



## COMPREHENSIVE SCHOOL HEALTH

JUNE 8, 2022 – TIMISKAMING BOARD OF HEALTH

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Hi everyone, thank you for having me this evening, to share an overview of our work in comprehensive school health at THU. This presentation has been developed as a complement to the briefing note that was included in your package for this evening. Both the briefing note and presentation are based on a presentation that I was privileged to give earlier this year as part of webinar series hosted by Health Promotion Ontario.

## OVERVIEW

Our Schools

School Health

Resilience

Recovery

Renewal



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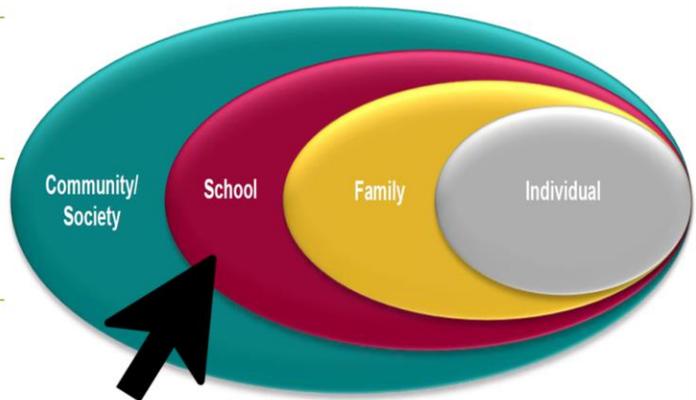
In this brief presentation, I will describe the mandate and approach to school health that we use at THU, share an overview of comprehensive school health, describe our experience over the past couple of years, and provide an update on our current work with schools, framed using concepts of resilience, recovery and renewal.

## WHY SCHOOLS?

Reach every student

Address most  
health determinants

Whole  
school community  
and beyond



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Schools are a place where we can reach every child and young person, where we can address inequities and almost all of the factors that determine health: from healthy behaviours to mental health to social skills to literacy of all kinds—reading, health literacy, how to deal with misinformation. As a workplace, schools are an ideal setting to promote health, with important secondary benefit to students.

We can't put it all on our schools; we all have a role in supporting young people. We use the social-ecological model to help us think about the overlap with life outside the school—in community and in family, each influencing the other—and we talk about the school community to describe everyone involved: staff, students, families, and community partners.

## MANDATE

To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

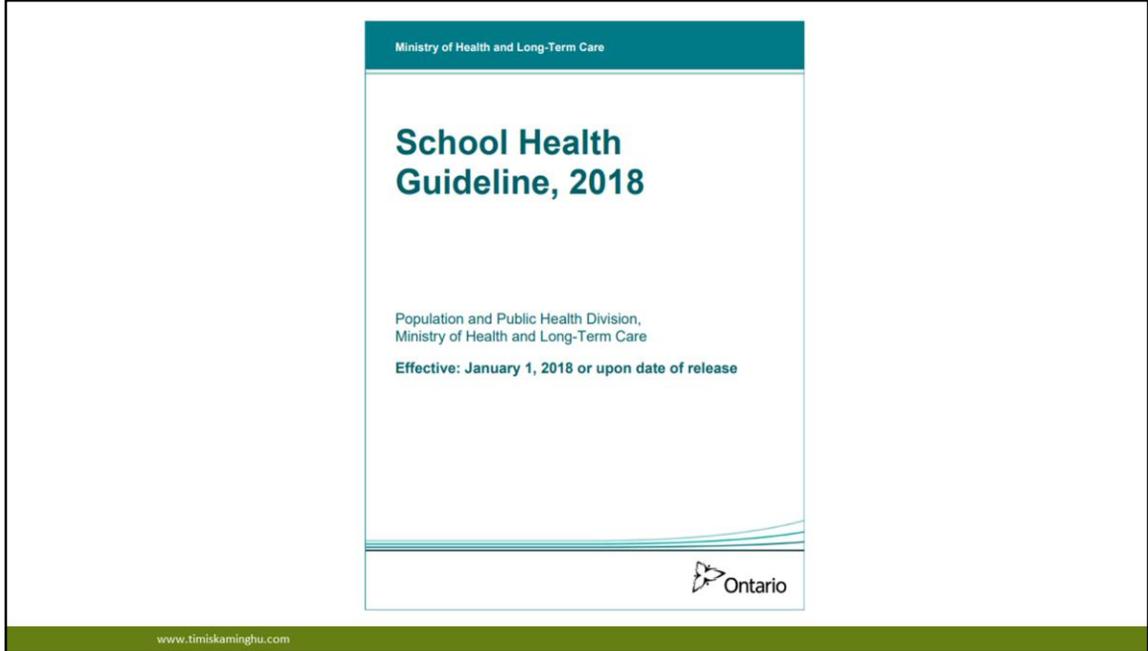
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Within the Ontario Public Health Standards is the School Health Standard, which gives us this goal: to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

To achieve this, we are told to monitor and share trends and inequities related to the health of school-aged children and youth, and accordingly, develop and implement various interventions that address the situation.



These can include any number of topics, based on local need and opportunity: Concussions and injury prevention; Healthy eating behaviours and food safety; Healthy sexuality; Immunization; Infectious disease prevention (e.g., tick awareness, rabies prevention, and hand hygiene); Life promotion, suicide risk and prevention; Mental health promotion; Oral health; Physical activity and sedentary behaviour; Road and off-road safety; Substance use and harm reduction; UV exposure; Violence and bullying; and Visual Health.



The School Health Guideline, a complementary document, tells us more about how to achieve this, by highlighting key frameworks, concepts: for example, to use a comprehensive school health approach which I will describe in a moment, and to complement Ministry of Education resources such as Foundations for a Healthy School, resources to support embedding Truth and Reconciliation in schools, the Ontario First Nation, Metis and Inuit Education Policy Framework, and of course the Health and Physical Education Curriculum, which specifically mentions public health units as potential partners in the implementation of this curriculum.

## SCHOOL HEALTH

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Policies and action at all levels

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Focus on protective factors, asset-based

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Affirms, engages with and empowers diversity

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Everyone brings knowledge, expertise and resources and shares responsibility



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Comprehensive school health means that we address health in multiple domains: social and physical environments, teaching and learning, school policy, and in partnerships and services.

In 2021, the Canadian Health School Standards were developed to build on the comprehensive school health model guiding us to use an asset-based approach, and one that is culturally affirming. These standards focus on leader and staff well-being as well as that of students, holding everyone in the school community responsible for supporting health and wellbeing.

## OUR SCHOOLS

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22 publicly funded schools

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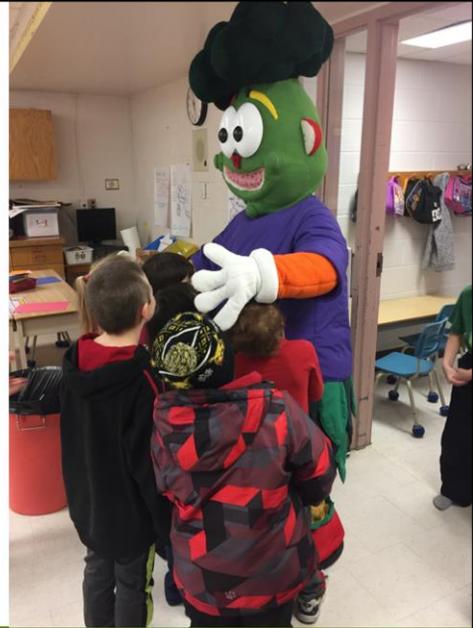
4 public school boards (2 EN, 2 FR)

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4 private parochial schools

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1 Indigenous school



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THU supports comprehensive school health in 22 public elementary schools that are part of 4 school boards, two English and two French. We also support 4 private parochial schools and 1 on-reserve Indigenous school, as well as 2 college campuses, one adult learning centre and the district's 19 childcare centres as well as the Temiskaming Childcare's licensed home childcare program.

We share all 4 boards with a Porcupine Health Unit one also with North Bay Parry Sound. The smallest public school in our district has 28 students and largest has 630.

# RESILIENCE

Among public health staff

Families of schools,  
topics of expertise

Collaboration with  
school partners

IPAC as top priority

Tailored & adjusted  
communication  
strategies

Adjusted program  
delivery

Collaboration  
among health units



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At THU, we currently have 3 school focused nurses, each supporting a family of schools, working to build relationships with principals, staff and students. They work together to identify priorities based on school perspectives and local data. School nurses also develop individual areas of expertise, and draw on one another's knowledge as they work with their individual schools. They are further complemented by a Registered Dietitian, community health workers/registered practical nurses, a Dental Hygienist and Dental Assistants, Research, Planning and Policy Analysts, and they collaborate with public health promoters, public health inspectors and nurses in other program areas to deliver interventions in the school setting.

Resilience is a good word to use in discussing the pandemic on our work in schools. Since early 2020 we worked closer than ever with school partners through the fast and frequent changes in pandemic guidance, and figured out together how to make our way through areas of uncertainty. During the pandemic, we participated in regular joint MOH-School Board Director of Education calls with Porcupine Health Unit and joint calls with school bus consortia.

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Our Staff supported infection prevention and control in schools, with information sessions, onsite assessments, sharing of curriculum and co-teaching, and by answering specific questions through a focused telephone line and email. We worked with schools to promote and deliver COVID-19 vaccination to eligible children and youth. We promoted well-being to families using social media, carried out in-school routine immunization in some schools and otherwise offered immunization in-office, in community and through health care providers. We modified the Northern Fruit and Vegetable Program for community implementation and focused active school travel work outside the school yard and with other community stakeholders. Oral health and vision screening in schools was completely paused. We also tailored communications to parochial schools to promote safe spaces for learning.

There were so many challenges. Turnover, pull among competing interests, constant change. Our staff bounced back and forth between the work I've described and case and contact management and later COVID vaccine clinics. I don't think I can fully convey how much commitment and hard work our school team and school partners have demonstrated to their work these past two years; I feel grateful to have been able to witness this and am very much inspired by it.

We worked more closely than ever with neighbouring health units to build consistent policy and practice in support of our schools.

## RECOVERY

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School leadership and staff

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Public Health Staff

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Students

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Families



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Before we can move onto imagining a new way forward, we need to recover. Our workforces—in public health and I think it’s fair to say in schools—are depleted. Public health units have a history of supporting workplace wellbeing, but we haven’t quite figured out yet how to do this work with schools.

There is also urgency to support recovery among students. Studies have documented that the pandemic has had an overall negative impact on children’s mental health and behaviour, as well as on their levels of physical activity, sedentary behaviour and screen time, increased food insecurity, negative educational outcomes, increased injuries occurring at home, and increased reports of child maltreatment. We know that adverse experiences during key formative years can have lifelong implications. And these data are primarily from the first year of the pandemic, so we have yet to appreciate the full impact.

And that’s not to ignore some silver linings of children spending more time with parents, some evidence of improved eating behaviours. But overall, especially when we factor in disproportionate impacts based on socioeconomic factors, we have a lot of healing to support—needed healing, if we want to support learning. So without delay, despite their own fatigue, schools are investing in strategies to address some of the most immediate impacts of the pandemic and we are right beside them in wanting to help.

## RENEWAL

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Be valuable

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Maintain relationships

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Share power with students

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Be enablers, connectors, student allies

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Focus on priority health topics



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With recent organizational changes here at THU, and as we initiate pandemic recovery while remaining nimble to any adjustments that may be needed in the fall, we are now working to plan for the months ahead, collaborating with our neighbouring health units to reach out to school boards, considering: how can we keep being valuable to schools by complementing their roles and expertise with our own? How can we enhance our work on board-level policies, including workplace wellness?

We know that student voice matters; is there a role for public health to play in amplifying it, inviting them into shared decision-making, no matter their age, and work together even more to help students build skills and confidence to work on creative solutions to challenges in their community?

Through the prioritization process currently underway, topics of mental health, student immunization, healthy sexuality, infectious disease prevention and control and substance use are receiving the greatest focus, as is dental screening in most elementary schools. Because health is complex and multifaceted, work related to healthy eating and physical activity will also be supported as capacity allows.



THANK YOU

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Some thoughts to wrap up: We need to keep an eye on the big picture both within schools and as part of the broader community. Using an asset-based approach, public health staff can focus on being of service to our school partners who are already doing tremendous work to support health. We can learn from and listen to each other. We can pay attention to literature on the topic which is constantly emerging, and commit to a regular practice of self-reflection.

We all have competing priorities and are generally under-resourced. We bring a diversity of life experiences, workplace/sector cultures. But with a shared vision, thoughtfulness, and kindness, we can be encouraging and pragmatic and help even small initiatives become pieces of a larger shift to well-being in schools. If we approach wellbeing in schools with a fraction of the energy we put into the pandemic response, I have no doubt of the progress we will make.

Thanks to all of you for your interest in this important aspect of our work. I welcome questions or comments.