



# PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH

ANNUAL REPORT 2021



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## EXECUTIVE SUMMARY

Established in 2005, the Pan-Canadian Joint Consortium for School Health (JCSH) is a formal partnership of federal, provincial, and territorial governments working together to promote the health, well-being, and achievement of children and youth in the school setting. Recognizing that every province and territory has initiatives in place to foster healthy school environments, JCSH brings together key representatives of government departments responsible for health and education for the following purposes:

- Strengthen cooperation among ministries, agencies, departments and others in support of healthy schools
- Build the capacity of the health and education sectors to work together more effectively and efficiently
- Promote understanding of, and support for, the concept and benefits of comprehensive school health initiatives

In 2020, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness committed to the current five-year JCSH mandate (2020-2025).

## JCSH PRIORITIES 2020-2025

JCSH commenced the current mandate (all JCSH mandates are five-year terms) with three overarching priorities:

- Mental Well-Being, including social-emotional learning, resiliency, anxiety, protective factors and disruptive behaviours
- Problematic Substance Use, with a strong initial focus on vaping
- School Food Environment, including the alignment of healthy eating school food policies and priorities through the comprehensive school health approach

The COVID-19 pandemic resulted in massive lockdowns and school closures beginning in March 2020, with repercussions continuing through 2021 in all communities.

In Canada, JCSH added a fourth priority: COVID-19 Support.

In the months since, JCSH has constantly monitored its responses and activities to best support its member provinces and territories and the Health/Wellness and Education ministries. Mental well-being, problematic substance use, and school food environment have grown in significance; at the same time, attention has been given to ways of addressing physical activity needs/sedentary behaviours, digital media, and student relationships with peers, educators, and families.



## JCSH ACCOMPLISHMENTS 2020-2021

- In addition to representatives from Education and Health Ministries in 12 of 13 provinces and territories and from the federal government through Public Health Agency of Canada, the Council of Ministers of Education, Canada (CMEC) began observer status with JCSH.
- JCSH began new initiatives in response to the problematic substance use priority. The first phase is underway: the Substance Use Prevention/Harm Reduction Task Group has laid the framework for development of a set of multi-media assets on Substance Use Prevention And Harm Reduction In Canadian Youth Grades 6-12: A Positive Youth Development Approach.
- Recognizing the significant contribution to JCSH priorities through the longstanding, evidence-based core resource, the Healthy School Planner Task Group has developed the criteria for Phase One of its redesign and issued the first Requests for Proposals. This will be a substantial communication for all of JCSH work: Standards and Indicators / Wise Practices for Comprehensive School Health / Health Promoting Schools in Canada.
- To support the 2021-2022 survey round of the Canadian Health Behaviour in School-aged Children study, JCSH brought together a Research Advisory Committee comprising members of both the Management Committee and the School Health Coordinators' Committee in every one of the 12 member provinces and territories with leadership from the Public Health Agency of Canada.
- JCSH participated on an expert panel developed by the Sedentary Behaviour Research Network (SBRN) led by Dr. Mark Tremblay of the Children's Hospital of Eastern Ontario (CHEO) and an international team of health researchers. The results of this work has led to the development of a School-Related Sedentary Behaviour Systematic Review and, from this, School-Related Sedentary Behaviour Recommendations in students (K-12) during school and school-related activities (such as homework).
- Environmental scans in 2020-2021 developed by JCSH included initial and/or updates on the following issues:
  - Bullying Prevention and Cyber-Safety
  - Cannabis
  - Student Injury Prevention
  - School-based Mental Health Plans
  - Return-to-School for Students with Prevalent Medical Conditions
  - Sexual Violence / Misconduct in Schools
  - School-based Responses to Vaping



- A webinar series has been added to the School Health Coordinators' Committee regular meetings; every second of the monthly meetings is devoted to having two one-hour presentations on a variety of topics. Those held in 2020-2021 are as follows:
  - Pan-Canadian Supports for K-12 Workplace Wellbeing
  - Planet Youth and the Icelandic Model
  - Nurturing SEL for policy makers, principals and teachers (preparing for system change)
  - An Update on the Health Behaviour in School-aged Children survey
  - Canada's Food Guide: Update on Initiatives from Health Canada
  - Human Trafficking: Risks to Canadian Youth (from Public Safety Canada)
- Began a series of Comprehensive School Health summaries and infographics:
  - Return to School: for Students, Teachers, Staff, Families, Communities

## NEXT STEPS

The JCSH 2021-2022 annual work plan will continue to focus on priorities: Mental Well-Being, Preventing Substance Abuse, School Food Environment, COVID-19 Support.

JCSH will approach this work with an Equity Perspectives lens: ethno-racial, Indigenous, linguistic and cultural diversity of student populations (including newcomers), youth identifying cognitive and physical exceptionalities, LGBTQ+ youth, respecting diversity.

Assets and protective factors of students and school communities are essential elements of JCSH initiatives: Culture, family, community, social connections.

Comprehensive School Health is the foundational framework through which initiatives are developed.



# UPSTREAM APPROACHES AND COMPREHENSIVE SCHOOL HEALTH: THE CASE FOR CROSS-SECTOR COLLABORATION

The achievement of equitable learning and well-being outcomes for all children and youth in Canada is a complex issue requiring system change.

A commitment to work collaboratively means, by definition, that the contributors are not competing. Each jurisdiction's needs and strengths are unique; combining forces allows each to reach the goals that are shared.

The outcome sought by this cross-sector collaboration of health and education ministries known as JCSH is optimal student well-being, health, and learning in thriving school communities.

The work toward system change is a primary commitment of JCSH. Health and education systems have confronted the need to move from individual responsibilities to more upstream approaches, never more definitively than since the COVID-19 pandemic outbreak at the beginning of 2020.

Moving away from a focus on individual behavior change to population health has been evidenced by consistent and growing cultural perspectives, and by social and structural impacts and determinants of health<sup>1</sup>.





## ABOUT COMPREHENSIVE SCHOOL HEALTH

Comprehensive school health (CSH) is an internationally recognized framework to improve student achievement and wellbeing.

In all provinces and territories in Canada, the links between healthy students and optimal learning outcomes are recognized and supported. The use of a planned, integrated, and holistic approach is collectively called comprehensive school health but may be known as healthy schools, health promoting schools, or healthy school communities in individual jurisdictions.

Comprehensive school health involves the whole school community and comprises four distinct but inter-related components: the Comprehensive School Health Framework.

### SOCIAL AND PHYSICAL ENVIRONMENT

The social environment is

- The quality of the relationships among and between staff and students in the school
- The emotional well-being of students
- Influenced by relationships with families and the wider community
- Supportive of the school community in making healthy choices by building competence, autonomy, and connectedness.

The physical environment is

- The buildings, grounds, play space, and equipment in and surrounding the school
- Basic amenities such as sanitation, air cleanliness, and healthy foods
- Spaces designed to promote student safety and connectedness and minimize injury
- Safe, accessible, and supportive of

healthy choices for all members of the school community.

### TEACHING AND LEARNING

- Formal and informal provincial / territorial curriculum, resources, and associated activities
- Knowledge, understanding, and skills for students to improve their health and well-being and enhance their learning outcomes
- Professional development opportunities for staff related to health and well-being.

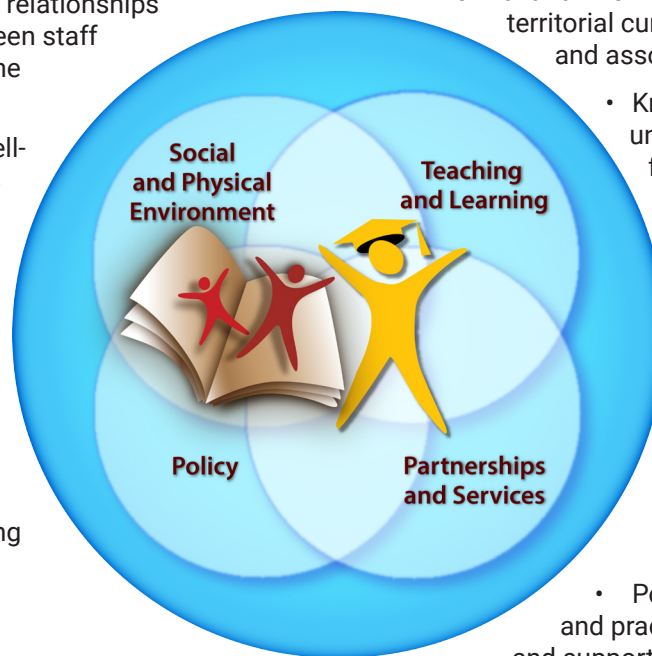
### POLICY

- Policies, guidelines, and practices that promote and support student well-being and achievement and shape a respectful, welcoming, and caring school environment for all members of the school community.

### PARTNERSHIPS AND SERVICES

Partnerships are

- The connections between the school and students' families
- Supportive working relationships among schools, and among schools and other







community organizations and representative groups

- Health, education, and other sectors working together to advance school health.

Services are

- Community and school-based services that support and promote student and staff health and well-being.

## A COMPREHENSIVE SCHOOL HEALTH FRAMEWORK FOR HEALTH PROMOTING SCHOOLS



Healthy students are better learners;  
educated individuals are healthier<sup>234</sup>

“School health efforts that are high quality, strategically planned, and effectively coordinated are one of the best investments for influencing the health, as well as the minds, of the nation’s youth”<sup>5</sup>. This is the basis for JCSH to champion the Comprehensive School Health Framework.

## COMPREHENSIVE SCHOOL HEALTH IN CANADA: STUDENT WELL-BEING AND STUDENT ACHIEVEMENT



Effective, sustainable progress in comprehensive school health depends on a common vision, shared responsibilities, and harmonized actions among health, education, and other sectors.

The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools.

In Canada, the JCSH models and encourages the collaborations between health and education sectors essential to implementing comprehensive school health in school communities.

1. Schulz, A. J., Mehdipanah, R., Chatters, L. M., Reyes, A. G., Neblett Jr, E. W., & Israel, B. A. (2020). Moving health education and behavior upstream: lessons from COVID-19 for addressing structural drivers of health inequities. *Health Education & Behavior*, 47(4), 519-524.

<sup>2</sup> Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? *Health Evidence Network Report*. Copenhagen, DK: WHO Regional Office for Europe. <http://www.euro.who.int/document/e88185.pdf>.

<sup>3</sup> Hussain, A., Christou, G., Reid, MA, & Freeman, J. (2013) Core Indicators and Measures (CIM) Framework for school health and student achievement in Canada. Summerside, PE: Pan-Canadian Joint Consortium for School Health (JCSH). <http://www.jcsh-cces.ca/>

<sup>4</sup> Murray, N.D., Low, B.J., Hollis, C., Cross, A., Davis, S. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77(9), 589-599.

<sup>5</sup> Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health*. 81 (10), p. 597.

# JCSH GOVERNANCE

## JCSH MEMBERSHIP

Members of the Pan-Canadian Joint Consortium for School Health represent the Health and Education ministries/departments in the following jurisdictions:

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Nunavut
- Northwest Territories
- Yukon



The Public Health Agency of Canada, representing the federal government at the JCSH tables, is not a member, but serves in a funding and advisory capacity.

The Council of Ministers of Education, Canada sits (beginning 2020) as an observer.

Although Quebec shares the concerns and objectives of the JCSH and will continue to contribute by sharing information and leveraging best practices, Quebec intends to remain solely responsible for responding to school health needs within its territory.

## MANDATE

JCSH operates on five-year mandates supported by the Minister of Education and the Minister of Health / Wellness in each of the participating jurisdictions.

In 2020, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health / Wellness committed to the current five-year JCSH mandate (2020-2025).

## VISION

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

## MISSION

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

## VALUES

Collaboration

Innovation

Diversity and Inclusion

Accountability

Equity

Efficiency

Evidence-Informed Practice

Knowledge Mobilization

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## STRATEGIC DIRECTION

JCSH's Strategic Directions 2020-2025 focuses on emerging key priority areas of Federal, Provincial, and Territorial Ministers of Health and the Council of Ministers of Education, Canada (CMEC). In the 2020-2025 mandate, four priority issues are the focus of much of JCSH initiatives:

- Mental Wellbeing
- Problematic Substance Use
- School Food Environment
- COVID-19 support

The strategic direction and priorities continue to support JCSH's purpose: to be a catalyst to strengthen cooperation and capacity among the health and education ministries to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

The broad direction is set out in the JCSH Strategic Directions 2020-2025 (see Appendix C).

## LONG-TERM OUTCOMES

The JCSH has committed to three overarching long-term outcomes:

### 1. INCREASED SYSTEM CAPACITY, COLLABORATION, AND EFFICIENCY

Member jurisdictions experience increased capacity, collaboration and efficiency in their efforts to promote optimal health, well-being, and learning outcomes for all students.

### 2. INCREASED EXCHANGE OF INFORMATION AND KNOWLEDGE

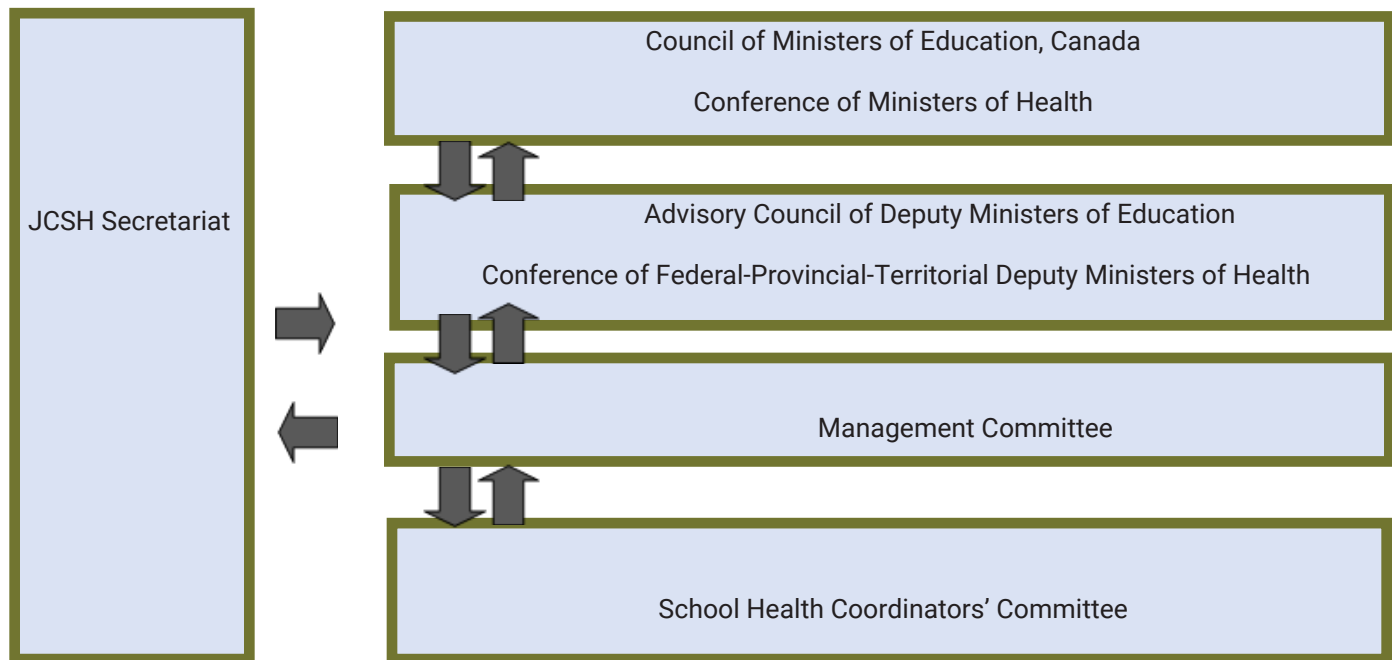
There is a continual exchange of information and knowledge related to optimal health, well-being, and learning outcomes for all students among member jurisdictions.

### 3. INCREASED RECOGNITION

The JCSH is recognized by other FPT bodies and key stakeholders for their expertise in the promotion of initiatives to improve the health, well-being, and learning for all students in Canada.



## ORGANIZATIONAL STRUCTURE



The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health.

The two committees of the JCSH responsible for the strategic direction and work agenda are the Management Committee and the School Health Coordinators' Committee.

### MANAGEMENT COMMITTEE

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the two Deputy Ministers' committees, by

- exchanging ideas, opportunities, and concerns related to existing and emerging issues
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues
- participating in discussions and making decisions

on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward

- offering a forum for discussion on other health and educational issues where appropriate.

### SCHOOL HEALTH COORDINATORS' COMMITTEE

School Health Coordinators are drawn from senior policy analysts, consultants, managers, and specialists in the ministries of education and health / health promotion. The School Health Coordinators' Committee serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of student success and well-being.

Through the early identification and analysis of issues, gaps, emerging trends, and areas of interest to the JCSH and its member jurisdictions, the School Health Coordinators' Committee works collaboratively to move forward the work of the JCSH in the provinces and territories.

### SECRETARIAT

The Secretariat is responsible for leadership, planning, and coordination for the JCSH.

# JCSH ACCOMPLISHMENTS: CORE RESOURCES AND CURRENT INITIATIVES

## CORE RESOURCES

JCSH has developed a number of resources since its commencement in 2015. Of these, four remain as essential initiatives: they offer supports to school communities everywhere, free of charge, in English and French.

In addition to the Comprehensive School Health Framework, noted earlier, there are five Core Resources. They are outlined below.

### JCSH STATEMENT ON RECONCILIATION (ENGLISH, FRENCH, INUKTITUT, INUINNAQTUN)

See Appendix C

## THE HEALTHY SCHOOL PLANNER

Recognizing that schools are a key environment where students attain the knowledge and skills needed for life-long health and well-being, the JCSH has developed the [Healthy School Planner \(HSP\)](#) - an online tool to assist educators in assessing their school's health promoting environment and in making plans for improvements.



The following represent main features of the Healthy School Planner:

- A foundational module and four topic-specific modules (healthy eating, physical activity, tobacco use, and positive mental health)
- School health is assessed by examining a school's overall wellness environment using the four components of CSH: social and physical environment, teaching and learning, policy, and partnerships and services.
- A team approach is recommended, composed of school community members to ensure a broad, informed assessment of the school and school community.
- Upon completion of any one of the Healthy School Planner modules, schools

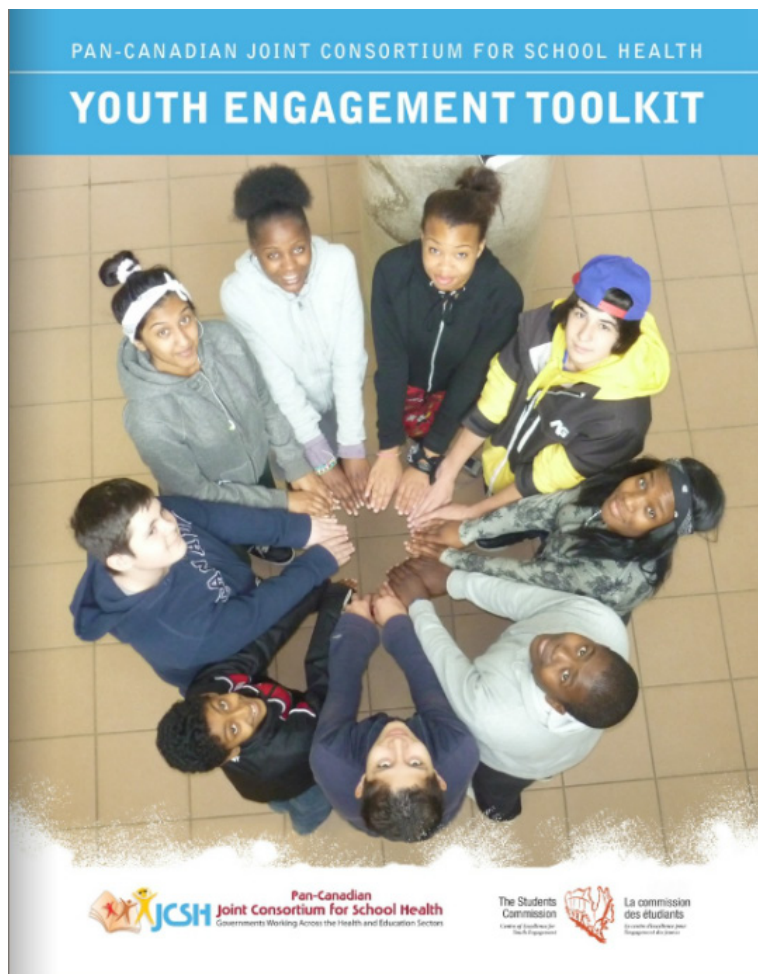
receive results specific to their responses, tailored recommendations based on their results, and a list of action-oriented and jurisdiction-specific resources. Schools can share their results and achievements with staff, students, parents, and the broader community.

- There is capacity to provide school boards and districts with an aggregate report of data generated by schools that have completed the Healthy School Planner.

In 2021, a JCSH Task Group was developed to take an extensive review of the Healthy School Planner. The task group developed a Request for Proposals that will begin the redevelopment of this work as well as a new set of Standards and Indicators / Wise Practices for Comprehensive School Health / Health Promoting Schools.

### THE YOUTH ENGAGEMENT TOOLKIT

Meaningful youth engagement is associated with young people's protection from risk, positive health outcomes, and student achievement. When young people are involved in decision-making, they feel connected to their school environment and community, they build relationships with their peers and adults, and they learn new skills. They are more likely to make healthy decisions, have healthy behaviours, and take fewer unhealthy risks. They are also more likely to do well in school and continue learning throughout their lifetime.



The [JCSH Youth Engagement Toolkit, revised in 2018](#), comprises eight distinct but interrelated modules that include defining, initiating, and sustaining youth engagement, and the Youth Who Thrive module:

- [Module 1: Introduction](#)
- [Module 2: What is Youth Engagement?](#)
- [Module 3: Youth Engagement in Action - Initiating Youth Engagement](#)
- [Module 4: Youth Engagement in Action - Qualities of Youth Engagement](#)
- [Module 5: Youth Engagement in Action - Sustaining Youth Engagement](#)
- [Module 6: Youth Engagement in Action - Challenges and Evaluation](#)
- [Module 7: Youth Who Thrive](#)
- [Module 8: Resources and Endnotes](#)

Produced in an interactive e-book format in English and French, the Toolkit includes a number of videos, tools, and links to additional resources that can be used in planning for and evaluating youth engagement.



## THE POSITIVE MENTAL HEALTH TOOLKIT

The [Positive Mental Health Toolkit](#) (revised 2017), is available in English and French in an interactive e-book format, and includes a number of videos, links, and resources used by schools to self-assess and plan for positive mental health practices in the school setting through a comprehensive school health lens.



The Toolkit is divided into a series of online modules, presenting information and materials that are manageable and user friendly. It reflects recent Canadian research, has a module specific to staff well-being, and has, embedded throughout, promising practices in diversity and inclusion. In addition, it provides a means of measuring positive mental health practices, with results generating a series of individualized strategies for enhancing healthy school environments for students, educators, and staff members. These assessment measures can be used in conjunction with the [JCSH Healthy School Planner](#) as a means of evaluating overall school environments.

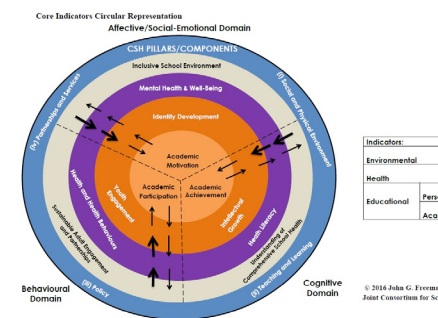
The Positive Mental Health Toolkit consists of five modules:

- Module 1: Introduction to Positive Mental Health
- Module 2: School Connectedness
- Module 3: Resiliency in School Environments
- Module 4: School Team Relationships
- Module 5: Assessing Comprehensive School Health

A companion to the Positive Mental Health Toolkit is [Schools as a Setting for Positive Mental Health: Better Practices and Perspectives](#) (2013). This literature review provides the research basis for the Toolkit and also key informant interview results, key concepts, and better practice statements using Comprehensive School Health as the foundation.

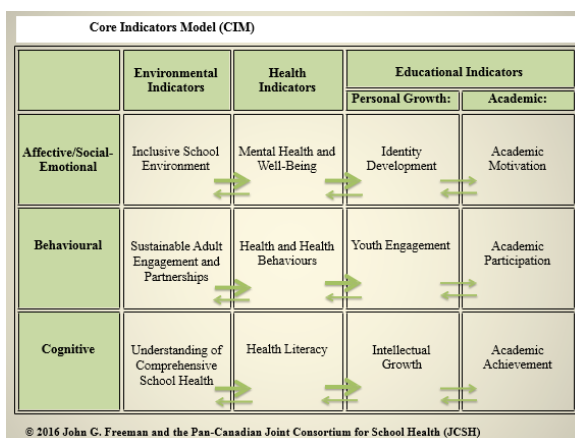
## CORE INDICATORS MODEL OF COMPREHENSIVE SCHOOL HEALTH AND STUDENT ACHIEVEMENT (CIM) (2016)

The Core Indicators Model CIM) of Comprehensive School Health and Student Achievement maps the interrelationship between a health promoting school community and student academic outcomes.



The CIM is built on research on comprehensive school health / health promoting schools and how this approach is operationalized in schools. It is also built on a series of interviews and focus groups with educators and policy makers. The CIM is visually represented in two ways: the Ecological presentation and the Table presentation. Both show the relationships that begin with a commitment to comprehensive school health in building educator and administrator understanding of its essential connections with achievement. Student agency, community partnerships, positive physical and social environment all lead the process to academic achievement outcomes.

JCSH continues to further work on the research begun with Dr. John Freeman and his team at Social Program Evaluation Group, Queen's University. In 2021, the Request for Proposals to develop Standards and Indicators / Wise Practices for Comprehensive School Health / Health Promoting Schools in Canada uses the CIM and the Comprehensive School Health framework as the foundation pieces.



## 2020-2021 INITIATIVES

In 2020-2021, JCSH developed or began a number of initiatives. Issue-specific Task Groups guide this work: The Annual Work Plan Development Task Group, the Priorities and Implementation Task Group, the Healthy School Planner Task Group, the Problematic Substance Use Task Group, the Evaluation Task Group, and the Health Behaviour in School-aged Children Research Advisory Committee.

### **SCHOOL-RELATED SEDENTARY BEHAVIOUR RECOMMENDATIONS**

A panel of international experts was convened by the Sedentary Behaviour Research Network (SBRN) in November 2020 to guide the development of these recommendations for children and youth aged ~5-18 years. JCSH is represented on this international panel.

The recommendations were informed by

- 1) age-relevant existing sedentary behaviour guidelines, 2) published research on the relationship between overall sedentary behaviour and health,
- 3) a de novo systematic review on the relationship between school-related sedentary behaviours with both health and academic outcomes, and
- 4) an environmental scan of the grey literature to identify existing recommendations for school-related sedentary behaviours. The recommendations and systematic review are scheduled to be published later in 2021.







## HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN 2021-2022 SURVEY ROUND

The 2021-2022 Canadian survey round of Health Behaviour in School-aged Children (HBSC) is led by Dr. Will Pickett of Brock University and Dr. Wendy Craig of Queens University. The goals of HBSC are:

- to initiate and sustain national and international research on young people's health behaviour, health and well being and social contexts
- to monitor and to compare young people's health, health behaviour and social contexts in Canada and other member countries
- to disseminate findings to relevant audiences including researchers, policy and practice, and the public

The first cross-national survey was conducted in 1984, with Canada participating for the first time in 1990. It is conducted every four years, now in 50 participating countries/regions. Since 2010, JCSH has contributed to HBSC by bringing together Health and Education Ministry representatives and colleagues from throughout Canada to support the co-investigators, the Public Health Agency of Canada, and the Students Commission of Canada in bringing this survey to schools in every province and territory. The results have been published in an online technical report by the World Health Organization, journal articles – including a themed issue of the *Journal of Adolescent Health*, and fine mini-reports with associated presentations and infographics. The mini-reports were informed by JCSH and PHAC:

- Concussion and Injury
- Health inequalities
- Mental health
- Substance use
- Relationships and connections

The four key themes of the last survey round (2017-2018):

- Mental health of girls
- Positive family relationships

- Changes in risk-taking behaviours
- Electronic communications

JCSH involvement as the Research Advisory Committee contributes to the questions and dissemination of the 2021-2022 survey round.

### **KNOWLEDGE DISSEMINATION, PRODUCTS**

The JCSH Strategic Directions 2020-2025 is now available as a 2-pager (Appendix D)

As part of its commitment to COVID-19 Support priority, JCSH developed a Return-to-School poster using the Comprehensive School Health Framework (Appendix E)

The Problematic Substance Use priority led to a Task Group and the beginning steps for new resources. A set of Multi-Media Assets On Substance Use Prevention And Harm Reduction In Canadian Youth Grades 6-12 will be released later in 2021. Based on a Positive Youth Development approach, this initiative has three audiences: (1) Youth – Grades 6-9 and 9-12, (2) Adult Allies, and (3) Educators.

The Mental Well-being and School Food Environment priorities led to a Task Group on the Healthy School Planner, which features these areas, and a two-phase plan to revise this core resource. Phase 1 is the development of a set of Standards and Indicators / Wise Practices for Comprehensive School Health in Canada / Health Promoting Schools. This phase should be complete by early 2022.

### **TRENDS AND CHALLENGES IN CANADA'S PROVINCES AND TERRITORIES IN 2020-2021**

Meetings of the two JCSH tables and presentations to School Health

Coordinators' Committee focused on a number of areas of concern. Topics included but were not limited to the following:

**COVID-19:** Support to students, educators, families, school communities

**School Food Environment:** School food program adjustments to feed students and assist families during the pandemic

**Mental Well-Being:** Concerns about and responses to increasing levels of anxiety, depression, isolation in students and families during the pandemic; trauma-informed practices in schools; suicide prevention initiatives

**Problematic Substance Use Prevention:** Positive youth development approaches; Planet Youth/Icelandic Model; responses to vaping, alcohol, cannabis, opioid





concerns in school communities

Sedentary Behaviours and lack of physical activity and movement in students and families during the pandemic

Social/digital media and associations with sedentary behaviours, depression, social anxiety, sleep disturbances, online bullying, sex trafficking

Structural determinants of health: role of race, culture, ethnic backgrounds and cultures and traditions, and impacts on the social determinants of health

Gender identification and expressions: Sexual Orientation and Gender Identity (SOGI)-inclusive education; safety of students, educators, school staff, families

Equity: Ethno-racial, Indigenous, linguistic and cultural diversity of student populations (including newcomers), youth identifying cognitive and physical exceptionalities, LGBTQ+ youth

Vaccination and immunization concerns

Return-to-School variations during 2020-2021 school year: a) full return, b) hybrid option of in person classes and online learning, c) fulltime online

Concussion safety: Development of resources to prevent and to respond to concussions

Health Behaviour in School-aged Children (HBSC): Data results from the 2017-2018 survey round, and dissemination of these through reports and infographics and presentations

Anti-sex trafficking policies to protect students in school communities





Transgender module in physical activity safety guidelines

Discoveries of children's remains at former residential schools

Youth-first strategies in schools

Formal agreements/relationships with First Nations schools, school boards

### ENVIRONMENTAL SCANS

The following environmental scan topics were developed and/or updated by JCSH in 2020-2021:

- Bullying Prevention and Cyber-Safety
- Cannabis
- Student Injury Prevention
- School-based Mental Health Plans
- Return-to-School for Students with Prevalent Medical Conditions
- Sexual Violence / Misconduct in Schools
- School-based Responses to Vaping

### WEBINAR SERIES

The following webinars were presented by JCSH in 2020-2021:

- Pan-Canadian Supports for K-12 Workplace Wellbeing. Presenter: Kim Weatherby, McConnell Foundation
- Planet Youth and the Icelandic Model. Presenter: Ian Parker, Manager, Health Promotion Unit, Department of Health

and Social Services, Yukon

- Nurturing SEL for policy makers, principals and teachers (preparing for system change). Presenter: Ellen Coady, Program Development Specialist for Health, Home Economics, Family Studies & Physical Education, Newfoundland and Labrador
- An Update on the Health Behaviour in School-aged Children survey. Presenters: Dr. Will Pickett and Dr. Wendy Craig, co-Principal Investigators, HBSC Canada
- Creating Healthy Food Environments with Canada's Food Guide: Update on Initiatives from Health Canada. Presenter: Krista Burns, Senior Policy Analyst, Policy and Issues Management Unit, Office of Nutrition Policy and Promotion, Health Canada
- Human Trafficking: Risks to Canadian Youth. Presenter: Mark Schindel, Public Safety Canada
- Impacts of school closures on learning, child and family well-being. Presenters: Dr. Naomi Dove, Public Health & Preventive Medicine Consultant, COVID-19, Office of the BC Provincial Health Officer; and Dr. Jason Wong, Public Health and Preventive Medicine physician at the BC Centre for Disease Control.
- Promoting Well-Being, Engagement and Flourishing in School Environments:

New Directions in Positive Mental Health for Students, Educators, School Community Staff. Presenter: Dr. William Morrison, Professor of Education, co-Executive Director of the Health and Education Research Group (HERG), University of New Brunswick



# APPENDIX A: PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH AGREEMENT

## BACKGROUND

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers of Health and the federal Minister of Health established the Pan-Canadian Joint Consortium for School Health (JCSH) to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH received a second five-year mandate from the federal, provincial, and territorial deputy ministers of Health on June 19, 2009 and from the provincial and territorial deputy ministers of Education on September 03, 2009. A third mandate was signed by all parties on April 01, 2015.

AND WHEREAS by virtue of this agreement (“the Agreement”) being entered into by provincial and territorial Ministers of Education and the provincial and territorial Ministers of Health and/or Wellness, hereinafter collectively called “the Parties”, the JCSH is continued (2020-2025).

THE PARTIES AGREE that the terms and conditions of their relationship are as follows:

### 1.0 PURPOSE OF THE JCSH

**1.1** The purpose of the JCSH is to be a catalyst to strengthen cooperation and capacity among the Parties to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.

**1.2** Recognizing that every province and territory has initiatives in place to foster healthy school environments, the JCSH provides a forum for key representatives of government ministries responsible for health and education to:

- Facilitate and promote collaboration among its inter-governmental provincial and territorial membership;
- Facilitate jurisdictions to work together and to support and build capacity within its member governments;
- Encourage the education and health sectors to work together efficiently and effectively while promoting and integrating learning, health, and well-being in the school setting.

**1.3** Three long-term outcomes associated with achieving the JCSH’s Vision are:

- Member jurisdictions experience increased capacity, collaboration, and efficiency in their efforts to promote optimal health, well-being, and learning outcomes for all students.
- There is a continual exchange of information and knowledge related to optimal health, well-being, and learning outcomes for all students among member jurisdictions.
- The JCSH is recognized by other FPT bodies and key stakeholders for their expertise in the promotion of initiatives to improve the health, well-being, and learning for all students.

### 2.0 COMMENCEMENT AND DURATION OF AGREEMENT

**2.1** Once signed by all Parties, this Agreement commences April 1, 2020 and remains in force until March 31, 2025.

### 3.0 GOVERNANCE STRUCTURE

#### Consortium Lead

**3.1** The Government of British Columbia was lead jurisdiction and host of the Secretariat from 2005-2010. The Government of Prince Edward Island has been lead jurisdiction and Secretariat host since 2010. The Government of Prince Edward Island has agreed to continue as lead jurisdiction and Secretariat host for the 2020-2025 mandate. The Government of Nova Scotia has agreed to co-lead the JCSH for 2020-2021.

#### Advisory Committee of Deputy Ministers of Education and Conference of Deputy Ministers of Health

**3.2** The JCSH will be governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

**3.3** The CDMH shall invite the Public Health Agency of Canada to appoint a similarly senior representative to participate in discussions related to the JCSH in an advisory capacity.

**3.4** The deputy ministers of Health/Wellness and the deputy ministers of Education in the lead or co-lead jurisdictions will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables. These liaison deputy ministers in the lead jurisdictions may name another deputy minister within the same sector in another jurisdiction to provide the leadership function.

**3.5** As the governing bodies, the ACDME and the CDMH will provide strategic direction for the JCSH by:

- establishing a Management Committee as the oversight committee of the JCSH and approving its Terms of Reference;
- providing strategic information and direction to the Management Committee;
- approving the strategic plan and any subsequent amendments to the plan, submitted by the Management Committee to the ACDME and the CDMH;
- reviewing and accepting the annual report with financial statements, submitted by the Management Committee; and
- tabling the annual report at a meeting of the FPT Ministers of Health and at a meeting of Council of Ministers of Education, Canada (CMEC).

**3.6** Decisions of the ACDME and the CDMH shall be communicated by the respective liaison deputy ministers to the co-chairs of the Management Committee.

### 4.0 JCSH COMMITTEES

#### Management Committee

**4.1** JCSH Management Committee is a decision-making committee that oversees the implementation of the annual work plan (Schedule 2 – Management Committee Terms of Reference).

**4.2** Management Committee members reflect the interests of their jurisdiction.

**4.3** The role of the Management Committee representative includes meeting four times annually (by teleconference / videoconference, with one being a joint meeting with School Health Coordinators' Committee).



## **School Health Coordinators' Committee**

- 4.4** JCSH School Health Coordinators' Committee (SHCC) is an operational committee that reports to the Management Committee and implements the annual work plan.
- 4.5** SHCC members provide direct input on their jurisdiction's need and product development.
- 4.6** Members participate in monthly teleconferences / videoconferences and one of which will be joint with the Management Committee.
- 4.7** The SHCC is accountable to the Management Committee. Individual school health coordinators are accountable to their respective jurisdictions in the manner determined by individual jurisdictions.
- 4.8** The roles and responsibilities of the SHCC are outlined in the SHCC Terms of Reference, which are approved by the Management Committee.

## **5.0 JCSH SECRETARIAT**

- 5.1** The Parties agree to continue the operation of a JCSH Secretariat.
- 5.2** The Secretariat functions as neutral support to the co-chairs and members of the JCSH, and facilitates collaboration and sharing of information within the JCSH member jurisdictions.
- 5.3** The Management Committee provides direction to the Secretariat.

## **6.0 ADDITION OF A PROVINCIAL/TERRITORIAL JURISDICTION TO THE JCSH**

- 6.1** A provincial/territorial government entity may be invited to join the JCSH on the condition that it becomes a Party to this Agreement. Participation is contingent upon payment of the amount in accordance with the formula as set out in the Cost-Sharing Agreement.

## **7.0 WITHDRAWAL OF A PROVINCIAL/TERRITORIAL JURISDICTION FROM THE JCSH**

- 7.1** Any Party can withdraw from the Agreement by providing 90-day written notification to the liaison deputy ministers in the lead jurisdiction.
- 7.2** In the event of withdrawal, the withdrawing Party shall pay a pro-rated portion of its contribution fees for the Fiscal Year (beginning on April 1 of a calendar year and ending on March 31 of the subsequent calendar year) in which it withdraws from the JCSH.

## **8.0 FUNDING**

- 8.1** The Parties agree to fund the salary, benefits, and program costs associated with the obligations of their respective representatives serving on the Management Committee.
- 8.2** The Parties agree to fund the salary, benefits and program costs associated with the obligations of SHCC members.
- 8.3** The Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations by parties are contingent each year upon federal government funding being provided for that year as specified in Schedule 1. The lead jurisdiction will invoice for member contribution fees by April 15<sup>th</sup> of each year of this Agreement; fees are due within thirty days of receipt of invoice, and are to be accounted for separately by the lead jurisdiction.

**8.4** Notwithstanding any other provision of this Agreement, the payment of money by any Party is subject to:

- (a) there being sufficient monies available in an appropriation, as defined in the applicable legislation of the jurisdiction of the relevant Party (the “Appropriation Legislation”), to enable the applicable Party, in any Fiscal Year or part thereof when any payment of money falls due under this Agreement, to make that payment; and
- (b) the treasury board or other similar decision body of the applicable Party, not having controlled or limited, under the Appropriation Legislation, expenditure under any appropriation referred to in paragraph (a).

**8.5** The JCSH may seek other funding sources to supplement funding arrangements articulated in this Agreement.

## **9.0 GENERAL PROVISIONS**

### **Schedules**

**9.1** The Schedules to this Agreement shall have the same force and effect as if expressly set in the body of this Agreement and any reference to this Agreement shall include the Schedules.

### **Variation of the Agreement**

**9.2** This Agreement may be amended at any time by unanimous written agreement of the Parties. Amendments may be authorized by the Parties’ respective deputy ministers.

### **Termination of the Agreement by Mutual Agreement**

**9.3** This Agreement may be terminated at any time by unanimous agreement of the Parties provided in writing.

**9.4** Termination of this Agreement is without prejudice to the rights, duties, and liabilities of the Parties accumulated prior to termination.

**9.5** Intellectual property developed under the Agreement shall become the property of the lead jurisdiction at the time of termination. The lead jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

### **Legal Rights and Responsibilities**

**9.6** The creation of the JCSH does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial ministers of Education, or any of the provincial or territorial ministers of Health/Wellness.

**9.7** The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 7 (withdrawal), and 8 (funding).

### **Evaluation**

**9.8** The Parties agree to further evaluation of the JCSH, as determined by the Management Committee.

## SCHEDULE 1

### COST-SHARING AGREEMENT

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/territorial jurisdictions:

- Public Health Agency of Canada will contribute \$150,000 annually; and
- Provinces and territories will equitably share the balance (\$100,000) according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2020.

Provincial/territorial jurisdictional contributions are based on a fixed contribution of \$2,000 annually plus a variable portion based on total population of their respective jurisdictions.

Jurisdictions with less than one percent of the population will contribute the fixed portion only.

#### Proportional breakdown of the provincial/territorial contribution:

Province/ Territory	Base Amount	Amount Based on Population %	Total
AB	2,000	11,400	13,400
BC	2,000	12,920	14,920
MB	2,000	3,800	5,800
NB	2,000	2,280	4,280
NL	2,000	1,520	3,520
NT	2,000	0	2,000
NS	2,000	2,280	4,280
NU	2,000	0	2,000
ON	2,000	38,000	40,000
PE	2,000	760	2,760
SK	2,000	3,040	5,040
YK	2,000	0	2,000
<b>Totals</b>	<b>\$24,000</b>	<b>\$76,000</b>	<b>\$100,000</b>



## SCHEDULE 2

### MANAGEMENT COMMITTEE TERMS OF REFERENCE

#### Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial, and territorial Deputy Ministers and Ministers of Health and/or Wellness and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and to facilitate a comprehensive and coordinated approach to school/student health and/or well-being by enhancing the capacity of the education and health systems to work together to promote the healthy development of children and youth within school community settings.

The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH) – through a Pan-Canadian Joint Consortium for School Health Agreement (the Agreement), which is approved and signed by senior education and health/wellness officials from each member jurisdiction's government at the outset of each 5-year mandate. Under the terms of the Agreement, the two Deputy Ministers' committees must establish a Management Committee as the oversight body of the Consortium and approve its Terms of Reference.

#### Purpose

The Management Committee is a forum for information sharing, and consideration of strategic-level issues and collective action related to the purpose of the Consortium.

The Management Committee is accountable to the two Deputy Ministers' committees for the success of the Consortium in meeting its goals.

The Management Committee provides direction to the JCSH Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium.

#### Principles

The Management Committee will be guided by the following principles:

- Partnership: Members will support actions and decisions that strengthen partnerships across jurisdictions and across traditional health and education sectors.
- Participation: Members are engaged to respond to requests from the JCSH Secretariat and other Committee members.
- Collaboration: Members will work together in a spirit of collaboration and support decisions that meet mutual needs and priorities.
- Integration: Members will support actions and decisions that strengthen the integration of health and education objectives and goals.
- Innovation and Effectiveness: Members will support actions and decisions that are based on innovative and evidence-based practices.
- Open Communication: Members will openly share information with other members and within their own jurisdictions where that information might affect the ability of the Consortium to meet its goals.
- Promotion: Members will actively support the goals of the Consortium within their own jurisdictions.

- Commitment and Timeliness: Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring actions are carried out and decisions are made in a timely manner.

## **Mandate and Objectives**

The Management Committee provides the main forum for discussion, decisions, and actions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic directions and priorities, as informed by the two Deputy Ministers' committees by:

- exchanging ideas, opportunities, and concerns related to existing and emerging issues;
- providing oversight and direction for projects endorsed by the JCSH and undertaken by the School Health Coordinators' Committee, the Secretariat, and/or task-specific working groups;
- facilitating a linkage between JCSH projects and jurisdictional experts to inform work on such projects;
- providing guidance on alignment between the Consortium objectives and jurisdiction-specific health and educational issues;
- capitalizing on creating opportunities to represent the JCSH in local/provincial/ national/international forums;
- participating in discussions and making decisions on strategic or operational matters, as required, to move the JCSH's agenda forward, as outlined in the strategic plan and annual business plan;
- offering a forum for discussion on other health and educational issues where appropriate; and
- applying the existing JCSH evaluation framework to undertake a comprehensive evaluation during the mandate, adjusting strategies and annual work plans accordingly.

## **Oversight responsibilities of the Management Committee are as follows:**

- participate in the evaluation of the Secretariat;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee, including setting direction and priorities;
- approve Terms of Reference for the School Health Coordinators' Committee;
- identify opportunities to address both established, shared priorities as well as emerging trends;
- annually review the endorsed strategic priorities and objectives for the JSCH's 5-year mandate to inform JCSH work planning;
- provide input to, as well as review and approve annual work plans for the JCSH, inclusive of anticipated resource requirements;
- provide input to, as well as review and approve annual operating budgets prepared by the Secretariat, and oversee the financial and administrative matters of the JCSH, in conjunction with the co-chairing jurisdictions;
- establish/reaffirm the Secretariat's responsibilities based upon the annual budget and work plan;
- provide input to, as well as review and approve an annual report of JCSH activities and financial statements prepared by the Secretariat, and submit them to the two Deputy Ministers' committees each Fiscal Year, on or before July 31; and
- approve and review as needed project charters for external committees and working groups deemed

necessary by members of the Committee to carry out the work of the JCSH. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on project charter deliverables.

## **Oversight and Role of the Co-Chairs and Secretariat Host Jurisdiction**

Additional roles and responsibilities specific to JCSH Management Committee Co-Chairs include:

- leading and facilitating the work of the JCSH to achieve its stated priorities, objectives, targets, and deliverables as stated in the annual work plan
- representing the JCSH at the Conference of F/P/T Deputy Ministers of Health and CMEC on issues relevant to the JCSH
- providing direction to and oversight of the JCSH Secretariat.

## **Membership and Process**

**Membership:** Management Committee members are appointed by the Deputy Ministers in each member jurisdiction and are generally positioned at the executive management level from the education and/or health/wellness ministry.

In order to promote alignment, the Management Committee will invite the Public Health Agency of Canada (PHAC) and the Council of Ministers of Education, Canada (CMEC) to appoint a representative to participate in discussions of the Committee in an advisory capacity, but these representatives will not be full voting members of the Committee.

**Committee Chairs:** The Management Committee will have two co-chairs, one from the secretariat host jurisdiction, and one representing another member jurisdiction. Ideally, the co-chairs will be selected before the outset of a new JCSH mandate and will remain in place for the duration of the mandate. The secretariat host jurisdiction will be resourced to provide Secretariat support to the JCSH (through the JCSH budget).

**Meetings:** The Management Committee will meet a minimum of four times each year. All Management Committee meetings will be convened by teleconference or videoconference.

In addition, the Committee will meet as required to provide oversight and direction/advice on major issues.

**Alternates at Meetings:** An alternate may attend in place of a member but must be empowered to make decisions on their behalf at the meeting.

**Decisions:** The Management Committee is a decision-making body. Representation of minimum of fifty per cent of member jurisdictions is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). Divergent views will be fully discussed. Differing opinions will be noted in the meeting records.

The following process will be used to reach consensus on an issue and to make a decision / recommendation. A decision timeframe will be determined by the urgency in which the decision or recommendation must be made:

Each member will state their position on the following four-point scale: Level 1: Fully support; Level 2: Support with reservations; Level 3: Require more information; Level 4: Cannot support.

Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations



or level of support as part of the meeting record.

If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.

If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed upon timeframe. Members failing to respond by the agreed upon time forfeit the opportunity for further input into any related decision.

Communications: The Committee will keep meeting records including records of its decisions.

The meeting records will be available to the Committee Members' respective Deputy Ministers.

The Secretariat will prepare and regularly update an "issues tracking" document to assist Members in meeting their obligations for timely and informed decision-making.

Accountability and Reporting: Accountability is to the two Deputy Ministers' committees – ACDME and CDMH.

The Management Committee will support the development of an annual work plan, complete with any resource implications, for the JCSH. Once approved by the Management Committee, the annual work plan and operational budget will be submitted to the two Deputy Ministers' committees for their information. Also, the Committee will support development of an annual report, including financial statements, profiling significant JCSH activities from the previous Fiscal Year, as well as progress made by the Consortium in meeting its goals and objectives. The annual report will be submitted for approval to the two Deputy Ministers' committees on or before July 31 each year. In addition, the JCSH will reach out regularly to the ACDME and the CDMH to present on key activities, and to identify and better understand opportunities for the JCSH to support their priorities and efforts.

Budget: Administrative costs associated with meetings are covered by the JCSH budget.

Duration: Ongoing per Agreement.

Related Committees: The Committee will establish project charters for any working groups or sub-committees that it decides to form and provide guidance and direction to these groups.

# APPENDIX B: PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH STATEMENT OF REVENUE, EXPENSES AND OPERATING SURPLUS

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For The Year Ended March 31, 2021

	2020	2021
Revenue		
Membership Fees	\$250,000.00	\$100,000.00
Public Health Agency of Canada	\$250,000.00	\$150,000.00
<b>Total</b>	<b>\$500,000.00</b>	<b>\$250,000.00</b>
Expenses		
Administration		\$4,530.99
Materials, Supplies, and Services		\$385.80
Professional Services		\$3,560.00
Salaries		\$189,574.35
<b>Total</b>		<b>\$197,964.29</b>
Operating Surplus/(Deficit)	\$23,603.66	\$52,035.71
Accumulated Surplus/(Deficit) - Opening	\$379,091.00	\$402,694.66
Accumulated Surplus/(Deficit) - Closing	\$402,694.66	\$52,035.71

- ❖ The surplus in 2020-21 is attributable to the delay in issuing the RFP for Healthy School Planner, Phase 1 (Standards and Indicators/Wise Practices for CSH in Canada). .

JCSH Annual Report 2021

## APPENDIX C

### JCSH STATEMENT ON RECONCILIATION

“All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.” The legacy of residential schools and the ongoing effects of colonization, intergenerational trauma and systemic racism impact the health and learning outcomes for First Nations, Métis and Inuit children.

The Pan-Canadian Joint Consortium for School Health (JCSH) values and supports the work of the Truth and Reconciliation Commission of Canada in recognizing the harmful impacts and legacy of the residential school system. We will use our national platform to bring awareness to, and when appropriate, address the Calls to Action for education and health.

The JCSH also recognizes the importance of the self-determination of Indigenous peoples as articulated in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The JCSH is committed to supporting and echoing Indigenous perspectives and ways of knowing, increasing inter- and cross-cultural understanding and fostering shifts in thinking and attitude within our school communities.

The JCSH will respond to the Calls to Action by deepening relationships with First Nations, Métis, and Inuit peoples, and by examining issues of power and privilege. This is an opportunity to reconcile our shared history and build a brighter future for all Canadians.

“Despite being subjected to aggressive assimilation policies for nearly 200 years, Aboriginal people have maintained their identity and their communities. They continue to assert their rights to self-governance. In this they are not alone” and the JCSH stands with them as an ally in continuing on this constructive path.

### DÉCLARATION DE RÉCONCILIATION DU CONSORTIUM CONJOINT PANCANADIEN POUR LES ÉCOLES EN SANTÉ

« Tous les Canadiens, à titre de personnes visées par les traités, partagent la responsabilité de l'établissement et du maintien de relations mutuellement respectueuses. » L'héritage laissé par les pensionnats ainsi que les effets permanents de la colonisation, des traumatismes intergénérationnels et du racisme systémique ont une incidence sur la santé et l'apprentissage des enfants des Premières Nations, métis et inuits.

Le Consortium conjoint pancanadien pour les écoles en santé (CCES) apprécie le travail de la Commission de vérité et réconciliation du Canada, et il l'appuie en reconnaissant les séquelles et l'héritage douloureux laissés par les pensionnats. Nous utiliserons notre plateforme nationale pour faire connaître ses appels à l'action dans les domaines de l'éducation et de la santé, et, le cas échéant, pour y répondre.

Le CCES reconnaît également l'importance du droit des peuples autochtones de disposer d'eux-mêmes, conformément à l'énoncé de la Déclaration des Nations Unies sur les droits des peuples autochtones (DNUDPA). Le CCES est déterminé à appuyer et à rappeler les perspectives et modes de connaissance autochtones, à améliorer la compréhension au sein des communautés et entre celles-ci, et à favoriser un changement de mentalité et d'attitude dans nos milieux scolaires.



Le CCES répondra aux appels à l'action en approfondissant les relations avec les Premières Nations, les Métis et les Inuits, et en examinant les enjeux liés au pouvoir et aux privilèges. Nous avons l'occasion de réconcilier notre histoire commune et de bâtir un avenir meilleur pour tous les Canadiens.

« Bien qu'ils aient été soumis à des politiques d'assimilation agressives pendant près de 200 ans, les peuples autochtones ont conservé leur identité et ont préservé leurs collectivités. Ils continuent de défendre leurs droits à l'autonomie gouvernementale. Ils ne sont pas seuls dans cette bataille », et le CCES demeure un allié dans la poursuite de leur quête.

## **PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH (JCSH) UQARIIRUTIKHAA MAMITTIRNIKKUT IKAYUQHIRMUT**

“Tamaita Kanatamiutat, Angiqatigiigutikhaqaqtut inuit, piqatigiigutikhaqaqtut atuqatigiiklugit piliuqlutik munarilutiklu angiqatigiiktumik nakuuyumik piqatigiigutikhamut.” Atuqhimmaaqpagaat ahinukyuuaq nunamut ilihariaktuqhimayut kangaraalukmit unalu pidjutigihimayait nunaqatigiiliqhimayunut, kingulliriiqaqtuni inungnut kanagaraalukmit ayuqhautikyuat unalu inungni inuuhigaqtunik aallatqiinik ihuigiyyutigivagainut pidjutaavaktut aanniaqtailinikkut iliharnikkullu ukununga First Nations, Métis ukunungalu Inuit nutaqqanut.

Nunakyuami Kanatamiutat Piqatigiigutaat Iliharvikni Aanniartailinirmut (Joint Consortium for School Health -JCSH) pihimayumayaat ikayuutigivlugulu havakpagainut Itquumanikkut Nutaanguqtiriniqlu Katimayiyut Kaanatamut (Truth and Reconciliation Commission of Canada) ilitarivlugit ihuirutauvaktut pidjutigivagait ahinukyuuaq nunanut ilihariaktuqhimayunut ilihapakhutik. Atuqpaktaqqullu nunakyuami pidjutikhaq kangiqhipkaidjutikhanut tahapkununga, ihuaqqallu, havaarilugitqanmaqtuq Pitquidjutit Havaktauvlugit ilihaidjutikhanut aanniartailinirmullu.

JCSH-kut ilihimayait piyakhat inmikkut pivallianirmut Nunaqaqqaaqhimayunut inungnut naunaiyariiqluqhimayumut talvani uqariiqluqhimayunut pilaarutikhanut inungnut United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). JCSH-kut havakpiakniaqtut ikayuqlugit naunaiktidjutigilugillu Nunaqaqqaaqhimayut ihumagiyainut qanuqlu ilihaliqpalliadjutainut, amigaikyuumilugu angiklikpallianirmut aallatqiini pitquhiqaqunut kangiqhivagianginni atuqlugillu ihuaqtumik ihumalirnikkut ilitquhiinullu pigiyaptingni iliharviqaqtunut nunallaani.

JCSH-kut kiuniaqtut Pitquidjutit Havaktauvlugit nakuuhivallialugit piqatigiigutikhat ukunani First Nations, Métis, Inuinnauyunullu, naunaiklugit pidjutit hakugiknikkut pittaarutikhanullu. Una pidjutikhaq ihuaqhiyuumilugu piqatigiigutikhaptingnut ilitquhiliqidjutinut piliklugu nakuutqiyamik hivunikhamut tamainnut Kanatamiutanut.

“Ilauvagaluahutik akhuunginnaqtumik ilagiutiyaavalliarnikkut atugakhanut naavyakhugu 200-ni ukiuni, Nunaqaqqaaqhimayut inuit munarihimavagait inmik kinauyaakhamingnut nunallamingnullu. Pihimmaakpaktut atuqhimmaaqhugu inmik pilaarutikhatik inikkut kavamakhamingnut. Imaatut inmik avalingittut” JCSH-kullu ikayuqtait ikayuutigivlugu pihimmaaqutik uumunga pidjutikhamut.



# APPENDIX D:



## JCSH Strategic Directions 2020-2025

### VISION

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

### MISSION

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

#### GOAL 1

##### PROVIDING LEADERSHIP

To advance coordinated and aligned policy, programs, and practice that support the optimal health, well-being, and learning of children and youth in Canada

#### GOAL 2

##### ENHANCING CAPACITY THROUGH KNOWLEDGE DEVELOPMENT AND EXCHANGE

To build, share, and leverage knowledge that enables member jurisdictions to support the optimal health, well-being, and learning of children and youth in Canada

#### GOAL 3

##### PROMOTING INNOVATION

To support innovative approaches to policy, programs, and practice in member jurisdictions that address common challenges to the optimal health, well-being, and learning of children and youth in Canada

#### GOAL 4

##### MONITORING, EVALUATION, AND ACCOUNTABILITY

To implement a comprehensive evaluation framework for the goals, strategies, and operational plans of the JCSH 2020-2025 mandate

### GOVERNANCE

Ministries of Education and Ministries responsible for Health/Wellness in 12 provinces and territories, and the Public Health Agency of Canada representing the Federal Government

## Providing Leadership

**Strategy 1:** Strengthen connections with the Council of Ministers of Education, Canada and the FPT Ministers of Health to encourage alignment of priorities and needs.

**Strategy 2:** Continue to support member jurisdictions with policy and practice-based tools and resources that leverage a comprehensive school health approach.

**Strategy 3:** Proactively engage with federal initiatives focused on student health and well-being to align with efforts within jurisdictions and encourage principles of CSH to be embedded and visible within these federal initiatives.

**Strategy 4:** Continue to strategically engage representatives of the non-government sector, and key stakeholders in sectors beyond health/wellness/education, in order to advance CSH-based approaches to common needs and issues.

## Enhancing Capacity Through Knowledge Development and Exchange

**Strategy 1:** Support member jurisdictions to be responsive, resource efficient, and economically responsible by sharing knowledge of what works best and has the greatest positive impact.

**Strategy 2:** Identify and/or develop tools to strengthen existing partnerships across the education and health sectors.

**Strategy 3:** Continue to strengthen knowledge on how CSH-based approaches can meet the needs of diverse population groups and address inequities.

**Strategy 4:** Increase and enhance opportunities for knowledge exchange among member jurisdictions.



## Promoting Innovation

**Strategy 1:** Proactively identify and provide potential solutions to existing and emerging challenges to student health, well-being, and learning, and disseminate results among member jurisdictions.

**Strategy 2:** Utilizing a comprehensive school health approach, advance application of evidence to address emerging issues of concern (e.g. vaping).

**Strategy 3:** Continue engaging research partners in order to create an evidence base of strategies to support student health, well-being, and learning and comprehensive school health approaches.

**Strategy 4:** Work with research partners to advance evidence-based reviews of responses to emerging challenges.

## Monitoring, Evaluation, and Accountability

**Strategy 1:** Develop annual JCSH operational plans and budgets that specify planned areas of actions to support the five-year JCSH goals and strategies.

**Strategy 2:** Undertake a comprehensive evaluation of the JCSH during the mandate.

**Strategy 3:** Support and ensure the ongoing alignment between the JCSH governance structure, the operational policies, and the implementation of the Strategic Directions.



# APPENDIX E: RETURN-TO-SCHOOL POSTER

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## Return to School 2021

for Students, Teachers, Staff, Families, Communities

Keep these Comprehensive School Health Components in Mind!

### PHYSICAL AND SOCIAL ENVIRONMENT

Ensure and celebrate the right of all to be treated with equity, dignity, and respect

Equip schools with outdoor spaces for learning and mental wellbeing

Champion safe spaces for social gatherings

Champion recess practices to support student activity and wellbeing

Explore ways the community can increase engagement with school environment

### TEACHING AND LEARNING

Ensure educators are versed in social-emotional learning and trauma-informed practices

Investigate land-based and outdoor learning opportunities

Provide students with projects to explore further the outcomes of the pandemic: climate change, mental health, physical activity, food security, and others

Foster whole child, whole school climate



### PARTNERSHIPS AND SERVICES

Link with mental health specialists in the community to support student and staff wellbeing

Enhance families' connection with the school community

Celebrate the partnerships that have kept families fed and students and staff supported

Increase Education and Public Health collaborations to support inclusive, supportive, and safe environments

### POLICY

Review School and system-wide policies on equity in education

Establish / review protocols, guidelines for family connections and community partners in schools

Enhance policies supporting educators to meet needs and challenges of students

Increase supports for educators navigating their own personal and professional well-being challenges

For more information visit [www.jcsh-cces.ca](http://www.jcsh-cces.ca)

# APPENDIX F: SCHOOL HEALTH COORDINATORS' COMMITTEE CONTACT INFORMATION AND WEB LINKS

## BRITISH COLUMBIA

### School Health Coordinators:

#### **Cassandra Sullivan**

Senior Policy Analyst – Health Promoting Schools

Healthy Living and Health Promotion Branch

Population and Public Health

Ministry of Health

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#### **Scott Beddall**

Director, Wellness and Safety

Ministry of Education

Tel: 250-514-4961

[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)

### School Health Links:

**Safe & Healthy Schools:** <https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/safe-caring-and-orderly-schools?keyword=school&keyword=health>

**erase:** <https://www2.gov.bc.ca/gov/content/erase>

**Healthy Schools BC:** <https://healthyschoolsbc.ca/>

## ALBERTA

### School Health Coordinator:

**Patricia Martz, MSc.**

Health Policy Research

School Health and Wellness Manager / Provincial Nutritionist

Alberta Health / Alberta Education

Tel: 780-427-5249

Email: [patricia.martz@gov.ab.ca](mailto:patricia.martz@gov.ab.ca)

### School Health Links:

<https://education.alberta.ca/programs-of-study/>

<https://education.alberta.ca/comprehensive-school-health/>

<http://www.albertahealthservices.ca/info/Page7123.aspx> (Steps for Building Healthy School Communities)

<http://wellnessfund.ualberta.ca/UnderstandingComprehensiveSchoolHealth.aspx>

<https://everactive.org/comprehensive-school-health/>

## SASKATCHEWAN

### School Health Coordinators:

#### Anna Grumbly

Student Wellness Consultant

Student Supports Unit

Ministry of Education

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Regina, SK S4P 4V9

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[Anna.grumbly@gov.sk.ca](mailto:Anna.grumbly@gov.sk.ca)

#### Helen Flengeris

Government of Saskatchewan

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Population Health Branch, Ministry of Health

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**Jonathon Renwick**

Government of Saskatchewan

Consultant, Student Supports

Student Achievement and Supports Branch

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6th Floor, 2220 College Avenue

Regina, Canada S4P 4V9

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[jonathon.renwick@gov.sk.ca](mailto:jonathon.renwick@gov.sk.ca)

**School Health Links :**

<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing> (Comprehensive School Community Health, Caring and Respectful Schools, Anti-Bullying, Digital Fluency, Healthy Foods for School)

<http://www.saskatchewan.ca/residents/education-and-learning/first-nations-and-metis-education> (Improving education outcomes for First Nations and Métis Students)

<http://www.saskatchewan.ca/government/education-and-child-care-facility-administration> (Saskatchewan School Curriculum Link – English and French)

<http://www.saskatchewan.ca/residents/education-and-learning/anti-bullying> (Anti-Bullying)

<http://www.saskatchewan.ca/residents/health> (Wellness and Prevention))

**MANITOBA**

**School Health Coordinators:**

**Jennifer Wood**

Policy Analyst

Healthy Schools Initiative & Healthy Together Now

Active Living, Population & Public Health



Manitoba Health, Seniors and Active Living

4089-300 Carlton Street

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[Jennifer.Wood@gov.mb.ca](mailto:Jennifer.Wood@gov.mb.ca)

### **Stephen Howell**

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Manitoba Education and Training

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### **School Health Links:**

[www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools)

[www.gov.mb.ca/healthyschools/index.fr.html](http://www.gov.mb.ca/healthyschools/index.fr.html)

[www.edu.gov.mb.ca/k12/cur/physhlth/index.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/index.html) (English)

[www.edu.gov.mb.ca/m12/progetu/epes/index.html](http://www.edu.gov.mb.ca/m12/progetu/epes/index.html) (French)

[www.edu.gov.mb.ca/k12/esd/](http://www.edu.gov.mb.ca/k12/esd/) (English)

[www.edu.gov.mb.ca/m12/dev\\_durable/index.html](http://www.edu.gov.mb.ca/m12/dev_durable/index.html) (French)

## **ONTARIO**

### **School Health Coordinators:**

#### **Jeyagobi Jeyaratnam**

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Ministry of Health

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**School Health Links:**

[www.ontario.ca/healthyschools](http://www.ontario.ca/healthyschools) (English)

<http://www.edu.gov.on.ca/fre/parents/healthyschools.html> (French)

[www.edu.gov.on.ca/eng/curriculum/elementary/health.html](http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html) (English)

<http://www.edu.gov.on.ca/fre/curriculum/elementary/health.html> (French)

[www.edu.gov.on.ca/eng/curriculum/secondary/health.html](http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html) (English)

<http://www.edu.gov.on.ca/fre/curriculum/secondary/health.html> (French)

<http://www.health.gov.on.ca/en/public/programs/concussions/> (English)

<http://www.health.gov.on.ca/fr/public/programs/concussions/default.aspx> (French)

## NEW BRUNSWICK

### School Health Coordinators:

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**Sylvia Reentovich**

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### School Health Links:

[http://www2.gnb.ca/content/gnb/en/departments/social\\_development/wellness/content/school.html](http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/school.html)

## NOVA SCOTIA

### School Health Coordinators:

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**Kari Barkhouse**

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**Natalie Bakody**

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**School Health Links:**

<http://nshps.ca/>  
[www.nshealth.ca](http://www.nshealth.ca)

**PRINCE EDWARD ISLAND**

**School Health Coordinators:**

**Sterling Carruthers**

Healthy Schools Specialist



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**Laura Lee Noonan, MA**

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#### **School Health Links:**

<https://www.princeedwardisland.ca/en/topic/healthy-school-communities>

### **NEWFOUNDLAND AND LABRADOR**

#### **School Health Coordinators:**

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Health Promotion Consultant

Healthy Living, Sport and Recreation Division

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**School Health Links:**

<https://www.cssd.gov.nl.ca/healthyliving/index.html>

**NUNAVUT**

**School Health Coordinators:**

**Shara Bernstein**

Student Support Program Coordinator  
Department of Education  
Government of Nunavut  
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**School Health Links:**

<http://www.gov.nu.ca/education/information/curriculum-learning-resources-0>

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Pronouns: she/her

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Tel.: 867-767-9342, ext. 71288

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**School Health Links :**

<https://www.gov.nt.ca/en/service-directory/education-training>

<https://www.gov.nt.ca/en/service-directory/health-wellness>

**YUKON****School Health Coordinators:**

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**School Health Link:**

<http://www.hss.gov.yk.ca/healthpromotion.php>

**PUBLIC HEALTH AGENCY OF CANADA**

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**School Health Links:**

<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/school-health.html>

<http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/school-health/>