focus on data collection cycles and instruments.

### **89. Next Meetings**

- Fall face-to-face meeting – November 26, 27 2014
- December 11 2014 teleconference
- January 08 2015 teleconference
- February 12 2015 teleconference

*All teleconference meetings begin at 12:30 Eastern Time.*

### **90. Adjournment**

**Record of Discussion**

**School Health Coordinators' Committee Meeting  
Cambridge Suites Hotel, 15 Richmond Street East, Toronto, Ontario  
November 26, 27 2014**

**Chair: Sterling Carruthers**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Lauren Wallace	BC
Gail Diachuk	AB
Paul Paquin	MB
Jennifer Munro-Galloway Teri Lynch	ON
Marlien McKay	NB
Sharon Young	NS
Sterling Carruthers	PE
Ellen Coady Carol Ann Cotter	NL
Charlotte Borg	NU
Elaine Stewart	NT
Anne Aram	YT
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
<b>Regrets</b>	
Saskatchewan	

**School Health Coordinators' Committee**  
**November 26-27 2014 face-to-face meeting**  
**Record of Discussion**

**91. Welcome and Introductions**

Sterling welcomed all to the meeting. Along with introductions, participants provided reflections on the successes of JCSH from the perspective of their province / territory since it was established in 2005.

Among the responses:

- Comprehensive school health as a process is building among the school communities across the country.
- The collaboration of health and education, in some cases formalized through a specific position between the ministries – and a single position in AB, has enabled the jurisdictions to advance comprehensive school health.
- Connections across the country have become very important. Developing them has led to improved knowledge and networks within and across the jurisdictions.
- Colleagues in some jurisdictions are beginning to initiate discussions on a comprehensive approach to school health and what that looks like.
- The collaboration has led directly to development of frameworks for school health.
- Positive mental health work has been a significant benefit for many PTs. In particular, this has helped in regions where mental health and social determinants represent substantial challenges: 'until we can help kids with mental health, we can't help them learn to read and write.'
- Further to the importance of the positive mental health focus is the recognition this issue is of mutual interest to both health and education sectors.
- School health is better linked to national initiatives around healthy weights, positive mental health, and suicide prevention because of JCSH.
- The expansion and implementation of HBSC throughout the country is a major success.
- The collaboration has improved knowledge, not only at the two JCSH tables, but within jurisdictions. Because of JCSH, national school health experts attend PT conferences and workshops and make presentations, generating greater knowledge and dissemination of evidence and practice.
- The collaboration and networks energize the work and commitment of those in each province and territory.
- JCSH has supported the health and education sectors to come together in efforts across all aspects of education: schools, school boards, and the ministries.

- JCSH resources and evidence development and sharing have helped jurisdictions in developing their own strategic work for school health and education – health linkages.
- The continuation of JCSH has enabled PTs to work towards bringing both sectors to the JCSH tables, where only one might have been present in the past.
- Student success is being more fully linked with student well-being in the work across the country.
- Personal connections and networking are assisting jurisdictions, through School Health Coordinators, to develop policy in a timely manner.
- JCSH collective support for PT initiatives and the ability to reach out to fellow members at the SHCC table across the country provide jurisdictions with assistance in working through issues of importance.

## **92. Review and Approval of:**

### **a) Agenda**

The Agenda was approved with the addition of a presentation on Day 2 by John Freeman on HBSC and CIM.

### **b) November 13 2014 Record of Discussion**

The November 13 2014 Record of discussion was approved.

## **93. Review of Action Items**

The Action Items Table was reviewed.

## **94. Update from Secretariat**

Katherine provided a verbal update on current initiatives of the Consortium as well as contacts with partners.

The NCE decision affecting the PREVNet application was shared. PREVNet continues to have a current application awaiting decision to renew knowledge mobilization grant and continue as an NCE–KM.

The PHE Canada Health Promoting Schools Project was reviewed.

### ***Discussion:***

- More information on the Health Promoting Schools project would be helpful in answering questions about the perspective being used, and possible impact on ongoing work in each jurisdiction using the CSH approach specific to individual provinces and territories.

- It was noted that this project will be of benefit to PHE in learning more of what schools actually require in order to impact school health.

**Action:** Katherine will follow up with Bill Walsh to get more information on this project: timeline, number of schools expected, geographic area of schools impacted.

#### **95. Moving Forward: Strategic Plan**

Katherine presented a slide deck introducing the work of the past year relating to evaluation, mandate renewal proposal, and the first sections of the 2015-2020 JCSH Strategic Plan developed at the Management Committee meeting in October. The primary task for this meeting of SHCC is to review the draft Strategic Plan and develop Actions for the Strategies and Goals.

Katherine introduced Rick Manuel of Pyra Management Consulting Services (PMCS) to the group. Many were familiar with Rick as he was part of the evaluation team and conducted interviews and a focus group with most of the School Health Coordinators in April 2014.

#### **96. Moving Forward: Strategic Plan**

Rick facilitated the Strategic Plan portion of the meeting. He advised that he would provide an overview of the first day's discussion on the following morning, so that the Strategic Planning work of this meeting would be reflected in the document.

The meeting participants conducted a review of the draft Strategic Plan; their feedback and suggestions led to revisions in a number of areas throughout the document, including: Vision, Mission, and Values. In addition, the three goals were changed to four with the addition of Monitoring and Evaluation.

Next, the SHCC worked on Strategic Actions for each of the four goals. During discussion of the Strategic Plan over the two days, a number of terms were added to the list recommended for a JCSH Glossary. Development of a glossary was suggested during the Management Committee face-to-face meeting in October to reflect the JCSH lens or meaning to words such as well-being, thriving, equity, and ecological connectedness.

The Strategic Planning work is reflected in the Draft Strategic Plan with Actions that emerged from this meeting.



**Action:** The Draft Strategic Plan developed from this meeting will be shared with Management Committee for discussion and feedback.

**Action:** To the JCSH Glossary, add the following definitions: **thrive / thriving, well-being** (specifically including social development and social-emotional learning), **health and well-being** (inclusive of wellness: suggestion is that a slightly broad definition will allow for inclusiveness), **evidence-informed practice** (include respect for traditional practices to ensure more than a university-formed definition is shown).

#### 4. HBSC and CIM on CSH and Student Success – updates

**John Freeman**

John Freeman presented to the meeting on current activities related to the above-noted initiatives.

##### a) HBSC:

The following updates were given for collection numbers in each province and territory:

YK – finished data collection; about same numbers as last time

NT – about the same numbers as last time

NU – there are 110 completed surveys in, 935 out; an extension has been granted so there should be sufficient response

BC – just over 1000, not enough for a provincial report

AB – numbers have improved; approximately 3000 completed

SK – numbers improving; the ADM sent out a strong recommendation to schools, esp for FNM achievement data

MB – enough for sample but not for a provincial report

ON – less than expanded sample but enough to do regional analyses

QU – problematic – shows positive impact of JCSH

NB – sample in NB achieved with integrated survey; this experience has shown benefits of working together between surveys

PE – very good achievement; big credit to school board and provincial government; final numbers are 3500 – largest sample after ON

NS – enough for provincial report 2500

NL – about same number as NS; enough for provincial report

John also expressed his views on the number and frequency of health surveys collected in the school setting: The schools are being approached by many surveys concurrently, with excessive overlap in questions asked, data collected. To address frequency, he suggested that national survey research teams work together to develop an integrated survey collected every three-four years and that all other surveys be stopped; there are nation-wide networks, so data could be shared. To address overlap, changes could be made to improve data access.

John also suggested that researchers work with funders and people in contact with schools to consider set surveys, such as now used by PISA.

**Discussion:**

- School-level reports are valued by schools; they want to know how national surveys, such as HBSC, are beneficial for an educator and a school.
- A possibility might be for a national survey, such as HBSC, to be administered every four years, with provincial-level surveys also carried out four years; the two collections would be staggered so that collection is every two years.
- One possibility for survey integration might be two forms, with one having additional questions relevant to context in a particular jurisdiction.
- The Core Indicators and Measures (CIM) completed as part of the Youth Excel (**Youth** Health Collaborative: **Excel**erating evidence-informed action) CLASP (Coalitions Linking Action & Science for Prevention) 2009-2012 initiative were Physical Activity, Healthy Eating, and Tobacco. It would be interesting to find out if, how, and by whom these are being used.

**b) CIM on CSH and Student Success:**

John advised that activities to disseminate this CIM and related research findings are a process of deciding what resources are most beneficial. He said he experienced a similar process with the Students Commission and YMCA on an initiative looking at factors for youth thriving. After report completion, resources were developed to help in getting the results out to the stakeholders: Ebooks, and other products were part of the resources suite.

**Action:** Secretariat will locate the CIMs for physical activity, healthy eating, and tobacco and share with School Health Coordinators.

**Action:** Secretariat and School Health Coordinators' Committee will continue to pursue role(s) for JCSH in survey integrations / collaborations.

**5. Workshop: AB WELLNESS FUND, HIGH SCHOOL PROJECTS**

**Gail (AB)**

Gail presented a slide deck on results of projects funded from 2012 to 2014 through the Alberta Healthy School Community Wellness Fund and carried out in six school jurisdictions with 29 high schools. The goals of the project were:

- Developing Collaborative Networks
- Embedding Wellness Cross-Curricular Considering Competencies
- Gathering evidence to inform the development of wellness related programs of study

- Supporting Implementation of a Whole School approach using Comprehensive School Health

Among the many take-aways of this presentation were the results of the project on improved connections among students and educators within the schools. Social network analysis was used to map relationships and measure change in staff networks that led to improved implementation of teaching and learning. In addition, student perception data was obtained through the Tell Them From Me (TTFM) survey that revealed that physical activity and student engagement were positively correlated with academic outcomes while depression, bullying, and exclusion were negatively correlated with academic outcomes.

A video on a Whole School Approach, developed with support from staff and students at the participating high schools, is available: <http://wellnessfund.ualberta.ca/en/Videos.aspx>

**Action:** The Secretariat will locate the video made to showcase the results of a CSH approach in a Kainai, AB school and repost it on the private side of the website.

## 6. Emerging Trends and Jurisdictional Updates

This item was set aside to ensure sufficient time was given to Strategic Planning and the presentations.

## 7. Teleconferences 2014-2015

The December 11 2014 teleconference will be canceled because of its proximity to this meeting. The next teleconference will be held in January.

It was decided to change the day and time of the teleconferences. Beginning in January, the calls will be held the second Tuesday of each month, beginning at 2 p.m. ET.

**Action:** The Secretariat will send out a year's list of teleconferences, set for the second Tuesday of each month beginning at 1 p.m. ET.

**Action:** The Secretariat and School Health Coordinators' Committee will work on enhancing the content of the teleconferences through varied formats: e.g., topic-specific meetings, small group presentations.

**Action:** School Health Coordinators will send information on curricula renewal to Elaine.

## 8. Wrap-up and Concluding Remarks

Sterling thanked all for attending and providing such a high level of engagement and participation. He wished everyone safe travels home.