
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 January 12, 2018

Chair: Dr. Salvaterra

Committee Members in Attendance: Dr. Rosana Salvaterra (Co-Chair), John Crocco (Co-Chair), Dr. Ian Gemmill, Phyllis Eikre, Karen Edgar, Marc Gauthier, Dr. Miriam Klassen, Dr. Andrea Feller, Joseph Picard, Larry Hope

Committee Support in Attendance: Heather Peters, Sharon Weller, Angie Leung, Sandy Chan, Debbie Thompson, Nomi Caplan-Guzzwell, Suzanne Gordon, Nancy Huynh, Chris Kotz (EDU), Ryan Dyck, Emily Cohen-Henry, Nancy Sullivan, Dianne Alexander, Brandy Thompson (MOHLTC), Ken Bain (CODE)

Guests: Dr. Sarah Wilson, Nicole Dupuis, Sophie Wenzel

Regrets: Dr. Eileen de Villa, Dr. Janet DeMille

1. Chair Rosana Salvaterra welcomed everyone to the meeting and asked committee members, committee support staff and guests to introduce themselves. The notes from May 2017 were reviewed and approved
2. (a) Rosana lead a discussion of the need to review the current Terms of reference (TOR) as the current TOR were last approved in October 2015. One member questioned whether the committee should take a more proactive focus by establishing a topic of mutual interest and establishing a task force or subcommittee with the support of the ministries. One member wondered about using medical residents to support the task forces' workload. Perhaps taking on a stronger advocacy role could be a shift in the mandate. One member questioned the number of meetings and the follow up if one is cancelled and/or rescheduled.

ACTION: CODE-COMOH Coordinator Ken Bain and the co-chairs to review and present a revised TOR for the Spring 2018 meeting.

2. (b) Rosana led a discussion of the process of communication with the two member organizations. There was an understanding that the chairs do report out to their respective organizations but not necessarily in a timely manner. There was a request to distribute the draft minutes as soon as possible after the meeting. Discussion focused on how to connect the work of the committee with the "on the ground" daily practices. There was agreement that there is a need to share the successes of the committee

ACTION: Ken Bain to prepare a summary of meeting highlights to be reviewed by the co-chairs and made available by them to CODE and COMOH respectively. Ian and Larry to check on the implementation of the MOU from May to confirm uptake. Ken will follow-up with draft minutes, Committee correspondence will begin to be included in the meeting package. Agendas to include "Business Arising".

2. (c) The committee agreed that it was important to calendar the upcoming meetings as soon as possible. The 2018-2019 (school year) dates will be established but will be tentative pending ministry funding.

ACTION: Ken Bain to send out a Calendar Doodle to establish the Spring 2018 meeting date.

3. Modernized Public Health Standards – MOHLTC – Dianne Alexander presented an overview of the Ontario Public Health Standards which came into effect on January 1, 2018. They include an enhanced focus on outcomes, accountability, evaluation, transparency and collaboration. They were developed through a two-year process that included stakeholder engagement through expert committees, regional and targeted consultations, written submissions, and numerous working groups. The modernized Standards bring together all the school-based requirements of public health into a new School Health Standard, which includes a new requirement for vision health. Boards of health are also required to develop programs of public health interventions under all program standards (e.g., chronic disease prevention, injury prevention, healthy growth and development, substance use prevention and harm reduction), which have relevance within the school setting. These programs are to be developed locally in collaboration with various partners and stakeholders, including school boards and schools. The modernized Standards also introduce a foundational standard on Health Equity, and a new requirement for boards of health to consider mental health promotion within certain programs of public health intervention, including school health. Dianne reviewed the implementation timelines of the initial set of protocols and guidelines, the anticipated release of follow-up protocols and guidelines, the anticipated release of the School Health guideline and Relationship with Indigenous Communities Guideline leading up to the September implementation of the School Health Standard and Vision Screening Program. Dianne addressed the requirements of the School Health Standard which are supported by the School Health Guideline. The School Health Guideline is expected to follow a similar format to other related guidelines, and may cross-reference where content overlaps and alignments exist, including with the Chronic Disease Prevention Guideline, Injury Prevention Guideline, Healthy Growth and Development Guideline, Mental Health Promotion Guideline, Substance Use Prevention and Harm Reduction Guideline, and Health Equity Guideline. The new Oral Health Protocol includes some proposed minor changes to the grades screened along with a new data surveillance system in which notifications will be sent home to parents/guardians of all children who are screened. A new Child Visual Health and Vision Screening program will be in effect in September 2018. MOHLTC and Public Health Units will work closely with delivery partners to ensure appropriate communications and engagement with the education sector occurs leading up to implementation. Committee members sought clarification of the grades at which students would receive dental health screening. There will be universal screening in JK/SK and Grade Two with students in medium and high risk schools being screened in Grades Four and Seven. Passive consent will be the approach whereby a parent/guardian will be provided with an opt out option. Members were assured that MOHLTC was working with School Mental Health ASSIST on the guidelines and protocols related to student mental health. Dianne asked that the draft to be circulated to CODE-COMOH and to other appropriate branches in EDU. It was acknowledged that there may be need to be some reorganization of public health units to successfully implement the new School Health Standards. Lastly, there was a request from Public Health Ontario to have a director of education sit on a planning committee for a one-day workshop to be held in March.

ACTION: Rosana to send email requesting CODE rep for the planning committee and Ken Bain to send to CODE.

4. Legalization of Non-Medical Cannabis – EDU – Angie Leung provided an update with respect to the expected legalization and regulation of recreational cannabis including

- Proposed Federal and Ontario legislation
- Smoke-Free Ontario Act impact to schools
- Public Information and Awareness
- EDU's Goals and Priorities
- Existing Supports and Opportunities

Angie highlighted the differences between Federal Bill C-45: Cannabis Act and Ontario's Cannabis Act, 2017 regarding the minimum age, adult, youth possession, and consumption and sharing. Angie also highlighted the differences between Federal Bill C-45: Cannabis Act and Ontario's Cannabis Act, 2017 and the Ontario Cannabis Retail Corporation Act, 2017 regarding places of use, retail and distribution, and road safety. Changes to the recently passed Smoke Free Ontario Act, 2017 and its impact on schools were presented. Members heard of Ontario's approach to public information and awareness as well as the EDU's overarching goal to promote healthy decision-making and student safety while preventing and/underlying cannabis use among youth. Members also of the EDU key priorities regarding legislation and policies, targeted resources and best available evidence to ongoing data monitoring. Finally, members heard of the existing supports for parents and the broader education sector along with EDU next steps. Directors of Education requested clarification with respect to the rights of school board staff to address staff and students who may be carrying cannabis for medical reasons as cannabis for medical purposes is not considered an illegal drug, given that the federal government has made it available under the Access to Cannabis for Medical Purposes regulation. School staff and students are not required to disclose doctor's prescriptions of medication. The Education Act does not currently prohibit students from carrying cannabis for medical purposes onto school premises. The SFOA, 2017 would prohibit the smoking or vaping of cannabis for medical purposes on school premises, but there are no provincial restrictions on whether school staff and students would be able to bring cannabis for medical purposes onto school premises (and consume it in a non-smoking or vaping manner). It was noted that there is a difference between a student sharing her/his medical condition and having the product. A final request was to engage the education worker unions and associations as part of the implementation and awareness.

ACTION: CODE members of the committee to share concerns with Ken Bain who will pass along to Angie Leung so EDU can create clear supports for boards. Cannabis to be on the next CODE-COMOH agenda.

4. Student Well-Being – What We Heard – EDU - Suzanne Gordon presented an update on the results of the ministry's engagement/consultation process related to "Student Well-Being". The ministry's engagement process included a provincial event, regional sessions, an online survey tool, an engagement kit and targeted sessions with participants who are not typically engaged in ministry consultations. The focus was on what student well-being ought to look like. They heard that well-being includes sense of self and spirit, physical and emotional safety, healthy minds and bodies and, a Sense of belonging through meaningful learning experiences and supportive relationships. The consultation was not intended to address the barriers to student well-being or to identify ways to reduce or eliminate the barriers. A major conclusion is that the focus in boards needs to be on the student experience. It is within the context of achievement, equity and well-being that the partners in education (school, family and community) can identify and address the barriers to student well-being. One committee member asked whether the physical classroom and school environment is being considered as a contributor or barrier to student well-being. Suzanne responded that the ministry is not excluding anything from its review and noted the question for further consideration.

5. Collaboration for the Improvement of Children's Oral Health – Dr. Gemmill presented on “Promoting Oral Health in Schools or Taking the Bite out of Dental Problems”. Dr. Gemmill highlighted the components and messages related to the promotion of oral health including brushing, flossing, drinking water – especially, where available, fluoridated water, the importance of healthy snacks, parent “inspections” of children's gums and regular fluoride treatment. Dr. Gemmill also reviewed the consequences of poor oral hygiene including delayed development of speech and language, poor nutrition, low self-esteem, the risks of general anaesthetic if surgery is eventually required and lost time at school. Dr. Gemmill concluded with a review of how schools can help:
- Support the dental staff while they conduct the annual oral health assessments and surveillance at local schools
 - Some local public health agencies offer school-based preventive oral health services such as fluoride varnish and sealants in partnership with local school boards.
 - Implement school brushing programs – information is available from local public health agencies.
 - Encourage drinking only water between meals and water or plain milk with meals. He noted that natural and artificial sugars in milk, soy milk, juice, chocolate milk and other drinks mix with bacteria can cause tooth decay
 - Promote a healthy school policy with an emphasis on vegetables and fruit, and a balanced diet using Canada's food guide
 - Provide role modelling for students through teachers' choices for food
 - Avoid sugary and sticky snacks such as dried fruit, cookies, granola bars in schools
 - Promote the use of mouth guards, within and outside of school, for all contact sports.
 - Teachers can watch for and follow up symptoms oral pain
 - Promote oral health as part of the health education curriculum.
(Many local public health agencies offer resources such as teaching kits for loan to schools, and online teaching tools)
 - Promote Healthy Smiles Ontario for dental coverage (call your local public health agencies or visit www.ontario.ca/healthysmiles)

Discussion focused mainly on the lack of access to fluoridated water faced by many students. The topical application of fluoride in schools can help mitigate this concern. Certain students/families may be eligible for publicly-funded preventative oral health interventions if they meet the eligibility requirements. Dr. Gemmill asked that CODE members share this presentation with other directors.

6. School Based Immunization in Ontario – Dr. Sarah Wilson from Public Health Ontario presented on the current school-based delivery of three publicly funded immunizations: Hepatitis B, Quadrivalent Meningococcal and Human Papilloma Virus (HPV) vaccines. A school-based delivery provides a platform to reach adolescents, allows students to be immunized before the onset of risky behaviours and improves the completion of vaccine schedules with multiple doses. School-based immunization delivery is more cost-effective compared to healthcare provider delivery, offers peer support at the time of vaccination, is convenient and leads to increased coverage. This delivery model was described as an equitable approach to immunization. Dr. Wilson reviewed the characteristics of Hepatitis (HB) and the history, reported cases and rates of HB in Ontario. Dr. Wilson also reviewed the characteristics of Invasive Meningococcal Disease (IMD) and the history of the program and annual incidence of IMD in Ontario by serogroup. Dr. Wilson reviewed the characteristics of Human Papillomavirus Vaccine (HPV) and the history of school board participation. Dr. Wilson's presentation included a summary of the communication, logistics and considerations of the delivery of a school-based immunization program addressing communications with school boards, schools, student, parents/guardians and clinic logistics. The presentation concluded with a review of what the literature says about school-based immunization programs from the perspectives of parents/guardians, students, and school staff. It was recognized that there

are numerous partners involved in the successful planning and implementation of these programs. The uptake has been good and the committee considered how to improve uptake. One committee member identified that having the written material only available in English may be a barrier to participation. The member offered a solution to having the letters and consent materials translated. The committee discussed the need for parent information and education about the safety of vaccinations and the challenges of the current consent process.

ACTION: Committee will consider having Dr. Wilson return with Canadian and Ontario vaccine safety statistics.

7. Update on the Windsor-Essex Health Unit LDCP Pilot – Nicole Dupuis and Sophie Wenzel, Thunder Bay District Health Unit provided an update on the “*Children Count* Locally Driven Collaborative Project”. The presenters acknowledged the funding support of Public Health Ontario. The presentation began with a review of the completed Locally Driven Collaborative Project (LDCP). The key findings showed that current child/youth health data does not meet public health needs and that there was broad support for a coordinated surveillance system. Recommendations included establishing a provincial task force, and advocacy for children and youth through multi-sectoral collaboration and strengthened surveillance systems. The *Children Count* Provincial Task Force includes multi-sector membership including members of both CODE and COMO as well as EDU and MOHLTC. The task force objectives included identifying tangible steps for improving health assessment and surveillance of Ontario children and youth, identifying, consulting and coordinating with relevant stakeholders, providing guidance and oversight for the implementation of the recommendations. The presenters described a new *Children Count* pilot study which asks the question: “What is the feasibility of coordinating surveillance and assessment of child and youth health, utilizing the school climate survey, to address local level data gaps that meet the needs of local public health units and boards of education?” The presenters outlined the research objectives which included working collaboratively with school boards, pilot testing and evaluating the partnership between public health and school boards and developing a guide or toolkit for future implementation. The presenters outlined the proposed School Climate Survey Health Module which would be developed collaboratively and include questions in highest need topic areas (mental health, healthy eating and physical activity). The intent is to continue to use the existing validated survey questions. The presentation ended with a summary of the key promises to improving surveillance of Ontario Children and Youth. The process must ensure that it includes locally representative, high quality and most needed data, minimizes additional process and survey burden, is cost neutral, and builds on the strengths between public health units and school boards that facilitates joint planning and action. ACTION: There is still need for about three board of education-board of health pairs to join the pilot study. Volunteers from the Catholic boards are being sought. For further information please contact: youthassessmenLDCP@wechu.org
8. Student Transportation – EDU – Sandy Chan and Nancy Huynh presented an update on the impending consultation regarding the future vision of student transportation (beyond funding) to explore how transportation can support the goals of the education system now and into the future. Engagement will focus on the responsiveness, equity, safety and well-being and accountability. The engagement is guided by a “Discussion paper: a new vision for student transportation”. The executive co-leads (Joan Green and Michel Paulin) will invite stakeholder groups to meet with them and will organize supplementary sessions across the province with parents/guardians, students, service providers, transportation consortia and boards. The co-leads have organized an Innovation Reference Group and a Transportation Reference Group. Members will provide both external perspectives and technical feedback related to student transportation operations and delivery.

Anyone interested in providing input can participate by reading the discussion paper and sending a response by **March 28, 2018**, by email, to ST.newvision@ontario.ca. A summary report is expected in Fall 2018.

The presenters also shared an overview for the Ontario Active School Travel Project. As part of its commitment to student well-being, the ministry provided a \$3.5M grant over three years to Green Communities Canada to establish the Ontario Active School Travel Fund. The project objectives are to

- Increase physical activity opportunities for Ontario students by supporting and expanding active school travel programs.
- Provide funding, tools and resources that support local active school travel programs.
- Coordinate events and awards that encourage students to walk and wheel to school.
- Engage and raise awareness amongst target audiences (students and their teachers, parents and guardians, practitioners and delivery agents, decision-makers).
- Monitor and evaluate project performance.
- Build sustainable capacity beyond the life-span

The project will include central support services and a community capacity fund called the Ontario Active School Travel Fund which includes an application-based approach to supporting community-based partnerships. The central support services will include online resources (saferoutestoschool.ca), a school travel planning toolkit and training, coaching and mentoring, a webinar program and learning network.

The eligibility criteria for applications to the Ontario Active School Travel Fund are designed to achieve high likelihood of sustained impact, capability and experience, strong local partnerships and commitment, cash/in kind contributions and a plan for continued growth beyond the project.

Key Dates and Project Milestones

- Project launch – January 2018
- Winter Walk Day – February 7, 2018
- Ontario Active School Travel Fund, Round 1 selection – March 2018
- Annual Summit on Active School Travel – April 2018
- Ontario Active School Travel Fund, Round 1 projects start – May 2018
- Ontario Active School Travel Fund, Round 2 funding applications – Winter 2018-19

Communication

Sign up for news updates on the projects via the Active and Safe Routes to School website: <http://www.saferoutestoschool.ca/oast/>