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Meeting of the Council of Ontario Directors of Education (CODE) and  
Council of Ontario Medical Officers of Health (COMOH)

**STRENGTHENING PARTNERSHIPS  
BETWEEN PUBLIC HEALTH UNITS AND DISTRICT SCHOOL BOARDS**

Notes from the Meeting of May 12, 2017

Co-Chairs: John Crocco and Miriam Klassen

Committee Members In Attendance: Dr. Miriam Klassen (Co-Chair), John Crocco (Co-Chair), Dr. Ian Gemmill, Phyllis Eikre, Jim Costello, Dr. Eileen de Villa, Dr. Rosana Salvaterra, Dr. Janet DeMille, Dr. Valerie Jaeger (via teleconference)

Committee Support In Attendance: Danielle Lupoi, Heather Peters, Sharon Weller, Angie Leung, Cheri Hayward, Sandy Chan (EDU), Ryan Dyck, Emily Cohen-Henry (MOHLTC), Ken Bain (CODE)

Guests: Dr. Doug Sider, Public Health Ontario, Kate Berry, Green Communities Canada, Dr. David Williams, Chief Medical Officer of Health

Regrets: Larry Hope, Marc Gauthier and Joseph Picard

1. Chair Miriam Klassen welcomed everyone to the meeting and asked committee members, committee support staff and guests to introduce themselves.
2. The notes from January 2017 were reviewed and approved
3. (a) Miriam welcomed and introduced Dr. Doug Sider, Public Health Physician Scientific Lead PIDAC-CD, Public Health Ontario. Dr. Sider posed the question: "Would it be desirable to develop standardized, evidence-based recommendations for exclusion of students with infectious diseases that could be used by the education and child care systems and be promoted by local public health agencies to their clinician communities to ensure coherence and alignment among health care, educational and public health practitioners?" Dr. Sider framed his question within the context of the Statutory and Regulatory Framework, the assumptions underlying school exclusions, the sources of information on school exclusions, Well Beings: A Guide to Health in Child Care, 3rd edition (revised) Dr. Denis Leduc, Canadian Paediatric Society · 2015 and Managing Infections from the Canadian Paediatric Society. Committee members spoke in favour of consistency while referencing the HR implications in school boards, the need for an evidence-based approach to exclusions, the need to understand that parental expectations are also a factor and that a solid well-administered immunization program is a good way to prevent disease. Others identified that consistency is key but that a rigorous review to underpin the results was necessary. **ACTION: In follow-up, Dr. Sider shared that PIDAC-CD is moving forward on the development of the draft exclusion guidelines and will bring this back in the future for further consultation with CODE-COMOH and others.**
3. (b) Miriam introduced and welcomed back Kate Berry from Green Communities Canada. Kate reviewed the main theme from her January 2017

presentation– that a multi-level approach reflecting a cultural shift in attitudes and behaviours was needed. Kate cited the Toronto City Vision Zero as an example of a multi partner approach. Committee members spoke in favour of endorsing the Federal Active Transportation Strategy with MOH representatives identifying that its goals align with alPHa directions. There was recognition that this strategy goes beyond simply how students get to school and extends to more of a healthy community approach that will require a change in mindset similar to the societal approach to tobacco use reduction. The new mindset should be people first and vehicles second as communities are being planned. **ACTION: The committee agreed to send a letter of support on behalf of CODE-COMOH.**

Kate also presented the Mobilizing Active School Travel (AST) Framework and was hoping for a letter of support to the top two Green Communities priorities: funding of AST Centralized Support and funding for AST Community Capacity. Once again, committee members spoke in favour of endorsing the request for a letter of support and recommended that CODE-COMOH members loop back to their respective internal networks, that Green Communities should engage in outreach to Members of Provincial Parliament and future electoral candidates and that Green Communities should link with Public Health Ontario. **ACTION: Miriam and Eileen and Ken to co-ordinate letters of support.**

4. EDU/MOHLTC Updates – Legalization of Non-Medical Cannabis – EDU staff highlighted the provincial focus from the 2016 Attorney General’s mandate letter along with the EDU approach to ensure that students, parents and the education sector are well-supported with accurate timely information aligned with the new regulatory framework for cannabis. EDU staff highlighted their contributions to inter-ministerial work on youth prevention and harm reduction, places of use, treatment and monitoring and research. Key areas of focus for EDU include: Ontario Curriculum, Safe Schools, Communications and Informing students, parents and the education sector. Staff indicated that there will be a need for changes to the Education Act and that the Province will decide the legal age for using non-medical cannabis in the Fall. Committee members affirmed that just because its use is legal doesn’t mean its use is healthy and shared serious concerns about the negative health effects confirming there will be a need for policies around its use in schools.

Opioids – Dr. David Williams, Chief Medical Officer of Health presented to the CODE-COMOH Committee. Dr. Williams addressed the following points:

- The impact and burden of opioid addiction and overdose
- The work already underway in order to transform addictions treatment and reduce overdoses and fatalities
- Modernizing opioid prescribing and monitoring
- Improving the treatment of pain
- The progress since the strategy announcement
- The Provincial Overdose Coordinator (POC)
- The multi-sector stakeholder committees
- The POC progress since the strategy announcement
- A summary of stakeholder consultations
- Next steps

Dr. Williams identified that there was a review of the BC experience as they engaged 9-10 assistant deputy ministers to confirm a narcotic stewardship plan for Ontario to deal with physical and psychological pain management. He stated that the methadone strategy has had mixed success. Dr. Williams asked what does the data tell us/not tell us and what more data do we need? There was agreement that there is a need for better chronic pain treatment and management. CODE members identified that schools and boards are looking for support. Dr. Salvaterra reviewed an April 2017 COMOH survey of local public health agencies regarding opioids and schools. The results focused on responses to a number of questions and related appendices. Its conclusion was that a very few schools have experienced an opioid-related

overdose and despite this, there have been a significant number of requests from public health partners for support. About one third of local public health agencies have received a request for Naloxone kits or related training from schools or boards of education.

EDU staff reviewed current support for parents and support for the education sector including a memo to support schools on the legalization of cannabis, resources for school board leaders and employees, support through Mental Health ASSIST and the EDU resource “Supporting Minds”.

#### 5. EDU Update:

**Student Well-Being** – Staff highlighted its public engagement on understanding student well-being, promoting and supporting student well-being and knowing its impact. Staff also highlighted its next steps...moving forward – to build capacity and mobilize knowledge, to develop provincial indicators of student well-being and to build on the work of school boards and schools in understanding and addressing well-being

**Medical Conditions** – Staff presented an update on its policy development and its guiding principle that schools and classrooms must be healthy and safe for all student, including those with medical conditions. Collaboration with partners is essential including MOHLTC. Two committees have been established: a Prevalent Medical Condition Committee (PMCC) and a Clinicians’ Working Group both of whom have been providing expert advice around supporting medical conditions in schools and identifying and developing evidence-based resources to support schools and families. EDU is committed to moving forward on this work and has engaged a number of medical condition organizations to inform its work. The PMCC has recently provided feedback on the draft PPM.

**Concussions** – Work on this portfolio has shifted to deepening implementation and mobilizing knowledge. EDU staff highlighted the available resources, the current research and the work of the Rowan’s Law Advisory Committee. The committee is looking forward to releasing its recommendations in the Fall of 2017.

**Daily Physical Activity** – EDU staff identified that it continues to work with key partners to revise the Daily Physical Activity Policy by September 2017. There will likely be no policy changes to the target group, duration, scheduling or curriculum connections. Changes may be made to the policy’s purpose, intensity of activity, approach to activity and the accountability. Staff also highlighted EDU implementation priorities under four themes: supportive school/system leadership, strong teacher practice, social/cultural practices and parents and community. **Physical Activity in Secondary Schools (PASS)** – seventy projects received one-time grants of up to \$20,000. EDU engaged external researchers to evaluate the projects. Staff reviewed the evaluation highlights and the project impacts on students. The Ministry is considering a renewal of PASS grants over the next three years.

**Student Transportation** – The School Business Support Branch works with school boards and consortia to deliver safe, effective and efficient transportation and determines the allocation for the Student transportation Grant for the 72 boards and administers the annual Student Transportation Survey. Staff highlighted transportation statistics and provided an overview of the school board consortia relationships that exist. Staff concluded by identifying that support for student active transportation aligns with the ministry’s “promoting well-being” goal, the MOHLTC’s Healthy Kids Strategy and the MTO’s broader #CycleON strategy. COMOH members asked whether Active Transportation should be a local decision and asked if it is time to examine the adverse effects of long bus rides on students. EDU staff members responded by saying that they are starting an engagement on student transportation and committed to connecting with COMOH to participate as a reference group. In addition it was noted that the MTO is

about to engage in a study of the environmental impact of student transportation.

MOHLTC Update - Ryan Dyck and Emily Cohen-Henry were introduced as the new Ministry of Health and Long Term Care (MOHLTC) touch points to CODE-COMOH. They anticipated that the Fall update would more substantive once Ryan and Emily become settled in their roles with the committee.

6. Dental Health Promotion – It was decided that this item would be deferred to the Fall due to the absence of CODE members and the lateness of the hour.
7. Co-Chair Miriam Klassen introduced a discussion on next steps for the committee and asked for future agenda items. It was decided that any discussion about the committee’s next steps should occur when as many members of the committee as possible could be in attendance. COMOH members acknowledged that CODE members were key partners and must be included in “next steps” discussions. In addition to the usual EDU and MOHLTC updates (including the legalization of non-medical cannabis and the Ontario opioid strategy) members listed the following: Immunization in Schools – Dr. Deeks, dental health promotion – Dr. Gemmill and student mental health and wellbeing.
8. Ken agreed to send out a calendar doodle to establish a date for September. He will ask for commitments/availability for September 15 or 22 or 29. Ken will also create a brief survey to better understand whether meeting dates, times, format can be reorganized to ensure greater committee member participation.