

An illustration of a schoolhouse with a wooden texture and a large gabled roof. In the foreground, several children are walking on a path, some carrying backpacks. A large, colorful kite (red, orange, and yellow) is flying in the sky, with a smaller purple kite also visible. The background features stylized mountains in shades of purple and blue, and a few evergreen trees. The overall scene is bright and cheerful, representing a school environment.

Pan-Canadian
Joint Consortium
for School Health

2025
Annual Report

September 2025

The logo for the Joint Consortium for School Health (JCSH) and the Canadian Centre for School Health (CCES). It features a stylized graphic of a person or a group of people in motion, composed of several overlapping, colorful shapes (blue, green, yellow, orange, red) that form a dynamic, upward-pointing figure.

JCSH-CCES



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Executive Summary

The Pan-Canadian Joint Consortium for School Health (JCSH) brings together key representatives of provincial/territorial government departments responsible for health/wellness 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/territorial ministers of education and provincial/territorial ministers responsible for health/wellness have formally committed to this work, with financial support from the Public Health Agency of Canada representing the federal government. In 2024, the JCSH provincial/territorial representatives obtained approvals for the next five-year mandate. On April 1, 2025, this mandate (2025-2030) began.





JCSH Priorities 2020-2025

JCSH champions the application of a health-promoting schools (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, the JCSH champions broad, assets-based approaches to supporting students, improving outcomes, and tackling challenges. The priorities for the 2020-2025 mandate 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.”¹

¹ JCSH Strategic Directions 2020-2025 p. 4

JCSH Accomplishments 2024-2025

The overarching focus of JCSH in 2024-2025, as it has been since its inception, was to act as a community of practice, a forum for education and health/wellness ministry representatives of all Canadian provinces and territories with the exception of Quebec, along with the Public Health Agency of Canada and the Council of Ministers of Education, Canada (CMEC) Secretariat. The members met to advance knowledge, exchange resources, discuss challenges and achievements, and support improvements for each province and territory’s children and youth from kindergarten to Grade 12. These opportunities for collaboration and exchange occurred regularly in 2024- 2025 through meetings of the JCSH tables.

Specific accomplishments:

- JCSH completed an external evaluation in 2024, which led directly to the development of the 2025-2030 mandate. Beginning in May 2024, each member province and territory, along with the Public Health Agency of Canada, committed to participating in the 2025-2030 mandate. The 2025-2030 Agreement commenced on April 1 2025.
- JCSH has a revised [website](#), with new design, graphics, and logo. The new layout is intended to enhance the website's contribution to communications, and engage visitors as they explore JCSH's foundations, commitments, and resources.
- JCSH's longstanding Comprehensive School Health Framework, first completed in 2008 and revised in 2016, has also been redesigned and relabeled. Adhering to the commitment made in 2023 by the JCSH Management Committee to change from using Comprehensive School Health to the more universally-used Health Promoting Schools, the framework has also been renamed. The [Health Promoting Schools Framework](#) and [2-pager](#) can be found on the JCSH website, along with historical pieces describing and supporting Health Promoting Schools / Comprehensive School Health.
- Towards a renewed Healthy School Planner, a foundational JCSH resource originating in 2007, [Canadian Standards & Indicators for Health-Promoting Schools](#), published in 2023, was followed up in 2024 with a report summarizing the views of a consensus-building consultation with educators and system administrators throughout Canada. [Promoting Adoption and Implementation of the Canadian Standards & Indicators for Health Promoting Schools across Canada](#) has been completed, the result of the consultation process by the leads and supported by the JCSH advisory committee. The new publication offers insight not only into what educators would like to see in a new Healthy School Planner, but also how they want to have new resources developed for their use.
- A webinar series, begun in 2020, continued on a regular basis with researchers, policy-makers, and practitioners presenting on issues of priority to JCSH. In the past year, there were six webinar presentations.
- The JCSH Reconciliation Advisory Committee continues to reflect the wise practices and strengths-based approaches to child and youth health, well-being, and learning outcomes in Canada. The new 2025-2030 mandate has new objectives to support reconciliation practices by JCSH.

- The JCSH Research Network continues to develop relationships between the health and education ministry representatives of JCSH and the researchers focusing on applied youth health and education interconnections.

Next Steps

The JCSH 2025-2026 annual work plan continues to focus on priorities that support its community of practice and the healthy school setting. In the 20 years since inception, there have been many changes in how the provincial, territorial, and federal representatives gather to exchange ideas, challenges, and innovations. As JCSH begins its next mandate, it looks to the most recent evaluation to determine the directions forward.

Always, the purpose is to improve the health, well-being, and educational outcomes for children and youth in Canada.



UPSTREAM APPROACHES AND HEALTH PROMOTING SCHOOLS: THE CASE FOR CROSS-SECTOR COLLABORATION

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. Healthy students are better learners; educated individuals are healthier.²³⁴ 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.⁵ Yet, the achievement of equitable learning and well-being outcomes for all children and youth in Canada is a complex issue requiring system change.

The work toward system change is a sustained commitment of JCSH. Its health and education representatives actively support initiatives that move from individual responsibilities to more upstream approaches, that celebrate the strengths and assets of each school community in the country, from the smallest and most remote villages to the largest cities.

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, and for all to teach and to learn from one another.



2 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>.

3 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/>

4 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

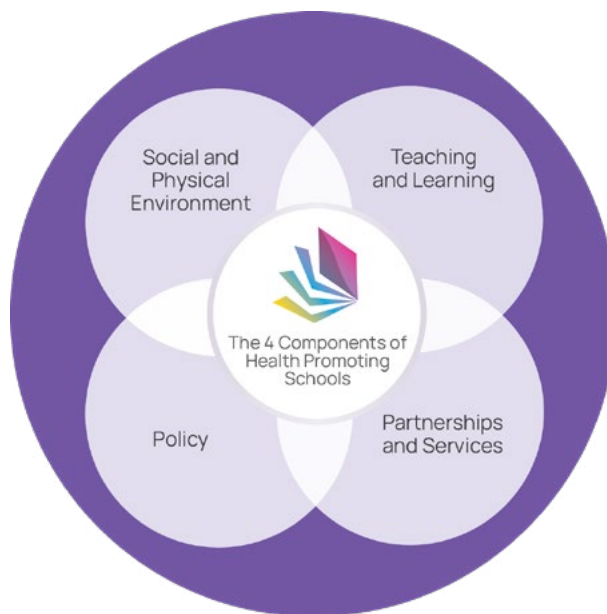
5 Basch CE. (2011). Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health*. 81 (10), p. 597.

Moving away from a focus on individual behaviour change to population health has been evidenced by consistent attention to and reflection of diverse cultural perspectives, and by continuing to explore effects of social and structural impacts on the determinants of health.⁶ This is the basis for JCSH to champion the Health Promoting Schools Framework.

ABOUT HEALTH PROMOTING SCHOOLS

The use of a planned, integrated, and holistic approach to student achievement and well-being improvements is known in Canada and internationally as Health Promoting Schools (HPS).⁷ The four-component framework developed by JCSH in 2008 shows how each unit works synergetically - essential parts of the whole.

HEALTH PROMOTING SCHOOLS FRAMEWORK



This whole-of-school approach involves the entire school community and comprises four distinct but inter-related components: Teaching and Learning, Social and Physical Environment, Policy, and Partnerships and Services.

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.

⁶ 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.

⁷ Comprehensive School Health has been the term championed by JCSH since its formation in 2005. In 2023, JCSH formally moved to use of Health Promoting Schools as the term describing the whole school approach to the inter-relationship of student learning with well-being and health. At this time, Comprehensive School Health describes the four-component framework.

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 with 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.

HEALTH PROMOTING SCHOOL COMMITMENT IN CANADA: STUDENT ACHIEVEMENT AND STUDENT WELL- BEING

In all provinces and territories in Canada, the links between healthy students and optimal learning outcomes are recognized and supported. The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, students in school settings.

In Canada, the JCSH models and encourages the collaborations between education and health sectors essential to implementing the Health Promoting Schools Framework components in school communities.



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:

- 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 observer capacity.

The Council of Ministers of Education, Canada Secretariat sits as an observer.

Although Quebec shares the concerns and objectives of the JCSH and will continue 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 2020-2025 mandate. In the months just prior to the publication of this report, they committed to the 2025-2030 mandate.

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 those 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.

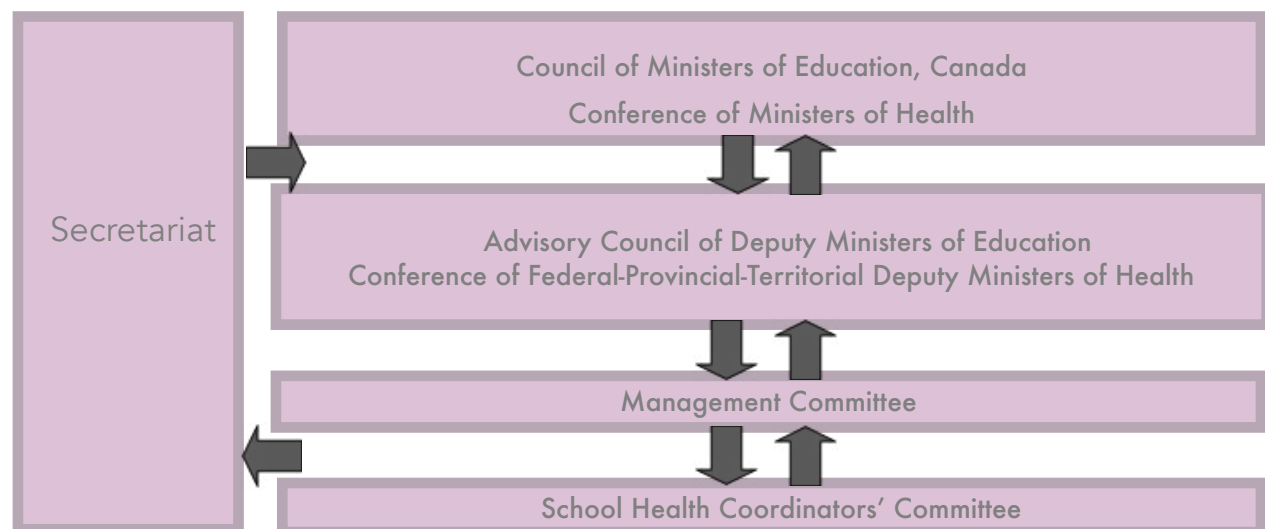
Increased Recognition

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 Committees' representatives and 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 JCSH task groups and 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/wellness. The School Health Coordinators' Committee serves as a pan-Canadian forum to advance health promoting school initiatives throughout Canada, and to support collaboration and alignment between health and education sectors in the promotion of student success and well-being. It is the opportunity for the representatives to share challenges impacting health and learning outcomes in youth, to translate knowledge into local contexts, to support individual member jurisdictions, and to provide opportunities for learning and innovation.

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 seven below are 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.

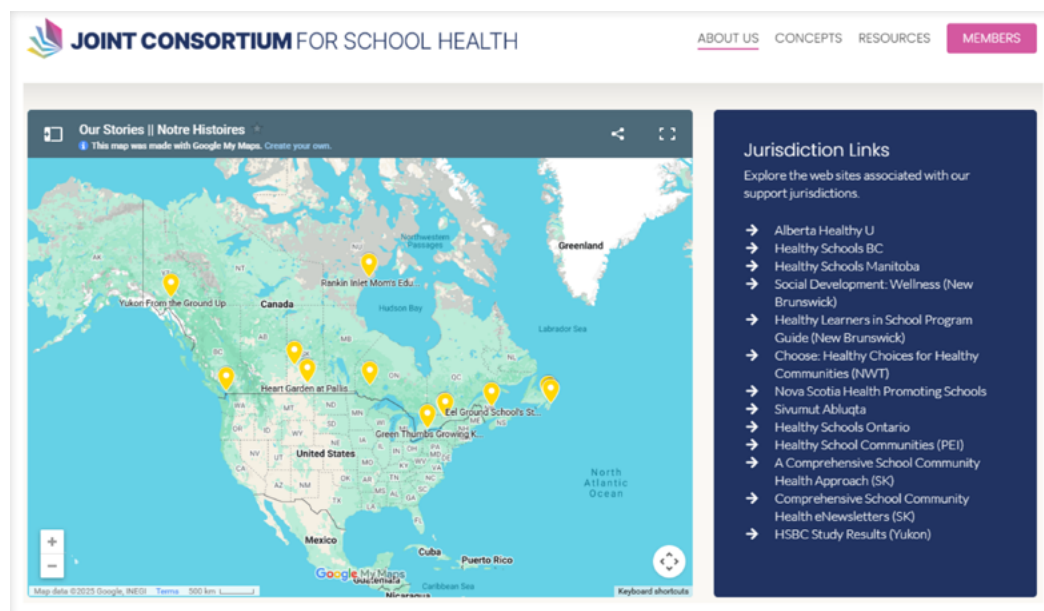
The resources below were developed for every school, offering supports to school communities, free of charge, in English and French.⁸ They can be found in the links below or on the JCSH website. In addition to the Health Promoting Schools Framework, noted earlier, the Core Resources of JCSH in 2024-2025 are outlined below.

JCSH Statement On Reconciliation (2019)

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

JCSH Website

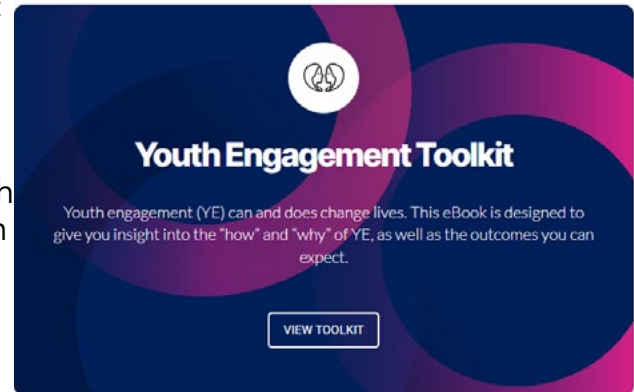
Essential to communications and work of JCSH is the website. Housed at www.jcsh-cces.ca, the website offers the essential link to the resources, key concepts and foundational documents, and contacts. It is also the link for sharing wonderful work underway in school communities throughout Canada, such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



YOUTH ENGAGEMENT TOOLKIT⁹ – 2024-2025 REVISION

To build the latest version of the longstanding and popular *Youth Engagement Toolkit*, JCSH once again turned to The [Students Commission of Canada](#). This new toolkit is available in three formats in English and French: a web-based version, a series of PDFs, and an app. This toolkit answers the question: Why is Youth Engagement Important?

“It’s simple. Youth engagement can and does change lives. This eBook is designed to give you insight into the “how” and “why” of youth engagement, as well as the outcomes you can expect. Youth engagement recognizes young people’s right to participate in decisions that impact them and acknowledges the great skills and strengths they bring to the table. It injects young people as valued stakeholders into creating effective and inclusive policies, programs and environments.



Youth engagement is especially crucial in the post-pandemic world for several reasons:

Reduces Social Isolation: Many young people experienced heightened social isolation during the pandemic due to lockdowns and social distancing measures. Engaging them in activities and communities helps counteract these feelings of isolation, providing them with meaningful interactions and a sense of belonging.

Promotes Social Connection: Active engagement fosters stronger connections among peers and with supportive adults. This helps build a network of relationships that can offer emotional support, friendship and a sense of community, which are vital for mental and emotional well-being.

Supports Mental Health: Engaging youth in positive and constructive activities can alleviate stress and anxiety, which have been prevalent among young people during and after the pandemic. It also encourages the development of coping skills and resilience.

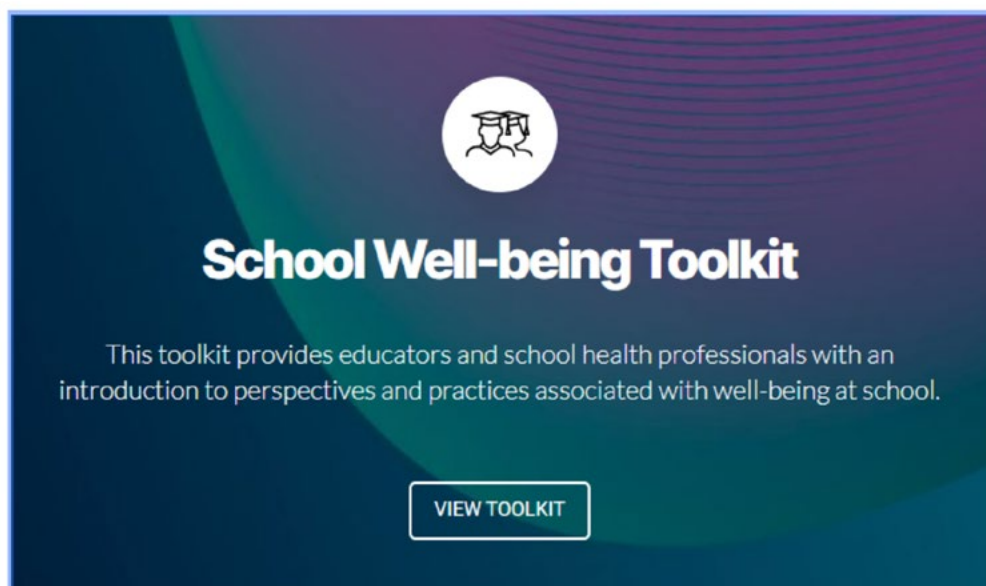
Encourages Personal Growth: Through engagement, young people have opportunities to develop new skills, interests and talents. This growth can enhance their self-esteem, sense of purpose and readiness to contribute positively to their communities.

Strengthens Community Bonds: When youth are actively involved, they contribute to and benefit from a stronger, more connected community. This mutual support helps communities recover and thrive in a post-pandemic world.”

⁹ This new toolkit was supported by advisory committees of JCSH representatives from provinces and territories throughout the country, and the toolkit’s developers thank and acknowledge these committees.

SCHOOL WELL-BEING TOOLKIT¹⁰ – 2024-2025 REVISION

As was the case for the Youth Engagement Toolkit, JCSH returned to the creators of the longstanding Positive Mental Health Toolkit to develop this newest edition, Dr Patti Petterson of [WMA Wellness](#). This toolkit is available in web-reading format, PDF, and an app – in both French and English. In the *School Well-being Toolkit*, “promoting well-being at school means understanding perspectives and practices that set the conditions for a healthy school environment where students and school teams experience well-being (positive emotions, life satisfaction) and thriving (positive development, purpose and resilience) within their daily learning routines and interactions.” The introductory module sets the stage for the promotion of well-being perspectives and practices in a range of areas essential to the creation of a healthy school environment, including:



- Introduction: Well-being at School (Module 1)
- Strengthening Student Connectedness (Module 2)
- Engaging Student Strengths (Module 3)
- Fostering Agency and Voice (Module 4)
- Building Student Resiliency (Module 5)
- School Team Well-being: Mental Fitness (Module 6)
- School Team Well-being: Resiliency (Module 7)

¹⁰ This new toolkit was supported by advisory committees of JCSH representatives from provinces and territories throughout the country, and the toolkit’s developers thank and acknowledge these committees.

HEALTHY SCHOOL PLANNER – REDEVELOPMENT (3 Phases)

The Healthy School Planner (HSP) was a cornerstone of JCSH resources from its initial development in 2007. In the absence of anything similar in Canada, JCSH built the HSP as an assessment and action tool for Canadian schools, framed around the JCSH's Comprehensive School Health framework.¹¹ It captured elements from three resources that focused on healthy schools: Michigan Healthy Schools Assessment Tool (HSAT); ASCD Healthy School Report Card Canada Edition (HSRCC); and SHAPES (School Health Action, Planning and Evaluation System).¹² The direct benefits were for schools; school districts/boards were also able to roll up data to get a picture of how schools were doing as a group.

In 2022, JCSH removed the Healthy School Planner from its website as its age and technology capacity made it no longer functional. JCSH also realized that a similar tool was now in use in Canada. These two factors provided an opportunity to build a new resource that could complement other resources and respond to feedback through the years that an assets-based resource would be welcome.

In order to prepare for a new Healthy School Planner, JCSH completed two initial phases: developing Canadian Standards and Indicators for Health Promoting Schools¹³ and understanding what educators and school/education professionals recommended as formats for school-based tools.

These first two phases were completed in December 2023 and February 2025.

PHASE 1: CANADIAN STANDARDS & INDICATORS FOR HEALTH PROMOTING SCHOOLS

This work, available in English and French, maps out Standards and their Indicators to support initiatives for Health Promoting Schools in Canada. It provides a foundation for education and health systems to work together to create healthy school environments that will help 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 Health Promoting Schools, and Indicators refer to the tools or signs that indicate whether schools meet Standards.

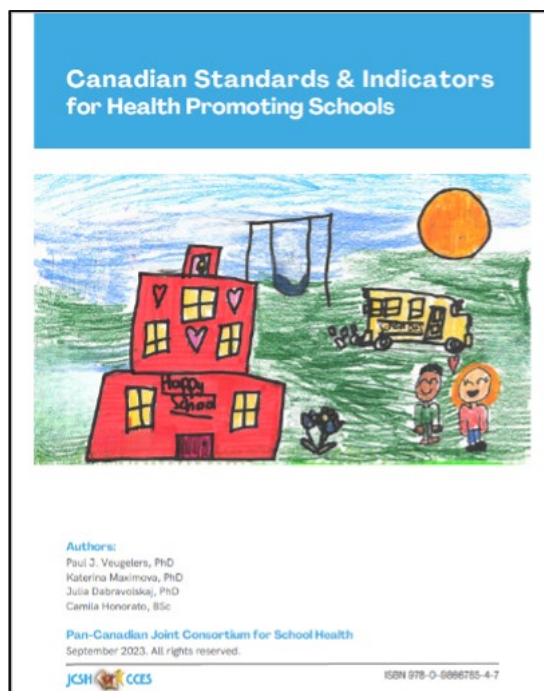
¹¹ Changed in 2024 to the Health Promoting Schools Framework

¹² Healthy Schools Assessment Decision Document, December 2007. JCSH

¹³ Canadian Standards & Indicators for Health Promoting Schools complemented two reports: European Standards and Indicators for Health Promoting Schools (2019) and Global Standards and Indicators for Health Promoting Schools (2020).

These Standards and their Indicators were developed through a rigorous three-step process: 1) a comprehensive literature review of the peer-reviewed and grey literature on Standards and Indicators related to the Health Promoting Schools 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.

There are nine Standards in the resource, with Indicators for each Standard. The standards are as follows:



Standard 1. School engages the community for the implementation and sustainment of the HPS approach.

Standard 2. School leadership is dedicated to the HPS approach.

Standard 3. School policies support the HPS approach.

Standard 4. School environment is conducive to the safety and health and well-being of students and school staff.

Standard 5. School's curriculum and health education prepare students for healthy futures.

Standard 6. Governing system prioritizes and supports the HPS approach.

Standard 7. School health services support the health and well-being of all students.

Standard 8. School promotes equity, diversity, inclusion, accessibility, and Indigeneity.

Standard 9. Monitoring and evaluation inform the implementation and sustainment of the HPS approach.

PHASE 2: PROMOTING ADOPTION AND IMPLEMENTATION OF THE CANADIAN STANDARDS AND INDICATORS FOR HEALTH PROMOTING SCHOOLS ACROSS CANADA

The purpose of this phase was to consult with educators and school systems experts and learn about the factors that support or hinder the planning, implementation, and maintenance of a Health Promoting Schools approach in schools in Canada. Led by Dr. Paul Veugelers and Dr. Katerina Maximova, the consultations revealed the kinds of resources deemed either extremely or very useful to schools as well as the components that should be in place for educators to build, improve, and maintain a Health Promoting School.

When asked what content this new tool/resource should have, the following areas were deemed most important:



- specific actions that need to be taken at the school (91%) and school authority (85%) levels to maintain and implement HPS;
- strategies for how schools can better support Indigenous students (e.g., land-based learning) and those from diverse cultural backgrounds (83%);
- best practices for the implementation and maintenance of HPS (79%);
- strategies to help school communities build partnerships with local organizations and tap into their resources (77%);
- milestones and measures that can be used to track school's progress toward HPS (75%);
- strategies for how to build on specific assets in school communities (74%).

PHASE 3: NEW HEALTHY SCHOOL PLANNER

Work to bring about the new Healthy School Planner will begin during 2025-2026.

RETHINKING CONVERSATION AROUND YOUTH SUBSTANCE USE: ADDRESSING THE PREVENTION OF SUBSTANCE USE HARMS IN CANADIAN YOUTH (2022)

In 2021-2022, JCSH worked with The Students Commission of Canada to develop a series of multi-media assets on preventing substance use harms in youth using a positive youth development approach. The aim was to provide the most current evidence and knowledge on preventing substance use harms in young people by taking a positive youth development perspective and by developing a set of communication and actionable pieces that would appeal to youth and youth allies as a set of communication and actionable pieces.

Working with a JCSH advisory committee, the Students Commission developed a set of videos and resources. 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. The videos are dually presented 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 the videos provide information the youth 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 ahead of time about their boundaries around substance use.

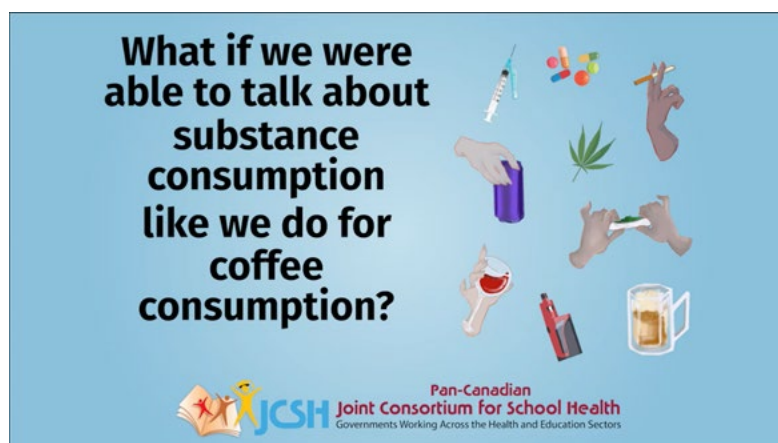


Just Think Ahead: Discussion Guide for Adult Allies and Educators

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.

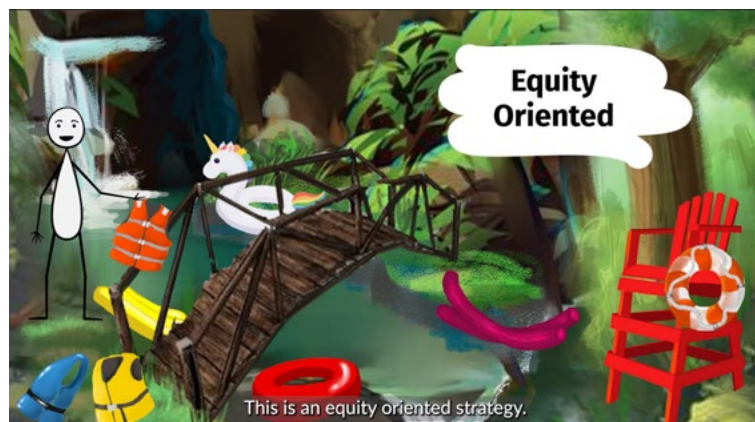


Eight Cups of Coffee: Resources List for Youth Grades 9-12

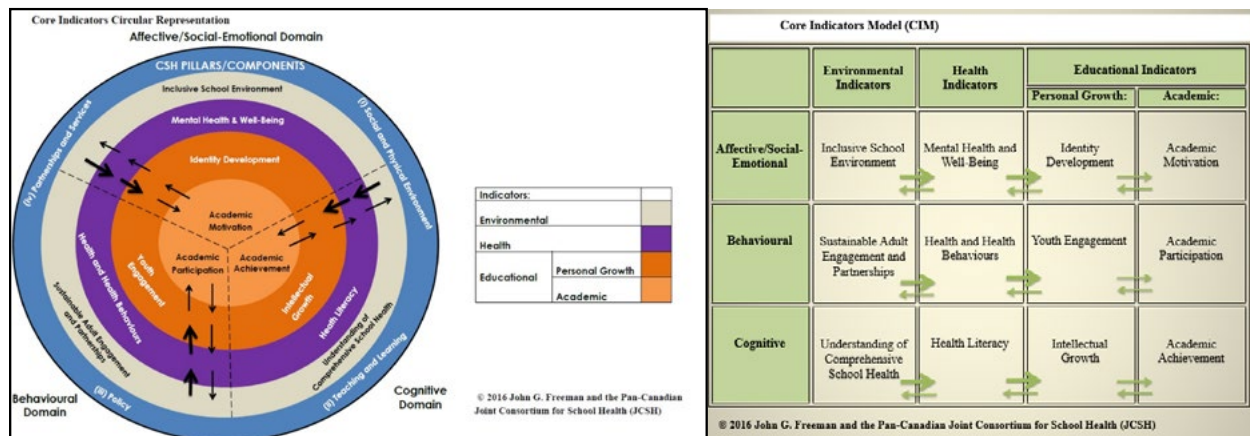
Developed as a complement to the Eight Cups of Coffee video, this [Resources List](#) guides youth towards nationwide and local resources that can provide support related to substance use.

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.



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 student's academic outcomes and a health promoting school community.

The CIM was built on research on health promoting schools / comprehensive school health and how this approach is operationalized in schools. It was 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 health promoting schools in building educator and administrator understanding of its essential connections with achievement. Student agency, community partnerships, and 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.



JCSH 2024-2025: LOOKING BACK, LOOKING AHEAD

JCSH, with the publication of this Annual Report, completes the requirements for its fourth five-year mandate. The provincial and territorial ministers of education and the provincial and territorial ministers of health/wellness agreed to collaborate and form the Pan-Canadian Joint Consortium for School Health in 2005 as a way to bring together these two large systems for the sole purpose of supporting and improving the health, well-being, and education outcomes in all children and youth in Canada. JCSH has continued ever since, always with the active support of the ministers of education and the ministers responsible for health/wellness in 12 of the 13 provinces and territories, and the support of the federal government through the Public Health Agency of Canada.

The overarching initiatives and accomplishments in 2024-2025 for JCSH were: (1) the evaluation of the 2020-2025 mandate, (2) the support and agreement of the 12 provinces and territories and the Public Health Agency of Canada for the 2025-2030 mandate, (3) the updating of two core resources and progress on a third, (4) and the ongoing engagement and communications among representatives of Management Committee and School Health Coordinators' Committee. The fifth mandate began on April 1, 2025.

TRENDS AND CHALLENGES IN CANADA'S PROVINCES AND TERRITORIES IN 2024-2025

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

- Health Promoting Schools / Comprehensive School Health
- Data/Surveys: Health Behaviour in School-aged Children (HBSC) study, Canadian Tobacco, Alcohol and Drug Survey (CTADS), COMPASS Survey, provincial/territorial specific surveys
- Equity, Diversity, Inclusion, Accessibility

- Gender, Sexual Health
- Indigenous School Communities
- Mental Health and Well-being
- Physical Health
- Preventing Substance Use Harms (Vaping / Vaping Controls, Naloxone kits in schools)
- School Food Environment (new National School Food Program)
- Student Supports
- Educator Well-Being
- Social-Emotional Learning Assessment Tools

SUB-COMMITTEES

From the beginning of the 2020-2025 mandate, JCSH members of Management Committee and School Health Coordinators' Committee have participated in a series of advisory or sub-committees to ensure the tasks and other elements of the annual work plan are fully carried out. Although all JCSH mandates have included a number of similar sub-committees reporting to the full tables, this was the first mandate to formally support these small groups¹⁴ as essential to its outcomes. From the beginning of the mandate,¹⁵ members of Management Committee and School Health Coordinators' Committee have participated actively in moving forward progress on priorities to the benefit of all jurisdictions. In a few committees, colleagues of JCSH representatives with subject-matter expertise also participate.

WEBINAR SERIES

The following webinars were presented in JCSH's webinar series in 2024- 2025:

Epidemiologic Evidence of Mental Health in Children and Youth in Canada: Current State and Future Directions. Presenter: Dr. Kathy Georgiades, Professor and David R. (Dan) Offord Chair in Child Studies, Department of Psychiatry and Behavioural Neurosciences & Offord Centre for Child Studies, McMaster University (September 2024).

¹⁴ JCSH Advisory Groups for 2024-2025: Annual Work Plan, Evaluation, Healthy School Planner, Reconciliation, Research Network, School Well-being Toolkit, Youth Engagement Toolkit.

¹⁵ See JCSH Strategic Directions 2020-2025: Appendix D

Indigenous Cultures and Supporting Mental Health. Presenter: Michael Gubbels, Indigenous Training and Protocol Specialist, Indigenous Initiatives Branch, Strategy & Governance Division, Ministry of Environment and Protected Areas, Government of Alberta; Member of JCSH Reconciliation Advisory Committee (September 2024).

Building Your Toolbox: School-Based Interventions to Prevent Youth Vaping. Presenter: Dr. Adam Cole, Assistant Professor at Ontario Tech University, Tobacco/Vaping Lead on the COMPASS Study (February 2025).

Bullying and Empathy - Training Students and Teachers to Optimize Brain Health. Presenter: Dr. Jennifer Fraser, Author of *The Bullied Brain: Heal Your Scars and Restore Your Health* (February 2025).

Co-Creating Capacity for Change: A National Strategy for School-Based Substance Use Harm Prevention. Presenters: Dr. Emily Jenkins, Scientific Director, Wellstream, The University of British Columbia; Dr. Tonje Molyneux, Postdoctoral Fellow and Preventive Pedagogy Specialist, Wellstream, The University of British Columbia (May 2025).

Benchmarks for Comprehensive Sexual Health Education in Canada. Presenter: Dr. Jessica Wood, Director of Research & Policy Development, The Sex Information & Education Council of Canada (SIECCAN) (May 2025).

MOVING FORWARD

JCSH encountered a number of challenges during the 2020-2025 mandate it had not experienced in previous mandates: the COVID-19 pandemic, the end of in-person meetings leading to challenges in relationship-building among the provincial and territorial representatives, and increased frequency of turnovers in ministry representatives sitting at Management Committee and School Health Coordinators' Committee. Nevertheless, what was "resoundingly clear" in the 2024 evaluation of that mandate is that "the JCSH has been a unique table for jurisdiction representatives to engage on comprehensive school health, while building a community of practice and network of collaborators that representatives could depend on for advice, support, and shared learning across sectors and jurisdictions."

The 2025-2030 mandate has begun. There will be new challenges and accomplishments. What can be anticipated is that JCSH will remain that "unique table" of education and health/wellness ministry representatives to build a community of practice and the trusted networks that come from this opportunity. JCSH approaches 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. Health Promoting Schools is the foundational framework through which initiatives are developed.



Appendix A: Pan-Canadian Joint Consortium for School Health Agreement 2020-2025

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 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. 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 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 JCOSH 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, 2024

	2024	2025
Revenue		
Membership Fees	\$100,000.00	\$100,000.00
Public Health Agency of Canada	\$150,000.00	\$150,000.00
Miscellaneous Revenue	\$13,174.00	\$11,476.28
Total	\$263,174.00	\$261,476.28
Expenses		
Administration	\$1,350.07	\$506.18
Materials, Supplies, and Services	\$7,260.00	\$12,362.25
Professional Services	\$59,375.00	\$133,625.00
Salaries	\$183,387.03	\$174,279.13
Projects		
Total	\$251,372.10	\$370,722.56
Operating Surplus/(Deficit)	\$11,801.90	\$ -59,269.28
Accumulated Surplus/(Deficit) - Opening	\$164,169.85	\$175,971.75
Accumulated Surplus/(Deficit) - Closing	\$175,971.75	\$116,675.47

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.

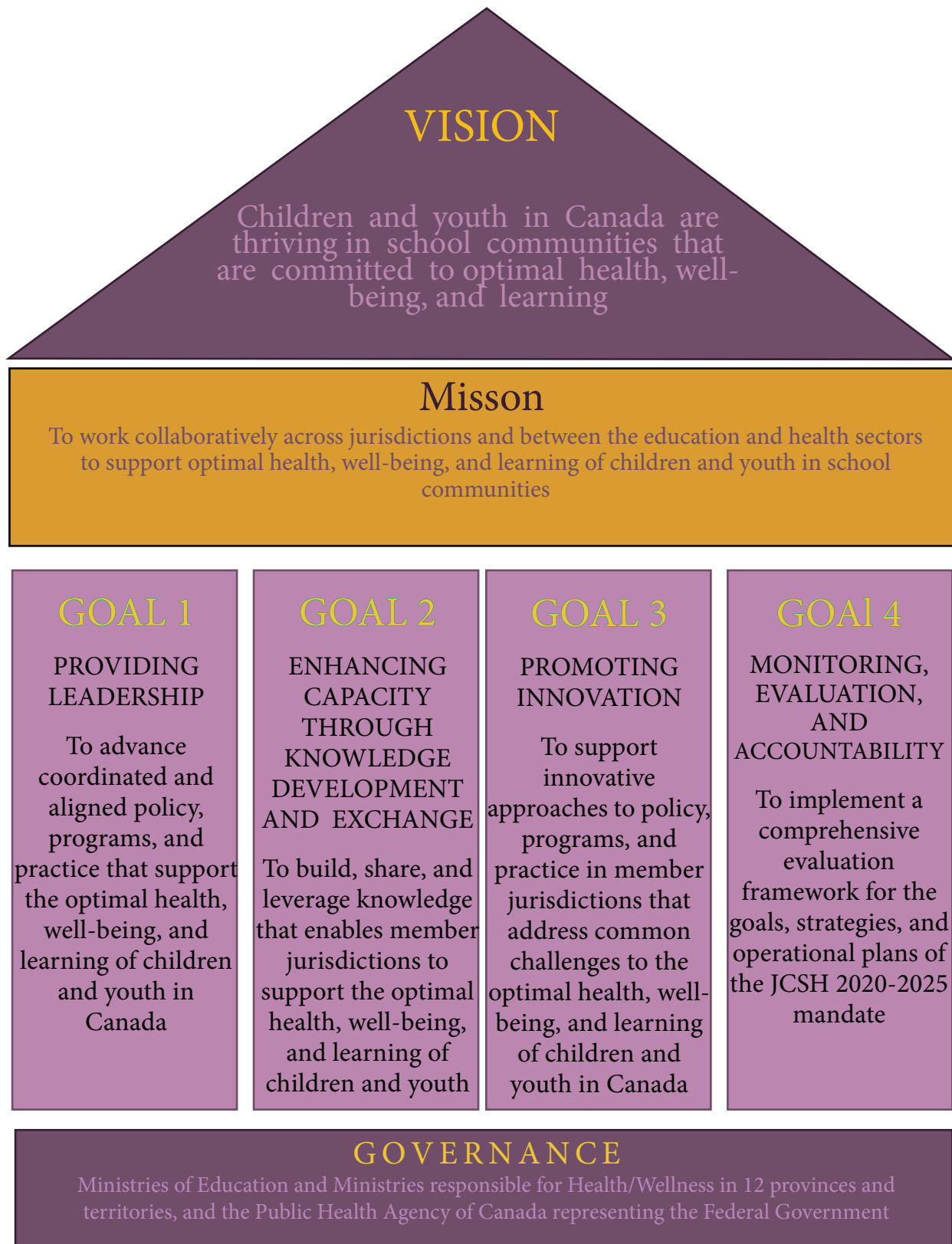
« Bien qu'ils aient été soumis à des politiques d'assimilation agressives pendant près de 200 ans, les peuples autochtones ont conservé leur identité et ont préservé leurs collectivités. Ils continuent de défendre leurs droits à l'autonomie gouvernementale. Ils ne sont pas seuls dans cette bataille », 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 ahinukyuq nunamut ilihariaktuqhimayut kangaraalukmit unalu pidjutigihimayait nunaqatigiiliqhimayunut, kingulliriiqaqtuni inungnut kanagaraalukmit ayuqhautikyuq unalu inungni inuuhiaqaqtunik 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 Katimayiuyut Kaanatamut (Truth and Reconciliation Commission of Canada) ilitarivlugit ihuirutauvaktut pidjutigivagait ahinukyuq nunanut ilihariaktuqhimayunut ilihapakhutik. Atuqpaktaqqullu nunakyuami pidjutikhaq kangiqhipkaidjutikhanut tahapkununga, ihuaqqallu, havaarilugitqanmaqtuq Pitquidjutit Havaktauquvlugit ilihaidjutikhanut aanniartailinirmullu.

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: 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.

