

Joint Consortium for School Health  
Pan-Canadian



Annual Report  
2023

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# Executive Summary

The work of the Pan-Canadian Joint Consortium for School Health – JCSH – is grounded in the application of a comprehensive school health (CSH) or health-promoting school (HPS) approach to support the interconnections of learning, health, and well-being in Canadian school communities.

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
- Encourage the education and health sectors to work together more efficiently and effectively while promoting and integrating learning, health, and well-being in the school setting
- Promote understanding of, and support for, the concept and benefits of comprehensive school health / health promoting school initiatives.

Every five years since it was established in 2005, the Provincial and Territorial Ministers of Education and Provincial and Territorial Ministers responsible for Health and/or Wellness have formally committed to this work.



## JCSH Priorities 2020-2025

The priorities for this mandate (2020 – 2025) were set with some focus areas but also with the understanding that “member jurisdictions will anticipate and provide timely evidence-based responses to emerging health and well-being issues that impact students’ overall learning and long-term development.”<sup>1</sup>

The initial areas included:

- 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

## JCSH Accomplishments 2022-2023

- A primary reason for the existence of JCSH is to provide a forum for active collaboration across Health and Education Ministries, and among Provinces and Territories, together with the Public Health Agency of Canada (PHAC) and the Council of Ministers of Education, Canada (CMEC), on areas impacting the optimal learning, health, and well-being development of children and youth in Canada. It is the opportunity for the representatives to share challenges and responses to translate knowledge into local contexts, to support individual member jurisdictions, and to provide opportunities for learning and innovation. These forms of collaboration occurred regularly in 2022- 2023 through meetings of the JCSH tables.

<sup>1</sup> JCSH Strategic Directions 2020-2025 p. 4




- *Canadian Standards & Indicators for Health-Promoting Schools* has been completed, following intensive research, consultation with education and health experts throughout the country, and collaboration of the research leads and a JCSH advisory team. Led by Dr. Paul Veugelers and Dr. Katerina Maximova, this new evidence-and-policy-based resource will be both a foundation for new resource supports for school communities in Canada and also a guide for provinces and territories, ministries, and schools.
- A webinar series, begun in 2020, continued on a bi-monthly basis with researchers, policy-makers, and practitioners presenting on issues of priority to JCSH. In the past year, there were 12 webinar presentations.
- The JCSH Reconciliation Task Group continues to work towards an initiative to describe wise practices in place that build and support health promoting schools in Canada.

## Next Steps

The JCSH 2023-2024 annual work plan will continue to focus on priorities that support the healthy school setting. JCSH will continue to approach this work with equity lenses that celebrate and champion the uniqueness and complexities of child and youth learning and healthy development within the school setting. 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, all with a goal of developing health promoting schools.





# 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. Its health and education representatives actively support initiatives that 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 recognition of cultural perspectives, and by social and structural impacts and determinants of health.<sup>2</sup>

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2 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.

## ABOUT COMPREHENSIVE SCHOOL HEALTH / HEALTH PROMOTING SCHOOLS



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 known as Health Promoting Schools (HPS).<sup>3</sup>

Health Promoting Schools 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

<sup>3</sup> Comprehensive School Health has been the term championed by JCSH since its formation in 2005. In the past couple of years, however, JCSH has begun to use Health Promoting Schools more often to describe the whole school approach to the inter-relationship of student learning with well-being and health, and Comprehensive School Health to describe the four-component framework. Health Promoting Schools is the term used in many parts of Canada and in many countries around the world to describe this approach.



- 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**

- Safe, accessible, and supportive of equitable and healthy choices for all members of the school community
- The buildings, grounds, play space, and equipment in and surrounding the school
- Basic amenities such as sanitation, air cleanliness, safe drinking water, and healthy foods
- Spaces designed to promote student safety and connectedness and minimize injury.

### **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>456</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>7</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 a health promoting school commitment 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 education and health sectors essential to implementing comprehensive school health framework components in school communities.

4 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>.

5 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/>

6 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

7 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 Joint Consortium for School Health represent the health and education ministries/departments in the following jurisdictions:

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

## Strategic Directions

JCSH's Strategic Directions 2020-2025 support priorities of the Council of Ministers of Education, Canada (CMEC) and Federal, Provincial, and Territorial Ministers of Health where these priorities impact the learning, health, and well-being outcomes of children and youth in the school setting.

The work of the JCSH results in many efficiencies and enhancements within and across member jurisdictions, including:

- increased knowledge exchange
- enhanced collaboration across relevant sectors and jurisdictions
- improved coordination of school health policy and research agendas
- development of evidence-based, user-friendly tools and resources
- identification of common strategies to address the needs of diverse population groups.

The strategic directions 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 for the health, well-being, and learning of children and youth in Canadian schools.

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



## Long-Term Outcomes

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

### 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.

### Increased Exchange of Information and Knowledge

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

### Increased Recognition

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

## Organizational Structure



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 Core Resources

JCSH has developed a number of resources since its commencement in 2005. Of these, the six below have been core to the mission of JCSH: 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. The resources below were developed for every school, offering supports to school communities, free of charge, in English and French.<sup>9</sup>

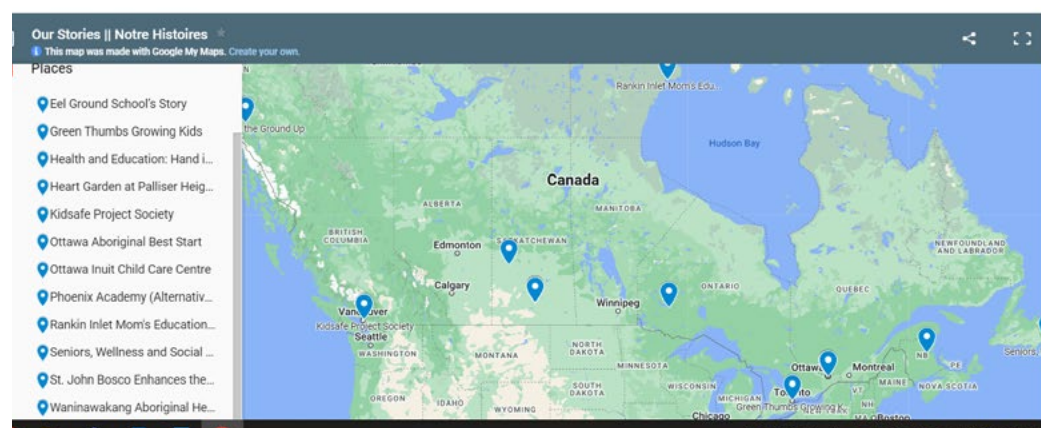
In addition to the Comprehensive School Health Framework, noted earlier, the seven Core Resources of JCSH in 2022-2023 are outlined below.

## JCSH Statement On Reconciliation

(English, French, Inuktitut, Inuinnaqtun) See Appendix C

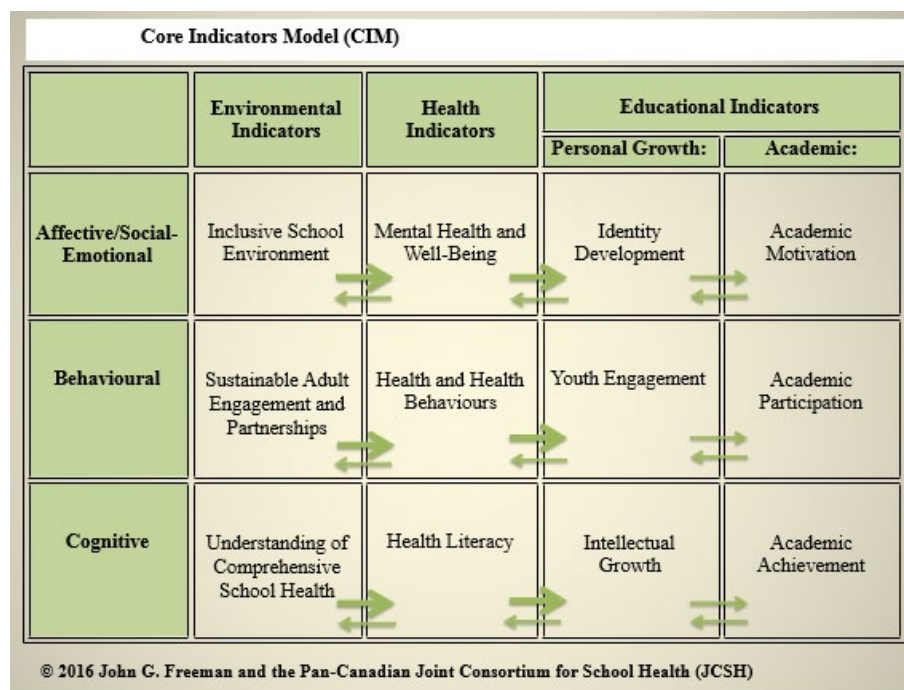
## JCSH Website

Essential to communications and work of JCSH is the website. Housed at [www.jcsh-cces.ca](http://www.jcsh-cces.ca), the website offers the essential link to the resources, key concepts and foundational documents, and contacts throughout the country. It is also the link for sharing wonderful work underway in school communities throughout Canada, such as through our Stories Map:

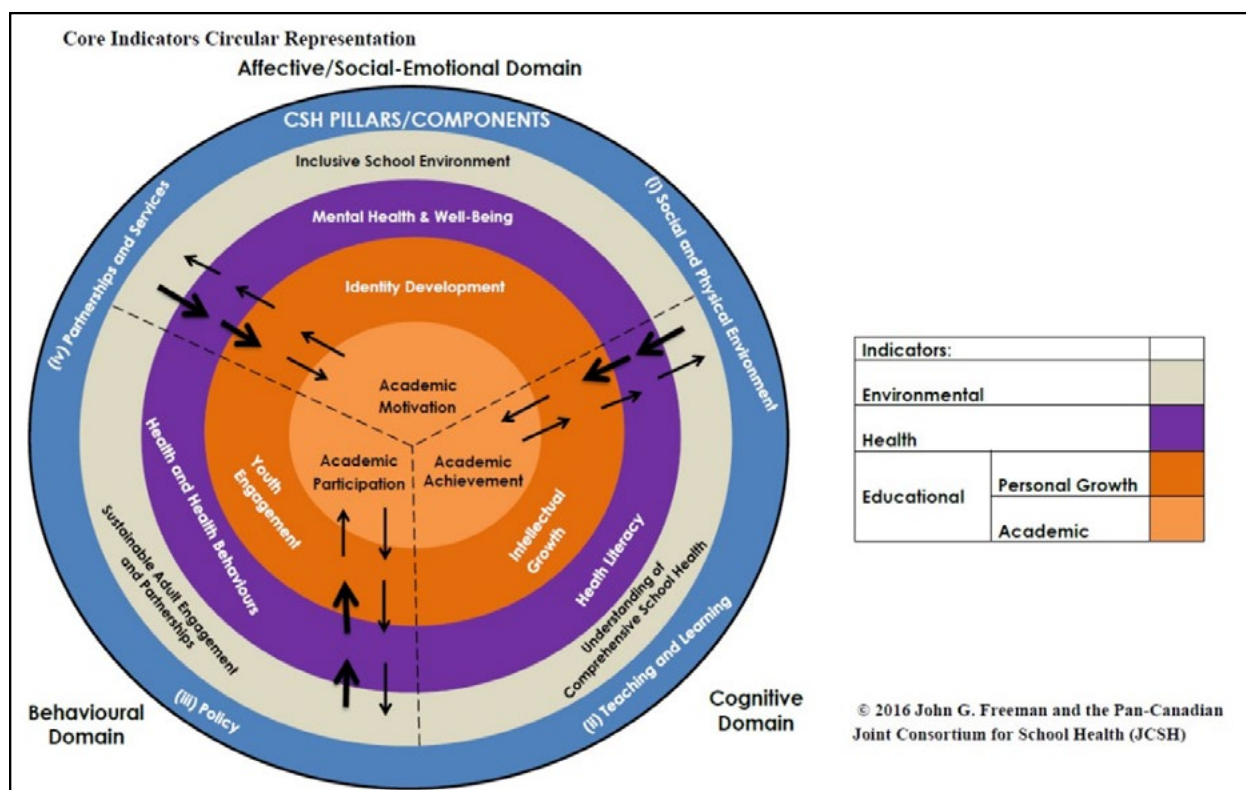


<sup>9</sup> The exception to the resources in English and French is the Statement on Reconciliation. Thanks to the JCSH representatives in Nunavut, this Statement has been also translated into Inuktitut and Inuinnaqtun.

## Core Indicators Model of Comprehensive School Health and Student Achievement (CIM)



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



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 that began with Dr. John Freeman and his team at Social Program Evaluation Group, Queen's University.

## 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 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 represented the 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. This work is well underway.





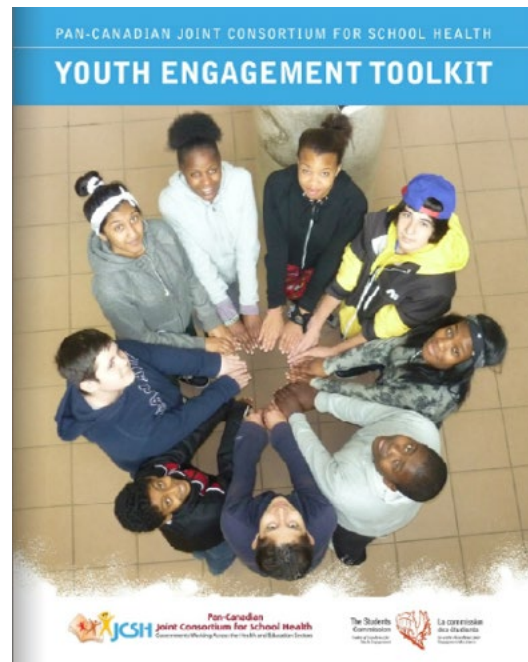
## The Youth Engagement Toolkit

Meaningful youth engagement is associated with young people's positive health outcomes, student achievement, and protection from risk factors. 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.

# RETHINKING CONVERSATION AROUND YOUTH SUBSTANCE USE: ADDRESSING THE PREVENTION OF SUBSTANCE USE HARMS IN CANADIAN YOUTH

In 2021, JCSH initiated a project with The Students Commission of Canada to develop a series of multi-media assets on substance use prevention and harm reduction in Canadian youth Grades 6-12 using a positive youth development approach. The aim was to provide the most current evidence and knowledge on substance use prevention of harms in young people and positive youth development as a set of communication and actionable pieces.

Working with a JCSH task group, The Students Commission of Canada developed a set of videos and resources on preventing youth substance use harms using a positive youth development approach. The multi-media assets consist of three videos: one for youth in Grades 6 to 8, one for youth in Grades 9 to 12, and one for adult allies and educators. Each of the videos was developed in English and in French, with subtitles; companion resources include a discussion guide, and a resources list.

Youth and adult allies were consulted in the initial phases of this project. They expressed that they preferred short videos (under 3 minutes, or a series of 30–50 second videos), especially when they provide information they were not actively seeking. All key audiences also provided input on music and sound effects.

## Just Think Ahead: Video for Youth Grades 6-8

Created for youth in Grades 6-8, [this video](#) encourages individuals to think about their boundaries around substance use ahead of time.



## Just Think Ahead: Discussion Guide for Adult Allies and Educators

Developed as a complement to the Just Think Ahead video, this [Discussion Guide](#) supports adult allies and educators as they accompany their group of youth through the exploration of the topic of substance use.



## Eight Cups of Coffee: Video for Youth Grades 9-12

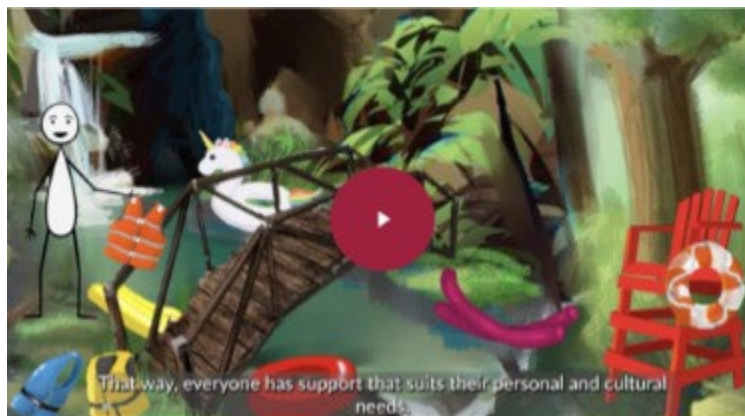
Created for youth in Grades 9-12, this video encourages individuals to support peers who may be struggling with substance use.



## Eight Cups of Coffee: Resources List for Youth Grades 9-12

Developed as a complement to the Eight Cups of Coffee video, this [Resources List](#) guides youth towards nationwide and local resources that can provide support related to substance use.

## River Parable: Video for Adult Allies



Created for adult allies, this video encourages individuals to leverage evidence-based practices to reduce harms related to youth substance use.

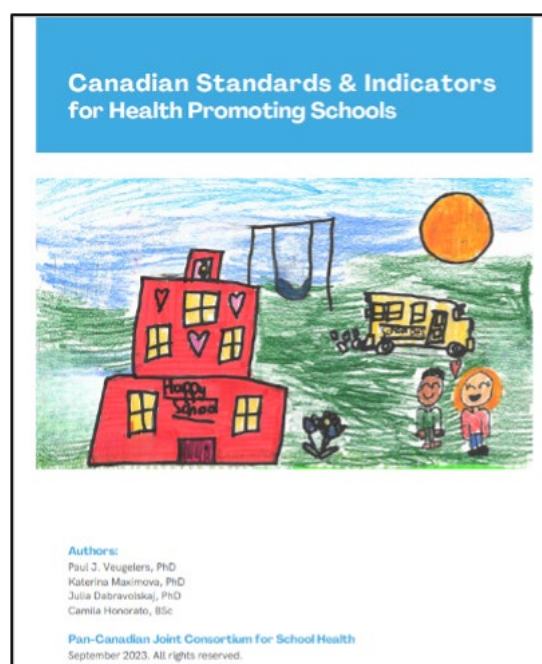
# JCSH 2022-2023: INITIATIVES AND ACCOMPLISHMENTS

*In this current mandate (2020-2025), JCSH began a series of task groups to ensure the annual work plan <sup>10</sup> and the mandate priorities <sup>11</sup> are carried out.*

*Although all JCSH mandates have included a number of similar advisory committees, this is the first mandate to formally support the task groups as essential to its outcomes. From the beginning of this mandate, members of Management Committee and School Health Coordinators' Committee have participated actively in moving forward progress on priorities to the benefit of all jurisdictions.*

## CANADIAN STANDARDS & INDICATORS FOR HEALTH PROMOTING SCHOOLS (2023): NEW PUBLICATION

The newest resource from JCSH is Canadian Standards & Indicators for Health Promoting Schools (2023). This work, available in English and French, free-of-charge, maps out standards and their indicators to support initiatives for Health Promoting Schools in Canada.



<sup>10</sup> JCSH Task Groups for 2022-2023: Annual Work Plan, Equity, Evaluation, Health Behaviour in School-aged Children Research Advisory Committee, Healthy School Planner, Reconciliation, Research Council.

<sup>11</sup> See JCSH Strategic Directions 2020-2025: Appendix D

From the Executive Summary: Schools are ideal settings to promote health and to inspire commitment to Health Promoting Schools (HPS) among students, parents/guardians, school staff, and broader school community. HPS is an internationally recognized approach for supporting improvements in student educational outcomes while addressing school health in a planned, integrated, and holistic way. While several international documents offer a collection of Standards and Indicators, there is a need for a distinct set of Canadian Standards and Indicators to guide the planning, implementation, sustainment, and monitoring and evaluation of HPS in Canadian schools.

Canadian Standards and Indicators for Health Promoting Schools provide a foundation for education and health systems to work together to create healthy school environments to improve the health & well-being and academic outcomes of all students. In this report, Standards refer to the guiding principles and expectations of the implementation and sustainment of HPS, and Indicators refer to the tools or signs that indicate whether schools meet Standards.

These Standards and Indicators have been developed through a rigorous 3-step process: 1) a comprehensive literature review of the peer-reviewed and grey literature on Standards and Indicators related to the HPS approach; 2) a consensus-seeking process among 53 experts from JCSH Member Jurisdictions across Canada who assessed the achievability of Standard Components (i.e., sub-components of Standards) and acceptability and feasibility of Indicators; and 3) grouping Standard Components into Standards and mapping Indicators to these Standards.

This report serves as the roadmap that schools, administrators, school staff, school communities, policymakers, health service providers, and health promotion coordinators and practitioners can follow for the planning, implementation, everyday practice, adaptation, scaling, sustainment, and monitoring and evaluation of HPS in Canadian schools.

## TRENDS AND CHALLENGES IN CANADA'S PROVINCES AND TERRITORIES IN 2022-2023

A primary purpose of JCSH is to bring representatives from the member provinces and territories together as a knowledge network and, through regular meetings, to share knowledge of best practices, innovations, and challenges. Topics included but were not limited to the following:

- Comprehensive School Health / Health Promoting Schools
- Data/Surveys: Health Behaviour in School-aged Children (HBSC)\*, Canadian Student Tobacco, Alcohol and Drug Survey (CSTADS)
- Equity
- Gender, Sexual Health
- Indigenous School Communities
- Mental Health and Well-being
- Physical Health
- Preventing Substance Use Harms



- School Food Environment, in particular, cross-jurisdictional support
- Student Supports

## \*Health Behaviour in School-aged Children 2021-2022 Survey Round: 2023 Update

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; Canada participated for the first time in 1990. HBSC is conducted every four years, now in more than 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 national results of this, the latest survey round, are expected in 2024.

## ENVIRONMENTAL SCANS

The following environmental scan topics were developed and/or updated by JCSH in 2022-2023:

- Equity – Health in All Policies
- Equity – Education: School Development/Improvement Plans
- School-based Mental Health Plans

## WEBINAR SERIES

The following webinars were presented in JCSH's webinar series in 2022- 2023:

**Rethinking Conversation Around Youth Substance Use: A Knowledge Mobilization Process.** Official Launch of New JCSH Resources. Presenters: From The Students Commission of

Canada (SCC). SCC led this work for JCSH. Florence Bergeron (She/her), Lead Analyst; Zac Arseneau (They/he), Network Coordinator; Alexis Holmgren (She/They), Youth Partner.

**School Food Programs Across Canada.** Presenters: Dr. Amberley Ruetz, University of Saskatchewan; Dr. Mary McKenna, University of New Brunswick

A discussion of their research paper: Characteristics of Canadian school food programs funded by provinces and territories.

**Comprehensive School Health Project – Newfoundland & Labrador: Creating Healthy School Settings.** Presenter: Peggy Orbaşlı, Health Promotion Consultant (school and community health), Department of Health and Community Services, Public Health Division, Government of Newfoundland and Labrador.

**Physical Literacy-Enriched School Communities: Towards a Community Valuing Movement: The Physical Literacy Engine for Social Innovation, Equity, and Sustainability.** Presenter: Dr. Dean Kriellaars, University of Manitoba.

**Embracing Life: A tool to support wellness and resilience.** Presenter: Brandi Bell, Senior Policy Analyst Secretariat of Embracing Life, Northern Engagement, Indigenous and Northern Relations, Ministry of Government Relations, La Ronge, Saskatchewan.

**New Brunswick's Student Wellness Survey: How the province manages and displays data on student health and well-being.** Presenter: Monica Lavoie, New Brunswick Health Council.

**Wellness Together Canada: Mental Health and Substance Use Support.** Presenter: Fraser Ratchford Vice-President, Strategic Relations, Stepped Care Solutions.

**Inuit Child First Initiative: Nunatsiavut Government.** Presenters: Dolores Flowers, Regional Child Services Program Manager, Department of Health and Social Development, Nunatsiavut Government; Danielle Baikie, Director of Family Services, Department of Health and Social Development, Nunatsiavut Government.

**An Integrated Population Health Model: Applying Mental Health Literacy Approaches to Address Child and Youth Mental Health.** Presenters: Dr. Yifeng Wei, Assistant Professor, Department of Psychiatry, Faculty of Medicine and Dentistry, University of Alberta; Andrew Baxter, School Mental Health Literacy Lead, Alberta Health Services; Adjunct Lecturer, University of Calgary

**Healthy Lifestyle School Intervention in Slovenia: Lessons learned.** Presenter: Dr. Gregor Starc, [The Academic and Research Network of Slovenia · University of Ljubljana, Faculty of Sport](#)

**Indigenous Youth Health.** Presenter: Dr. Niigaanwewidam Sinclair, Professor & Acting Head, Dept. of Indigenous Studies; Faculty of Arts Professorship in Indigenous Knowledge and Aesthetics - University of Manitoba; columnist Winnipeg Free Press.

## SYMPOSIUM ON SOCIAL MEDIA

From the Executive Summary: *Connected: Youth Health in a Digital World* was a virtual symposium on social/digital media use and youth health that took place in October and November 2022 organized by the Public Health Agency of Canada (PHAC) and the Pan-Canadian Joint Consortium for School Health (JCSH). *Connected* consisted of a four-part webinar series and a two-day meeting.

The webinar series included:

- Promoting Healthy Digital Media Use Among Children and Youth
- Researcher Perspectives on Youth Health in a Digital World
- UNICEF and MediaSmarts perspectives on Youth Health in a Digital World
- Youth Perspectives on Youth Health in a Digital World

The purpose of the two-day follow-up meeting was to identify potential collaborative federal / provincial / territorial projects to promote healthy social/digital media use among youth, as well as establish relationships between levels of government, across jurisdictions, and across health and education.



# 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.

- 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 its 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.

### 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 15th 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. 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).

8.4 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
Totals	\$24,000	\$76,000	\$100,000

# Appendix B: Pan-Canadian Joint Consortium for School Health Statement of Revenue, Expenses, and Operating Surplus

For The Year Ended March 31, 2023

	2022	2023
<b>Revenue</b>		
Membership Fees	\$100,000.00	\$100,000.00
Public Health Agency of Canada	\$150,000.00	\$150,000.00
Miscellaneous Revenue	\$721.34	\$4,751.93
<b>Total</b>	<b>\$251,721.34</b>	<b>\$254,751.93</b>
<b>Expenses</b>		
Administration	\$1,825.08	\$597.77
Materials, Supplies, and Services	\$3,835.95	\$5,858.80
Professional Services	\$68,000.00	\$20,000.00
Salaries	\$171,307.26	\$173,261.60
Projects		
<b>Total</b>	<b>\$244,968.29</b>	<b>\$199,718.17</b>
Operating Surplus/(Deficit)	\$5,753.05	\$55,033.76
Accumulated Surplus/(Deficit) - Opening	\$103,383.04	\$109,136.09
Accumulated Surplus/(Deficit) - Closing	\$109,136.09	\$164,169.85



# Appendix C: JCSH Statement on Reconciliation

## 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.

p.  
33

« 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 inuuhiaqaqtunik aallatqiinik ihuigiyuutigivagaintut pidjutauvaktut aanniaqtailinikkut iliharnikkullu ukununga First Nations, Métis ukunungalu Inuit nutaqqanut.

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

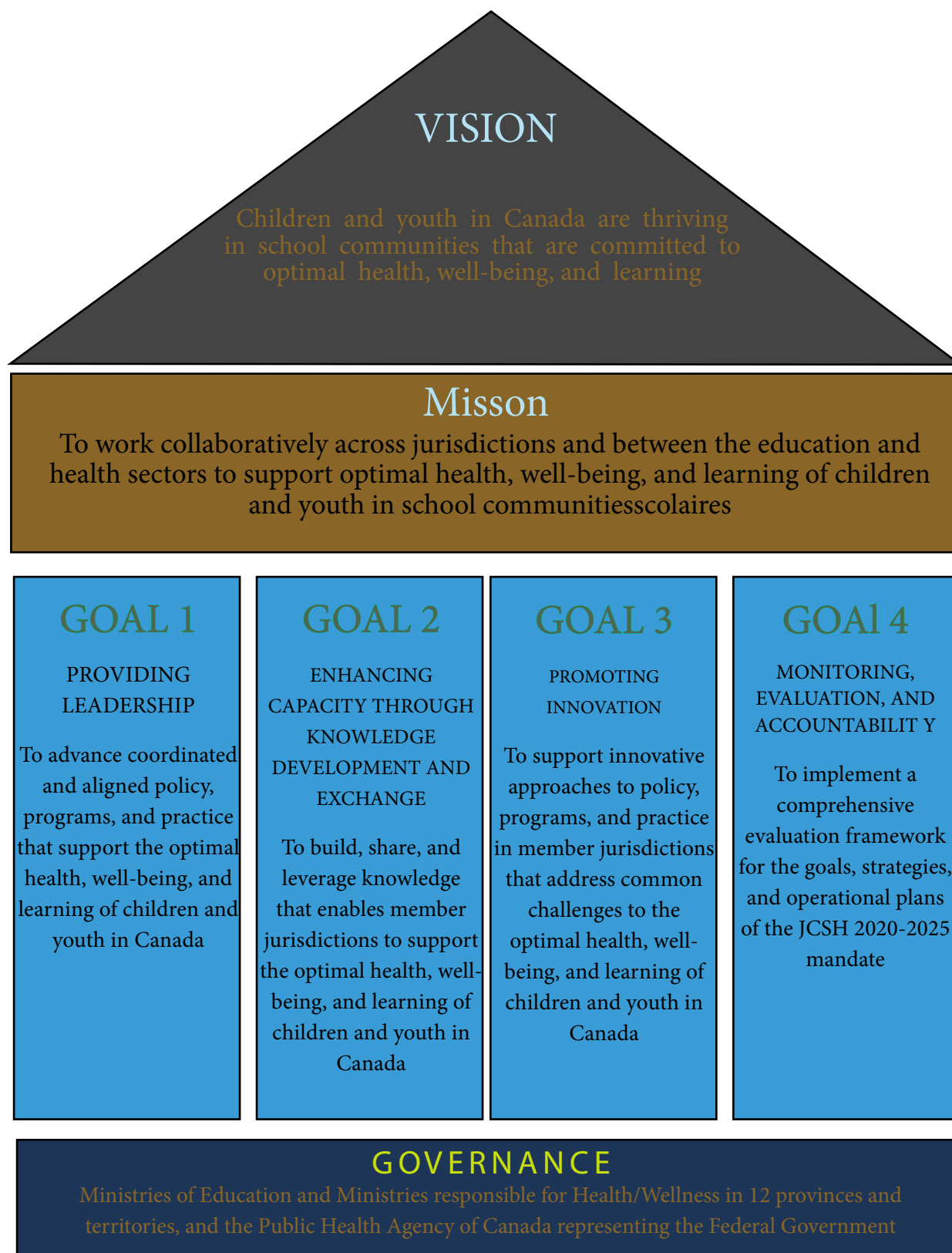
JCSH-kut ilihimayait piyakhat inmikkut pivallianirmut Nunaqaqqaaqhimayunut inungnut naunaiyariiqlumayumut talvani uqariiqlumayunut pilaarutikhanut inungnut United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). JCSH-kut havakpiakniaqtut ikayuqlugit naunaiktidjutigilugillu Nunaqaqqaaqhimayut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

JCSH-kut kiuniaqtut Pitquidjutit Havaktauvuvlugit nakuuhivallialugit piqatigiigutikhat ukunani First Nations, Métis, Inuinnauyunullu, naunaiklugit pidjutit hakugiknikkut pittaarutikhanullu. Una pidjutikhaq ihuaqhiyuumilugu piqatigiigutikhaptungnut 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 avaliangittut" JCSH-kullu ikayuqtait ikayuutigivlugu pihimmaaqlutik uumunga pidjutikhamut.



# Appendix D: JCSH Strategic Directions 2020-2025





## 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.

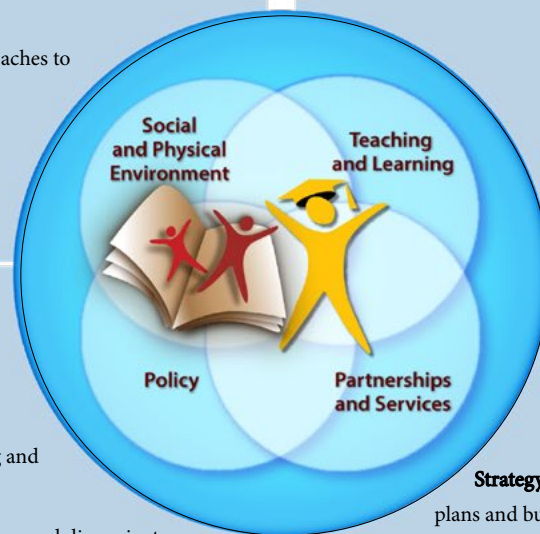
## Enhancing Capacity Through Knowledge Development and Exchange

**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:** 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.