

REGION OF OTTAWA CARLETON  
RÉGION D'OTTAWA CARLETON

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MEMORANDUM  
NOTE DE SERVICE

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<u>Information Previously Distributed</u>	
To Be listed on the Community Services Agenda	19 Nov 98

DATE 3 November 1998

TO/DEST. Co-ordinator,  
Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **CHANGES TO SCHOOL AGE HEALTH SERVICES**

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PURPOSE

The report provides information about changes to school age health services offered by the Health Department beginning September 1998.

BACKGROUND

In 1996, a program review was conducted of school services provided by the Department in order to plan an efficient and effective program for schools and child and youth serving agencies with the limited resources available. Feedback from the extensive review combined with the new provincial health guidelines and standards<sup>1</sup> provided the information necessary for a redesign of the school age health services to Ottawa-Carleton school communities.

DISCUSSION

Service delivery was previously based on individual demands from any of the 357 schools which often resulted in uneven distribution of services and at times, less service to those who required it most. It was difficult to identify schools that could most benefit our services. The review indicated that schools want consistent services with greater access to public health services. It also became clear that some schools are in a position to self-manage their prevention and health promotion activities with minimal support from the Health Department. Others need help in developing a sustainable capacity to promote health.<sup>2</sup> Given the limited resources (a school/staff ratios of 1 to 18) there was a need to set more realistic expectations for the program and a need to have consistent criteria for determining the service approach to be offered to each school. In

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<sup>1</sup> Ontario Ministry of Health, Mandatory Health Programs and Services Guidelines, December 1997.

<sup>2</sup> Healthy Children and Adolescents Program description, September 1998.

response to this, a health profile was completed by 100% of publicly funded schools and is being utilized to determine programs for 1998-99. The profile allows public health staff to systematically collect and record information about each school and assists in identifying appropriate services for each school. The new program approach provides all schools with quick access to the latest health information, training opportunities and curriculum support.

Children and adolescents share unique health issues relating to their stage of development. Because children and adolescents are in their formative years and are developing and changing, health promotion is important to develop positive health practices and coping skills that can be carried into adulthood. The earlier the interventions within a child's life the greater the effect. In order for Health Department staff to build further expertise relating to specific developmental characteristics of these two age groups and to work more closely with community agencies which offer services to children and youth, staff are now assigned to one of two branches; the Child Health Services Branch and the Adolescent Health Services Branch. Each branch concentrates on strategies which are best suited to address the unique issues relating to 6 to 11 year olds and 12 to 19 year olds.

### PROGRAM DESCRIPTION

The new program is comprised of five components. Approaches to service associated with all components occur at the board level, school level and at the broader community level. The following provides a brief description of each of the components.

**Health Information/Education:** This broad-based, comprehensive approach serves as a foundation for all other components of the health promotion program. The focus is the dissemination of current health information for the purpose of supporting curriculum implementation and the development of healthy environments. A direct and exclusive telephone/fax service for teachers is provided from Monday to Friday, from 8am to 5pm.

**Training and Workshops:** The focus here is on building or transferring skills to help communities take action. Requests for training and/or workshops are initiated by either the Health Department, the school or the community and are short-term, (less than one year) or provided periodically. Topics addressed include sexual health, tobacco use prevention, heart health, nutrition, substance abuse, injury prevention and parenting. Numerous strategies are utilized including training workshops and coaching opportunities and involve teachers, children and youth, parents and staff in children and youth serving agencies.

**Health Projects and Partnerships:** In this approach, school health services aim at creating healthy supportive psychological and physical environments. This intensive service is offered selectively to elementary and high school populations and their respective communities. This involves a long term commitment for a minimum of two years and requires concerted enthusiastic participation of multiple players. All stakeholders have to make significant contributions to ensure sustainable results. The school community must demonstrate that it values health and is receptive to take action. A multi-strategy approach is used. Currently this service delivery model exists with two partnerships.

Curriculum Consultation: In this area Health Department staff work collaboratively with school boards to either write health curricula or provide feedback, implementation suggestions and resources for existing health or related curricula.

Policy support and Advocacy: This component focuses on health policies and regulations that impact on children and youth in the school and at the community level. It involves working with school board staff to review and/or develop school board health policies which provide support for healthy environments. Some of the topics include tobacco use prevention and school food policies.

### COMMUNITY CONSULTATION

Personnel and parents representing all school boards associated with selected projects were consulted during the comprehensive program review conducted in 1996. Consultation with a school board advisory committee which was struck to provide guidance with program implementation continues to meet. Health professionals in the province and country were consulted as was the current literature on best practices.

### FINANCIAL IMPLICATION

There are no financial implications as a result of this report.

### CONCLUSION

The new school health program is in the early stages of implementation. We are confident that our services will be exemplary. Ongoing evaluation will support decision making and program adjustments particularly in the first two years. The program will allow both the school community and the Health Department to move towards fulfilling their respective goals and mandates related to the health of children and youth.

*Approved by  
Robert Cushman, MD, MBA, FRCPC*