



Joint Consortium for School Health
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Pan-Canadian Intergovernmental Joint Consortium For School Health Backgrounder

In response to the Healthy Living Strategy being developed by Canada's Health Ministers, the Council of Ministers of Education, Canada approached the health and education sectors to explore the possibility of forming an intergovernmental partnership and action plan to address a variety of health, social and learning related problems of school-aged children and youth. Based on the recommendations of a joint working group of deputy-ministers, the education and health ministers endorsed the formation of the **Joint Consortium for School Health**. The First Ministers of Canada have also committed their governments to working through this mechanism on healthy schools as part of their Health Care Accord of 2004.

The key role of the Joint Consortium For School Health (JCSH) is **act as a catalyst in strengthening cooperation** among ministries, departments, agencies and others and in **building the capacity of health, education and other systems** to work together on:

- Explicit policy and managerial support for multi-sectoral cooperation,
- Use of formal and informal mechanisms of cooperation,
- Assigned staff and infrastructure support,
- Mechanisms and processes to transfer knowledge,
- Ongoing workforce development and pre-service training,
- Explicit processes to identify and manage emerging health and social issues,
- Regular, reliable and timely collection and communication of data on the health outcomes and social behaviours of children and youth, and their connectedness to parents, schools and the community for use in appropriate decision-making and indicators systems,
- Periodic surveys of local agency policies, programs and capacities to ascertain their capacity without implying a supervisory role or identifying survey participants.

The work of the Joint Consortium includes; coordination and support for provincial/territorial school health coordinators, publishing knowledge summaries and promising practices related to school health promotion, promoting local policy models, supporting active working groups on specific concerns such as nutrition, social behaviours of youth or on vulnerable groups such as aboriginal students, facilitating the development of a system to collect data on the health and social development of children/youth and on the status of local programs, publishing reports on emerging issues and trends, working with researchers and research agencies and supporting inter-provincial and international exchanges of information.

The national activities of the Consortium are supported by a small secretariat. The work of the Consortium at the provincial/territorial level is supported by F/P/T School Health Coordinators designated and directed by their jurisdictions.



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Membership in the Consortium is voluntary. Current members include British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland & Labrador, Nunavut, the Northwest Territory, the Yukon Territory and the Public Health Agency of Canada/Health Canada.

Each provincial/territorial health and education ministry has jointly named a School Health Coordinator and agreed to a mutual approach to school health. The Public Health Agency of Canada has also named a School Health Coordinator. Given the responsibility for First Nations education on reserve, Indian and Northern Affairs Canada (INAC) participates as an observer, providing its input through the Public Health Agency of Canada.

The JCSH Board of Directors is comprised of one Deputy Minister from each the members of the Consortium or their designate. A Management Committee oversees activities between Directors meetings. The School Health Coordinators meet regularly and are the primary means for communication and joint action within the Consortium.

The membership of the Joint Consortium has started with education and health ministries but will eventually include other sectors, ministries and federal departments/agencies. Participation from other agencies and professionals also occurs within specific activities and work groups of the Consortium.

The initial work groups that have been started include:

- Nutrition/healthy eating
- Social behaviours of youth (alcohol, tobacco and other drug use, bullying, positive social development)
- Physical Activity, Sport Participation and Recreation
- Aboriginal students
- Immunization, Emergency Response and Public Health Role in Schools
- Sexual Health
- Mental Health
- Injury Prevention

Other work groups on health/social issues and different aspects of school health promotion will be developed as warranted.

The Consortium is developing mechanisms to identify emerging concerns and trends so that cooperative action or sharing of information can be initiated as warranted. The Consortium is also establishing appropriate liaison and relationships with research agencies, research networks, federal departments and non-governmental organizations at the national level.

The Secretariat of the Consortium is based in Victoria and can be reached at 250-588-3351, www.jcsh-cces.ca or by contacting Emma Carter at ecarter@jcsh-cces.ca.