Getting Children Back on Track: School Health Promotion Team

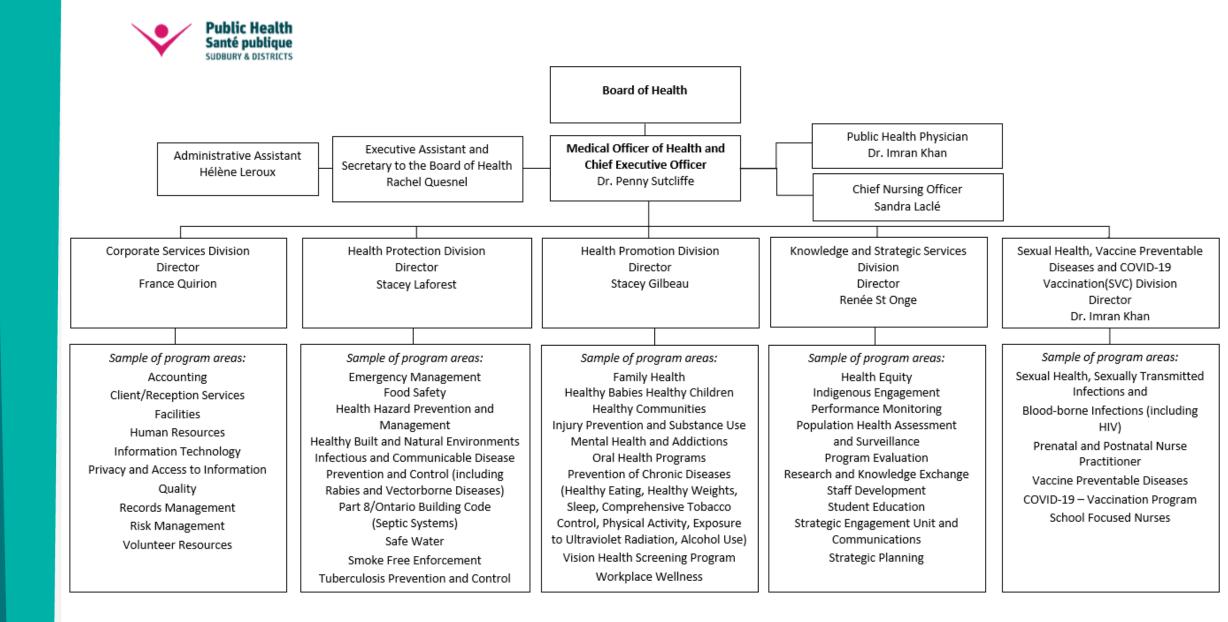
Presentation to the Board of Health

Nicole Gauthier, Program Manager, School Health Promotion

Nathalie Thistle, Public Health Nurse, School Health Promotion

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Public Health's four recovery priorities

Getting children back on track

This includes:

- · Oral health among school-aged children
- Healthy Babies Healthy Children programming including healthy eating supports
- Prenatal and parenting programs, services, and supports
- · Children's mental health and resiliency
- Childhood immunizations and other vaccinepreventable diseases
- School health promotion including the Northern Fruit and Vegetable Program



Fostering mental health gains

This includes:

- Public Mental Health Action Framework including anti-stigma initiatives
- Internal mental health literacy competencies and supports targeting Public Health staff
- Community Drug Strategy collaboration and prevention programs
- Eating disorders prevention, promotion, and early interventions
- Healthy behaviours, supportive environments, movement, and physical activity





Levelling up opportunities for health

This includes:

- Health equity and racial equity programs, services, and supports including allyship training
- Sustainable food systems and food security
- Municipal engagement and Indigenous engagement activities
- Senior's health including dental health services and Stay on Your Feet programming

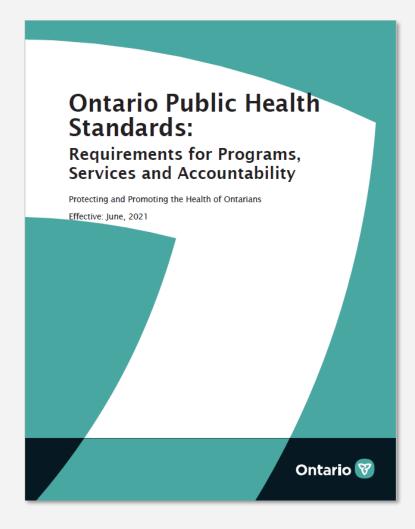


Supporting safe spaces

This includes:

- Healthy built and natural environments including health hazards prevention and mitigation
- Inspections of high-risk premises including safe food and water inspections
- · Routine inspections of childcare facilities
- Community Drug Strategy including the Needle Exchange Program
- Infectious and communicable disease prevention and control programs and services
- · Sexual health programs and services

School Health Standard



School Health

Goal

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

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to the health of school-aged children and youth.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the health of school-aged children and youth.
- There is a decrease in health inequities related to the health of school-aged children and youth.
- School boards and schools are aware of relevant and current population health needs impacting students in their schools.
- School boards and schools are meaningfully engaged in the planning, development, implementation, and evaluation of public health programs and services relevant to school-aged children and youth.
- School boards and schools have the knowledge, skills, and capacity needed to
 act on the factors associated with the health of school-aged children and youth.
- School-based initiatives relevant to healthy living behaviours and healthy environments are informed by effective partnerships between boards of health, school boards, and schools.
- School-aged children, youth, and their families are aware of factors for healthy growth and development.
- There is an increased adoption of healthy living behaviours among school-aged children and youth.
- The board of health achieves timely and effective detection and identification of children and youth at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- Children and youth from low-income families have improved access to oral health care
- · The oral health of children and youth is improved.
- . The board of health and parents/guardians are aware of the visual health needs

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Sudbury and districts school demographics

- 7 school boards in our catchment area
- 108 publicly funded schools in our catchment area
- 2 private schools
- 9 on-reserve elementary and secondary schools
- Approximately 29 156 students (preliminary)



Impacts of COVID-19 on children and youth

- Overall, children and youth mental health has been negatively impacted (Marques de Miranda D, 2020).
- The level of parents' stress due to the COVID-19 pandemic is linked to mental health and behaviour problems in children (PHO, 2021).
- For most substances, the percentage of users decreased overall; however, the frequency of both alcohol and cannabis use increased throughout the pandemic (Dumas TM, Ellis W, Litt DM. 2022).

Impacts of COVID-19 on children and youth



- Increased sedentary behaviour and screen time
- Increased food insecurity
- Increased reports of child maltreatment



- Decreased physical activity
- Decreased educational outcomes

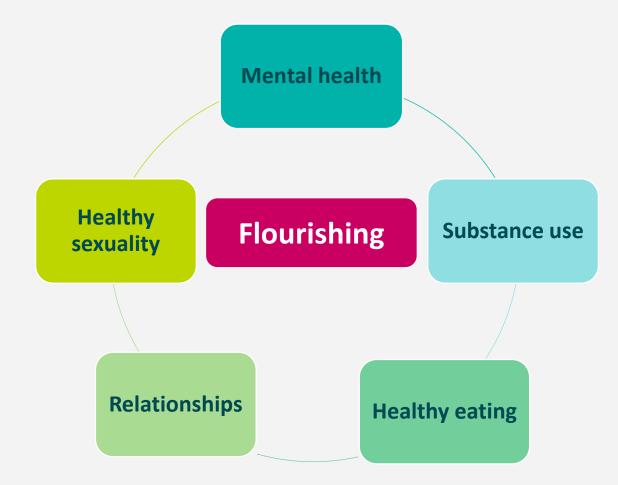
(PHO, 2021)

Contributing factors for growing backlog of services and unmet needs in school health

- Redeployment of Public Health staff to COVID-19 pandemic response
- One public health nurse remained dedicated to School Health Promotion programming
- Engagement with school communities shifted to COVID-19
- Mandated closure of schools in Ontario to combat the spread of COVID-19
- Programming paused

2022-2023 academic year recovery

priorities



How we can help children and youth thrive and flourish?

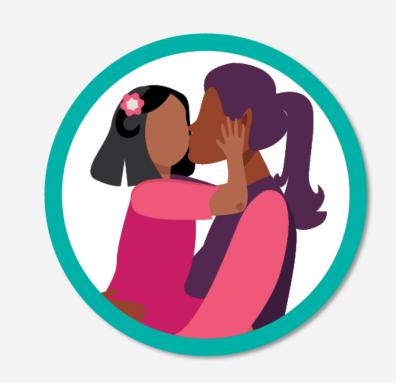


Strategies to address the backlog

- 1. Comprehensive school approach
 - ✓ School board engagement
 - ✓ Curriculum supports
 - ✓ Resources
- 2. Intersectoral collaboration
- 3. Update evidence, evaluate programs, monitor outcomes
- 4. Additional training and staffing

Ongoing considerations for recovery

- Balance recovery priorities
- Integrate and streamlining
- Be prepared
- Reintroduce programs and services
- Engage in partnership with key stakeholders
- Research and evaluate





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