JCSH-CCES



JCSH Annual Report 2025-2026

September 2026

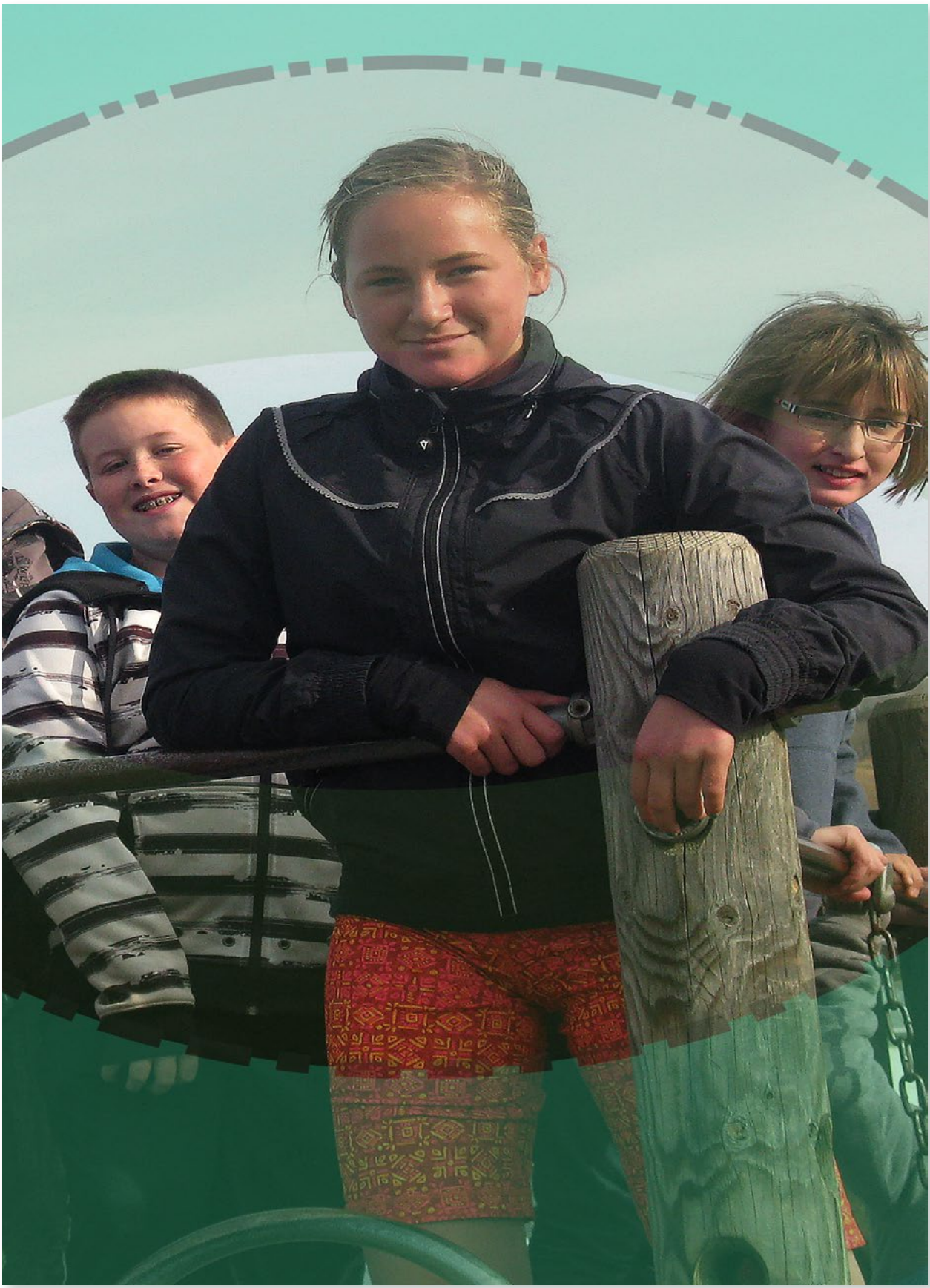


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Executive Summary

The Pan-Canadian Joint Consortium for School Health (JCSH) is a formal government cross-sector collaboration of provincial/territorial ministries of education and health/wellness, with support from the federal government. Its purposes are to:

- Strengthen cooperation among ministries, agencies, and others in support of healthy schools
- Encourage the education and health sectors to work together more efficiently and effectively while supporting the intersection of health and wellness and learning in academic outcomes in Canadian K-12 students
- Promote understanding of, and support for, the concept and benefits of health promoting school (HPS) 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. The Public Health Agency of Canada represents the federal government at JCSH tables in an observer and funder role. The Council of Ministers of Education, Canada Secretariat sits as an observer. The current mandate – 2025-2030 – commenced on April 1 2025.





JCSH Priorities 2025-2030

The priorities for the 2025-2030 mandate are set into its six objectives: Government Forum, Health and Education Engagement, Evolving Priorities, Truth and Reconciliation, Tools and Resources, Accountability[1].

Providing the JCSH tables with a degree of independence in setting issue-based priorities allows a broader range of representation from the Education and Health ministries, and provides a welcoming forum for all issues, successes, and challenges as they arise.

JCSH Accomplishments 2025-2026

JCSH continues to honour its overarching focus as a cross-sector community of practice, a forum for education and health/wellness ministry representatives.

JCSH members represent 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 meet to advance knowledge, exchange resources, discuss challenges and achievements, and support improvements in the issues that intersect health, well-being, and academic outcomes for children and youth from kindergarten to Grade 12. These opportunities for collaboration and exchange occurred regularly in 2025- 2026 through meetings of the JCSH tables.

1 JCSH Strategic Directions 2020-2025 p. 4

Specific accomplishments:

- Youth Engagement Toolkit (2026) is updated, redesigned, and available in three formats: online, PDF, and an app compatible with Android and Apple products.

- School Well-being Toolkit (2026) is updated, redesigned, and available in three formats: online, PDF, and an app for Android and Apple products.

- Webinar Series: begun in 2020, the series features researchers, policy-makers, and practitioners presenting on issues of priority to JCSH. In the past year, there were three webinar presentations and a special panel on school food.

- Reconciliation Committee provides pan-Canadian leadership and coordination to support reconciliation, promote shared learning, and strengthen inclusive school environments. In the past year, the committee met four times, developed and adopted a Terms of Reference, and expanded the group.

- Research Network develops relationships between the health and education ministry representatives of JCSH and Canadian researchers focusing on applied youth health and education interconnections. In the past year, the group met monthly, and planned the school food panel and a number of the webinars and School Health Coordinators' Committee agenda items.

- Healthy School Planner Committee is taking the first two phases of work towards this new resource – evidence and stakeholder views – and developing a new resource that will be assets-based in perspective, adaptable to school community contexts, and considerate of other resources available to schools, both within individual jurisdictions and nationally.

Next Steps

The JCSH 2025-2026 annual operating plan continues to focus on priorities that support its unique cross-sector community of practice and the healthy school setting. In the 20 years since inception, there have been many changes in how the representatives gather to exchange ideas, challenges, and innovations. Today, JCSH remains unique as the federal, provincial, and territorial governments' commitment to bringing Education and Health/Wellness Ministries together to champion optimal health, well-being, education, and development outcomes for children and youth in Canada.

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

Healthy students are better learners; educated individuals are healthier.[2][3][4]

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.

"A health-promoting school is defined as a school that constantly strengthens its capacity as a safe and healthy setting for living, learning and working."[5]



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. https://iris.who.int/items/3dae3a08-fe1a-4d30-aa06-bb727845b336.

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

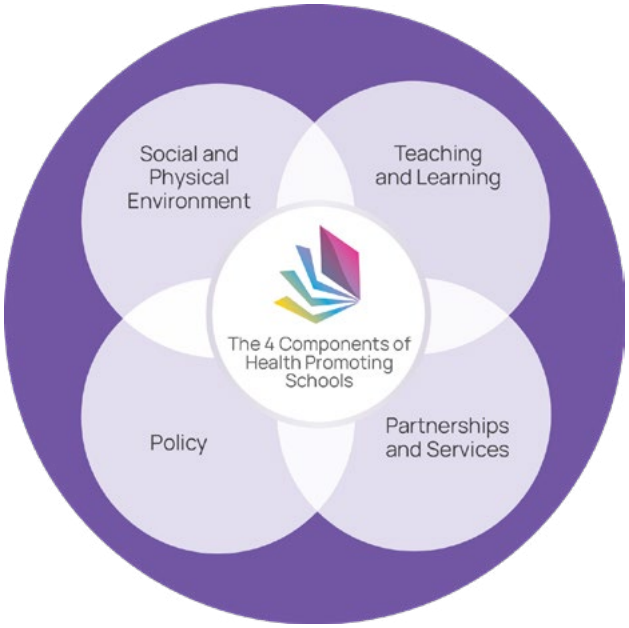
5 (WHO & UNESCO, p.1, 2021) https://iris.who.int/items/75fc9509-131a-438b-9b4b-3c7c58b403ef

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

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



Social and Physical environment

The social environment is

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

The physical environment is

- 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.

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.

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 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 in agreements authorized by the minister of education and the minister of health/wellness in each of the participating jurisdictions. The current mandate began on April 1 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

Diversity and Inclusion

Equity

Evidence-Informed Practice

Innovation

Accountability

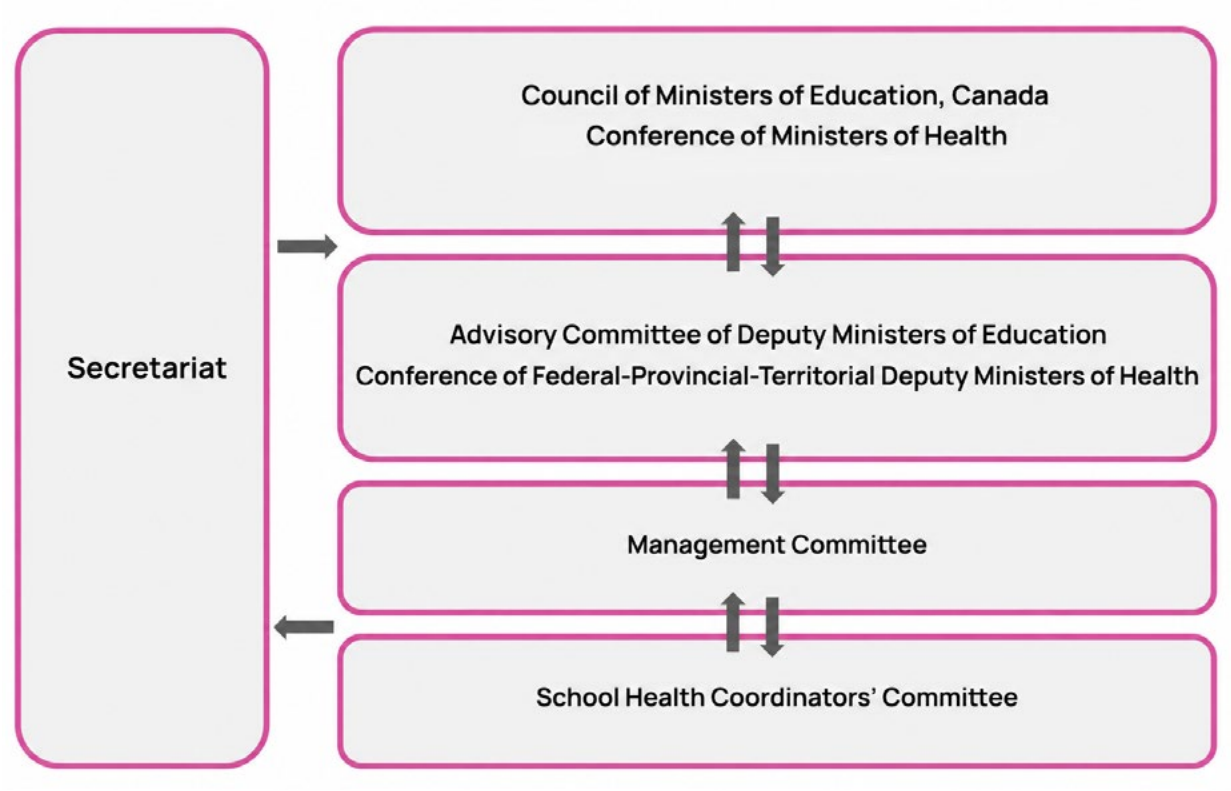
Efficiency

Knowledge Mobilization

Strategic Directions

JCSH Strategic Directions 2025-2030 (see Appendix D).

Organizational Structure



The JCSH is governed by two deputy ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Federal, Provincial, and Territorial Deputy Ministers of Health.

JCSH strategic direction and operations are carried out by the Management Committee and the School Health Coordinators' Committee, supported by the JCSH Secretariat.

JCSH Core Resources & Commitments

The JCSH core resources have been developed as supports to all school communities in Canada, free of charge, in English and French[6]. They can be found in the links below or on the JCSH website. In addition to the Health Promoting Schools Framework, noted earlier, the following are JCSH's Core Resources.

JCSH Statement On Reconciliation (2019)

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

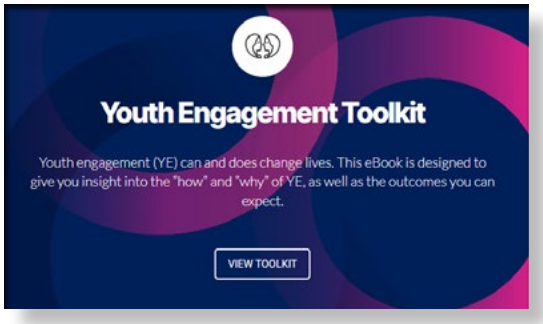
JCSH Website

The JCSH website is housed at www.jcsh-cces.ca, and offers the essential link to JCSH resources, key concepts and foundational documents, and contacts.



YOUTH ENGAGEMENT TOOLKIT[7] – 2026 REVISION

The JCSH Youth Engagement Toolkit was built to answer the question: Why is Youth Engagement Important? "It's simple. Youth engagement can and does change lives."



6 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.

7 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.

This resource is available online, as a downloadable PDF, and on the JCSH app.

The Toolkit was developed by the Students Commission of Canada, along with a JCSH advisory committee.

SCHOOL WELL-BEING TOOLKIT[8] – 2026 REVISION

In the JCSH School Well-being Toolkit, well-being at school is defined as the "perspectives and practices that set the conditions for a healthy school environment where students and school teams experience well-being and thriving within their daily learning routines and interactions."



This resource is available online, as a downloadable PDF, and through the JCSH app.

The toolkit was developed by Dr. William Morrison and Dr. Patricia Peterson of WMA Associates, along with a JCSH advisory committee.

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.[9] It captured elements from three national and international healthy schools resources/studies: Michigan Healthy Schools Assessment Tool (HSAT); ASCD Healthy School Report Card Canada Edition (HSRCC); and SHAPES (School Health Action, Planning and Evaluation System).[10] 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.

8 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.
9 Changed in 2024 to the Health Promoting Schools Framework
10 Healthy Schools Assessment Decision Document, December 2007. JCSH

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 Planner that could complement others and respond to requests for an assets-based resource.

In order to prepare for the new Healthy School Planner, JCSH completed two initial phases in December 2023 and February 2025.

PHASE 1: CANADIAN STANDARDS & INDICATORS FOR HEALTH PROMOTING SCHOOLS

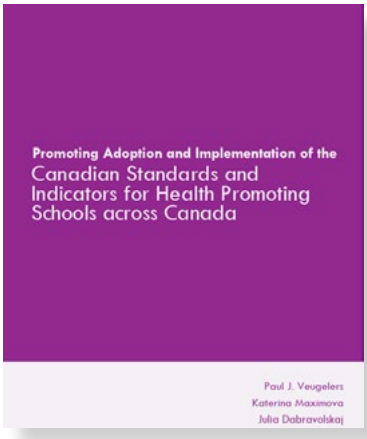
This work maps out nine standards and their indicators for Health Promoting Schools in Canada. It provides a foundation for education and health systems to work together to create healthy school environments that will help to improve the health, well-being, and academic outcomes of all students.



The resource was researched and written by Dr. Paul Veugelers and Dr. Katerina Maximova and their science team along with a JCSH advisory committee.

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

This report profiles the consultations the lead team held with educators and school systems experts to understand the factors that support or hinder the planning, implementation, and maintenance of a Health Promoting Schools approach in schools in Canada.



The report was researched and written by Dr. Paul Veugelers and Dr. Katerina Maximova along with their science team and a JCSH advisory committee.

PHASE 3: NEW HEALTHY SCHOOL PLANNER

The development of the new Healthy School Planner began in 2025-2026. This piece is led by the JCSH advisory committee with design scoping and technical support by JCSH webmaster Vince Dimanno.

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

The JCSH's School Health Coordinators' Committee in 2021 was interested in developing a preventing substance use series that would respect the rights and opinions of young people and acknowledge the importance of adult allies. The result is a series of multi-media assets on preventing substance use harms in youth using a positive youth development approach.

The series was built by The Students Commission of Canada with a JCSH advisory committee and youth consultants.

Just Think Ahead: Video for Youth Grades 6-8

This video encourages individuals to think ahead of time about their boundaries around substance use. 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. The Resources List guides youth towards nationwide and local resources that can provide support related to substance use.



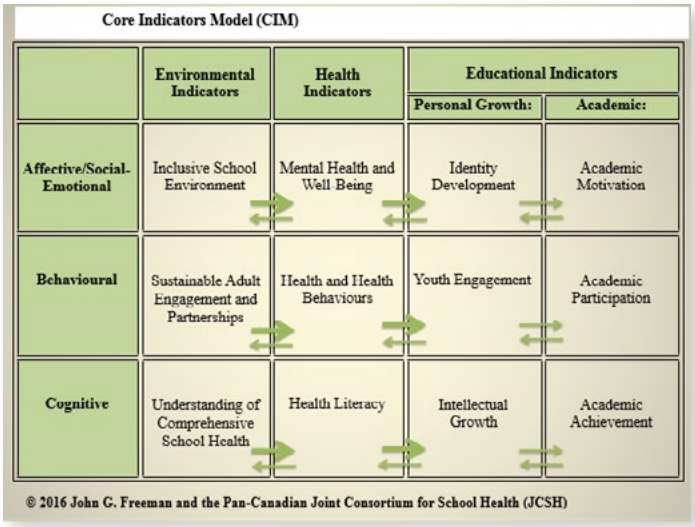
River Parable: Video for Adult Allies

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 essential interrelationship between a health promoting school community and students' academic outcomes.



JCSH Small Committees

JCSH members of Management Committee and School Health Coordinators' Committee participate in a series of advisory or small committees to ensure the tasks and other elements of the annual operating plan are completed. In some committees, colleagues of JCSH representatives with subject-matter expertise also participate. In 2025-2026, the committees doing the essential work of JCSH were: Healthy School Planner, Reconciliation, Research Network, and an all-Advisory Committee supporting the 2025-2026 survey round of the Health Behaviour in School-aged Children study.

WEBINAR SERIES

JCSH began a sequence of presentations in 2020 that have become a popular webinar series; they are open to members, colleagues, and others interested in the topics. The recordings are available on the public side of the website. The following were presented in 2025-2026:

Examining partnership and collaboration between Public Health Units and School Boards for healthier schools. Presenter: Dr. Michelle Boersema, Lawrence Bloomberg Faculty of Nursing, University of Toronto (October 2025).

The Future of Outdoor Play: Policy, Practice and Possibility in the 2025 Position Statement on Active Outdoor Play. Presenter: Dr. Mark Tremblay, senior scientist at the CHEO Research Institute; Dr. Eun-Young Lee, associate professor at Queen's University; Dr. Louise de Lannoy, executive director at Outdoor Play Canada (December 2025).

Strengthening Substance Use Health and Resilience through Comprehensive School Health. Presenter: Sarah McIlwaine MSc, Research and Innovation Specialist, Canadian Centre on Substance Use and Addiction; Dr. Shea Wood, Senior Knowledge Broker, Canadian Centre on Substance Use and Addiction (December 2025).

JCSH 2025-2026: LOOKING BACK, LOOKING AHEAD

JCSH began its fifth mandate in 2025-2026. The concepts of Comprehensive School Health and Health Promoting Schools are now known and respected. The importance of working across silos of two large systems such as Education and Health is recognized; JCSH members continue to address the challenges they face together in supporting the healthy development, safety, and education of children and youth.

Appendix A: Pan-Canadian Joint Consortium for School Health AGREEMENT

THIS AGREEMENT made this 01 Day of April, 2025. BETWEEN:

> Ministers of Education for the provinces of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan, and the territories of Northwest Territories, Nunavut, and Yukon,
>
> (hereinafter referred to as "provincial and territorial Ministers of Education")

OF THE FIRST PART

AND:

> Ministers responsible for Health and/or Wellness for the provinces of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan, and the territories of Northwest Territories, Nunavut, and Yukon,
>
> (hereinafter referred to as "provincial and territorial Ministers of Health/ Wellness")

OF THE SECOND PART

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers responsible for Health/Wellness 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[11]. The JCSH has continued five- year mandates, signed by all member provinces and territories, since its inception in 2005.

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 (2025- 2030).

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

11 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.

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 health, well-being, and achievement of children and youth in Canadian schools communities.

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 Expected benefits of participation and engagement in the JCSH include:

- 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 a source of expertise in the promotion of initiatives to improve the health, well-being, and achievement for all students.

2.0 Commencement and Duration of Agreement

2.1 Once signed by all Parties, this Agreement commences April 1, 2025 and remains in force until March 31, 2030.

3.0 Governance Structure

Consortium Lead

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

3.2 The Government of Prince Edward Island has agreed to host the Secretariat for the 2025-2030 mandate. The JCSH is co-chaired by the host jurisdiction in partnership with a rotating PT co-lead.

3.3 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.

3.4 The Public Health Agency of Canada will appoint a senior representative to participate in discussions related to the JCSH in an advisory capacity.

3.5 The lead jurisdiction's deputy ministers of health and education will table the annual report at a meeting of the CDMH and at a meeting of ACDME.

4.0 JCSH Committees

Management Committee

4.1 The Management Committee provides the main forum for executive-level discussion and decisions affecting the work of the JCSH. Its members are appointed by the deputy ministers in each member jurisdiction and are generally positioned at the executive management level from the Health and/or Education department/ministry. (Schedule 2 – Management Committee Terms of Reference).

4.2 Management Committee members reflect the interests of their jurisdiction and support the interests of all jurisdictions.

4.3 Management Committee meets regularly through the year; some meetings are held jointly with School Health Coordinators' Committee.

School Health Coordinators' Committee

4.4 The School Health Coordinators' Committee (SHCC) works collaboratively to move forward the work of the JCSH and its member provinces and territories through the early identification and analysis of issues, gaps, emerging trends, and areas of interest.

4.5 School Health Coordinators' Committee will meet regularly throughout the year; some meetings are held jointly with Management Committee.

4.6 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.

4.7 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 lead jurisdiction hosts the JCSH Secretariat and is responsible for hiring, supervising, and evaluating the Secretariat staff.

5.3 The Secretariat coordinates the activities of the JCSH, and provides administrative, planning, logistical, and communication support to the JCSH and its members.

5.4 The Secretariat provides ongoing supports for the work of the co-chairs of Management Committee and School Health Coordinators' Committee.

5.5 The co-chairs of Management Committee and School Health Coordinators' Committee provide direction to the Secretariat.

5.6 The Secretariat is the central point of contact for JCSH members and maintains an active communication with other related organizations.

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[12].

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.

12 See Schedule 1.

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 their respective representatives serving on the School Health Coordinators' Committee.

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. Funding may be increased during the course of the Agreement to meet changes in operating costs or resources / initiatives development. Management Committee must approve any increase and limit.

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

a) there being sufficient monies available in an appropriation, as defined in the applicable legislation of the jurisdiction of the relevant Party (the "Appropriation Legislation"), to enable the

applicable Party, in any Fiscal Year or part thereof when any payment of money falls due under this Agreement, to make that payment; and

b) the treasury board or other similar decision body of the applicable Party, not having controlled or limited, under the Appropriation Legislation, expenditure under any appropriation referred to in paragraph (a).

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

9.0 General Provisions

Schedules

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

Variation of the Agreement

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

Termination of the Agreement by Mutual Agreement

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

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

9.5 Intellectual property developed under the Agreement shall become

the property of the lead jurisdiction at the time of termination. The lead jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

Legal Rights and Responsibilities

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

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

Evaluation

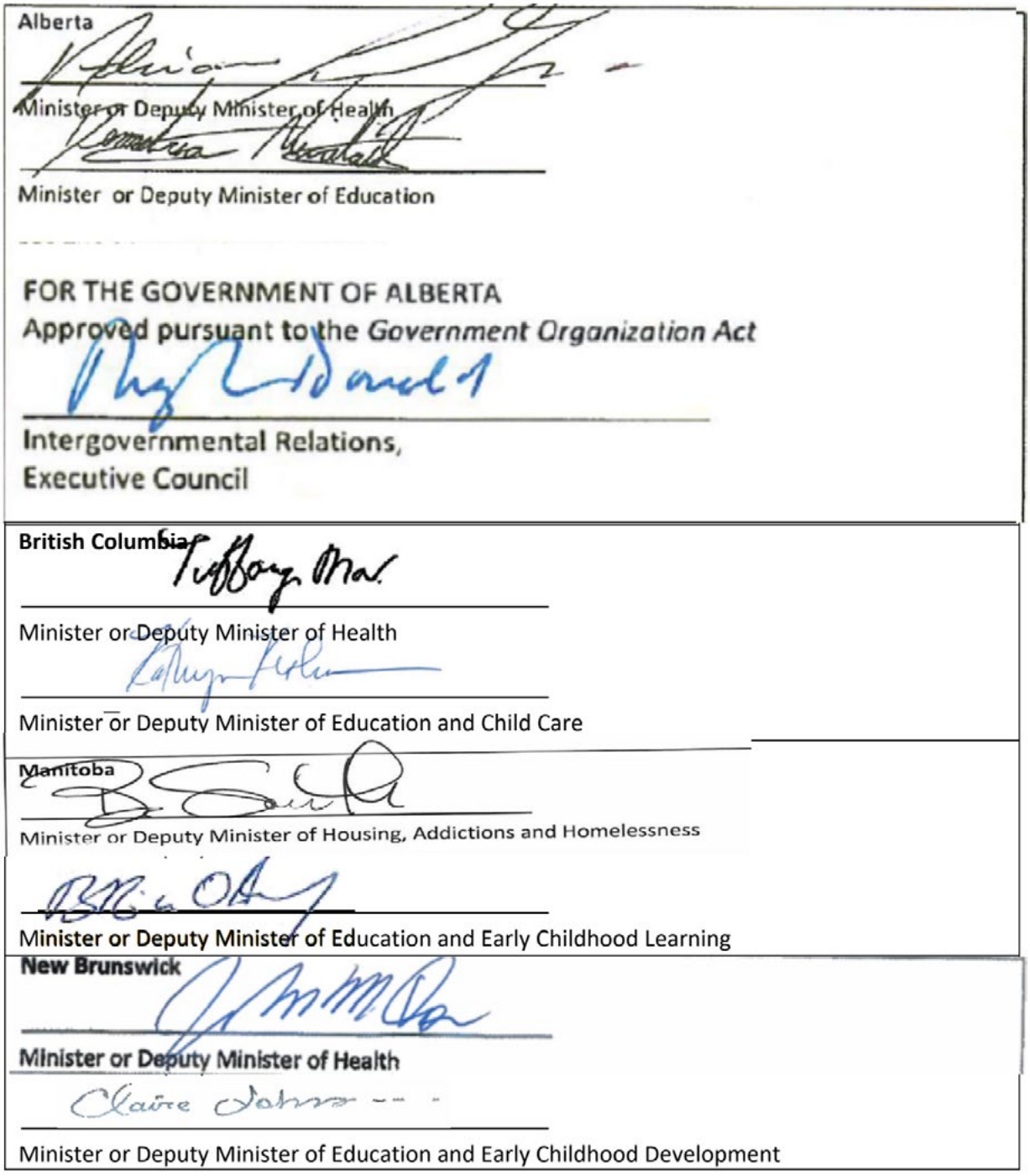
9.8 The Parties agree to further evaluation of the JCSH, as determined by the Management Committee.

Signatures

9.9 This Agreement may be executed in any number of counterparts, each of which will be deemed to be an original and all of which taken together will be deemed to constitute one and the same instrument and notwithstanding their date of execution, shall be deemed to bear the effective date. Delivery of an executed signature page to this Agreement to the Secretariat by any Party by facsimile or electronically scanned copy will be as effective as delivery of a manually executed copy of this Agreement by such Party.

This is page 8 of the Pan-Canadian Joint Consortium for School Health Agreement between provincial and territorial Ministers/Deputy Ministers of Education and provincial and territorial Ministers/Deputy Ministers of Health/ Wellness.

IN WITNESS WHEREOF this Agreement is effective as of the day and year first above written, once all Parties have signed:



Newfoundland and Labrador

Minister or Deputy Minister of Health and Community Services

Minister or Deputy Minister of Education

Signed pursuant to the Intergovernmental Affairs Act, RSNL 1990, c. 1-13.

Minister for Intergovernmental Affairs

Northwest Territories

Minister or Deputy Minister of Health and Social Services

Minister or Deputy Minister of Education, Culture and Employment

Nova Scotia

Minister or Deputy Minister of Health and Wellness

Minister or Deputy Minister of Education and Early Childhood Development

Nunavut

Minister or Deputy Minister of Health

Minister or Deputy Minister of Education

Ontario

Minister or Deputy Minister of Health

Minister or Deputy Minister of Education

Prince Edward Island

Minister or Deputy Minister of Health and Wellness

Deputy Minister Erin McGrath-Gaudet

Minister or Deputy Minister of Education and Early Years ;

Saskatchewan

Tracy L. Smith

Minister or Deputy Minister of Health

Clint Repski

Minister or Deputy Minister of Education

Yukon

Minister or Deputy Minister of Health and Social Services

Minister or Deputy Minister of Education

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, 2025.

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[13]:

Province/ Territory	Base Amount	Amount Based on Population %[14]	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**

13 Population share percentage is based on 2021 Census, similar to CMEC process
14 Unchanged from last mandate due to minimal change in population distribution.

Schedule 2
Management Committee
TERMS OF REFERENCE

Preamble

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

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

Purpose

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

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

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

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support actions and decisions that strengthen partnerships across jurisdictions and across traditional health and education sectors.

- **Participation:** Members are engaged to respond to requests from the JCSH Secretariat and other Committee members.

- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet mutual needs and priorities.
- **Integration:** Members will support actions and decisions that strengthen the integration of health and education objectives and goals.
- **Innovation and Effectiveness:** Members will support actions and decisions that are based on innovative and evidence-based practices.
- **Open Communication:** Members will openly share information with other members and within their own jurisdictions where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring actions are carried out and decisions are made in a timely manner.

Mandate and Objectives

The Management Committee provides a forum for discussion, decisions, and actions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic directions and priorities by:

- exchanging ideas, opportunities, and concerns related to existing and emerging issues;
- providing oversight and direction for projects developed by the JCSH and undertaken by the School Health Coordinators' Committee, the Secretariat, and/or task-specific working groups;
- providing guidance on alignment 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 move the JCSH's agenda forward, as outlined in the strategic plan and annual work plan; and
- offering a forum for discussion on other health and educational issues.

Oversight responsibilities of the Management Committee are as follows:

- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators'

Committee, including setting direction and priorities;

- approve Terms of Reference for the School Health Coordinators' Committee;
- identify opportunities to address shared priorities and emerging trends;
- annually review the endorsed strategic priorities and objectives for the JSCH's 5-year mandate to inform JCSH work planning;
- provide input to, as well as review and approve annual work plans for the JCSH, inclusive of anticipated resource requirements;
- provide input to, as well as review and approve annual operating budgets, and oversee the financial and administrative matters of the JCSH, in conjunction with the co-chairing jurisdictions;
- establish/reaffirm the Secretariat's responsibilities based upon the annual budget and work plan;
- provide input to, as well as review and approve an annual report of JCSH activities and financial statements, and submit them to the two Deputy Ministers' committees each Fiscal Year, on or before September 30; and
- approve and review as needed project charters for task groups deemed necessary by members of the Committee to carry out the work of the JCSH.

Oversight and Role of the Co-Chairs

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

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

Membership and Process

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

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

Committee Chairs: The Management Committee will have two co-chairs, one from the secretariat host jurisdiction, and one representing another member jurisdiction. The Secretariat host jurisdiction will be resourced to provide Secretariat support to the JCSH (through the JCSH budget).

Meetings: The Management Committee will meet a minimum of four times each year.

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

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

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

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

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

- Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations or level of support as part of the meeting record.
- If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.
- If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed

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

Communications: The Committee will keep meeting records including records of its decisions. The meeting records will be available to the Committee Members' respective Deputy Ministers.

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

The Management Committee will support the development of an annual work plan, complete with any resource implications, for the JCSH. Also, the Committee will support development of an annual report, including financial statements, profiling significant JCSH activities from the previous Fiscal Year, as well as progress made by the Consortium in meeting its goals and objectives. The annual report will be submitted for approval to the two Deputy Ministers' committees on or before September 30 each year. In addition, as needed, the JCSH will reach out to the ACDME and the CDMH to present on key activities, and to identify and better understand opportunities for the JCSH to support their priorities and efforts.

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

Duration: Ongoing per Agreement.

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

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

For The Year Ended March 31, 2026

	2025	2026
Revenue		
Membership Fees	$100,000.00	$100,000.00
Public Health Agency of Canada	$150,000.00	$150,000.00
Miscellaneous Revenue	$11,476.28	$7,969.18
Total	$261,476.28	$257,969.18
Expenses		
Administration	$506.18	$705.18
Materials, Supplies, and Services	$12,362.25	$7,585.00
Professional Services	$133,625.00	$23,400.00
Salaries	$174,279.13	$195.945.28
Projects		
Total	$370,722.56	$227,635.46
Operating Surplus/(Deficit)	$-59,269.28	$ 30,333.72
Accumulated Surplus/(Deficit) - Opening	$175,971.75	$116,675.47
Accumulated Surplus/(Deficit) - Closing	$116,675.47	$147,009.19

Appendix C: JCSH Statement on Reconciliation

PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH 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 IKAYUQHIRNIRMUT

"Tamaita Kanatamiutat, Angiqatigiigutikhaqaqtut inuit, piqatigiigutikhaqaqtut atuqatigiiklugit piliuqlutik munarilutiklu angiqatigiiktumik nakuuyumik piqatigiigutikhamut." Atuqhimmaaqpagaat ahinukyuaq nunamut ilihariaktuqhimayut kangaraalukmit unalu pidjutigihimayait nunaqatigiiliqhimayunut, kingulliriiqaqtuni inungnut kanagaraalukmit ayuqhautikyuat unalu inungni inuuhiqaqtunik aallatqiinik ihuigiyuutigivagainut pidjutauvaktut 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 ahinukyuaq nunanut ilihariaktuqhimayunut ilihaqpakhutik. Atuqpaktaqqullu nunakyuami pidjutikhaq kangiqhipkaidjutikhanut tahapkununga, ihuaqqallu, havaarilugitqanmaqtuq Pitquidjutit Havaktauquvlugit ilihaidjutikhanut aanniartailinirmullu.

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

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

“Ilauvagaluaqhutik akhuunginnaqtumik ilagiutiyauvalliarnikkut atugakhanut naavyakhugu 200-ni ukiuni, Nunaqaqqaaqhimayut inuit munarihimavagait inmik kinauyaakhamingnut nunallamingnullu. Pihimmaakpaktut atuqhimmaaqhugu inmik pilaarutikhatik inikkut kavamakhamingnut. Imaatut inmik avaliingittut” JCSH-kullu ikayuqtait ikayuutigivlugu pihimmaaqlutik uumunga pidjutikhamut.

ᑲᓇᑕᓪᒥᒥᒋᑦ ᑲᑐᔨᖅᑎᑎᑦ ᐊᖏᑎᖅᑎᔪᒪᑎᖓ ᐃᓕᓴᕆᐊᖃᖏᓐᓇᒧᑦ ᐋᓴᕆᐊᖅᖃᙱᑎᑕᒍᓕᕆᓂᒧᑦ ᐋᖅᑭᐅᐅᒪᔨᔾᔪᑎᓄᕐᓂ ᑎᑎᕋᖅᓭᒋᒪᔪᑦ

“ᑲᓇᑕᒥᐅᑕᓕᒫᑦ, ᐊᖏᑎᖅᑎᑦᓴᑎᐅᑎᓚᓕᑕ ᐃᓄᑦᑎᔪᑦ, ᑲᒪᒋᔨᖏᖅᖃᖅᑐᐃᓚᐅᖅᓱᔪᑦ ᐊᖏᑎᖅᑎᓂᕐᒥᑎᑦ ᐊᒻᒪ ᑲᒪᒋᔨᖅᖃᓂᕐᒥᑎᑦ ᑕᒪᐃᓚᓄᑦ ᐱᑕᓚᖅᑎᔪᓂᒃ.” ᐃᑕᓚᓂᐊᕆᐊᖅᑎᑕᐅᓚᕿᓕᐅᖅᓭᒪᔪᑦ ᐊᒻᒪ ᐃᖏᕐᕿᑎᑕᐅᖏᓚᓚᖅᑐᑦ ᐊᐅᓪᓚᑕᓂᕐᒥᑎᑦ ᐊᐅᓪᓚᖅᑭᓚᓂᖅᑐᑦ, ᐊᕐᕿᔪᖅᑎᑎᑦᓯᖏᑕᑐᓄᑦ ᕆᓀᐊᖅᖃᖏᑐᐅᓄᑦ ᐊᒻᒪ ᐃᓄᖅᑎᑎᒥᓂᑦ ᐊᖅᑭᐃᓕᓴᕆᐊᕐᓂᑦ ᐃᓕᓴᕆᐊᖅᓯᒪᔪᓄᑦ, ᐊᑦᓪᓚᕐᓚᔪᓄᑦ ᐊᒻᒪ ᐃᓄᖅᓄᑦ ᓄᑕᖅᑲᓄᑦ.

ᑲᓇᑕᓪᒥᒥᒋᑦ ᑲᑐᔨᖅᑎᑎᑦ ᐊᖏᑎᖅᑎᑎᔪᑎᖓ ᐃᓕᓴᕆᐊᖅᓱᔪᑦ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ ᐱᓪᒪᓇᐅᕈᑎᕐᐅᕆᔨᒃᑯᑦ ᐊᒻᒪ ᐃᑲᔪᖅᓭᓂᕐᒥᑎᑦ ᐊᖏᑎᖅᑎᓯᒪᔪᓂᕐᒥᑎᑦ ᓴᓪᓕᐊᑎᑦ ᐃᓕᓴᕆᐊᖅᖃᙱᑎᑕᒍᓕᕆᓂᒧᑦ ᐊᖅᑭᑐᖅᑕᐅᓂᕐᒥᑎᑦ. ᐊᑐᖅᓂᕆᐊᖅᓴᐅᑦ ᑲᓇᑕᒥ ᑐᖓᒪᐃᕈᐅᔨᐅᕐᒥᑎᑦ ᐅᑦᔨᓇᐅᓕᖅᓂᕈᑎᖅᓂᑦᑎᔨᔪᑎᓂᑦ, ᐊᒻᒪ ᓇᓪᒪᑦᑲᖓᓪᑦ, ᓴᖅᑭᒃᓵᓚᓕᑦ ᐱᐊᓕᓴᕆᐊᖅᓯᒪᔪᑦ ᐃᓕᓴᕆᐊᖅᑐᓚᓕᖅᓱᔪᑦ ᐊᒻᒪ ᐋᓪᓕᐊᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ.

ᑲᑐᔨᖅᑎᑎᑦ ᐊᖏᑎᖅᑎᑎᔪᑎᖓ ᐃᓕᓴᕆᐊᖅᓱᔪᑦ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ ᐱᓪᒪᓇᐅᕈᑎᕐᐅᕆᔨᒃᑯᑦ ᐊᒻᒪ ᐃᑲᔪᖅᓭᓂᕐᒥᑎᑦ ᐱᓪᒪᓇᐅᕈᑎᕐᐅᕆᔨᒃᑯᑦ ᐃᓕᓴᕆᐊᖅᓯᒪᔪᓂᕐᒥᑎᑦ ᐊᖅᑭᑐᖅᑕᐅᓂᕐᒥᑎᑦ. ᐊᑐᖅᓂᕆᐊᖅᓴᐅᑦ ᑲᓇᑕᒥ ᑐᖓᒪᐃᕈᐅᔨᐅᕐᒥᑎᑦ ᐅᑦᔨᓇᐅᓕᖅᓂᕈᑎᖅᓂᑦᑎᔨᔪᑎᓂᑦ, ᐊᒻᒪ ᓇᓪᒪᑦᑲᖓᓪᑦ, ᓴᖅᑭᑦᓴᓪᓚᓕᑦ ᐱᓪᒪᓇᐅᕈᑎᕐᐅᕆᔨᒃᑯᑦ ᐃᓕᓴᕆᐊᖅᑐᓚᓕᖅᓱᔪᑦ ᐊᒻᒪ ᐋᓪᓕᐊᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ.

ᑲᑐᔨᖅᑎᑎᑦ ᐊᖏᑎᖅᑎᑎᔪᑎᖓ ᐃᓕᓴᕆᐊᖅᓱᔪᑦ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ ᐃᓕᑕᖅᓭᐅᒪᔨᕐᖓᒪᑕ ᓇᕐᒥᓂᖅ ᐱᓇᔨᓴᕆᓇᓂᕐᒥᑎᑦ ᐅᖅᐅᓭᐅᓭᒪᔪᑦ ᓄᓇᖅᑲᖅᓭᓭᒪᔪᑦ ᐅᑦᔨᓇᐅᓕᖅᓂᕈᑎᖅᓂᑦᑎᔨᔪᑎᓂᑦ ᑲᑐᔨᖅᑎᑎᑦ ᓭᓕᓂᕐᑎᑎᓂᑦ ᓄᓇᖅᑲᖅᓭᓭᒪᔪᑦ ᐃᓕᓴᕆᐊᖅᖃᙱᑎᑕᒍᓕᕆᓂᒧᑦ ᐊᒻᒪ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ. ᑲᑐᔨᖅᑎᑎᑦ ᐊᖏᑎᖅᑎᑎᔪᑎᖓ ᐃᓕᓴᕆᐊᖅᓱᔪᑦ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ ᐱᓪᒪᓇᐅᕈᑎᕐᐅᕆᔨᒃᑯᑦ ᐃᓕᓴᕆᐊᖅᓯᒪᔪᓂᕐᒥᑎᑦ ᐊᖏᑎᖅᑎᓯᒪᔪᓂᕐᒥᑎᑦ ᐃᓕᓴᕆᐊᖅᓱᔪᑦ ᐋᓴᕆᐊᖅᖃᖅᓯᖏᑕᑐᓂᕐᒥᑎᑦ ᐊᖅᑭᑐᖅᑕᐅᓂᕐᒥᑎ

ᐱᓵᓪᓂᕆᓪᓕᓄᑦ ᐱᐅᓯᖅᑎᑦᖢᑉᑐᑦ ᑐᑭᓯᐊᔪᓂᑦ ᐊᑐᖏᓪᓕᓄᑦ ᐱᐅᓯᓂᓪᓕ ᓄᓇᓕᖅᓂ ᐃᓕᓴᐅᐊᖏᓐᓇᖅᓂ.

ᑲᑐᔨᖅᑎᑦ ᐊᖏᕐᖅᑎᑦᔪᒥᖅᓯ ᐃᓕᓴᐅᐊᖏᓐᓇᖅᓗᑦ ᐋᓴᐅᐊᖅᓇᖖᑦᑐᑕᓚᐅᓂᖏᓪᓕ ᑭᐅᖅᑕᕐᖏᐅᖅᐳᑦ ᐱᓕᕆᖏᐅᔨᓄᑦ ᐊᐳᓵᑎᑦᑎᓂᓕᕆᓂᑦ ᐱᓕᕆᖅᑎᑦᔪᒥᓯᑦ ᓄᓇᖅᓱᖅᓱᓯᖏᓪᓕᓄᑦ, ᐊᓪᓕᓐᓄᔨᓄᑦ, ᐊᓯᒪ ᐃᓄᓐᓄᑦ, ᖃᐅᔨᔪᖅᐸᒃᓗᑎᓪᓗᓄ ᐱᔨᓴᓇᖏᓪᓕᔨᓄᑦ ᐊᓯᒪ ᐱᔨᓴᓇᐅᑎᕐᓴᐅᔨᓄᑦ. ᐅᓇ ᐱᕐᐳᔪᑎᐊᕿᐅᔨᖅ ᐋᖅᑭᖅᑎᑦᓂᓂᕐᔪᑦ ᐱᐅᓯᓇᔪᐅᕿᓇᐅᑦᑕᑎᓴᓄᑦ ᓯᓚᓂᐳᔪᖅᑕᕆᓂᖅᐳᓂᓪᓕᓂᓪᓗᑎᑦᓂᖅᔪᐅᓪᓕᖅᑎᓪᓗᓂᑦ ᑲᑎᕐᓗᒍ.

“ᐊᑐᐊᒃᑕᑎᐊᕿᐅᖓᑦᑐᑦ ᐊᑐᐊᒐᓇᔪᐅᓴᓯᔪᕆᓗᐊᖅᑎᓪᓗᓂᑦ 200 ᐅᑭᐅᑦ ᖃᓄᕐᓴᓄ, ᓄᓇᖃᖅᖃᖅᓯᒪᔨᑦ ᐃᓕᓴᕆᓇᐅᑎᒥᓄᑲ ᐊᓯᐅᔨᖓᑦᓵᓇᑭᔪᑕᑐᑦ ᓄᓇᕐᓵᓄ. ᐱᔨᓵᓇᐅᑎᖏᑦ ᐊᑐᖅᑭᓵᓇᖃᑕᒥᑕᖏᑦ ᓇᒻᒥᑦ ᐊᐅᓪᓚᑕᑎᑲᓇᖅᓴᓂᖅ. ᑕᐃᒪᐃᑦᑐᑲᓯᖅᑎᓪᓗᓂᑦ ᐃᓄᑐᖓᑦᑐᑦ” ᑕᑲᓯᐊᓗ ᑲᑐᔨᖅᑎᑦ ᐊᖏᕐᖅᑎᑦᔪᒥᖅᓯ ᐃᓕᓴᐅᐊᖅᓇᖖᑦᑐᑕᓚᐅᓂᖏᓪᓕᓄᑦ ᐋᓵᓴᐅᐊᖃᓇᖓᑦᑐᑦ ᑐᖓᔪᖓᒪᑦᐅᑦᑎᓴᓇᖅᐳᖅ ᑕᑲᓯᐊᓗ ᐱᓕᕆᓂᓪᓗᓂᑦ.

Appendix D: JCSH Strategic Directions 2025-2030





JCSH Mandate Resources 2025-2030

- **JCSH Health Promoting Schools Framework (2008/2012/2024)**
  https://www.jcsh-cces.ca/en/concepts/health-promoting-schools/
- **JCSH Annual Report (2025)**
  https://www.jcsh-cces.ca/wp-content/uploads/2025/10/JCSHAR2025_Eng.Final_.pdf
- **JCSH Statement on Reconciliation (English, French, Inuktitut, Inuinnaqtun – 2018)**
  https://www.jcsh-cces.ca/en/resources/jcsh-core-resources/
- **JCSH Youth Engagement Toolkit (2026)**
  https://toolkits.jcsh-cces.ca/youth-engagement/
- **JCSH School Well-being Toolkit (2026)**
  https://toolkits.jcsh-cces.ca/school-well-being/
- **Rethinking Conversation Around Youth Substance Use: Addressing the Prevention of Substance Use Harms in Canadian Youth (2022)**
  https://www.jcsh-cces.ca/en/news/rethinking-conversation-around-youth-substance-use/
- **Healthy School Planner (redevelopment – 3 Phases)**
  Phase 1: Canadian Standards and Indicators for Health Promoting Schools (2023)
  https://www.jcsh-cces.ca/wp-content/uploads/2023/12/EN-Canadian-Standards-and-Indicators-for-Health-Promoting-Schools.pdf
  Phase 2: Promoting Adoption and Implementation of the Canadian Standards and Indicators for Health Promoting Schools across Canada (2025)
  https://www.jcsh-cces.ca/wp-content/uploads/2025/05/JCSH-II-End-Report_2025-02-27_FINAL.pdf
  Phase 3: Healthy School Planner – new resource: In Development 2026
- **Core Indicators Model for Comprehensive School Health and Academic Achievement (2016)**
  https://www.jcsh-cces.ca/images/Core_Indicators_Model_2016.pdf