

**Record of Discussion  
School Health Coordinators' Committee  
Teleconference: January 10 2013**

Chair: Andrea Lamboo Miln (MB)

<b>Participants</b>	<b>Jurisdiction</b>
Sanja Ristic Scott Beddall	BC
Flo Woods	SK
Andrea Lamboo Miln Paul Paquin	MB
Jennifer Munro-Galloway	ON
Marlien McKay	NB
Sharon Young	NS
Carol Ann Cotter Robert Leaman	NL
Elaine Stewart	NT
Stacey Burnard	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
Tricia Smith	JCSH Secretariat
<b>Regrets</b>	
Sterling Carruthers	PE (Co-Chair)
Kyla Christiansen	SK
Ellen Coady	NL
Charlotte Borg Michelle Doucette Issaluk	NU
Brianne Bremner	YT

## Record of Discussion

### 1. Welcome and Roll Call

The Chair welcomed everyone to the meeting.

### 2. Review and Approval of Agenda

The Agenda was approved with the addition of an item on the Healthy School Planner.

### 3. Approval of Record of Discussion from December 13 2012 teleconference

The December 13 2013 Record of Discussion was approved without changes.

### 4. (a) Review of Secretariat Update

In addition to the written Secretariat Update, the Executive Director provided the following verbal updates:

- *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives*: This document was published in 2010. Since there continues to be interest in the printed publication and another print run is necessary it makes sense to update the document prior to reprinting. W. Morrison and Associates (Bill Morrison and Patti Peterson) who did the original work, will update the literature review and key stakeholder interviews. A contract with them for this work has been signed. The revised edition of the Better Practices document is scheduled to be completed by March 31 2013.
- *Shaping the Future – Engaging Health School Communities Conference*: The Executive Director and the Manager of Cross Sector Engagement will attend this conference from January 24-26 in Kananaskis, AB. The AB School Health Coordinator will also attend. The Executive Director will be part of a collaborative presentation on Comprehensive School Health / Healthy School Communities with Dr. Steve Manske (Propel) and Sarah Jackson (Physical and Health Education Canada). The JCSH will also have an information booth during this event - EverActive Schools' biannual national conference.

### 4. (b) Healthy School Planner Update

On November 30 2012, the Advisory Committee held a teleconference to set deadlines for completion of the Healthy School Planner. All modules with the exception of Healthy Eating (Physical Activity, Tobacco, and Positive Mental Health) are now available on the JCSH website. The Healthy Eating Express will be ready for piloting next month, and work on the Healthy Eating Detailed module is underway. The entire Healthy School Planner will be completed by June 2013.

(ii) **Promotion of the Healthy School Planner:** The Secretariat will be looking to School Health Coordinators for input on products to be developed for promotion of the Planner following its completion.

**ACTION:** SHCs will review the promotional documents attached to the January 2013 SHCC meeting bundle.

**ACTION:** The Secretariat will add Healthy School Planner promotion as an agenda item to the March SHCC teleconference and the April face-to-face meeting.

## 5. Comprehensive School Health – Development/Enhancement of Resources

The Manager of Cross Sector Engagement provided an update of recent discussions related to foundational statements of Comprehensive School Health. These resources could then be shared across jurisdictions for use with a wider reaching audience. She also reminded School Health Coordinators that the JCSH website is undergoing changes and could provide a timely opportunity to use the site to share the work of jurisdictions. The JCSH site could serve as a platform to showcase what Comprehensive School Health looks like across Canada.

### *Discussion:*

- Healthy Schools BC Initiative (BC). The School Health Coordinator (Beddall) spoke of addressing some of the challenges related to implementing Comprehensive School Health. There are efforts being made to improve understanding about what CSH really is and to adopt a common language across all sectors. For those who do understand CSH, there seems to be uncertainty about how they can implement it in their sector based on what is both practical and possible for implementation. The Healthy Schools BC Portal currently provides a directory of all the programs and resources related to Healthy Schools. Some of the resources

include: CSH Knowledge Guide, Healthy Schools BC Resource Guide for Teaching & Learning, Healthy Schools Process - Useful Tools, and Healthy Schools BC Toolkit.

- BC’s Comprehensive School Health Guide e-book could be an example of a resource to be shared on the JCSH site. The e-book could be branded as a JCSH resource with credit given to BC.
- The JCSH site would serve as a portal to share the tools and resources of all jurisdictions and in some instances the Secretariat could potentially enhance some of the tools/resources currently available.
- Such a portal provides the opportunity to assist jurisdictions who may have limited resources.
- There was discussion on whether it would be beneficial to update resources with the JCSH logo, or whether the resources would remain as jurisdiction-specific. There are differences across jurisdictions. The importance of giving credit to the originator is key, whether or not there is JCSH branding.
- There is also the potential for “grouping” of resources, with the Secretariat collecting resources under JCSH substantive areas from across jurisdictions to maximize their use and applicability.

ACTION: The Executive Director will share two BC CSH resources.

ACTION: The Secretariat and SHCs will jointly establish guidelines for crediting jurisdictional resources shared on JCSH website.

## 6. Emerging Trends and Opportunities

(a) Youth Engagement (BC): The Manager of Cross Sector Engagement noted that BC is exploring the creation of resources around Youth Engagement at the same time as JCSH is beginning to develop, with Stoney McCart and The Students Commission, a toolkit on Youth Engagement. This co-occurring work speaks to the possibility of collaboration in certain cases (where to do so would further the work of the jurisdiction and the

Consortium's advancing the Operational Plan). There may be opportunities for the JCSH collective to support jurisdictional initiatives as part of a pan-Canadian resource.

(b) Youth Engagement (PHAC): The PHAC representative advised that the Agency is also working with Stoney McCart to validate a tool that The Students Commission has already developed. This resource could be shared with the JCSH member jurisdictions.

(c) Health / Education collaboration (BC): The School Health Coordinator (Beddall) expressed interest in hearing from other jurisdictions on ways to create excitement and momentum around CSH.

(d) Education Issues (ON): The Ontario SHC gave an update on the ongoing teachers' union dispute that has shut down extracurricular activities across the province.

## **7. JCSH website**

The Communications Committee provided an update on recent JCSH website efforts. Current developments include:

- The webmaster contracted by the JCSH, will change the front page of the website to include the six substantive areas. This will make it easier for users to locate specific topics. He is also working on the private side of the website. Among opportunities to be created will be blog postings where SHCs can provide feedback on resources. It is hoped that the webmaster will join another Communications Committee teleconference in the near future to provide an update on his work.

ACTION: The webmaster will develop a test site containing his most recent web updates, and this will be shared with School Health Coordinators for feedback.
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## **8. Review of Action Items Table**

The Action Items table was reviewed.

## **9. Next Meetings**

The dates for the spring 2013 face-to-face meeting are April 09 and 10 in Toronto. John Freeman of Queen’s University and co-Principal Investigator of the HBSC study will attend a portion of this meeting and discuss with School Health Coordinators the development of questions/themes for the next survey round of HBSC. The tentative dates for the fall face-to-face meeting will be October 22 and 23 in Winnipeg, MB and will be in conjunction with the national PHE Conference.

**SHCC teleconferences are regularly scheduled for the second Thursday of each month at 12:30 pm Eastern time. The next calls are:**

- February 14 2013 (teleconference)
- March 14 2013 (teleconference)
- April 11 2013 (this teleconference to be replaced by the face-to-face meeting).
- May 09 2013 (teleconference)

## **10. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee  
Teleconference: February 14 2013**

Chair: Sterling Carruthers (PE)

Participants	Jurisdiction
Sanja Ristic Lauren Wallace	BC
Gail Diachuk	AB
Flo Woods	SK
Jennifer Munro-Galloway	ON
Carol Ann Cotter Robert Leaman	NL
Elaine Stewart	NT
Stacey Burnard Brienne Bremner	YK
Louise Aubrey	PHAC
Secretariat	
Susan Hornby	JCSH Secretariat
Tricia Smith	JCSH Secretariat
Regrets	
Kyla Christiansen	SK
Andrea Lamboo-Miln Paul Paquin	MB (Co-Chair) MB
Marlien McKay	NB
Sharon Young Helen Pitman	NS
Ellen Coady	NL
Charlotte Borg Michelle Doucette Issaluk	NU
Katherine Kelly	Executive Director

## Record of Discussion

### 9. Welcome and Roll Call

The Chair welcomed everyone to the meeting.

### 10. Review and Approval of Agenda

The Agenda was approved without changes.

### 11. Approval of Record of Discussion from January 10 2013 teleconference

The January 10 2013 Record of Discussion was approved without changes.

### 12. (a) Review of Secretariat Update

In addition to the written Secretariat Update, the Manager, Cross Sector Engagement provided the following verbal updates:

- *Clyde Hertzman:* The death of Dr. Hertzman on February 08 was a shock to many on the call. Dr. Hertzman was an expert on early childhood development and known internationally for his research on childhood disadvantage and lifelong health issues.
- *SHCC Face-to-Face Meeting Agenda – April 08-10 2013:* As planning moves forward for this meeting, suggestions are welcome on content and format.

*Discussion:*

- There is interest in beginning the meeting during the early evening of Monday, April 08; however, the northern SHCs will need an extra day of travel.
- Workshop / Agenda suggestions:
  - A workshop on Positive Mental Health and, in particular, use and uptake of the Toolkit around the country. In addition, this session could include the work being done by PREVNet.
  - Further to the above, there is interest in reviewing national perspectives and initiatives on Healthy Relationships.



- A workshop on current initiatives in the area of Youth Engagement. ON and SK are involved in work directly with The Students Commission in addition to the work underway through JCSH with the Commission. The ON SHC has offered to present on this topic.
- The After-School Time Period – jurisdictional initiatives.

### **13. Environmental Scans – Feasibility and Dissemination**

The Manager, Cross Sector Engagement provided an outline of the environmental scans recently completed and underway by the Secretariat. In order to ensure the Secretariat is providing resources and knowledge dissemination that is of optimal use to the jurisdictions, it was considered important to check in and see if these are worthwhile and if there are suggestions around topics and dissemination formats.

*Discussion:*

- A number of SHCs on the call voiced that the scans are extremely useful when:
  - The topic area falls under one of the six substantive areas or is reflective of major commitment of JCSH
  - The scans take into account the following:
    - They consider the ‘big questions’ of interest to ministers and deputy ministers
    - They are brief
    - They include legislation and emerging trends that become policy issues
    - They are updated regularly, at least annually
  - The scans should be posted on the public side of the JCSH website, in order to maximize use and dissemination across and within jurisdictions. The information is public and can lead to JCSH website becoming a hub for current and relevant information on priority topics.
  - The topics of less widespread interest (the recent email exchange on medical marijuana policy for schools and school property as an example) are not an effective use of JCSH Secretariat time: these issues are often not

able to be shared widely, usually not publicly, and are better discussed in emails.

#### **14. JCSH website**

The Manager, Cross Sector Engagement provided an update on recent JCSH website changes to the test site (public side) as well as to the private side. This area will be discussed at the face-to-face meeting in April, when a tour of the website will be more easily demonstrated. In the interim, SHCs are encouraged to explore the website – public and private sides – and provide suggestions and feedback in advance of the April meeting. The Communications Committee will continue to work with the webmaster on improvements.

It was suggested that the buttons for accessing the Healthy School Planner and the Positive Mental Health Toolkit – primary items attracting visitors to the website – should be easily found above the homepage picture, not below it.

<p><b>ACTION:</b> The Secretariat and Communications Committee will work with the webmaster to make changes to the website, including the positioning of the top row of buttons.</p>
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#### **15. Stories from the Field**

The Manager, Cross Sector Engagement, discussed the possibility of contributing an article to the CAP (Canadian Association of Principals) Journal on jurisdictional exemplars. The upcoming issue will focus on Comprehensive School Health and when a similar issue was published in 2009 JCSH contributed a ‘Stories from the Field’ article. This article would describe interesting initiatives from around the country that could offer principals concrete examples of school health in action as well as beginning the discussion of how JCSH might otherwise feature these initiatives and stories. The CAP Journal requires articles to be submitted to them by March 01.

#### **16. A District Planning Tool – is there a need?**

The AB SHC discussed the development by Propel Centre of a planning tool for school districts that is seen as similar to the Healthy School Planner. Propel is framing the tool as one that will be valuable in helping both urban and rural school districts and is calling

it ‘the Alberta tool’. It may be useful to the Health sector when speaking with school districts. However, the potential concerns for SHCs may be that, given the work in achieving optimal uptake of the Healthy School Planner at the school level, a new tool may confuse schools and school districts.

*Discussion:*

- An additional issue is around the kinds of questions to be asked in the school district planning tool and if they are similar to those asked in the Healthy School Planner.
- The AB SHC has spoken to a superintendent and a school health consultant in her jurisdiction, and they feel that this new tool would not be of benefit to them, recognizing it might be helpful in other areas. There was also concern around potential confusion about this tool and whether it is a module of the Healthy School Planner.
- The question was asked if an organization for school district superintendents might be a group that Dr. Manske could approach for discussion of the possible benefits of this tool.
- There were also questions on how JCSH might manage any confusion and questions about this new tool in its focus on the Healthy School Planner.
- A number of issues and concerns need to be discussed with Dr. Manske, including the types of questions that will be asked in this new tool, how he connects with superintendents, whether this is more of a research than a practical tool, and what are his plans for aligning this with the HSP and/or housing it on the JCSH website.

**ACTION:** The Executive Director will discuss the new school district planning tool with Steve Manske before the April face-to-face meeting.

**ACTION:** School Health Coordinators will prepare questions for Dr. Manske when he presents to them on the HSP at the April face-to-face SHCC meeting.

## 17. Emerging Trends

(a) ‘Unleash the Noise’: The PE Co-Chair advised that this is a youth engagement event being held in Toronto ON March 15 and 16. The event has a focus on mental health and

suicide prevention and is part of the 'Jack Project' from Queen's University, Kingston ON.

(b) Comprehensive School Health: The BC SHC (Ristic) said the jurisdiction continues to seek ways to reflect excitement around CSH. There is need to frame CSH in a way that provides a concrete, recognizable feel to the approach so that issues and events become opportunities for creating knowledge about CSH.

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

The Action Items Table was reviewed.

#### **19. Next Meetings**

**SHCC teleconferences are regularly scheduled for the second Thursday of each month at 12:30 pm Eastern time.**

**The next meetings are:**

- March 14 2013 (teleconference)
- April 08-10 2013 (face-to-face meeting: Toronto ON)
  - The April 11 2013 teleconference is replaced by the face-to-face meeting).
- May 09 2013 (teleconference)
- June 13 2013 (teleconference)

#### **20. Adjournment**

**Record of Discussion**

**School Health Coordinators' Committee**

**March 14, 2013 12:30 EDT**

**Co-chairs: Andrea Lamboo Miln (MB); Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Scott Beddall	BC
Gail Diachuk	AB
Flo Woods Kyla Christiansen	SK
Andrea Lamboo Miln Paul Paquin	MB
Jennifer Munro-Galloway	ON
Helen Pitman Sharon Young	NS
Marlien McKay	NB
Sterling Carruthers	PE
Ellen Coady	NL
Charlotte Borg	NU
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
Tricia Smith	JCSH Secretariat
<b>Regrets</b>	
Robbie Leaman Carol Ann Cotter	NL
Elaine Stewart	NT
Brianne Bremner Stacey Burnard	YK

## Record of Discussion

### 1. Welcome and Roll Call

The PE co-chair welcomed everyone to the meeting.

### 2. Review and approval of agenda

The agenda was approved without changes.

### 3. Approval of Record of Discussion from February 14 2013 Teleconference

The February 14 2013 Record of Discussion was approved without changes.

### 4. Update from Secretariat

In addition to the written Secretariat Update the Executive Director provided the following verbal additions:

#### **a. Report of the Special Meeting of the Management Committee February 25-26 2013:**

The report from this meeting will soon be available to members of the Planning Committee, then to Management Committee and meeting participants, then further disseminated. Among the important takeaways from this meeting was the need for a clear definition of Student Achievement, and support for a seeking (through appropriate channels) an agenda spot for a presentation on JCSH at CMEC (Council of Ministers of Education, Canada).

#### **b. PREVNet Healthy Relationships Training Module:**

The Executive Director described the train-the-trainer workshop she took and advised that she will be able to train School Health Coordinators who, in turn, can train others.

*Discussion:*

- The question was asked whether the Healthy Relationships Training Module aligns with the four pillars of comprehensive school health.

<p><b>ACTION:</b> The Executive Director will examine the HRTM to see if it aligns with the CSH pillars.</p>
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**c. PREVNet Conference 2013:**

There is an opportunity for JCSH to present at this conference, slated for May 06-07 in Toronto. It was suggested that a poster as well as an oral presentation will further help to disseminate the PMH work of the Consortium.

**ACTION:** The Secretariat will explore possibilities for presentations/workshops on JCSH work at the up-coming PREVNet Conference.

**d. Canadian Partnership Against Cancer (CPAC) Meeting in Montreal:**

The Executive Director has been invited to this meeting and will attend. She noted that the NB SHC, in her role as Manager of Wellness Branch for the Government of New Brunswick, will be a panel presenter during this meeting, to be held March 19.

**e. Meeting with school health team at the Institut national de santé publique du Québec**

Following the CPAC meeting, the Executive Director will meet with Marie-Claude Roberge, and her colleagues on the school health team at the Institut national de santé publique du Québec to discuss Quebec and JCSH approaches to school health.

**5. Federal Provincial Territorial Group on Nutrition (FPTGN)**

Pat Martz, chair of the FPTGN Working Group on Best Fit Criteria, has requested time on the SHCC April face-to-face meeting, via teleconference, to update SHCs on the work and next steps of this group. Additionally, she would like to discuss with SHCs representation by them on a committee of the Working Group to develop “Directional Statements for Schools”.

*Discussion:*

- The ON SHC participated in the FPTGN Working Group teleconference last week and advised that the FPTGN standards will not be made public, but circulated only through the FPTG member in each PT. The standards were originally meant to pressure industry to make changes leading to the development of new products which meet the school food guidelines.
- A note of caution was raised by the SK SHC (Health) that, while JCSH wants to help ensure the directional statements use language which resonates with schools, we must not inadvertently get tasked with leading this work.

**ACTION:** The Executive Director will invite Pat Martz to dial in to the April SHCC face-to-

face meeting for this agenda item.

## 6. JCSH Website – Private Members Side

There will be a JCSH website presentation at the April face-to-face meeting. The Manager, Cross Sector Engagement expressed a sincere thank you to the Communications Committee for all their work.

There is need for a statement that will serve as a response for use by both the JCSH and the webmaster when people outside of government sectors apply for JCSH website membership. Recently webmaster, Vince Dimanno, had a request from an individual with a Gmail account asking if he/she could become a JCSH “member” to access the private side of the website. This has led to the need for a discussion related to key areas:

### a. Who can have access to the JCSH members’ side of the website?

- The PE Co-Chair suggested that members include current School Health Coordinators, Management Committee, and the JCSH Secretariat. When/if someone leaves their role, their access will be removed by the webmaster.

### b. Can we have member sub-groups on the private side of the website?

- It was decided that sub-groups would be useful for working committees. Having sub-groups will allow for a platform to share documents and will therefore eliminate having numerous versions of working documents with multiple track changes. The addition of sub-groups will allow for present of documents in a wiki-style manner.

**ACTION:** If any School Health Coordinator has not received an email giving him/her access to the private side (the email will contain a link to the JCSH test site and the necessary password), please contact the JCSH Secretariat.

**ACTION:** Discussions related the new website will be part of the April face-to-face meeting,



so SHCs are asked to peruse the test site before the meeting.

## 7. JCSH Annual Report 2013

The Manager of Cross Sector Engagement advised that the Annual Report preparations are beginning for another year. Jurisdictional submissions are due to the Secretariat in draft format by April 05 in order to have the report complete by the required July 31 deadline. Following completion of the 2012 AR, she reviewed the keywords to consider when documenting the year's activities in the three main areas: Leadership, Knowledge Development and Exchange, and Capacity Building. The keywords review and definitions, as well as guidelines and the timeline, are included in this meeting's bundle.

- Pictures are an important part of the 2013 Annual Report, so SHCs were asked to submit photos in full size and jpeg format for inclusion in the AR.
- There have been changes to the Annual Report template, so SHCs are encouraged to have a look at the updated template provided in this meeting bundle by the Manager of Cross Sector Engagement.

**ACTION:** Draft submissions for annual report are due on April 05.

**ACTION:** When SHCs share photos for the 2013 Annual Report, they must be high-resolution jpg or gif files.

## 8. Emerging Trends and Opportunities

### A. Leadership/capacity building role for the JCSH?

The JCSH Executive Director indicated that she had been asked by a member of the SHCC when/under what circumstances it could be appropriate for JCSH to take on more of a leadership and/or capacity building role as it might relate to emerging trends and opportunities. She asked for discussion on this topic.

#### *Discussion:*

- Any new or emerging topics that arise in the jurisdictions for which the Secretariat may develop leadership / capacity building initiatives should fit under the six substantive areas as laid out in the Operational Plan.

## **b. Emerging Trends in Jurisdictions:**

### **Two provinces are working on Youth Engagement initiatives:**

- **ON:** There will be a School Food and Beverage Policy meeting in Ottawa with student engagement; nine school boards will attend. This is still in the consultation phase but the SHC will present on this at the upcoming face-to-face meeting.
- **SK:** Youth and adult allies are coming together around health surveys. In addition, the Ministry of Education has had a request from a large rural school division on healthy eating deliverables. The Comprehensive School Community Health approach was shared and as a result high school and elementary school level pilots will be conducted and broadened from healthy eating to also include substance use and mental health. The findings will be shared with other school divisions.

**NU:** A Student Support Services Action Planning meeting will be held next week and will include discussion about the work of JCSH and school health.

**\_AB:** Presentations will be taking place with superintendents across the province over the next few months on how they engage in school health. The SHC will be able to share presentations.

## **9. Review of Action Items**

The Action Items table was reviewed.

## **10. Next Meetings**

The next meeting will be a face-to-face gathering from April 8-10 2013 in Toronto at the Cambridge Suites Hotel.

## **11. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee  
Face-to-face meeting April 08-10 2013  
Cambridge Suites, Toronto ON**

**Co-Chairs: Sterling Carruthers (PE) and Andrea Lamboo Miln (MB)**

<b>Participants</b>	<b>Jurisdiction</b>
Scott Beddall	BC
Gail Diachuk	AB
Kyla Christiansen	SK
Andrea Lamboo Miln	MB
Jennifer Munro-Galloway	ON
Marlien McKay	NB
Helen Pitman	NS
Sterling Carruthers	PE
Charlotte Borg	NU
Elaine Stewart	NT
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
Tricia Smith	JCSH Secretariat
<b>Regrets</b>	
Robbie Leaman	NL
Brianne Bremner	YK

## **Record of Discussion**

**April 08 2013**

### **I. Pre-Meeting Session: Healthy School Planner**

With the intention of providing a multi-layered workshop on the Healthy School Planner in addition to more time for networking, a dinner/evening session was held. The Executive Director, Acting Manager of Partnerships and Initiatives, and the Healthy School Planner Advisory Committee provided an overview of the background of the Planner and a visual review of the foundational, express, and detailed modules, as well as resources and support pieces available on the Planner website. The revised HSP will be launched in June 2013.

School Health Coordinators provided feedback on a number of minor revisions needed to move the Planner forward. The Executive Director reminded School Health Coordinators that the guided tour of the Planner was a precursor to discussions that would take place the following day in relation to Agenda Item 6b.

<p><b>ACTION: The Acting Manager of Partnerships and Initiatives will compile a list of the suggested HSP revisions and send to Propel so the changes can be incorporated.</b></p>
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**April 09 2013**

### **21. Welcome and Roll Call**

The co-chairs welcomed everyone to the meeting. Introductions were made and a special welcome was given to Scott Beddall (BC), and Helen Pitman (NS) who were attending their first SHCC face-to-face meeting.

#### **Jurisdictional Updates:**

**PHAC:** The Agency is in the process of completing two Trends Reports: One will track behaviour trends over the 23 years of the Health Behaviour in School-aged Children (HBSC) study in Canada; the other will track Healthy Relationships as part of mental health trends tracking.

In addition, PHAC is completing its 4-year contract with The Students Commission on youth engagement. The Agency will be reviewing the learnings from this project over the next few months. It was noted that the toolkit which was produced as part of this initiative

will be used as the foundational piece for the JCSH e-book Youth Engagement Toolkit project.

The 30<sup>th</sup> anniversary of HBSC will be celebrated this summer in Scotland. The Public Health Agency hopes to secure approvals to have Canadian youth attend a youth engagement event as part of the HBSC anniversary event.

**Ontario:** ON is the only jurisdiction, other than Yukon, to have publicly released the 2009/10 HBSC jurisdictional report: *Health and Health-Related Behaviours Among Young People: Ontario*. It is available online (<http://www.edu.gov.on.ca/eng/healthyschools/HBSCReportJan2013.pdf>), is ODA (Ontario Disabilities Act) compliant, and available in French and English. In its plans for an expanded survey sample in the upcoming HBSC round, ON is considering representation from regional, geographic, and diverse populations.

People For Education is a public education parent group headed by Annie Kidder. The group has produced a report [\*Ready, Set, Go: Building Healthy Schools in Ontario\*](#), which advocates that ON adopt the JCSH Comprehensive School Health model and that ministries continue to work together.

Ontario is currently revising and updating the foundations for the healthy schools framework.

**Saskatchewan:** SK will be increasing the sample size in the upcoming HBSC survey round to just over 10,000 participants. It is also beginning conversations with school divisions and health regions in the province about becoming involved in this next survey round.

The Ministry of Education has purchased the license for the TTFM (Tell Them From Me) assessment system to enable school jurisdictions to survey Grade 4-12 students and teachers, and collect data on their opinions and experience in relation to effective school practices.

The schools/divisions and the Ministry will have access to the data with a goal of aligning standardized testing and perception data on health issues.

**Alberta:** Grant funding was provided to selected high schools to create cross curricular links to wellness using competency based education while making changes to the school environment to support staff and student wellness. Data sources such as the Tell Them

From Me survey and the Healthy School Planner have been used by schools to determine the priority areas for grant funding in school communities that receive grant funding from the Wellness Fund. The data from REAL Kids completed with grade 5 students in randomly selected schools has shown a reduction in the prevalence rates of overweight in schools funded by the Wellness Fund. School districts are being asked to use the Healthy School Planner for reporting measures as part of the granting process. It was recommended that a discussion be held with the developer of Tell Them From Me to consider aligning the questions with Comprehensive School Health.

**Nunavut:** There are now breakfast programs in all NU schools and snack and lunch programs in many. The next step in this program is to continue improving the nutritional content in these programs. Food security remains a significant issue in the North and school staff regularly volunteer to run meal / snack programs.

**New Brunswick:** The NB Government's commitment to wellness continues to support healthy schools: a key focus of the Wellness Strategy is building capacity in and partnerships between schools, communities, workplaces and homes. This year was our third 25% budget increase with investments in the after-school hours – a number of schools have applied for after-school hours grants. There are also grants for community food action, with many schools partnering with communities in these applications. The NB Community Food Mentor Program provides training to anyone interested, from nutritionists to students to 'foodies' and others without professional training requirements.

One school in NB – St. Stephen – has developed a health report card for Grade 10 students which includes results of direct assessment measures. Students and parents feel this has had positive results and researchers (Université de Moncton) are exploring how the wellness survey data (pre- and post-) could be used to evaluate to see if there are shifting trends.

**Manitoba:** Healthy Schools Campaigns – Companion Resources: This year Healthy Schools has been developing companion resources to accompany the Healthy Schools Campaign funding available to Manitoba schools. The companion resources were developed to support schools in making the linkages to comprehensive school health and to provide schools with ideas for implementation. Healthy Schools focuses on six priority health areas

in the context of the school community: mental health promotion, healthy eating, physical activity, safety and injury prevention, substance use and addictions, and sexual and reproductive health. Two Healthy Schools Campaigns are offered each year and the “themes” are chosen to align with the six priority health areas. The Healthy Schools Campaigns for 2012-2013 were Healthy Eating and Mental Health Promotion.

Physical Literacy Toolkits: Healthy Schools recently developed Physical Literacy Toolkits. The Toolkits were launched at Healthy Schools’ Workshop: *Physical Literacy in motion – From Recess to Circus Tricks*. The Toolkits and accompanying resources are available on the Manitoba *in motion* website:

[www.manitobainmotion.ca/schools/physical\\_literacy\\_toolkits/](http://www.manitobainmotion.ca/schools/physical_literacy_toolkits/).

Premiers Healthy Living Award for Youth (PHLAY): The PHLAY recognizes the achievements of young Manitobans (graduating grade 12 students) who serve as positive role models for other children and youth. Award recipients have made outstanding healthy living contributions to their schools/communities, in areas of focus that include: active living, healthy eating, healthy sexuality, mental health promotion, safety and injury prevention, substance use and addictions, and tobacco reduction. For more information visit [www.gov.mb.ca/healthyschools/phlay.html](http://www.gov.mb.ca/healthyschools/phlay.html). Students will be recognized in June at a reception with the Premier.

**British Columbia:** The Healthy Schools BC initiative -- part of the province’s broader Healthy Families BC health promotion strategy -- is generating a great deal of activity. The initiative aims to achieve greater consistency, coordination and capacity bldg around CSH implementation across the province via strengthened health education partnerships. Key elements include a new healthy schools joint leadership table (with senior representation from health authorities and education partner organizations), regional consultations between health authorities and school districts, coordination/consolidation of provincial school-based healthy living programs, CSH knowledge exchange and skill development (e.g. tools, webinars, workshops and regional communities of practice), student engagement and leadership initiatives, and new CSH assessment, planning and implementation tools. The Healthy School portal is the province’s new one-stop site for this work.

The province’s education system is undergoing a significant transformation (including curriculum redesign) towards personalized learning and development of the whole child – a



lot of alignment with CSH, and other provincial interests such as self-regulation/student self-management to improve capacity for learning.

In 2012, the province launched the ERASE (Expect Respect and a Safe Education) bullying strategy, a multi-pronged approach to promote positive mental health and prevent bullying and violent behaviors in schools. A key component is a five-year, multi-level training for educators and community partners to foster safe school cultures, prevent bullying and harmful behaviors, identify signs of domestic violence and mental health issues, and undertake violence threat risk assessments. For parents and students, the (<http://www.erasebullying.ca/>) provides advice on how to address bullying and a confidential online reporting tool for youth to report bullying.

The province's Guidelines for Food and Beverage Sales in BC Schools are undergoing a refresh, and the School Fruit and Vegetable Nutritional Program has expanded to include First Nations schools and an additional milk program component for K-2). The After-School Sport Initiative has received new base funding and now includes an art component. DASH BC (Directorate of Agencies for School Health) is exploring the possibility of hosting a large healthy school conference in 2014-2015.

**Nova Scotia:** *Health Promoting Schools (HPS)* was initiated in Nova Scotia in 2005. The provincial HPS committee recently gathered to update their vision and strategic plan. The next step includes building on past successes by strengthening the structures and processes that support this approach.

*The Food and Nutrition Policy for Nova Scotia Public Schools* was adopted in 2006. Currently the policy is being reviewed and evaluated and a revised policy will be launched soon. The Provincial Breakfast Program Standards were released in 2008.

The *Schools Plus* program is being expanded in Nova Scotia. Schools Plus provides coordinated services to children and their families in the school setting.

Dr. Stan Kutcher has developed a training program (*Go-To Program*) to help educators identify the signs of mental health issues. The training is part of *Speak Up*, the province's plan to address bullying and cyberbullying in schools.

*Thrive! A Plan for a healthier Nova Scotia* builds on the good things already happening in our communities. Health promoting schools, the school food and nutrition policy and the community use of schools grant are just three examples of how schools have been taking the lead in engaging with others to create healthier environments that support healthy



eating and physical activity where we learn, play, work and live. While no one change, program, or policy will meet every community's needs four areas of focus have been identified:-

- A healthy start for children and families
- Skills and knowledge for lifelong health
- Opportunities to eat well and be active
- Building healthier communities

Start with an overview <http://www.youtube.com/watch?v=j9BYX4RYctc> then check out the stories <https://thrive.novascotia.ca/stories> and videos on U Tube <http://www.youtube.com/thrivens> or visit <https://thrive.novascotia.ca/>

**Northwest Territories:** A significant education renewal is underway to address the gap in achievement rates for aboriginal students and integrate the directions implicated by 21<sup>st</sup> century learning; the latter are considered positive and well aligned to traditional teachings for students in the North. Going forward, we expect to also make a shift toward the vision that SK has held, to increase the emphasis on “community” within the CSH framework. Projects are moving to a more ecological approach with the CSH framework as a way of sharing and organizing activities in school health. The territory is anticipating continued interest in the next survey round of HBSC.

**Action:** The Secretariat will explore inviting Doug Willms (Tell Them From Me) and John Freeman (CSH CIM) to an upcoming SHCC teleconference.

**Action:** Marlien will send a copy of the Food Mentor Program Curriculum to School Health Coordinators.

**Action:** MB's Physical Literacy and Recess Toolkits will be shared with School Health Coordinators.

## 22. Review and Approval of:

### a. Agenda

The Agenda was approved with the addition of the standing item 'Hot Topics' or 'Emerging Trends', accidentally omitted.

### b. March 14 2013 Record of Discussion

The draft Record of Discussion from the March 14 teleconference was approved without changes.

### **23. Review of Action Items**

The Action Items table was reviewed. A discussion was held on the purpose and benefit of this format for recording Action Items. It was decided to maintain the Action Items Table as currently exists. It serves as a reminder of activities underway and tasks to be completed.

### **24. Update from the Secretariat**

The Executive Director provided the following updates:

**a. Management Committee Cross Sector meeting follow-up:** Following completion of the long (25 page) report, the Secretariat is working on the shorter 1- and 3-page reports outlining the major take-away items from this meeting for further discussion and consideration:

- Clearer definition of student achievement
- JCSH seeks to present at meeting of CMEC, hopefully in 2014
- Learning the Language of Education: Explore more direct linkages of JCSH work with the Education sector – the goals of 21<sup>st</sup> century learning may provide connections.

*Discussion:*

- It was suggested that the work of Western and Northern Canadian Protocol for Collaboration in Education (WNCP) assessment be considered, particularly around self-regulation: assessment of students *for* learning.

**Action:** School Health Coordinators will provide feedback on the Cross-Sector Management Committee long report.

**Action:** Secretariat will draft 1-page and 3-page discussion papers/summaries and share them with School Health Coordinators.

**b. Meeting with Quebec School Health Colleagues:** Katherine met with Marie-Claude Roberge and her school health team colleagues from Institut national de santé publique du Québec. The informal half day meeting in Montreal was an opportunity to share resources and discuss approaches to school health. This group uses the Comprehensive School Health Framework and is interested in meeting with School Health Coordinators .

**c. Advancing the Use of Evidence in Nutrition, Physical Activity and Built Environment Policies Promoting Cancer and Chronic Disease Prevention National Workshop-** March 19<sup>th</sup>, in Montreal: This meeting was hosted by the Canadian Partnership Against Cancer (CPAC). The purpose of this meeting was to support knowledge transfer by enabling participants from across Canada to learn from recognized experts in public process and from each other. The meeting focused on exploring common needs/gaps across the health and public policy communities to advance the use of evidence in public policy work.

**d. PREVNet:** Katherine discussed with Wendy Craig the opportunities for JCSH to present during the PREVNet conference in May. As a result, JCSH has a 90-minute presentation, Katherine has been invited to be on the panel, and she also has a meeting with the PREVNet board. This is a great example of the Consortium being pro-active in getting our messages shared with partner groups and organizations.

Katherine has examined the training modules of the 'train the trainer' text on Healthy Relationships to explore whether there is alignment in this work with the four pillars of comprehensive school health. The work is not setting specific, but there is discussion on the importance of legislation (healthy policy), social and physical environments and their roles in relationship building (social and physical environment), considerable attention to teaching and learning techniques (teaching and learning), and messaging to families, schools, youth organizations (partnerships and services). In sum, there is very good alignment of the PREVNet Healthy Relationships training with comprehensive school health.

**e. CIHR Dissemination Grant:** CIHR, in this Dissemination Grant, does not require that the Principal Investigator be an academic researcher. There is \$25,000 available for a project that could be an event, possibly a meeting or conference. The funding would not be sufficient to host a full event, but it might allow for a meeting/roundtable in conjunction with a School Health Coordinators' Committee or Management Committee face-to-face meeting. Possible topics that would benefit from an event to promote the tools and/or disseminate findings include: the Core Indicators and Measures on Comprehensive School Health and Student Achievement; Youth Engagement; Healthy School Planner; Health Behaviour in School-aged Children.

f. **3<sup>rd</sup> Canadian Obesity Summit:** JCSH has been accepted to present at this event in one of the health promotion streams. Katherine will present: *Positive Mental Health in the School Setting: A Foundation for Obesity Prevention and Management*. The Summit will be held in Vancouver, BC from May 1-4 2013 and is hosted by the Canadian Obesity Network.

## 25. Workshop I: Healthy School Planner

### a. (Guests: Jennifer Yessis, Dana Zummach – Propel Centre for Population Impact)

Jennifer presented on the findings from the CIHR dissemination grant to inform plans for increasing usage of the Healthy School Planner.

The findings were gathered by Propel from key informant interviews in AB and a focus group in NL. The informants included representatives from: schools, such as teachers, administrators; school board/district; provincial government; public health; provincial agencies.

#### *Discussion:*

- It was suggested that for use with First Nations, Métis, Inuit (FNMI) communities, the Healthy School Planner would require adjustments.
- It was suggested that key messages be created to connect the Healthy School Planner to existing student achievement priorities as well as health initiatives. This may be supported by the results of the Core Indicators and Measures work on Comprehensive School Health.
- Some promotional tools for consideration in bringing the Healthy School Planner to more audiences include:
  - Live webinar, targeted to public health, educators and available online following the session; other short video ideas
  - School / District newsletters
  - Meetings, conferences – upcoming meetings displayed in Events Calendar
  - Toolkit, containing a slide deck with script, newsletter blurbs, testimonials.
- It would be helpful to see examples showing the type of data that can come from completion of the Planner. For instance, if all schools in a district complete the assessment, an aggregate report for the whole district can be provided; this would be useful for policy monitoring.

- Reports can show usage by Province / Territory; Propel can extract a lot of data and can provide reports for various users.
- The Secretariat and Propel need to discuss the access to and release of data. The data is currently stored on the Propel server.
- It might be helpful if an introductory page could be customized for interested PTs, appearing when a school registers, and including a buy-in piece for the Ministry, perhaps a video of a senior official in the Ministry or a community Elder endorsing school health, CSH. It could include students' voices. Also, a PT could opt out and this introductory, buy-in page would not be shown.
- Some educators in one jurisdiction are concerned with the use of 'rubric' in the recommendations – Levels 2 and 3 are exactly the same, so this is more of a rating scale than a rubric.
- Reminders for schools to use the Healthy School Planner may benefit from feedback / testimonials from users.
- Jennifer and Dana were thanked for the work they have done on the Planner.

**Action:** JCSH will explore possible funding sources for adapting the HSP for Northern peoples and context.

**Action:** The Secretariat will create Key Messages to connect HSP to Student Achievement.

**Action:** HSP Advisory Committee will hold a teleconference re access to HSP data.

**Action:** The Secretariat will send out an example of a school district and a PT level report.

**Action:** The recommendations will continue to be described as a 'rubric' at this time, with consideration of change to a rating scale following launch and monitoring/evaluation of implementation.

## **26. b. Promotional Materials for Healthy School Planner**

Following the presentation by Propel, School Health Coordinators discussed promotional and marketing possibilities to coincide and / or follow the launch of the Planner, scheduled for early June.

*Discussion/Suggestions:*

- Suggestion: The Healthy School Planner video could be revised, if necessary, and used to promote the benefits of using the Planner. The present video is also available in French.
- Suggestion: Communications rollout: It would be helpful to refer to the communications package prepared for the launch of the Canadian Journal of Public Health 2010 Comprehensive School Health Supplement and use this as a template for launching the Planner.
- Suggestion: A Healthy School Planner toolkit of resources: video, slide deck, postcard, common briefing note.
- Suggestion: Use JCSH Communications Strategy and Operational Plan to prioritize communications on the Planner's launch.
- Decisions for promotional materials will be required for both the soft launch (in June) and the formal launch (resumption of school year / September)
- Suggestion: Use the article written on the Planner to be published in an upcoming edition the Canadian Association of Principals Journal to support dissemination and promotional plans.
- If more than basic communications / marketing is required, a communications consultant could be engaged.

**ACTION:** Executive Director will discuss with CAP executive sharing the HSP article (CAP Journal) with their membership.

**ACTION:** Executive Director will discuss with Steve Manske the access to data and the relationship of JCSH and Propel on data access and reports on an ongoing basis.

**ACTION:** Secretariat will develop a toolkit of communications resources, using the JCSH Communications Strategy as a guiding principle.

## **27. Federal Provincial Territorial Group on Nutrition**

*(Guest: Pat Martz, chair, FPTGN Working Group on Best Fit Criteria – via teleconference)*

Pat provided an overview of the recent work from the FPTGN's Working Group on Best Fit Criteria. The issue of Directional Statements has been discussed in detail and it was decided, given that the implementation of school food guidelines is a Provincial /

Territorial responsibility, there will not be a committee formed to develop directional statements. Each jurisdiction will decide on ministry involvement and FPTGN members in each PT will be able to share updates with members of SHCC.

Pat also advised that the Working Group will soon be completing the Provincial / Territorial guidance document for nutrient criteria. Based on feedback received, there are two categories yet to be completed: bars / snacks, and condiments. This document will be presented to the FPTGN during the May 08-09 Annual General Meeting. At this time BC, SK, MB, NB, and NS are reviewing the criteria; BC has completed stakeholder consultation. The territories are waiting for the document to be completed and may develop, jointly, a set of school food guidelines.

*Discussion:*

- The Working Group will develop a communications strategy for release of the technical document to industry.
- Pat was thanked for the work she and the Working Group have done.
- Pat and the Working Group will continue to share updates with JCSH.

**8. Workshop II: Health Behaviour in School-aged Children Study (HBSC)**

***(Guests: John Freeman, co-Principal Investigator, Canadian HBSC survey, and Alicia Hussain, Research Associate, Social Program Evaluation Group, Queen’s University)***

John provided an overview of the next round of data collection for the HBSC survey, beginning later this year. The theme of this round is Relationships.

John has been working with ON and SK to increase sample size beyond 3500 students. He is due to visit other jurisdictions, NS and NB specifically, in the coming months.

School Health Coordinators are asked to provide input into the survey questions; John would like them to consult in their jurisdictions and explore what questions are deemed useful.

The final questionnaire needs to be complete by the end of May. This is part of an international network of 43 countries. The questionnaire is developed as a broad-based survey with questions created from the following sources:

- Internationally-developed, mandatory questions: In this cycle, there are more school questions, new sexual health questions, and the family questions have been revised.



- Optional package questions: there are 3-4 packages of school-based questions that can be used: for example, physical activity questions, bullying questions (Canada is on the leading edge in developing this latter set of questions).
- Canada-only questions: Half of the questions are decided by Canadian stakeholders and are country contextual. Three groups have a say in determining these questions:
  - Public Health Agency of Canada: it gives Queen’s University funding to conduct the survey (\$1.1 m);
  - Co-researchers: they are not paid and need to have scientific needs met for publication of research papers;
  - Jurisdictions (through JCSH as conduit): the PTs make decisions on whether questions are appropriate or problematic, whether new ones need to be added or others removed.

Although Canada does have a strong say in the creation of one-half of the questionnaire, the other half of the survey is determined internationally. It is very difficult to remove mandatory questions – it will be done if necessary, but only rarely.

*Discussion:*

- The survey takes approximately 60 minutes to complete.
- The focus on Relationships this round will permit mental health questions but may cut other areas which the Canadian survey has been looking at in previous rounds.
- John would like feedback on this suicide question: ‘Have you ever thought about killing yourself?’ He is concerned that some schools might opt out of this round because of the existence of this question or require active (rather than passive) consent. Kyla advised that during SK’s youth engagement work, 100 per cent of student participants requested questions on suicide.
  - An option for the suicide question is to have two versions of the survey – one would carry the suicide question, the other would not.
  - The McCreary Centre’s research may have included suicide / Northern students and will be consulted..
  - To assist students who, during the question on suicide or other questions in the survey, feel upset, there needs to be a place for provision of supports. The investigators will add the telephone number of the Kids’ Help Line at various points: in the informed consent letter, at the beginning of the survey, and in a debriefing note at the end.



- The survey will be available online and Canadian investigators believe that most will be completed in this manner. However, a pencil and paper version will be available as a class option.
- In addition, it is suggested that questions may need to be read to students in the North given that Inuktitut is an official language in Nunavut and not all students in the territories speak fluent English / French. John said headphones might be a possibility in the next survey round in four years.
- Regarding choice of questions, it is important to remember that the survey size cannot expand; if new questions are added, others must be removed.
- John is aware that not all provinces are committed to participation in HBSC because of other surveys they conduct.
- Quebec may participate in HBSC even though it is not a member of JCSH.
- The HBSC Canadian team has added researchers from across the country, including Bill Morrison, University of New Brunswick, and Scott Leatherdale, University of Waterloo, and Elizabeth Saewyc of UBC .

**Action:** School Health Coordinators from the three territories will provide options to hay fever (Q 11).

**Action:** Secretariat will compile feedback and suggestions on other specific questions and share them with John for consideration.

## **9. Core Indicators and Measures (CIM) development: Comprehensive School Health and Student Achievement**

***(Guests: John Freeman and Alicia Hussain)***

John provided an update of the initial work done on this CIM development. He will look at achievement outcomes affected by health behaviours. The work will include a literature review – both peer-reviewed and gray literature -- and telephone interviews with key stakeholders across the country. Ethics has been approved by the Queen’s University Research Ethics Board.

The stakeholders will be asked in what ways student achievement can be measured from health behaviours: CSH approach and success indicators. John’s team will conduct 24 interviews and hopes to have equal representation from each of JCSH’s 12 member jurisdictions. For ethical reasons (anonymity/confidentiality requirement),

he needs more than two names suggested from each jurisdiction: he would like that School Health Coordinators suggest three or four names and then the researchers can choose two.

John's work will be looking specifically at student achievement writ large: can be from truancy / attendance and achievement, for example:

- What are the indicators of success from Comprehensive School Health initiatives?
- How should student achievement be measured?

*Discussion:*

- John has capacity to conduct the stakeholder interview in French.
- The literature review will include international sources and gray literature from locations where much work has been done: SHE (Schools for Health in Europe) Network, for example.
- The question was asked whether this initiative meets with JCSH's mandate: it is stated in the JCSH Operating Plan.
- A possible next step could be to bring stakeholders together to work out indicators of student achievement from CSH endeavours.
- It was suggested that jurisdictions consider providing 6 names to John, including 2 from policy, 2 from practice, 2 from research.
- It was suggested that stakeholders represent more heavily the education than the health sector.
- The interview questions will be written to obtain both measures and indicators.
- In addition to the literature review and stakeholder interviews, there will be opportunities for publications and presentations from this project.
- Names for the Advisory Committee are being requested of School Health Coordinators.

**Action:** The Secretariat will circulate a formal request for stakeholder names from each jurisdiction with consideration that names be from policy, practice, and research.

**Action:** School Health Coordinators interested in volunteering for this Advisory Committee are asked to contact the Secretariat.

**Action:** School Health Coordinators with related information on their websites – student achievement measures and CSH – are requested to provide the links to John as part of the gray literature.

## 10. Workshop III: Youth Engagement

***(Guest: Shanti MacFronton from The Students Commission)***

Shanti provided an overview of The Students Commission, lead for the Centre of Excellence for Youth Engagement, and its work with youth on the results of the 2009-2010 Health Behaviour in School-aged Children (HBSC) study. The Public Health Agency of Canada (PHAC) requested the expertise of The Students Commission in engaging youth around the survey findings.

Two specific events were reviewed to provide context:

- A) The Healthy Advice Consultation: Young People Supporting Research - In March 2011, 15 youth from across Canada came together to review findings from the 2010 HBSC survey. The youth met with researchers from Queens University to review and discuss the results and their input was included in the 2011 published report: *The Health of Canada's Young People: A mental health focus*.
- B) 2012 HBSC Knowledge Exchange Event - In March 2012, the youth from the earlier consultation along with a group of youth from the North were brought together to help create youth-friendly messages about the findings from the 2010 survey. The Northern youth also review newly released northern data and produced recommendations.

From these two workshops, The Students Commission developed a toolkit from the videos and posters that had been created by the youth participants. The Commission implements the Knowledge-in-Action Model: The closer people are to creating knowledge, the more they will share it.

The toolkit that came from the youth work is called: *A Model for Engaging Youth in Evidence-Informed Policy and Program Development*. This model outlines research and rationale for youth engagement, frameworks and how-to-checklists for initiating, planning, and executing a youth engagement event, and guidelines for follow-up and sustaining activities.

This has become the foundation for the next step in the collaboration on youth engagement: The Students Commission is working with the JCSH to develop an online e-book Toolkit on Youth Engagement that will include:

- How to engage youth
- Embedded videos
- Alignment with the 4 pillars of CSH.

Jennifer (ON) and Kyla (SK) presented on youth engagement events in their respective jurisdictions.

**ON Ministry of Education: School Food and Beverage Policy Youth Conference** –This event was held to learn from students why they were leaving school cafeterias and what it would take to bring them back. The day was run simultaneously in English/French, and entirely coordinated by the youth **leaders**. From the sessions, the leaders learned that ON’s Food and Beverage Policy itself is not seen as a problem by the youth. Rather, the students are concerned that food and beverages offered for sale in schools are **tasty, affordable** and displayed in ways that make them more attractive to youth – the ‘quantity and quality’ perspective. The youth made use of photo voice, focus groups, and clicker (student **survey** response system) voting to provide direction to the adults from the ON Ministry of Education and The Students Commission.

Among the next steps being discussed are completion of the report on this event and consideration of an event in the northern region of the province.

**SK HBSC Youth Engagement Conference:** This event was held to explore the following theme areas: healthy eating and physical activity, healthy relationships, and mental health. The majority of youth attending were First Nations or Métis. The discussion focused on root causes of the HBSC findings, with most attention given to youth suicide and bullying and the positive-negative domino effect of behaviours and relationships – how both positive and negative influences/behaviours can tend to build from less to more significant. The youth strongly emphasized that their behaviour on one day may not indicate who they are or what their behaviour will be the next day – conversation on stigmatization.

**Next steps:** The Students Commission and JCSH will develop an e-book within a comprehensive school health framework using the present paper toolkit as a foundation.

**Action:** Kyla, Jennifer will circulate the reports from the SK and ON events to SHCs.

## 11. 'Selling' CSH

Scott Beddall (BC) led a discussion about how jurisdictions might sell and promote the idea of comprehensive school health in a way that resonates with educators, students, and others in the school community setting. It is difficult to explain the 'process' of CSH as a benefit, as something concrete. Sharing 'success stories' around implementing CSH and practices from schools around the country will help. Student-led inquiry and using plain language messaging will also help create an awareness of comprehensive school health as 'sexy', and interesting.

### *Discussion:*

- School Health Coordinators could use the JCSH website as a place to post resources and information from across jurisdictions to allow for sharing of ideas and stories.
- There is a need to better communicate the 'policy pillar' so that it suggests that policies are beneficial and worthwhile. It was suggested that 'Policy and Supportive Practice' might improve this pillar.
- Communicating the 'why' behind each of the pillars might be a helpful way for the JCSH to support School Health Coordinators in their communication of CSH.
- It might be helpful to consider using the DASH BC CSH video; however how this might be done remains unclear. The video could be adapted and translated or it could be posted on the JCSH website with credit given to BC. The latter however, is not a practical solution for jurisdictions that are unable to use a resource specific to another jurisdiction. Something with JCSH branding would be much more effective for the jurisdictions that require something more pan-Canadian.
- It was suggested that more beneficial to the collective JCSH members would be a video that describes jurisdictional approaches to CSH that may be unique, giving examples, with all connecting in the overarching intention: that CSH is an

approach to student achievement and wellness that encompasses the whole child, school, and community.

- School Health Coordinators will further discuss if resources should be posted with credit given to the jurisdiction that developed them, or if the JCSH should re-work some of the jurisdictional resources and brand them as a more pan-Canadian product. The JCSH will translate any resources that are developed or revised.

**Action:** The Secretariat will circulate the JCSH video (French and English) that was developed to promote the Healthy School Planner.

**Action:** The Secretariat will provide from the Communications Strategy the alignment between the Strategy and video development.

## 12. Workshop III: JCSH Website / JCSH Communications

The Manager of Cross-Sector Engagement provided School Health Coordinators with an overview of the recent work of the Communications Committee in revising the public side of the JCSH website, and in increasing visits to the private side. A resource provided by the webmaster and used by the Committee, a wireframe, was reviewed for discussion with the SHCC on the most important aspects of the public side. School Health Coordinators were asked to provide feedback on the look and functionality of the new features. The example of the Regent College website, <http://www.regent-college.edu/>, was shown as an example of the content organized in a roll-over 'mega-menu' format.

Discussion:

- More photos would improve the look of the JCSH site and these photos should reflect the ethnic diversity of the country's populations.
- The "prime real estate" of the site should be taken advantage of to highlight 'About JCSH / 'What we Do' more than 'National and International Resources': Numerous suggestions about placement of features and resources of JCSH highlight the need to have a site that is easy to navigate and attractive and useful to visit.
- It was suggested that the primary JCSH resources need to be showcased with images that provide clear identification of the resource.

- It was suggested that ‘Member and Support Jurisdictions’ is a best fit within the ‘About the Consortium’ section.
- There is a need for a sitemap, but it should be towards the bottom of the page.
- The SHCs in attendance expressed that they prefer that the website’s homepage use navigation through images / pictures rather than text.
- The SHCs in attendance stated they prefer the look and layout / navigation of the Regent College website and would support that format being used in the JCSH site.

**Action:** School Health Coordinators will check his/her jurisdiction’s profile (under ‘About the Consortium’ – ‘Members Profiles) and update.

**Action:** Manager, Cross Sector Engagement, will share JCSH pilot website proofs received from webmaster.

### 13. Hot Topics

**a. 60 Minute Kids’ Club (60MKC)** – Scott Beddall provided an overview of the Telus-sponsored “60 Minutes Kids’ Club”.

**Action:** The Executive Director will contact PHE Canada to learn whether that organization has been approached by 60 Minute Kids’ Club / Matt Young.

**b. Electronic Cigarettes (e-cigarettes)** – Marlien MacKay discussed the very limited (if any) regulations related to e-cigarettes in Canada. There is concern that, with their growing popularity and accessibility, students may be buying e-cigarettes and bringing them to school. There is a school district in AB that has banned e-cigarettes and a school in NB will soon do the same. The New Brunswick Anti-Tobacco Coalition has produced a fact sheet which can be found here: <http://nbatc.ca/en/uploads/NBATC%20E-Cigarettes.pdf>

**Action:** NB will share fact sheets from the NB Anti-Tobacco Coalition with SHCs.

### 14. Upcoming teleconferences





School Health Coordinator teleconferences will continue to take place on the second Thursday of each month with the exception of July and the months when there is face-to-face meeting. The next School Health Coordinators' Teleconference will be held on May 9 2013.



**Record of Discussion**

**School Health Coordinators' Committee**

**May 09 2013**

**Chair: Andrea Lamboo Miln (MB)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic Lauren Wallace	BC
Gail Diachuk	AB
Flo Woods Kyla Christiansen	SK
Andrea Lamboo Miln Paul Paquin	MB
Jennifer Munro-Galloway	ON
Helen Pitman	NS
Marlien McKay	NB
Carol Ann Cotter	NL
Charlotte Borg	NU
Elaine Stewart	NT
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
Tricia Smith	JCSH Secretariat
<b>Regrets</b>	
Sterling Carruthers	PE
Robbie Leaman Ellen Coady	NL
Brianne Bremner Stacey Burnard	YK

## Record of Discussion

### 12. Welcome and Roll Call

The MB co-chair welcomed everyone to the meeting.

### 13. Review and approval of agenda

The agenda was approved without changes.

### 14. Approval of Record of Discussion from April 8-10 Face-to-Face meeting

The April 8-10 2013 Record of Discussion was approved without changes.

### 4. Update from Secretariat

In place of a written Secretariat Update the Secretariat provided the following:

#### a. Breakfast Club of Canada use of resources from JCSH website:

Katherine has received an email from Rikki Lee Andrews, director, Atlantic Provinces, Breakfast Club of Canada advising that the JCSH Comprehensive School Health Framework will be used in a training module for volunteers. The Framework is publicly available and widely used. Rikki also asked how JCSH would like to be referenced in the training module.

#### *Discussion:*

- Rikki is well known to some School Health Coordinators and respected for her knowledge of and commitment to comprehensive school health.
- A number of discussion points were raised on the optics of endorsement when JCSH resources are used.

Action: The Secretariat will draft a short statement to advise agencies, organizations, not-for-profit, and for-profit groups how we want to be referenced when resources are used.

#### b. Physical and Health Education (PHE) Canada:

Katherine advised that Sarah Jackson of PHE Canada is in contact with her about the developmental evaluation of PHE Health Promoting Schools grants. This evaluation is part of the Lawson Foundation deliverables, and the evaluators would like to interview her and stakeholders across Canada many of whom will, they hope, be School Health Coordinators. The evaluators will interview people connected in some way with PHE's healthy schools project.

### **c. Stories from the Field article**

Katherine advised that, unfortunately, the Stories from the Field article, which incorporates the work in a number of jurisdictions and was completed by the School Health Coordinators of those jurisdictions, will not appear in the special Comprehensive School Health supplement of the Canadian Association of Principals (CAP) Journal. School Health Coordinators were asked if they would like to house the article on the JCSH Website or reframe it and resubmit it for a future issue of the CAP Journal.

#### *Discussion:*

- The consensus was that this article will be published on the JCSH website and further 'Stories from the Field' can be captured and submitted to a future issue of the CAP Journal.

<p><b>ACTION:</b> The Secretariat will publish the Stories from the Field article on the public side of the JCSH website</p>
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### **d. Presentations on Positive Mental Health Toolkit:**

Katherine has made two presentations on the Positive Mental Health Toolkit recently, both very well-received. The first was to the 3<sup>rd</sup> Canadian Obesity Summit May 1-4 in Vancouver; the second to the PREVNet conference May 06-07 in Toronto. She had a number of people advise her that they had not heard of the Toolkit prior to the presentation, and wondered if it has been evaluated. In addition, attendees also expressed appreciation that it is attached as a module of the Healthy School Planner. The audience members provided some ideas for marketing the PMH Toolkit.

### **e. School Administrators' Conference Newfoundland Labrador May 14-17 2013**

Katherine advised that she will be attending this event. Carol Ann provided an overview of the conference, and how pleased the province is to be able to have international school health researcher Lawrence St. Leger provide presentations and workshops to this conference for NL principals.

#### **f. Communications**

Susan provided an overview of the most recent work on the website. The webmaster is working on a new look for the public side, following up on recommendations and suggestions from the April face-to-face meeting. In addition, documents and discussions are being posted on the private side of the website and school health coordinators are encouraged to visit it on a regular basis. Beginning with the next teleconference, all SHCC meeting documents bundles will only be posted on the private side – an email will be sent advising that the bundles are on the private side.

### **5. After-school Time Period**

A roundtable of work in the jurisdictions was held to provide an overview of the extent of initiatives and programs accomplished outside of school hours.

**NB:** Through the provincial Wellness Strategy, a working group was established around the out-of-school hours time period. The group developed a framework to support development of guidelines with respect to quality out-of-school programs, which include allocation of time for physical activity, healthy eating, community connections and homework. Last year 51 grants were provided to a variety of programs, including 14 schools. In addition, we are in the second year of a 2 year Physical activity and Healthy Eating bilateral (from PHAC) with Recreation New Brunswick called “NB Plays!” which will increase capacity for quality programming, strengthen and build relationships with stakeholders and facilitate knowledge exchange between grant recipients.

**MB:** After the School Bell Rings Project:

<http://www.afterschoolmanitoba.ca/>

After The School Bell Rings: A Manitoba After School Recreation Project is a provincial initiative focusing on promoting and supporting increased access and opportunities for

children and youth, ages 6-12 years, to engage in physical activity and healthy living practices in the critical after school time period.

After School Network:

[http://www.gov.mb.ca/cyo/youth/leadership/after\\_school\\_network.html](http://www.gov.mb.ca/cyo/youth/leadership/after_school_network.html)

The After School Network has been created to facilitate the sharing of expertise among government funded youth-serving organizations that develop and deliver after-school programs. One of the key objectives of the After School Network is to support, strengthen, and broaden the capacity of after-school programming across Manitoba by providing opportunities for collaboration, coordination, and professional development.

**AB:** Active Alberta 2011-2021 is a government of Alberta policy developed to inspire Albertans to be more active every day. The policy identifies cross-ministry work that supports province-wide activities that generate awareness and motivate action for increased physical activity. The policy identifies the contribution by the school community to the health and well-being of students through before and after-school programs. Ever Active Schools, a provincial program, funded by three provincial ministries: Education, Health, and Tourism, Parks and Recreation supports the implementation of comprehensive school health. Ever Active Schools supports the after-school time period by linking school communities with community supports such as, Communities ChooseWell, the Healthy U 5 & 1 Experiment, Alberta Healthy School Community Wellness Fund and Be Fit For Life Centres. In addition with project funding provided through the Public Health Agency of Canada Healthy Living Fund, Ever Active Schools is working with 4 local communities to identify key processes to support after school programming in rural areas. At the end of the project a report will be prepared that outlines alternative environments for after school programming (such as churches and community centres) and key processes used to build capacity in the community to support the after school time period. The results of this project will help inform after school initiatives in other communities across the province.

**NS:** "After the Bell": Part of the Thrive! Strategy: A policy and environmental approach to healthy eating and physical activity, running January to June in the 2012-2013 academic year. Each of six regions in the province, in a pilot to improve physical activity rates particularly in teen girls, received \$23,000 for after school community based

programs (4 sites in each region). In addition to a focus on girls, the priority is on rural areas and the junior high school years.

The Physical Activity Coordinators in each region worked with existing or new groups to develop a proposal (youth consultation was required).

Areas of consideration are: transportation, leadership, facilities (including churches), sustainability and participants.

In the 2013-2014 academic year – September to June -- the funding will increase to \$55,000 per region (for a total of \$330,000).

**NL:** The three-year long pilot of the After School Physical Activity Initiative consists of 25 school-community partnerships with joint funding from the Ministries of Health and Community Services, and Tourism Culture and Recreation. Funding helps schools and their partners provide after school physical activity opportunities to students in Grades 4 –9. A longer report on the pilot is located on the private side of the JCSH website.

**NT:** The Department of Municipal and Community Affairs has a proposal-based funding program for active after school activity. There are 47 after school programs in 31 communities currently accessing funding. Of these, 44 are run by the schools themselves and 3 are run by the community or band in partnership with the school.

**BC:** Phase three of the BC After School Sport Initiative (ASSI) was launched in selected communities where children face barriers to participation in sport and physical activity. Identified schools received funding to partner with community service providers and local sport organizations, introducing children to fundamental movement and sport skills. Six new communities were added bringing the total initiative reach to 16 communities. Funds provided through the Art and Culture Branch were used to enhance the engagement of youth into the ASSI and provide an art/cultural experience for those youth participating in the program.

## 6. Healthy School Planner

Katherine provided an overview of the final stages of work to have the Planner ready for launch in early June. The Healthy School Planner is complete with the exception of the

Healthy Eating Detailed Module. It will be on the site fully ready for use in early June. All modules may now be used – with the exception of the Healthy Eating Detailed.

Katherine also outlined the results of an April 22 meeting of the HSP Advisory Committee on ongoing maintenance of the Healthy School Planner and development of reports. An earlier maintenance contract for Propel was reviewed during the April 22 meeting. It is anticipated that Propel will submit a proposal for ongoing maintenance and reports production.

The district level reports application form is being finalized by Propel with feedback having been sought from Advisory Committee members. Reports submitted to school boards will require sign-off by superintendent or delegate.

*Discussion:*

- Alberta is phasing out the HATS (Health Assessment Tool for Schools) tool and moving completely to the HSP by September 2013.
- It seems likely that Propel will be moving forward with the school district assessment tool.
  - Marlien has heard from district-level representatives who are interested in this tool.
  - Steve Manske is interested in conducting focused interviews. AB has expressed willingness to provide names if a purposive sampling is used to locate interview participants.
  - It was suggested that initiating work on this new district-level Planner might cause confusion with the school-level Planner just ready to be launched. In addition, the school report will go to the school district for an aggregate report, which may further lead to uncertainty over the differences of the two.
  - The health sector has expressed greater interest in a district-level Planner than the education sector, which will be focusing on the school-level HSP.
  - It might be helpful if the district tool is set aside until after the HSP launch.

- It was suggested that JCSH should maintain involvement in the discussions and planning on development of a district-level Planner. School Health Coordinators will want clarity of purpose and process if school districts across the country will be contacted.

**Action:** Katherine will contact Steve Manske for a status update regarding the development of a district level assessment tool.

## **7. Advisory Committees / Projects**

Katherine provided an overview of the recent work in the following two projects:

### **a. Youth Engagement Toolkit:**

An Advisory Committee is now in place and the first meeting was held May 01. If SHCs would like the Secretariat to write a CBN on this project they should contact Katherine.

### **b. Core Indicators and Measures (CIM) on Student Achievement and Comprehensive School Health:**

An Advisory Committee is now in place and the first meeting was held May 03. A draft Briefing Note has been completed on the project and the Advisory Committee work. An amendment to the timeline for completing this project has been made with the final completion date now moved to late July.

## **8. Emerging Trends and Opportunities**

There were no discussions suggested under this item.

## **9. Review of Action Items**

The Action Items table was reviewed.

## **10. Next Meetings**

The next teleconferences are:



- June 13 2013
- July 11 2013 (optional - past practice has been to have only one teleconference in July/August)
- August 09 2013
- September 13 2013
- October 22, 23, 2013 (face-to-face meeting Winnipeg MB)

## **11. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee Meeting  
June 13 2013**

**Co-Chairs: Andrea Lamboo Miln (MB); Sterling Carruthers (PE)**

**Participants:**

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

## Record of Discussion

### 1. Welcome and Roll Call

The MB and PE co-chairs welcomed everyone to the meeting, particularly Kaley (MB) who was participating in her first SHCC meeting. In addition, Andrea was congratulated on her new position and thanked for her very active involvement at the SHCC table, both from her SHC position in MB and as co-chair during the past year. Sterling advised that a request for a new co-chair will be sent out in a few weeks.

### 2. Review and Approval of Agenda

The agenda was approved without changes.

### 3. Approval of Record of Discussion from May 09 2013 teleconference

The May 09 2013 Record of Discussion was approved without changes.

### 4. Update from Secretariat

a. Lawrence St Leger in St John's NL May 15-17: Katherine provided an overview of meetings, presentations, and workshops she attended in St. John's led by internationally-renowned comprehensive school health researcher Lawrence St. Leger from Australia. Dr St. Leger presented to different groups over three days: (Day 1– Health promotion and health delivery staff, Day 2 –policy makers from health and education, Day 3 – NL School Administrators' Conference 2013). Carol Ann Cotter who led the organization of these events added that on the last morning St. Leger presented on how to integrate social and emotional learning into the four pillars of CSH. It was suggested that St. Leger would be a valuable resource if invited to a face-to-face meeting.

b. Council of Ministers of Education, Canada (CMEC): Katherine advised that CMEC will meet in Nunavut in July. It is expected that agenda items will include discussions on: early childhood education, Aboriginal education, international education, and assessment.

c. Federal Framework on Suicide Prevention: Katherine has been invited to join a consultation meeting in June (by teleconference). The Framework consultations are led by PHAC.

d. TRAM (Transformation Research in Adolescent Mental Health) CIHR application: JCSH has been invited to partner with Bill Morrison, Patti Peterson and the HERG (Health and Education

Research Group) at UNB, along with other agencies and groups across Canada on this application. The Expression of Interest (EOI) has been accepted and the network has been selected to continue in the Network development process. The group would like to use the Positive Mental Health Toolkit and Framework as part of the foundation for the training of the research team.

**ACTION:** ED will send the TRAM documents to school health coordinators.

e. Canadian Public Health Association Annual Conference: Susan provided an overview of the largely attended conference and presentations, and of the very positive reception of conference participants to the Positive Mental Health poster on display throughout this event.

f. CIHR Grant: Katherine advised that the Secretariat is preparing to submit, on behalf of JCSH, an application for a CIHR dissemination grant. The purpose of this grant, if successful would be to hold a national event, tentatively titled: A Pan-Canadian Think Tank on Student Health and Student Achievement. The deadline for this proposal is June 17.

g. Management Committee: Katherine advised that a teleconference for Management Committee has been set for August 20, with a face-to-face meeting planned for September 24-25.

## 5. Positive Mental Health

### *a. Revisions to Better Practices and Perspectives document*

The document *Schools as a setting for promoting positive mental health: Better practices and perspectives* is being revised by W. Morrison & Associates. Both the literature and key informant interviews will be updated. When finalized and translated, the document will be printed and posted on the JCSH website.

**Action:** Susan to send email request for print copy numbers.

### *b. Graphical revision of PMH Toolkit to permit download in user-friendly print format*

Some users have commented that the background of textboxes in the toolkit is too dark when printed in hard copy. The Secretariat will look into the feasibility of having this changed.

**Action:** Secretariat will contact W. Morrison & Associates regarding the possibility of lightening the text boxes.

## 6. Healthy School Planner

### *a. Post-launch communications*

Katherine provided an update on the progress of the development of promotional materials to coincide with the launch of the Planner in accordance with suggestions from school health coordinators at the past two face-to-face meetings. The Secretariat will draft materials and engage with a graphic designer as needed, and will continue to explore the interest in and feasibility of redoing the current videos or replacing them. The English is available on YouTube; the French is available online but has no sound. Katherine recommended that school health coordinators become familiar and comfortable with the Planner to assist them in promoting it within their jurisdictions.

#### *Discussion:*

- A question was posed on whether the HSP might be revised to have it more applicable for northern peoples. There is no funding at present to accomplish this, but any funding suggestions would be welcome.

Action: The Secretariat will prepare HSP promotional materials, beginning with a CBN and PowerPoint slide deck.

Action: SHCs will 'register as guest' and familiarize themselves with the HSP.

### *b. Data access / reports*

Katherine provided an overview of the data application process and a sample report that will be similar to one that a school board/district or a province/territory will receive after it has completed the data application request.

#### *Discussion:*

- Recommendations for the district level report would be a helpful next step and could be high-level, such as 'Encourage schools to initiate health action teams.' Recommendations would also provide an answer to the question "what is the next step after the data is known?"

Action: Secretariat will initiate an HSP Advisory Committee meeting to discuss recommendations on district reports.

Action: School health coordinators will send any revisions and feedback on data access and reports to Tricia.

*c. PMH Module in HSP*

The Secretariat will work with Propel and W. Morrison & Associates to have the PMH module in the Healthy School Planner align with the other modules so that a report with recommendations will generate for a school following completion of the questionnaires. Both the Express and the Detailed PMH pieces will need to be redesigned.

Action: JCSH will engage Propel and W. Morrison & Associates to revise the PMH module on the Healthy School Planner.

## 7. Projects

*a. Student Achievement and CSH Core Indicators and Measures project*

Susan advised that the Queen's research team has been providing deliverables – documents summarizing the literature– and the CIM Advisory Committee members have been providing feedback on these documents. The next deliverable from Queen's will be a summary of the themes coming out of the key informant interviews. There will be another teleconference of the Advisory Committee in the next few weeks.

*b. Youth Engagement (YE) Toolkit e-book project*

Katherine provided an update on the Youth Engagement project and provided SHCs with the updated statement on the YE toolkit audience: *“The Toolkit is intended to assist JCSH members in communicating the importance of, and rationale for, youth engagement as key to successful implementation of a comprehensive school health approach, to senior decision-makers in government ministries, school boards, school districts, and health regions; as well as our community partners.”*

Work completed or in progress to date includes: a draft of the literature review, an indicator framework, and a draft outline of the e-book features. Key informant interviews are taking place at this time.

*c. Health Behaviour in School-aged Children (HBSC) Research Advisory Committee*

Susan provided update on the first teleconference of the Advisory Committee for the HBSC study. The national questionnaire is undergoing final review and revisions. Although there will be an opportunity to review final list of survey questions, this will have a very tight turn-around to comply with SPEG's (Social Program Evaluation Group of Queen's University, Canadian lead) deadlines with the international HBSC team.

## **8. Physical and Health Education (PHE) Canada**

*a. Developmental evaluation (requirement of Lawson Foundation funding).*

Katherine advised that she has been interviewed by Sarah Jackson of PHE Canada for the purpose of this evaluation. In addition, interviews have been held in a number of provinces/territories, and some of the informants selected have been school health coordinators.

*b. Project Funding Grants to Schools*

PHE is hoping to get information out to schools re project grant funding in June as opposed to September. Katherine has advised that she has talked with Sarah Jackson about PHE using the Healthy School Planner's foundational module rather than the HATS tool in applications for project funding.

Action: Katherine will send SHCs the Call for Applications when she receives it from PHE.
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*c. Health Promoting Schools certification/recognition program*

PHE will not be moving forward with an HPS certification program but, rather, will proceed with a recognition program. PHE has engaged Kate Storey from the University of Alberta to research recognition programs and make recommendations to them.

## **9. Emerging Trends and Opportunities**

a. ON: The soft launch of the "Fresh from the Farm" initiative has taken place. This program has been adopted from a Manitoba initiative. This new approach to fundraising in schools offers a \$10 bundle of food (farmers get \$5, school gets \$4, \$1 to program to help with sustainability). The province is piloting with 365 schools in 10 school boards.

b. NB: Marlien has circulated information to SHCs on the Youth Engagement tool developed by the Grand Lac Drug Strategy Initiative (GLADSI). This tool focuses on self-determination elements of competency, autonomy, and connectedness.

c. YU: A wellness initiative in education is being considered, similar to the AB wellness framework. The territory is in the early stages of using the Healthy School Planner and will be happy to have the revised express module for the Positive Mental Health module ready for use.

#### **10. Review of Action Items**

The Action Items table was reviewed and changes made.

#### **11. Next Meetings**

July 11 2013 – canceled as per customary practice

August 08 2013 – teleconference

September 12 2013 – teleconference

October 10 2013 – teleconference canceled in lieu of face-to-face meeting

October 21-23 2013 – face-to-face meeting, Winnipeg MB.

Action: The Secretariat will circulate a draft agenda for the October face-to-face meeting.
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**Record of Discussion  
School Health Coordinators' Committee Meeting  
August 08 2013**

**Chair: Sterling Carruthers (PE)**

**Participants:**

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

## Record of Discussion

### 12. Welcome and Roll Call

The PE co-chair welcomed everyone to the meeting. Sterling thanked the school health coordinators who responded to his email request for volunteers to fill the co-chair position left vacant when Andrea Lamboo Miln (MB) accepted a position in another part of government. Further discussion will happen over the next few weeks to determine who is able to take on this role.

The Chair also noted that the SHCC Terms of Reference (ToR) allows for payment by JCSH of one SHC per jurisdiction for face to face meetings. If the new co-chair comes from a jurisdiction which has more than one school health coordinator and where the practice has been to alternate in attending face to face meetings, a creative solution might be needed.

### 13. Review and Approval of Agenda

The agenda was reviewed and approved without changes.

### 14. Approval of Record of Discussion from June 13 2013 teleconference

The June 13 2013 Record of Discussion was approved without changes.

### 15. Update from Secretariat

In addition to the written Secretariat Update which forms part of this meeting's materials, Katherine provided the following updates:

*a. SHCC October 21-23 2013 face-to-face meeting, Winnipeg, MB:*

School health coordinators are asked to contact the Secretariat with information about travel dates, hotel requirements, and whether they plan to stay for the PHE Canada conference (October 24-26).

ACTION: The Secretariat will send an email to school health coordinators asking for their October travel requirements and plans.
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*b. Communications:*

The Communications Committee is in need of some volunteers from the SHCC. The departure of Robbie Leaman (NL), Brianne Bremner (YK), and Andrea Lamboo-Miln (MB) has left only Sterling on this committee.

**ACTION:** School health coordinators interested in sitting on this committee are asked to get in touch with Susan.

## 16. Management Committee – upcoming meetings

*a. August 20 2013 teleconference; September 24-25 2013 face-to-face meeting.*

School health coordinators will be copied on Management Committee teleconference and face-to-face packages of materials. The teleconference agenda is being finalized at this time. The primary objective of this teleconference is to determine the agenda for the September 24-25 2013 face-to-face meeting. Among the face-to-face agenda items being planned are:

- Cross Sector Management Committee Meeting Next Steps
- Student Achievement
- JCSH Operation Plan – Monitoring
- Mandate 3 – Considerations

**ACTION:** If School health coordinators have any suggestions for agenda items for these meetings they should contact Katherine.

*b. SHCC updates to Management Committee meetings*

(i) **Updates to MC:** The Chair advised that School Health Coordinators' Committee updates to Management Committee will be provided by one of the two co-chairs.

### **Discussion:**

- SHCC and Secretariat will provide a joint written update of activities for Management Committee meetings.
- A suggestion that the written update from SHCC and Secretariat name the members of the various project Advisory Committees was supported. Any concerns can be shared with Katherine. It was also recommended and supported that, in addition to names and

jurisdiction represented by committee members, the member's sector (Health or Education or both) be noted.

## 17. JCSH Newsletter

Susan provided a quick review of the JCSH Logic Model, the JCSH 2010-2015 Agreement, and the Communications Policy and Strategy, all of which list the “newsletter” as an important communications tool. This issue seemed to have been put to rest in past conversations with the conclusion that newsletters be not developed in future; however, these documents suggest further consideration of the newsletter may warranted to satisfy the requirements, unless we consider “newsletter” as a generic term for a communication vehicle.

One possibility might be that each jurisdictional submission for the Annual Report be very slightly fleshed out and become that jurisdiction's contribution to the newsletter for the year. In that way, the Annual Report submissions may get additional exposure in the provinces and territories and on the website. The PHAC piece could be interspersed throughout the year.

### *Discussion:*

- There was discussion on the target audience for the newsletter.
- A question was asked about whether the newsletter could become, instead, a blog on the public side of the website. The newsletter would not be brought forward in the traditional format, so a number of presentation ideas are possible.

Action: The Communications Committee will develop a few suggestions for presentations of a newsletter format.

## 18. Healthy School Planner

Katherine provided an update on the Planner and noted that all modules are unlocked and active, so this resource may be used at this time.

### *a. Positive Mental Health module transition*

W. Morrison & Associates, together with Propel, are working on the process of taking the content from the PMH Indicator Framework and the Toolkit to develop Express and Detailed modules that have the same look and feel as the others in the Planner.

The PMH module work on the HSP is anticipated to be completed by October 2013.

The Positive Mental Health Toolkit and Indicator Framework will continue as stand-alone resources in their current format.

***b. Healthy School Planner dissemination products***

(i) Katherine advised that a Common Briefing Note and a PowerPoint slide deck on the HSP are part of this meeting bundle. They are to serve as a template or starting point, to be customized depending on the presenter's and the jurisdiction's needs and contexts.

(ii) In addition to the Common Briefing Note and the slide deck, the Secretariat has been working with a marketing firm to develop a set of infographics for use in promoting the Planner. It is anticipated that these will be complete by September.

*Discussion:*

- Sterling has developed a slide deck on JCSH work with a focus on Positive Mental Health and the Healthy School Planner. This is being posted on the private side of the website.

**19. Advisory Committees / Projects**

***a. Core Indicators and Measures of Student Achievement and Comprehensive School Health***

Susan gave a brief update of the progress of this work. It is expected that John Freeman will complete the final synthesis of the literature review and stakeholder interviews by September.

*Discussion:*

- This is a key piece of work for JCSH and supports the next steps from the Cross Sector Management Committee Meeting.
- It also is an action item from the 2012-2015 Operating Plan.

***b. Youth Engagement Toolkit***

Tricia provided an update of the work to date on this project. The Students Commission has sent a number of documents to the Advisory Committee for review and discussion: they include an Indicator Framework, a few pages of a draft e-book design, and links to the videos. The next Committee teleconference will be held in mid-August.

**20. Emerging Trends and Opportunities**

- HBSC – Elaine requested information on when jurisdictions will receive the HBSC communications materials about the survey collections so that a coordinated approach can be made to school boards and other stakeholders.

ACTION: Katherine will send an email to the co-Principal Investigator of HBSC to get details which will be shared with SHCs.

- Canadian Centre on Substance Abuse (CCSA) – the Secretariat has received an email from Karine Diedrich at CCSA inquiring about JCSH interest in exploring areas for collaboration. This item will be discussed further in the fall.

## **21. Review of Action Items**

The Action Items table was reviewed and changes made.

## **22. Next Meetings**

September 12 2013 – teleconference

October 10 2013 – teleconference

October 21-23 2013 – face-to-face meeting, Winnipeg MB.

November 14 2013 – teleconference may be canceled following face-to-face meeting

**Record of Discussion  
School Health Coordinators' Committee Meeting  
October 10 2013**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Sanja Ristic/Lauren Wallace	BC
Kyla Christiansen/ Jeanine Rennebohm	SK
Paul Paquin	MB
Jennifer Munro-Galloway	ON
Helen Pitman	NS
Sterling Carruthers	PE
Carol Ann Cotter	NL
Anne Aram	YK
Louise Aubrey	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	JCSH Secretariat
My Linh Tran-Thomas	JCSH Secretariat
<b>Regrets</b>	
Gail Diachuk	AB
Kaley Pacak	MB
Sharon Young	NS
Marlien McKay	NB
Ellen Coady	NL
Charlotte Borg/ Paige Marshall	NU
Elaine Stewart	NT
Stacey Burnard	YK

## Record of Discussion

### 23. Welcome and Roll Call

The PE chair welcomed everyone to the meeting. Sterling thanked Kyla (SK) for her assistance as co-chair; while Kyla remains a member of the SHCC, changes in her Ministry have meant she is unable to remain in the co-chair position. Sterling extended an invitation to the School Health Coordinators for a volunteer to fill the co-chair position. He also welcomed Jeanine (SK Health) to the SHCC.

### 24. Review and Approval of Agenda

The agenda was reviewed and approved as amended: that the Secretariat Update be moved to later in the agenda as the Executive Director and the Manager of Cross Sector Engagement were on another conference call.

### 25. Approval of Record of Discussion from September 12 2013 teleconference

The September 12 2013 Record of Discussion was approved without changes.

### 26. Update from Secretariat

The Executive Director provided the following updates:

*a. Management Committee September 24-25 2013 face-to-face meeting, Toronto, ON:*

The Management Committee meeting was very productive. All jurisdictions were represented, with the exception of YT; SK participated by teleconference for part of the meeting. As part of the current mandate and planning for the next one, there will be an external formal evaluation of JCSH. A more detailed discussion of the evaluation and the next mandate will take place during the face-to-face meeting in Winnipeg.

*b. JCSH Annual Report Approval:*

CMEC is still waiting on two jurisdictions for signatures approving the JCSH annual report. The annual report was tabled at the Health Ministers' Meeting held in early October.

*c. CIHR Dissemination Grant:*



The recent application, entitled "Healthy students are better learners -A knowledge dissemination platform to connect research, policy and practice on student achievement and health" has been reviewed by CIHR. Unfortunately, we did not receive this funding, but we do have good suggestions for moving this proposal or others forward on future funding submissions.

### **27. SHCC Face-to Face Meeting: Workshops and Presentations**

The face-to-face agenda was reviewed for the purpose of seeking approval / additions.

- Review / Suggestion for Agenda
  - During the discussion and presentation on anti-bullying, it is requested that a sexual health / sexual orientation component be added.
  - Louise hopes to bring to the meeting the presentation from the recent webinar - *Cyberbullying and Online Sexual Exploitation in the Lives of Girls and Young Women*.
  - Other suggestions:
    - Life-Threatening Conditions
    - Medical Marijuana
    - Environmental scans

### **28. Emerging Trends and Opportunities**

There will be time for an extended discussion on this topic during the face-to-face meeting.

### **29. Review of Actions Items**

The Action Items table was reviewed.

### **30. Next Meetings**

- October 22-23 2013 Face-to-Face Meeting
- November 14 2013 Teleconference - may be canceled because of October face-to-face meeting
- December 12 2013 Teleconference
- January 09 2014 Teleconference

### **31. Adjournment**



The PE chair and Secretariat members look forward to see everyone at the upcoming face-to-face meeting in Winnipeg.

**Record of Discussion**

**School Health Coordinators' Committee Meeting  
Inn at the Forks, Winnipeg MB  
October 22-23 2013**

**Chair: Sterling Carruthers**

**Participants:**

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

## Record of Discussion

### 1. Welcome and Introductions

Sterling welcomed everyone to the meeting, with a special welcome for Lauren, Paige, Anne, and Kaley, all attending their first face-to-face meeting.

### 2. Review and Approval of:

- Agenda  
The agenda was approved without changes.
- October 10 2013 Record of Discussion  
The October 10 2013 Record of Discussion was approved without changes.

### 3. Review of Action Items

The Action Items Table was reviewed. It was noted that the Table is often long and detailed following a face-to-face meeting.

### 4. Update from Secretariat

Katherine provided an update of the major projects, meetings, and activities of the Secretariat. She noted that some of the most active pieces are discussed as individual agenda items later in the meeting.

#### a) MC f2f September 24-25 2013:

The Management Committee held a very active face-to-face meeting in September, with positive engagement from all who attended. Many of the items discussed during that meeting are on this SHCC agenda and will be presented in greater depth, including discussion of the JCSH evaluation and proposal for a third mandate. Stephanie Priest of PHAC gave a presentation on the Federal Framework on Suicide Prevention.

#### b) Canadian Association of Principals (CAP):

Katherine has had a number of meetings with the CAP Board of Directors and with the current and past presidents. She hopes to present a workshop during the national CAP conference in Halifax in May, 2014. JCSH has a few articles of sole or co-authorship in the

current issue of the CAP Journal -- on comprehensive school health – and is invited to submit articles for the upcoming issue, featuring school leadership. Deadline for articles submission is November 15.

**Discussion:**

- It was suggested that articles submitted by JCSH be framed around the CSH pillars.
- It was suggested that leadership roles be viewed from the perspective of what these look like in each of the pillars.

c) CIHR (Canadian Institutes of Health Research):

Katherine advised that JCSH was not successful in its proposal for a CIHR Dissemination Grant – to support the work on the CIM on Student Achievement and Comprehensive School Health. However, the CIHR review provided some useful ideas and suggestions for future submissions. As well, CIHR made the decision that JCSH is eligible for CIHR funding. This last decision is very good news as it allows for future submissions at all levels of funding, including, potentially, Operating Grants.

d) PREVNet:

Katherine presented to the PREVNet conference in May and attended the partnership day. PREVNet remains interested in ongoing connections and conversation with the Consortium.

e) CCSA (Canadian Centre on Substance Abuse):

The Consortium and CCSA have been actively renewing a partnership that was initiated during the first mandate. Katherine will be attending the Sport and Substance Abuse workshop in Ottawa in early December and meeting with CCSA staff for a bilateral discussion.

f) HBSC and other Surveys:

See Item 8.

g) Annual Report:

The Annual Report is a key tool for communicating the work of JCSH collectively and jurisdictions individually.

**Discussion:**

- It was suggested that the Annual Report become ‘themed’ with particular emphasis on an issue or initiative or approach, while maintaining the areas of importance within each jurisdiction that are part of a province’s or territory’s submission. A themed approach could increase promotion of the Annual Report within the jurisdictions.
- It was suggested that School Health Coordinators raise the awareness of the education lens in the submissions, not only the health lens.
- It was recommended that the current process – using the primary JCSH components of Leadership, Knowledge Development and Exchange, and Capacity Building -- are problematic for everyone and difficult for organizing the main issues the jurisdictions and the Secretariat want to raise.

**Action:** Secretariat and SHCC will explore the drafting of articles for upcoming issues of the CAP Journal: a possible perspective may be the ‘role of principals in comprehensive school health’ framed around the 4 pillars of CSH. t.

**Action:** Annual Report components will be reviewed before the 2014 Annual Report call for submissions.

**Action:** The Secretariat will establish an Advisory Committee for the Annual Report.

**Action:** ED will work with CMEC to streamline the approval process of the Annual Report for the coming year.

**5. JCSH Evaluation and Next Mandate**

Sterling provided an overview of the two mandates of JCSH and the process in bringing about each of them. Katherine presented the main discussion points and decisions that emerged from the September Management Committee face-to-face meeting.

Small group exercises were held to develop responses to: (1) The development and purpose of the JCSH Evaluation 2014 and (2) Key Questions for Consideration re 3<sup>rd</sup> JCSH Mandate. The results of these discussions are noted in the appendices for this meeting and include a list of areas where the Consortium is working well and those where challenges remain.

***Discussion:***

- Five percent of the PHAC contribution each year is intended to be used for evaluation.
- Management Committee suggested a cost of \$50,000 as necessary in order to realize an evaluation that meets the needs of looking at accomplishments and challenges to this point in JCSH and also serves to contribute to a proposal for a third mandate.
- It was suggested that a bi-annual evaluation should be built into a proposal for a third mandate; thus, this process will become part of the JCSH operations.

**6. Roundtable: Advancing a CSH Approach – with Health and Education**

Lauren initiated this discussion on how the provinces and territories are advancing a comprehensive school health approach. British Columbia has been moving forward with a CSH agenda while looking at strategies in other jurisdictions, both those that have been successful, and those that have been less so.

***Discussion:***

- In BC, work has been directed towards capacity building resources to advance knowledge and support implementation of CSH. It is felt that the profile of student engagement needs to be enhanced, and that collaboration is happening with the [Healthy Living Youth Council](#) to move this forward. As well, the ministries are trying to build engagement with the health authorities.
- In PE, CSH engagement is occurring in the Health and Education ministries, primarily through development of relationships among those working towards youth engagement. In a small province, relationships are a significant way to advance initiatives in areas such as comprehensive school health.

- In ON, a Healthy Schools Recognition Program was implemented; however, problems with having a focus on recognition led to the program being placed on hold. A grant program is in place to support cafeterias in implementing the School Food and Beverage Policy.
- In AB, having one cross-sector position to represent both the Education and the Health ministries has been very positive. However, in order for this to work it is necessary to have the supports in place in both departments; results-based budget lines need measurable outcomes. The schools and school districts are very engaged in CSH initiatives in the province.
- In NS, Health and Education ministries have been very collaborative in developing relationships to support CSH and in co-creating a visioning and funding formula for the initiatives.

## **7. Workshop I: CIM – Student Achievement and Comprehensive School Health**

John Freeman, Principal Investigator for the CIM project, participated via teleconference and provided an overview of the report completed by his group on core indicators and measures of student achievement and comprehensive school health.

During his presentation, John reviewed the process of developing the literature review, interviews with the stakeholders across the country, and the development of the table of indicators. He explained that the research team explored the literature and developed the questions for the stakeholders through the perspective of three domains measuring student achievement: Cognitive, Affective, and Behavioural.

These three domains were used to classify and review the literature and, out of the literature review and stakeholder interviews, three kinds of indicators were explored:

- Primary – Achievement defined as academic achievement and demonstrated as test scores.
- Secondary – Achievement defined more holistically and demonstrated as school progression.



- Environmental – Achievement indicated through a school’s change in environment by the introduction of a comprehensive school health approach.

***Discussion:***

- John noted the strong and ongoing involvement of the JCSH Advisory Committee in completing this project. (Advisory Committee members: Sterling Carruthers, Kyla Christiansen, Scott Beddall, Gail Diachuk, Charlotte Borg, Marlien McKay, Susan Hornby and Katherine Kelly - chair).
- The indicators Primary and Secondary will be changed to Academic and Success (respectively) to more closely align with the findings and to avoid the impression that the levels are weighted by merit or importance.
- In the Indicators Table: Primary (now Academic) Affective column, the word ‘academic’ will be added to self-confidence and to self-efficacy.
- Indicators were selected based on the literature review and the interviews as well as data available for measuring the indicators. Thus, for the Academic and Success levels (previous Primary and Secondary), the measures were good for cognitive, attendance, academic motivation, mental health, and less strong for participation.
- Part of the reason for some of the difficulty in putting this research project together is that it aims to move outside what is normally measured in school achievement: this work seeks to move more broadly than assessments and standardized achievement scores.
- Next Steps: a new iteration of the final document will be completed by December. The research team will consult with the Advisory Committee on an Executive Summary: a decision will need to be made on whether that Summary be used as a shortened version of this document or as also a part of the discussion and submission towards a third JCSH mandate.
- Next Steps: In addition to practical work coming out of this report, it is also important to identify where there are gaps in measures for the core indicators: where are there

measures, and where are there gaps? This will be significant as jurisdictions move forward on education reforms and measurement of achievement and success.

**ACTION:** Secretariat will coordinate with John and the Advisory Committee to meet about the preparation of the Executive Summary, when the last changes are submitted.

**ACTION:** The Advisory Committee will review the Executive Summary when completed, and begin discussion on means of promoting this work.

### **8. Health Behaviour in School-aged Children and Other School-based Surveys**

As part of the Secretariat update, there was an extensive roundtable discussion to explore how HBSC and other surveys navigate similar populations (students), subject matter, and settings (schools).

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

- PHAC is looking at trends over time, as well as related measures from overlapping surveys, and results from multiple surveys. These tasks are efforts to make survey systems work to reduce the burden on schools and to gain maximum benefits.
- One option might be that a school makes the decision that students who have recently participated in one survey will not then participate in another one which follows on the heels of the first. However, this may not benefit a school or class if only some students are exempt from a survey but others in a class or a school still participate.
- The complementarity of school-based surveys suggests that survey developers should compromise on questions, approaches, timing of survey rounds so that the surveys support minimal overlap, reduced burden on schools, and maximum results.
- It was suggested that key stakeholders in jurisdictions meet to discuss and enhance their learnings on the benefits of school-based surveillance research.

- To this point, school district responses to invitations to participate in this round of HBSC have been limited; as such, SHCs are encouraged to work with Queen's to support survey promotion at the district level.
  
- School Health Coordinators are looking for materials they received in the past survey round which are then disseminated to school boards advising them of the importance of this survey.
  
- It was also suggested that having documents in pdf form does not allow for changes to be made or details added.
  
- The Research Advisory Committee (RAC) is under-utilized and can be a committee active outside of the HBSC work. Current RAC members: Jennifer Munro-Galloway, Kyla Christiansen, Louise Aubrey, Stacey Burnard.
  
- With a permanent RAC, PHAC can maximize use of epidemiologists and other experts who can help support the work to address the issues brought out in survey results.

**ACTION:** Secretariat will forward HBSC supporting materials from Matt King to School Health Coordinators for dissemination.

**ACTION:** School Health Coordinators are encouraged to work with John and Matt to support survey promotion at the school district and PT levels.

**ACTION:** Fact sheets will be developed to help support HBSC work in the jurisdictions by John Freeman, with the assistance of the Secretariat.

**ACTION:** The Research Advisory Committee will become an ongoing workgroup of JCSH.

**ACTION:** The Secretariat will send out a list of RAC members and include a call for volunteers.

**ACTION:** The Secretariat will set up a meeting of the RAC to plan for the best way to move forward.

## 9. Workshop II: Healthy School Planner Roll-out

Sterling presented some of the work being done in Prince Edward Island to support the promotion of the Healthy School Planner in that province.

In order to increase use of the Planner, it has been connected to schools' application for the annual School Health Grant. As a result, there are more schools completing at least the Foundational Module in order to receive the grant; however, it has not been easy to measure the quality of the assessments. The English School Board in the province has been working to improve the acceptance and value of a process-led approach over programs implementation in supporting Social and Emotional Learning and Whole School approaches. Sterling was able to point to the Planner as an example of the process of integrating student and school health.

***Discussion:***

- The Planner has been helpful in making a connection with the Positive Mental Health Toolkit and, then, reinforcing the Comprehensive School Health framework as a means of integrating this approach in a school / school district.
- The Department of Education and early Childhood Development has suggested to guidance counsellors that they are well placed to begin the conversation on using the Planner in team development.
- The Department of Education and Early Child Development in NS is encouraged to link comprehensive school health / health promoting schools work with continuous school improvement. The strategic framework is supporting the use of the Planner. In addition, CLASS I and CLASS II research projects (Dalhousie University) have a CIHR Operating Grant proposal to look at the Planner at the school and school board levels, with a developmental / dynamic evaluation in Year 2.
- It was asked how schools can be assisted in making the best choices for actions after completion of the Planner.

- It was suggested that the level of assistance and support required by schools and school boards will depend on the jurisdictional and, in some cases, the regional contexts.
- The draft infographics / posters shown for feedback were not supported by the participants. The group preferred the idea of a video, such as the one recently developed by [OPHEA](#) or one from the [ON School Food and Beverage Policy](#) modules.
- If the posters / infographics are to be useful to School Health Coordinators and stakeholders, they need to be less 'elementary school' in look and be acceptable to and informative for a variety of audiences

**ACTION:** The Secretariat will work with the infographics designers on a new approach for HSP graphics and promotional materials.

### 10. Workshop III: Youth Engagement

The draft Youth Engagement Toolkit was reviewed. The response to the e-book was positive and it was acknowledged that a substantial amount of work has gone into this project. The look and feel of the eBook were rated positively, as were the videos and the breadth of information provided. It was also felt, however, that the eBook was text-heavy and quite long for widespread dissemination. The work of the Advisory Committee for this project was also acknowledged. Members are: Lauren Wallace, Charlotte Borg, Marlien McKay, Moe Green, Anne Aram as well as Trisha Smith and Katherine Kelly (chair).

**ACTION:** The Secretariat will discuss with the Students Commission the possibility of making the eBook into sections that can be shared individually with various audiences.

**ACTION:** The Secretariat will share the Toolkit link ([http://www.studentscommission.ca/jcsh\\_toolkit/](http://www.studentscommission.ca/jcsh_toolkit/)) with School Health Coordinators when the next changes have been made.

**ACTION:** School Health Coordinators are welcome to make suggestions but this work is nearing completion and only essential changes can be made at this time.

## 11. Workshop IV: Anti-Bullying

Kyla led discussion on the issue of anti-bullying and the role of JCSH collectively on this issue. In SK, work is underway on anti-bullying legislation. This year's Speech from the Throne noted anti-bullying measures as part of the province's strategic action plan. Kyla's unit has been developing some pieces for the Legislative Secretary using a comprehensive school health approach. For example, the province is looking at changing the configuration of bathrooms to support safety for students and reduce the spaces where bullying incidents tend to occur. The whole school approach is the one being used in the province.

### **Discussion:**

- It is positive that governments are making policies, supporting program development and delivery, and encouraging schools to incorporate anti-bullying measures in teaching and learning, environment in the school, and partnerships. However, there is less evidence on the cohesion of these efforts.
- There has been some push-back from teachers who feel there is too much onus on them on bullying prevention, awareness, reporting.
- One of the problems is that there remains still no clear definition of bullying. There is a difference in the definition from PREVNet, from HBSC, from government departments.
- It was suggested that one possibility might be the creation of a comprehensive school health document and using this as a way to have conversations about bullying / cyberbullying as an outcomes-based inquiry approach. This was the inquiry approach used in development of SK's [Renewed Curricula: Understanding Outcomes \(2010\)](#). This might become a critical piece to bring forward as a Next Step from the Core Indicators and Measures work on Student Achievement and Comprehensive School Health and also a part of the submission for a third JCSH mandate.
- In MB proclaimed anti-bullying legislation on October 10, the anniversary of Amanda Todd's suicide and also World Mental Health Day. *Tell Them From Me* is being used in two-thirds of MB schools; it was suggested that there is interest in finding more about the evidence coming out of this program.

- In NB, the [Positive Learning and Working Environment Plan](#) discusses positive behaviour and environment in schools. Developed by the Department of Education and Early Childhood Development, the plan supports the work of two bullying awareness and prevention coordinators taking a more collective, whole school approach. The coordinators are bringing in the Positive Mental Health Toolkit and the Healthy School Planner to assist in moving this work forward.
- In NS, a coordinator has been hired to develop an anti-bullying strategy. As well, the new provincial government has promised to develop a violence prevention strategy.
- In NL, the Department of Education has recently reviewed the [Safe and Caring Schools Policy](#).
- In NU, the School Health Coordinators are collaborating to draft a Comprehensive School Health Strategy for the territory.
- In ON, [Safe and Accepting Schools](#) is a separate unit from the [Healthy Schools](#) section within the Department of Education.
- In AB, the [Safe and Caring Schools Initiative](#) is an arms-length organization supported by the Alberta Education and cross-ministry partners.
- The federal government is making changes to the Criminal Code of Canada on cyber-bullying.
- SK is looking at what other PTs are developing regarding GSA (Gay-Straight Alliances) legislation.
- In YK, most initiatives are housed in the Department of Education. However, the Health ministry has a ['Better to Know'](#) website that takes a healthy relationships perspective.

- In NT, the sexual health website is [‘Respect Yourself’](#).

**ACTION:** School Health Coordinators are encouraged to continue uploading anti-bullying documents created in their jurisdictions onto the private side of the JCSH website.

**ACTION:** The Secretariat will explore development of a CSH Framework document to encourage an outcomes-based inquiry approach to conversations on bullying.

## 12. Workshop V: JCSH Website / JCSH Communications

### a) Public Side of the Website

Susan provided an overview of the test site developed for the public side of the website. The new format and images were generally positively received. In addition, there were strong remarks on a number of the areas where feedback had been requested in order to have the public side changes completed in a timely manner.

#### *Discussion:*

- The JCSH logo must be in full colour at the top left corner of the website. This is our brand and it needs to remain as it has been developed.
- The top units of the website need to contain the Consortium’s prime tools and resources: the CSH framework, the Positive Mental Health Toolkit, the Healthy School Planner, the Youth Engagement Toolkit. There are to be no other documents or resources placed higher on the page that where these are found – they need to be at the top for the most easy access.
- There is no need for the JCSH website to have a section entitled ‘Latest News’. This is not the website that shares updates or conference notices or new changes to policies or guidelines. Those updates occur in the individual provinces and territories but are not part of the collective work of JCSH. This section must be removed.



- The coloured boxes need to show the front cover of the resource inside – this is important for branding and for resource recognition. For example, the box that houses the link for the PMH Toolkit needs to display the front cover of the toolkit.
- The pictures need to link to a resource. They cannot be in place and not lead anywhere.
- The tagline ‘Governments working across the Health and Education Sectors’ needs to be much smaller: if anything, Health and Education should be larger than ‘Governments working across’. It is important that the website be schools-friendly.
- The dropdown showing resources that fall under the ‘Areas of Focus’ was positively reviewed.
- The triangle indicator to PT resources and websites and links needs to be moved to the right-hand side of the website and be shown as a larger rectangle, perhaps with the Canadian map there.
- Prince Edward Island needs to be represented on the map of Canada.
- It would be preferable if the PT links from the map would then open to a picture of the province or territory, with further connections to the provincial, territorial description and lists of resources, weblinks, and features.
- Social media should stay on the website because these communications forms will become increasingly important for connections with JCSH member departments, and to enhance learnings of practices and research within Canada and internationally.
- A description of how content will be arranged on the website would be helpful.
- The Member login should change to wording that will make clear that this access is restricted. It was suggestion the name be changed to ‘Government login.’

**b) Private Side of the Website:**

Susan reviewed changes and additions to the Private Side of the website. These were generally positively reviewed. Among suggestions:

***Discussion:***

- Change the heading 'Documents' to 'Secretarial Supports' so that SHCs can see clearly where to go to find Common Briefing Notes, Slide Decks, and Environmental Scans.
- The one line description of what a folder contains is very helpful.
- It would be useful to have a document compiling all of the responses to a question posted on the Discussion side. This would add another layer of easy access for School Health Coordinators.

**c) Environmental Scans:**

Following discussion on the merit of Secretariat creating Environmental Scans and the need for annual updates, the following points were made:

***Discussion:***

- While not every School Health Coordinator finds the Scans useful, many do use them to see what jurisdictional responses are in place in response to a major issue, and they need to be developed, providing they address nationally-significant issues that fall under the JCSH areas of focus / substantive areas.
- They also need to be updated regularly, usually annually. However, since they will be posted on the Private Side of the website only and are for the specific use of School Health Coordinators to use and disseminate as they see fit, it is not a requirement to participate in updates. The updates requests will be sent out by the Secretariat; the School Health Coordinators can then decide whether to complete the update or maintain the current information.

**d) Other:**

- It was suggested that the previous practice of weekly emails to School Health Coordinators be returned. The weekly News and Resource Bundles do not provide an

appropriate place for updates specifically for School Health Coordinators as these are often distributed within a jurisdiction. Hopefully, this will result in fewer emails from the Secretariat to School Health Coordinators. It was noted that exceptions would be for emails that require urgent responses (usually sent from Katherine) and for Advisory Committees' issues.

- It was suggested that using a platform such as Webex or GoToMeeting would be preferable to teleconferences.

**ACTION:** See Discussion Points for Public Side: Secretariat will advise webmaster of changes required to test site.

**ACTION:** See Discussion Points for Private Side: Secretariat will make changes to Documents' names, add Discussion Compilations, provide descriptors of folder contents.

**ACTION:** Secretariat will explore using a webconferencing platform instead of teleconference format for meetings.

**ACTION:** Secretariat will send out a weekly email to School Health Coordinators.

### **13. PHE Canada / JCSH: opportunities for enhancing partnership, sharing resources**

**(Guest: Sarah Jackson)**

Katherine introduced guest Sarah Jackson, Program Manager with PHE (Physical and Health Education) Canada. Sarah gave a presentation on the work of PHE Canada, the new directions it is taking on health promoting schools / comprehensive school health, and the possible collaborations that the organization would like to explore with JCSH. She said PHE hopes for more frequent, and well-informed collaboration between the two groups. She asked for suggestions on ways, from an assets-based community development standpoint, that PHE, with its different mandate, membership, and funding sources, can support the work of JCSH.

Presentation Points:

- PHE and JCSH have similar challenges: How to spread the benefits and raise the profile of the CSH approach? How to support implementation of CSH in more schools in Canada?

- PHE’s strategy to meet the above challenge is through the Assets-Based Community Development (ABCD) work and has emerged from the organization’s recent developmental evaluation. The strategy involves creating local networks which will support linkages through facilitating groups to meet: in other words, ‘Communities of Practice.’
- The purpose of these Communities of Practice is to nurture grassroots engagement and schools’ engagement; this means that it will be essential to give teachers time and support (i.e. coverage of class time) for this work.
- PHE is required through its Lawson Foundation grant to provide a recognition program for schools that are seen as being health promoting schools. However, they do not want to provide a top-down recognition format for ‘doing things the way we want’, but rather to recognize champions already doing good work and to support the development of new champions.
- As a pilot, PHE is working with schools in the Ottawa-Renfrew area. When the pilot is complete, Sarah will share the results with Jennifer for dissemination to the other School Health Coordinators.
- PHE can reach schools in ways that JCSH does not: this is the complementarity so that PHE can build on what PT governments, through JCSH, are moving forward in comprehensive school health.
- Moving Forward: PHE would like to host a national conference on comprehensive school health and partner with JCSH.

***Discussion:***

- There is concern within JCSH member governments that if PHE approaches schools / school boards around the grants program this may cause confusion. Both groups want to prevent overlapping and duplication.
- It is hoped that use of the Healthy School Planner as part of the PHE funding program will support the practical application of the Planner and help in coordinating the implementation of it in schools.
- It was suggested that future funding proposals from PHE can connect to current departmental school funding grants programs.

- PHE will share with JCSH its Developmental Evaluation Report, due to be completed in December 2014.
- Anyone can be a member of PHE and the ‘supporter’ designation carries no membership fee.
- It was suggested that PHE consider developing a pilot, perhaps as a Community of Practice, in the North where teachers are relatively transient, specialists feel quite isolated, and PHE has no active presence. The three territories might be interested in partnering on such a pilot. It was also noted that schools and communities have very close connections in the North. It was also suggested that PHE might consider a joint proposal with JCSH for CSH work in the North: a possible meeting might take place in Ottawa with some travel funds provided by PHE.
- Katherine advised that she has been contacted by the Lawson Foundation and there is interest in meeting with JCSH to discuss work around comprehensive school health.

**ACTION:** Secretariat will share learnings from the PHE pilot on CSH training for educators, including the webinar, with School Health Coordinators when received from Sarah.

**ACTION:** Secretariat will explore with PHE the possibility of a joint proposal for CSH work in the North.

**ACTION:** Secretariat will explore the development of a CSH implementation toolkit.

**ACTION:** Secretariat will explore potential opportunities for the development of a joint funding proposal with PHE Canada towards a CSH Toolkit and / or Northern networks using, possibly, a Participatory Action Research (PAR) approach.

#### 14. Emerging Trends and Jurisdictional Updates

This item was deferred to the next teleconference in order to provide enough time for discussion with Sarah Jackson on PHE-JCSH issues of mutual importance.

#### 15. Teleconferences 2013-2014

It was decided that the November 14 teleconference will be held and that the Secretariat will contact Matt King/ John Freeman of SPEG (Social Program Evaluation Group) at Queen’s University to see if they can join to discuss the HBSC survey cycle.

#### **16. Wrap-up and Concluding Remarks**

Sterling thanked everyone for their dedication and engaged participation throughout the two days of meetings and wished all a safe journey home.

**Record of Discussion  
School Health Coordinators' Committee Meeting  
November 14 2013**

**Chair: Sterling Carruthers (PE)**

**Participants:**

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

## Record of Discussion

### 32. Welcome and Roll Call

The PE chair welcomed everyone to the meeting. A special welcome back was extended to Jo-ellen Craig, Manager of Programs and Partnerships, just returned following her maternity leave.

### 33. Review and Approval of Agenda

The agenda was reviewed and approved as amended: (1) The item on Health Promoting Schools under Emerging Trends was deferred until a later SHCC meeting; (2) Understanding Gender and Sexual Diversity was added to Emerging Trends.

### 34. Approval of Record of Discussion from October 22-23 2013 face-to-face meeting in Winnipeg, MB

The October 22-23 2013 Record of Discussion was approved without changes.

### 35. Update from Secretariat

On behalf of Katherine, Susan provided the following updates:

#### *a. Networks Leadership Symposium*

Katherine is in Victoria BC attending this symposium, which features sessions on the science and practice of inter-organizational networks. In addition, she will be meeting with Scott Beddall and Meghan Day to discuss CSH directions in BC.

#### *b. Injury Among Young Canadians: A National Study of Contextual Determinants*

Will Pickett, co-Principal Investigator of HBSC Canada and member of the CIHR Team in Child and Youth Injury Prevention, has sent an email to JCSH via Katherine to thank the Consortium for its involvement in and support of HBSC. The email also advised of the ways that uses are being made of HBSC data, including the publication last month of the [above-noted report](#).

#### *c. Web-based meeting platforms*

The Secretariat staff has had some training on the use of Collaborate, a webconferencing application, with the intention of exploring its use as a medium for the monthly SHCC meetings and webinars. If it is selected to be the platform for SHCC meetings, it can also be used in conjunction with the teleconference. It was noted that some jurisdictions may not permit Java



or other requirements for using Collaborate. However, Collaborate is designed to be usable in most areas of the country, even those remote locations with low bandwidth. The Secretariat will begin exploring hosting a meeting in the next month.

**Action:** SHCs who are not permitted to use Collaborate in a jurisdiction are encouraged to inform the Secretariat.

**Action:** Secretariat will share information on Collaborate with School Health Coordinators.

*d. Healthy School Planner*

The Positive Mental Health modules will be completed and sent to the Secretariat before the end of the month. A possible date for the first introductory Planner webinar is November 28.

**Discussion:**

- The consensus of meeting participants is that November 28 is too soon for a first webinar on the Planner and that a date in December or January is preferred and would not delay any other promotions or use of the Planner.

*e. Shaping the Future Conference 2014*

An oral presentation abstract on the Youth Engagement Toolkit has been prepared and submitted for consideration. The annual Shaping the Future conference will be held at Kananaskis, AB January 23-25 2014.

*f. Public side of JCSH website*

My Linh and Susan have sent the changes requested from SHCs during the October face-to-face meeting to the webmaster for completion of the website revisions.

**36. Health Behaviour in School-aged Children study**

Guest: John Freeman (co-PI HBSC study)

The international standard questionnaire produced for every survey cycle enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. John reviewed the successes and challenges in all the provinces and territories of recruiting schools / districts for participation in the current survey cycle. He noted that while some larger centres are seeing

fewer schools / districts participating this round, there are increases in other areas, including jurisdiction-wide increases.

***Discussion:***

- *Tell Them From Me* is being used in a number of provinces/territories/districts and may have an impact on recruitment for this HBSC round.
- The HBSC team recognizes that it needs to have conversations within PTs to discuss the contexts and issues that are particular to a jurisdiction.
- Schools are presenting a legitimate concern that they are over-burdened with surveys and they need to see the benefits for them in their school and their workloads. This is not being addressed by the health-related survey research teams.
- There are discussions occurring in provinces and territories as well as at other tables about improving congruency of surveys and even crafting common surveys.
- There would be a significant consequence if a major change to the HBSC Canada survey meant that it would not be part of the international data comparisons. If it becomes necessary to move to a Canada-only survey, it would be the only one of the 43 participating countries without international results.
- Next Steps: How can the Consortium support the survey research teams moving forward to provide the best data collection formats and results to meet the needs of the schools/districts, provinces and territories, and international collaborations?
- JCSH is an ideal table to bring issues and concerns regarding student surveys to provincial, territorial, and federal levels.
- For two of the largest national surveys – HBSC and the Youth Smoking Survey (to be renamed the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) for the 2014-15 cycle) – it might be possible as options either to combine them or to make congruent questions and timing of data collection. Thus, data results could trend every two years at a much lower cost than the current collection process.
- Given that the federal government funds both of these large surveys and given the current fiscal restraints in government funding, there may be an opportunity for discussion of these suggestions at the federal level.

**Action:** John will share with SHCs analysis of the benefits of completing HBSC and its complementarity with other school health surveys.

**Action:** SHCs will connect with John’s team on recruitment issues and with Secretariat for promotion materials such as Briefing Notes.

**Action:** Louise will share the discussion regarding efforts to achieve more congruency among large national surveys with her colleagues at the appropriate levels.

### 5a. Alignment of Education and Health testing and survey results

Out of the item above (HBSC and other school-based health surveys) emerged a discussion about the opportunities and challenges in aligning academic and health data at the national and international levels (from analysis of patterns in health assessments with academic test scores). The suggestion was made that it would be worth exploring an alignment of standardized tests such as PISA (Programme for International Student Assessment) with HBSC to see what results might indicate. This, in many ways, was the work of the just-completed CIM (Core Indicators and Measures) on Student Achievement and Comprehensive School Health. This may also be a part of JCSH’s proposal for a third mandate.

The question was posed on how this might be initiated, given that the people working with academic assessments are not the people working with health survey data. Challenges also exist around data-sharing agreements.

This new area of consideration strengthens the Consortium’s declarations on how important it is for the Education and Health sectors to work together; when it comes to surveillance methods, the two sectors usually remain independent.

A major strategic step forward will occur if we are able to support coherence, not only within health surveys but between health and education assessments, at all levels – school, provincial/territorial, national, international. As a collaboration of ministries in these two sectors, the JCSH may be able to initiate discussion on this issue.

**Action:** Secretariat will locate and distribute documentation from data surveillance meetings facilitated by JCSH during the first mandate.

### 37. Emerging Trends and Opportunities

The topics listed on the agenda -- Life Threatening Conditions (P/T Approaches), Medical Marijuana, and the Health Promoting Schools Healthier Weights Project / Innovation Strategy -- will be deferred to the December SHCC meeting, to accommodate preparatory meetings before discussion of these topics.

a. Gender and Sexual Diversity:

Kyla explained that she is preparing a report on gender and sexual diversity in her province and will continue to roll up the responses she has had from School Health Coordinators about GSD initiatives in all the jurisdictions that fall under the CSH pillars, with the exception of policy. She has had some responses to her discussion question and has prepared a table of responses. When all responses have been provided, the Secretariat will format this table for discussion and dissemination.

b. Substance Use:

Sterling asked School Health Coordinators to keep the Secretariat apprised of ways they could help with information, summaries, CBN, and other communications, as well as potential formats for discussion, when the topic is complex, outside our face-to-face meetings.

### **38. Review of Actions Items**

The Action Items table was reviewed.

Sterling provided an update regarding the next co-chair and hopes to have more information by the December meeting.

### **39. Next Meetings**

- December 12 2013 Meeting
- January 09 2014 Meeting
- February 13 2014 Meeting
- March 13 2014 Meeting

### **40. Adjournment**

**Record of Discussion  
School Health Coordinators' Committee Meeting  
December 12 2013**

**Chair: Sterling Carruthers (PE)**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Lauren Wallace	BC
Gail Diachuk	AB
Kyla Christiansen	SK
Kaley Pacek	MB
Jennifer Munro Galloway	ON
Marlien McKay	NB
Sharon Young	NS
Sterling Carruthers	PE
Carol Ann Cotter	NL
Paige Marshall	NU
Anne Aram	YK
<b>Secretariat</b>	
Katherine Kelly	ED
Susan Hornby	Secretariat
Jo-Ellen Craig	Secretariat
My Linh Tran-Thomas	Secretariat
<b>Regrets</b>	
Elaine Stewart	NT
Louise Aubrey	PHAC

## Record of Discussion

### 41. Welcome and Roll Call

The PE chair welcomed everyone to the meeting.

### 42. Review and Approval of Agenda

The agenda was reviewed and approved as amended: (1) The item on Health Promoting Schools under Emerging Trends was deferred to the January 2014 meeting; (2) 'Active at School' was added under Emerging Trends.

### 43. Approval of Record of Discussion from November 14 2013 meeting

The November 14 2013 Record of Discussion was approved without changes.

### 44. Update from Secretariat

In follow-up to the written Secretariat Update, there was discussion on the standards introduced in the 2010 publication: *Building on our strengths: Canadian standards for school-based youth substance abuse prevention*.

#### *Discussion:*

- Although some in the Education sector were consulted when the above document was in development, the recall of those SHCs involved at that time was that a number of suggested edits were not included in the final product.
- It was suggested that Michael Stephens from the Canadian Centre on Substance Abuse (CCSA) be invited to be a guest on a future SHCC meeting to discuss how JCSH may contribute to future revisions of the standards.
- It was suggested that the substance abuse prevention standards might inform a possible new module of the Healthy School Planner.

**Action:** Secretariat will review Records of Discussion from the first mandate and share with School Health Coordinators any that contain discussion of substance abuse prevention guidelines.

**Action:** Katherine will explore with CCSA areas where JCSH may contribute to the process of standards development / revision in the area of school-based youth substance abuse prevention.

**Action:** Katherine will invite CCSA to a future meeting of SHCC.

#### **45. Healthy School Planner Webinar**

Guests: Steve Manske, Dana Zummach, Propel Centre for Population Health Impact, University of Waterloo

Katherine introduced the guests and provided an overview of the revisions made to the Healthy School Planner and the need for dissemination tools and promotion.

Steve and Dana have agreed to present the first webinar on the Planner, scheduled to be given early in the new year. A French version will be given by Jo-Ellen at a date in proximity to the English webinar.

Steve and Dana shared their draft presentation with School Health Coordinators. It is planned that 15-20 minutes will be provided for the presentation, with 10-15 minutes for questions.

***Discussion:***

- The webinar will be recorded and posted on the public side of the JCSH website, available to anyone who will miss the webinar.
- This is the first webinar, and it is possible to have more than one; this one should serve to present the revised Planner, answer questions, provide guidance on how to use the Planner, and outline the benefits for schools and school boards/districts/regions.
- It is important that the webinar show clearly what schools and districts will get out of using the Planner.
- It is important that the webinar clearly show the need and rationale for beginning with the Foundational Module.
- A brief promotional video is also under development, and will focus on why schools should use the Planner. The webinar, being more lengthy, will touch on both why schools should use the Planner, as well as how to use it.

- Individually, PTs are interested in having the webinar slides available; inter-jurisdictional presentations will allow School Health Coordinators to advance coordination and promotion of the Planner. For example, Sterling outlined that he and one of the University of PEI SHAPES team members could deliver this presentation to provincial audiences in support of the work occurring there.

**Action:** Katherine will set up a meeting for all School Health Coordinators, the Secretariat, and Steve and Dana for review of the webinar slides.

**Action:** The Secretariat will share the video outline with Advisory Committee members to support their review of the webinar presentation.

#### 46. PREVNet – NCE application

Katherine outlined the mandate of PREVNet (Promoting Relationships and Eliminating Violence Network) and explained that they are one of 10 applicants invited to submit full applications to the [2015 National Centres of Excellence \(NCE\) program competition](#). There is a 50% success rate for the applicants that have reached this phase of the competition.

In addition to the piece in the written Secretariat Update, there were two other points that were deemed significant.

(1) A Letter of Support will be required from each of the organizations wishing to remain as partners should the NCE application be successful, to more directly state the partner's willingness to participate in PREVNet's work should the NCE application be successful. The Letter of Support must include the amount of cash contribution or the nature of in-kind contribution the organization is willing to commit. PREVNet has previously been awarded NCE funding for partnership development and knowledge mobilization.

(2) The Letter of Support provides the sending organizations a voice in how the research will be focused, within PREVNet's four main areas. The sender is to include, with the Letter of Support, Primary and Secondary Research Themes with which we would most like to be involved: (a) Genetics and Neurophysiology, (b) Developmental Pathways, (c) Prevention and Intervention, and (d) Evaluating and Enhancing Knowledge Exchange and Implementation.

#### 47. Emerging Trends and Opportunities

a. Life-Threatening Conditions:



Kyla and her colleague, Louise Burrige, outlined the work SK has been doing on supporting management of life-threatening conditions in schools: focus has been on anaphylaxis and, more recently, medical marijuana.

Kyla noted that when referrals are received regarding a condition, anaphylaxis for example, the conversations often move to policy development. She and Louise have discussed how to bring the other three CSH pillars into the work and what approaches other provinces and territories are taking.

Louise noted that SK's geography and diversity contexts provide the environment for a needs-based model and an individualized approach, particularly with anaphylaxis referrals. Medical marijuana came to their attention in the past year and the province has not yet developed a response to the management of this issue for the school setting.

***Discussion:***

- AB's work with anaphylaxis is one example of management through a pillar other than healthy school policy; the province's work is predominantly through the Teaching and Learning pillar of the CSH model.
- In BC, the attention to life-threatening issues is focused on anaphylaxis management and diabetes. With the former, there is a provincial framework for school districts in developing policies. With the latter, parents have been advocating for more support in schools for teachers and in particular, educational assistants, to administer insulin pumps and glucagon for very low blood sugar. An external working group in BC is developing a jurisdictional report on diabetes care in schools.
- It is not clear whether BC will expand the management of life-threatening conditions to incorporate pillars of comprehensive school health other than healthy school policy.
- NB has a policy on health support services – an umbrella policy for such issues but it is not positioned within a comprehensive school health approach. However, other health related policies such as healthy eating or tobacco free schools are positioned within comprehensive school health.
- The JCSH Secretariat is working on a piece exploring how policies/standards relating to the six substantive areas, including issues such as long-term conditions, might be positioned and implemented across the four CSH pillars.

**Action:** Lauren will share the BC diabetes care in schools report.

**Action:** JCSH will take one of the life-threatening conditions and develop a pillared reflection.

**Action:** Secretariat will continue exploring the development of a substantive issues-based perspective across the CSH pillars along with the current work on a policy guide.

**Action:** Secretariat will frame environmental scans using the CSH pillars and, when applicable, include suggestions for broadening or expanding initiatives across the pillars.

b. 'Active at School':

Carol Ann provided an overview of the recently announced 'Active at School' program, through a partnership of Canadian Tire, PHE (Physical and Health Education) Canada, and others, including the National Hockey League. The program aims to work with provincial and territorial governments to support and resource schools so that all students are able to integrate one hour a day of exercise before, during, or after school.

Some School Health Coordinators have already connected with their jurisdiction's PHE Canada representative on this initiative.

***Discussion:***

- In NB, the [Premier's Initiative](#) is inspired by the 'Active at School' program and has a considerable amount of funding (\$1 million over three years) for purchase of school sports equipment to the same end – increasing physical activity and physical education in NB students.
- In the past, schools in NL experienced some issues around using and maintaining physical activity equipment.
- JCSH has not been approached by the 'Active at School' group.
- In MB, the group has met with a number of government ministries.
- In AB, concerns have been expressed by the health sector that the focus is limited to physical education only.

- Specific plans regarding how Active At School will roll out in each province and territory will be developed in the coming year.

**Action:** School Health Coordinators are encouraged to connect with their counterparts in the sport and recreation ministries for more information on the details and potential for this initiative and, if they haven't already done so, to connect with their local PHE Canada representative.

**Action:** Carol Ann will provide SHCs and Secretariat with information on lessons learned in obtaining physical activity equipment for schools.

#### **48. Webconferencing format for SHCC meetings**

Susan advised that the Secretariat and the SHC Chair have had some training on using Collaborate as the platform for webconferencing. We will introduce this format gradually, beginning with the January meeting; the last half hour or so will be conducted using Collaborate with the teleconference line remaining open for anyone who requires that format. The teleconference line will be continued into the future to accommodate any meeting participants who are not able to access the meeting through Collaborate.

#### **49. Review of Actions Items**

The Chair noted that one of the action items – new Advisory Committees – will be further discussed in January with requests for volunteers for the following committees: Annual Report and Research Advisory Committee (ongoing committee).

#### **50. Next Meetings**

- January 09 2014 Meeting
- February 13 2014 Meeting
- March 13 2014 Meeting
- April 01-02 2014 Face-to-Face Meeting (tentative dates)

#### **51. Adjournment**