
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 24, 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, Joseph Picard, Marc Gauthier, Dr. Valerie Jaeger

Committee Support In Attendance: Daniel Lupoi, Nikki Keenlside, Steve Soroko, Eileen Silver (EDU), Jackie Wood, Paulina Salamo (MOHLTC), Ken Bain (CODE)

Guest: Kate Berry, Green Communities Canada

Regrets: Larry Hope and Dr. Rosana Salvaterra

1. Chair John Crocco welcomed everyone to the meeting and asked committee members, committee support staff and guests to introduce themselves.
2. Additional items were added to the printed agenda including administrative items from COMOH. Moved by Ian Gemmill and seconded by Val Jaeger that the agenda as revised. Ian Gemmill asked that DPA and Cannabis be discussed and brought forward as important items from the minutes of September 2016. Ministry of Education staff assured that these would be addressed in the EDU update. Moved by Phyllis Eikre and seconded by Jim Costello that the minutes of September 2016 be approved.
3. John welcomed and introduced Kate Berry from Green Communities Canada to present to the committee. Valerie Jaeger explained that members of her health unit wanted CODE-COMOH to hear the presentation given the cross-sectoral value/implications. Kate provided a presentation that highlighted the important elements of Active School Travel including the benefits, the need for inclusive planning and engagement, a summary of the findings after Year One, the School Travel Planning cost/benefit ratio, the International Research findings, a proposed Ontario Active School Travel Delivery Model and an Active School Travel Framework. Committee members reflected some community concerns about student safety and transportation eligibility. Parents typically prefer their children to be on a bus as opposed to walking to school. Committee members also warned against using the phrase "safe travel routes" as it implies that the school/board has determined this to be a safe route/the safest route. Members acknowledged that this has multi partnership implications including Public Health, School Boards and Municipalities. Members agreed that there would need to be a cultural shift to cause parents and others to use alternate forms of transportation while moving away from the reliance on the automobile. One member referenced the work that COMOH is doing to reduce injuries and fatalities on the roads. Kate stressed that the parties need to understand the cultural/societal barriers before they can be broken down. Members also recognized that directors face a number of competing demands and while this is vitally important, it is but one of their priorities and must involve a

multi-partner approach. Schools cannot do this alone. Lastly, committee members repeated their concerns about the health dangers when school buses idle while diesel fumes are emitted near air intake sites on school buildings. Kate concluded by stating that this is just the beginning of the conversation and was willing to return to further the dialogue. Committee members wondered whether this issue required a similar approach to how cultural/societal changes occurred regarding the wearing of seatbelts and the reduction of smoking. To that end one member questioned whether the Ministry of Education should institute a provincial walk distance standard. Compliance might be more likely to happen if the Ministry set the standard.

4. Miriam introduced this item on behalf of Dr. Salvaterra who was unable to attend. The committee was asked to identify ways to raise the awareness of youth about the social determinants of health (SDOH) so as to develop socially aware and responsible youth by developing/adapting new or existing resources into the curricula. Ministry staff explained how equity is foundational to all curriculum documents. Staff also commented that often teachers are focused on the expectations and miss the contextual introductions in the curriculum. The question becomes how to integrate the SDOH into curriculum areas. One suggestion was to review what already exists and then identify the gaps. The committee then affirmed that students should be taught how to live healthier lives from a practical perspective rather than a philosophical one. Committee members also shared concerns that there might be some unintended negative consequence from introducing the SDOH at an earlier age. Children are born into certain family and societal conditions and caution needs to be taken to prevent them from seeing themselves in a hopeless life situation. Teachers provide hope each and every day. Schools are the great equalizer and teachers' understanding can and will influence students positively. Both CODE and COMOH members shared an interest and a commitment to the SDOH. It was recognized that the Medical Officers of health can be a resource to schools.

Miriam reported that Dr. Noseworthy has left the committee. COMOH members agreed that there was no need to replace her as another MOH covered the same unit. Miriam also offered to have the secretarial duties shared by staff working with MOH committee members. Ken Bain, CODE-COMOH Facilitator, asked for the chance to review the LOA to better understand what it says in this regard. Lastly, the discussion turned to the increasing number of overdoses and poisoning due to opioid use. MOH's are getting ready here in Ontario for the eventual challenges that currently exist in BC. A question arose regarding whether schools have been approached about granting permission for students to carry phentanyl in school. Directors identified that this had not been raised in their jurisdictions.

5. Committee members reviewed the Memorandum of Understanding (MOU) document from September 2016. Eileen de Villa shared a covering memo that would accompany the MOU. The committee formally endorsed both documents. Phyllis agreed to send Ken the version for use in Catholic districts. Ken to work with Ministry staff to have the documents translated into French for distribution through each sector's usual networks.
6. John introduced Sandee Guindon from the North Parry Sound District Health Unit and Lotje Hives from the Ministry of Education to present their example of an innovative health/education partnership. The presenters stressed that each partner shares the same goals as the other...a healthy child and community. Although there were barriers and they found themselves working in a partnership with some ambiguity, they persevered and established a well functioning relationship. They identified that it is important to identify the partnership barriers so that the shared goals can be achieved. The presenters distributed an article that was published in PHE Journal titled: "Building a Relationship Between Education and Health". They now refer to their work together as a relationship and not as a partnership recognizing that "we all serve the same child".

7. EDU Update – Eileen Silver reported on the Well-Being Initiative - a key Ministry priority. Since September there have been a number of consultation/engagement sessions across the province. There is a Well-Being Portal on the website. Over 1300 people have completed the online survey all of which have contributed to some preliminary observations. What is well-being? There is a need for a basic understanding of the definition. Essentially, it includes a multi-dimensional balance that can differ from person to person. It can include a positive sense of self, a sense of value, being respected, demonstrating healthy behaviours and personal resiliency. How should school systems support well-being? There is a need for a collaborative environment involving child and youth partners - including Public Health. There is recognition that student well-being is not the sole responsibility of the education sector. There is a need for shared services at the local level and recognition that parents have a role to play as well. Lastly, The importance of student voice was stressed. The Ministry wants to honour their voices and engage in this initiative with them and not “do it to them” How will we know we have made progress? From the classroom to the premier’s office, there is a need to understand how we measure progress. Data is already being collected by some schools/boards, as some schools are leaders in this regard. A question that needs considering is how does the Ministry help boards that aren’t quite as far along on their well-being data journey. The Ministry continues to gather and analyze data with stakeholders and experts and has set mid March as the time when draft conclusions and advice will be communicated.

Eileen also reported on the legalization of marijuana. Eileen co-chairs an inter-ministerial committee that is looking into the social impact of the potential provincial legislation. There is a target date of Spring 2017 for the federal government to release its legislation that will, in turn, trigger each province to draft its own legislation. The federal government is not setting the age at which marijuana possession and use is legal and will allow each province to establish its own standard. The committee is looking at expert advice to determine what type of education campaign will be required to deal with the legalization of marijuana. There is an interest in having a public education and health campaign in advance of the date upon which it becomes legal. The committee members began raising some of the policy and operational challenges that can be expected. The Ministry is developing strategies in consultation with other ministries.

Steve Soroko reported on the status of DPA. Although 60 minutes of daily activity from Grades 1-8 within the school day is the goal of a number of ministries, EDU will likely leave the requirement at 20 minutes per day. Access and opportunity are two key features of ensuring that the DPA time requirement is met. Staff is analyzing public health research to better understand what works, does not work and what barriers exist. There will be a move to align DPA with the well-being strategy (social-emotional health and well-being). Steve also reported that the School Food and Beverage Policy is being reviewed as staff tries to balance effectiveness and prescription in the requirements for schools.

Jackie Wood reported from the Ministry of Health and Long Term Care (MOHLTC). There has been a reorganization of the branches within the MOHLTC. The Patients First Bill has recently passed and a significant change is that the relationship between medical officers of health and Local Health Integration Networks (LHIN’s) CEO’s is now in the statute. Also of note is that Public Health Units will be sharing population health assessment data with the LHIN’s. There is an expert panel underway whose mandate is to examine the structure of public health units and boards of health. Lastly, the MOHLTC is working with experts to pull together public health standards and is preparing a document that will go out for consultation. They are examining how an effective public health unit works with community partners.

8. Co-Chair Miriam Klassen asked for future agenda items. In addition to the usual EDU and MOHLTC updates members listed the following:
Immunization of School Pupils Act/Disease Prevention, an EDU
Transportation presentation that links to today's School Travel Planning item
and September's item dealing with the health impacts of long bus rides and diesel emissions, a cannabis update, Health Promotion in Schools – Oral Health presentation, additional examples of innovative partnerships

Next Meeting is May 12, 2017 from 10:00-2:00 pm – Toronto location TBD