

**Ministry of Health
and Long-Term Care**

Assistant Deputy Minister's Office

Population and Public Health Division
777 Bay Street, 19th Floor
Toronto ON M7A 1S5

Telephone: (416) 212-8119
Facsimile: (416) 212-2200

**Ministère de la Santé
et des Soins de longue durée**

Bureau du sous-ministre adjoint

Division de la santé de la population et de la santé publique
777, rue Bay, 19^e étage
Toronto ON M7A 1S5

Téléphone: (416) 212-8119
Télécopieur: (416) 212-2200



April 13, 2018

MEMORANDUM

TO: Medical Officers of Health, CEOs, and Board Chairs

RE: Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Dear Colleagues,

Further to the December 29, 2017, February 5, 2018 and March 20, 2018 memos which included the release of the official Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards), we are now releasing a fourth installment with an additional guideline.

The Standards and incorporated protocols and guidelines are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.

The following official guideline is attached:

- School Health Guideline, 2018

While it is dated effective as of January 1, 2018 to coincide with the effective date of the Standards, the ministry's expectation is that implementation of requirements outlined in the protocols and guidelines begins as of the date of release, or, at the beginning of the next school year for those programs and services delivered in schools.

The remaining incorporated guidelines will be released shortly. Please see Appendix 1 for a summary of protocols and guidelines including those released previously, the one released today, and those anticipated in the coming weeks. As previously communicated, it is expected that boards of health will continue to operate business as usual until the remaining new guidelines have been released. The ministry will continue to work with all our health unit partners to support you as you implement the new Standards, protocols, and guidelines.

We are also happy to inform you that the Ministry's website for the Standards and related documents in English and French is active. Documents are being added as quickly as possible. Please access the website using one of the following links:

In English at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx;

In French at:

http://www.health.gov.on.ca/fr/pro/programs/publichealth/oph_standards/default.aspx

Thank you all for your continued support and collaboration. If you have any questions, please do not hesitate to contact the ministry by e-mail at PHTransformation@ontario.ca.

Sincerely,

Original signed by

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

c: Dr. David Williams, Chief Medical Officer of Health
Jackie Wood, Director, Planning and Performance Branch
Nina Arron, Director, Disease Prevention Policy and Programs Branch
Liz Walker, Director, Accountability and Liaison Branch
Laura Pisko, Director, Health Protection Policy and Programs Branch
Dianne Alexander, Director, Healthy Living Policy and Programs Branch
Clint Shingler, Director, Health System Emergency Management Branch

Appendix 1: Summary of Protocols and Guidelines with Release Dates

Document	Release Date or Anticipated Release Date
Child Visual Health and Vision Screening Protocol	March 20, 2018
Electronic Cigarettes Protocol	December 29, 2017
Food Safety Protocol	February 5, 2018
Health Hazard Response Protocol	February 5, 2018
Healthy Babies, Healthy Children Program Protocol	January 3, 2018
Immunization for Children in Schools and Licensed Child Care Settings Protocol	February 5, 2018
Infection Prevention and Control Complaints Protocol	February 5, 2018
Infection Prevention and Control Disclosure Protocol	February 5, 2018
Infection Prevention and Control Protocol	February 5, 2018
Infectious Diseases Protocol	February 5, 2018
Institutional/Facility Outbreak Management Protocol	March 20, 2018
Menu Labelling Protocol	December 29, 2017
Oral Health Protocol	March 20, 2018
Population Health Assessment and Surveillance Protocol	December 29, 2017
Qualifications for Public Health Professionals Protocol	February 5, 2018
Rabies Prevention and Control Protocol	February 5, 2018
Recreational Water Protocol	February 5, 2018
Safe Drinking Water and Fluoride Monitoring Protocol	February 5, 2018
Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol	December 29, 2017
Tanning Beds Protocol	December 29, 2017
Tobacco Protocol	December 29, 2017
Tuberculosis Prevention and Control Protocol	February 5, 2018
Vaccine Storage and Handling Protocol	December 29, 2017
Board of Health and Local Health Integration Network Engagement Guideline	December 29, 2017
Chronic Disease Prevention Guideline	April/May 2018

Document	Release Date or Anticipated Release Date
Guidelines for Emergency Management	April/May 2018
Health Equity Guideline	March 20, 2018
Healthy Environments and Climate Change Guideline	March 20, 2018
Healthy Growth and Development Guideline	April/May 2018
Injury Prevention Guideline	April/May 2018
Management of Avian Chlamydiosis in Birds Guideline	April/May 2018
Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline	April/May 2018
Management of Echinococcus Multilocularis Infections in Animals Guideline	April/May 2018
Management of Potential Rabies Exposures Guideline	April/May 2018
Mental Health Promotion Guideline	March 20, 2018
Operational Approaches for Food Safety Guideline	March 20, 2018
Operational Approaches for Recreational Water Guideline	February 5, 2018
Relationship with Indigenous Communities Guideline	April/May 2018
School Health Guideline	April 13, 2018
Small Drinking Water Systems Risk Assessment Guideline	February 5, 2018
Substance Use Prevention and Harm Reduction Guideline	December 29, 2017
Tuberculosis Program Guideline	April/May 2018

School Health Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018 or upon date of release

TABLE OF CONTENTS

1	Preamble	3
2	Purpose	3
3	Reference to the Standards	3
4	Context	5
4.1	Key Public Health Frameworks and Concepts	6
4.2	Key Public Health Concepts.....	7
4.3	Key Content-Specific Frameworks and Resources.....	8
5	Roles and Responsibilities	10
5.1	Program Standards, Protocols and Guidelines	10
5.2	Foundational Standards.....	11
6	Required Approaches.....	12
6.1	General Approaches	12
6.2	Considerations for Health Related Curricula and Health Needs in Schools.....	14
7	Glossary	20
8	References	21

1 Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

2 Purpose

The purpose of this guideline is to provide direction to boards of health on required approaches to developing and implementing programs and services that contribute to achieving optimal health of school-aged children and youth through partnerships and collaboration with school boards and schools. Specifically, this guideline outlines required approaches to Requirements 3 and 4 of the School Health Standard in the Standards:

- Developing and implementing a program of public health interventions to improve the health of school-aged children and youth; and
 - Offering support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools.
- In doing so, this guideline includes the following components:
 - Key public health and content-specific frameworks and concepts (see section 4);
 - An overview of board of health roles and responsibilities (see section 5);
 - Required approaches (see section 6), including:
- Using a public health program planning cycle that supports boards of health to develop and implement a program of public health interventions by integrating all guideline components.
- Key considerations, including topics, for offering support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools.
 - Core definitions to support this guideline (see Glossary).

3 Reference to the Standards

This section identifies the standard and requirements to which this guideline relates.

School Health Standard

Requirement 3. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.

- a) The program of public health interventions shall be informed by:
 - An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
 - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
 - A review of other relevant programs and services delivered by the board of health; and
 - Evidence of the effectiveness of the interventions employed.
- b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Requirement 4. The board of health shall offer support to school boards and schools, in accordance with the *School Health Guideline, 2018* (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to:

- a) Concussions and injury prevention;
- b) Healthy eating behaviours and food safety;
- c) Healthy sexuality;
- d) Immunization;
- e) Infectious disease prevention (e.g., tick awareness, rabies prevention, and hand hygiene);
- f) Life promotion, suicide risk and prevention;
- g) Mental health promotion;
- h) Oral health;
- i) Physical activity and sedentary behaviour;
- j) Road and off-road safety;
- k) Substance⁺ use and harm reduction;
- l) UV exposure;
- m) Violence and bullying; and
- n) Visual Health.

⁺ Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

4 Context

Improving and protecting the health and well-being of school-aged children and youth is a priority for Ontario's public health sector, as childhood is a time when health practices and behaviours are learned, and adolescence is a period when both positive health behaviours (such as eating practices and physical activity) and risk behaviours (such as alcohol and substance use) are adopted.^{3,4}

Schools are important settings for comprehensive health promotion among children and youth. Healthy students are better learners, and better educated individuals are healthier, making health and education interdependent.⁵ The development and maintenance of effective partnerships and collaborations between boards of health and school communities (including school boards, schools, principals, educators, parent groups, student leaders, students, and the broader community) is fundamental to effective public health practice. Strong relationships are needed to support the development of healthy environments, curriculum resources, healthy policies, and all other aspects of health promotion.

Work within the education system is guided by the Ministry of Education's *Achieving Excellence: A Renewed Vision for Education in Ontario* and its four interconnected goals:

- Achieving excellence;
- Ensuring equity;
- Promoting well-being; and,
- Enhancing public confidence.⁶

The goal of promoting student well-being, encompassing cognitive, emotional, social, and physical development, as well as an individual's sense of self and spirit (Figure 1), closely aligns with public health's goal of achieving optimal health of school-aged children and youth.⁷ In partnership with school boards and schools, boards of health have an important role in promoting school health and well-being.

Figure 1 Model of Well-Being



4.1 Key Public Health Frameworks and Concepts

This section outlines key public health frameworks and concepts to inform the development and implementation of public health programs and services that contribute to the achievement of optimal health of school-aged children and youth, with an emphasis on social determinants of health, health inequities, and comprehensive health promotion approaches.

4.1.1 The Population Health Promotion Model

This model (Figure 2) shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies.⁸ This model centres around three questions:

- “On **WHAT** should we take action?” – Acknowledges action is required across the determinants of health
- “**HOW** should we take action?” – Focuses on the actions in the *Ottawa Charter for Health Promotion* (below)
- “**WITH WHOM** should we act?” – Affirms that comprehensive action must be taken at multiple levels (e.g. individual, family, community, sector/system; and society) to bring about change.

Figure 2 The Health Cube



Source: Public Health Agency of Canada. *Population health promotion: an integrated model of population health and health promotion*. Ottawa, ON: Government of Canada; 2001. Reproduced with permission.⁸

4.1.2 Ottawa Charter for Health Promotion

This Framework provides the core strategies for health promotion action to support the achievement of optimal health of school-aged children and youth, including:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action;
- Developing personal skills; and
- Re-orienting health services.⁹

The subsequent Jakarta Declaration reiterated the importance of the core strategies identified in the Ottawa Charter for Health Promotion, and added further emphasis that

comprehensive approaches are the most effective, settings offer practical opportunities for implementation of comprehensive strategies, and participation is essential to the empowerment of individuals and communities in order to sustain efforts.¹⁰

The Comprehensive School Health framework applies the core concepts and strategies identified in the Ottawa Charter for Health Promotion to the school health context.¹¹

4.1.3 Social-Ecological Model of Health

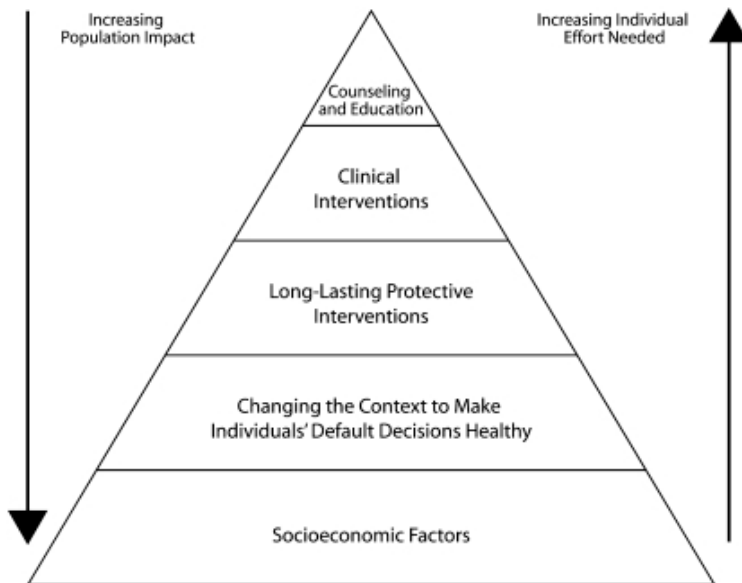
The Social-Ecological Model (SEM) of health considers the complex interplay between Individual, Interpersonal, Organizational, Community, and Societal factors.¹² It highlights the range of factors that put people at risk or protect them, as well as how factors at one level influence factors at another.

The school setting, an Organizational level setting, allows for supportive environment interventions to be implemented in order to improve the health and well-being of school-aged children and youth.¹² However, in order to increase the likelihood that such interventions may lead to healthy behaviours, it is important that school/Organization level interventions be integrated into strategies that account for multiple levels.¹³

4.2 Key Public Health Concepts

This section outlines key concepts to inform the development and implementation public health programs and services that contribute to the achievement of optimal health of school-aged children and youth.

- Upstream approach: seeking to address the causes-of-the-causes.¹⁴
- Proportionate universalism: achieving a blend of universal and targeted interventions in order to reduce inequities among groups.¹⁵
- Strength-based approach: emphasizing strength- and asset-based assessment and programming.¹⁶
- Life course approach: recognizing differences in risks and opportunities across the life course, including critical periods, as well as the cumulative effect of exposures within and across stages.¹⁷
- Intersectional approach: acknowledging that change must take place across a spectrum, from individual supports and services to organizational change; recognizing the unique historical, social, and political contexts that an individual will experience based on their individual combination of diversity factors such as race, gender, gender identity, ability, or status.¹⁸
- Population health impact pyramid (Figure 3): focusing on interventions that address supportive environments and social determinants is likely to have greater population impact versus relying solely on individual-level interventions.¹⁹

Figure 3 Population Health Impact Pyramid

Source: Frieden TR. A framework for public health action: the health impact pyramid. *Am J Public Health*. 2010;100(4):590-5. Reproduced with permission.¹⁹

4.3 Key Content-Specific Frameworks and Resources

This section provides a summary of key content-specific frameworks and resources to inform the development and implementation of public health programs and services that contribute to the achievement of optimal health of school-aged children and youth, in addition to frameworks and concepts relating to child and youth development that are outlined in the *Healthy Growth and Development Guideline, 2018* (or as current).

4.3.1 Foundations for a Healthy School

The Ministry of Education's *Foundations for a Healthy School* resource (Figure 4) is designed to help contribute to a learning environment that promotes and supports child and student well-being.²⁰ The resource outlines five broad, interconnected areas that, together, support a comprehensive approach to creating and sustaining healthy schools policies, programs, and initiatives:

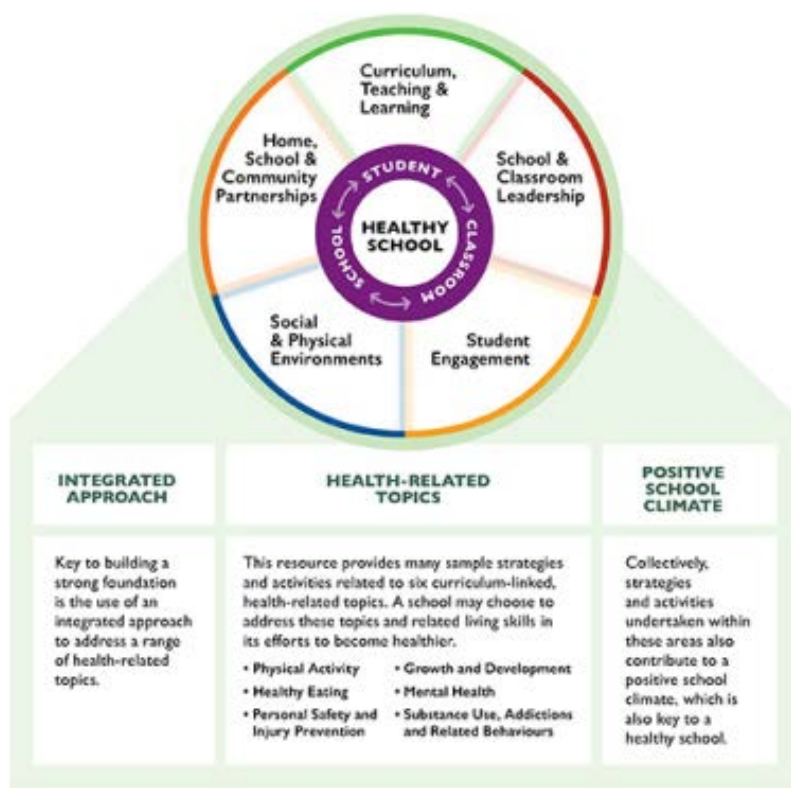
1. Curriculum, Teaching and Learning;
2. School and Classroom Leadership;
3. Student Engagement;
4. Social and Physical Environments; and
5. Home, School and Community Partnerships.

These interconnected areas align closely with the Ministry of Education's K-12 *School Effectiveness Framework* (2013), to support the integration of healthy schools work into school and school board planning and implementation processes.²¹ This comprehensive

approach also complements, enriches, and reinforces student learning through the curriculum.

The *Foundations for a Healthy School* resource provides many ideas and starting points for boards of health to consider as they engage in work to promote health and well-being among school-aged children and youth. It includes sample strategies and suggested activities that can be used at the school level, in the classroom, or among students to address a range of health-related topics and contribute to a positive school climate.

Figure 4 Foundations for a Healthy School²⁰



4.3.2 Health Equity and School Health

In addition to board of health requirements outlined in the Foundational Standards (see section 5.2), ensuring equity is a central goal of Ontario's publicly funded education system, as set out in *Achieving Excellence: A Renewed Vision for Education in Ontario* (2014).⁶ This goal stems from a fundamental principle that every student should have the opportunity to succeed personally and academically, regardless of background, identity, or personal circumstances.

The *Equity and Inclusive Education Strategy* provides guidance and support to the education community in identifying and working towards eliminating systemic barriers that limit students' prospects for learning, growing, and fully contributing to society.²²

Under this strategy, as well as the requirements outlined in *Policy/Program Memorandum No. 119, Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools*, all publicly funded school boards are required to develop, implement, and monitor an equity and inclusive education policy.²³

5 Roles and Responsibilities

The Standards accommodate variability across the province and require boards of health to apply the Foundational Standards in assessing the needs of their local population, implementing programs of public health interventions to improve the health of school-aged children and youth, and offering support to school boards and schools within the health unit. A flexible approach accommodates greater variability where there is an opportunity to plan programs to decrease health inequities and address the needs of priority populations. Boards of health shall consider all topics listed in the Standards, but can focus public health programs, services, and supports on those topics that address identified gaps and will have the greatest impact on improving the health of the local population. Boards of health are guided by the principles of Need; Impact; Capacity; and Partnership, Collaboration and Engagement.

5.1 Program Standards, Protocols and Guidelines

Requirement 3 of the School Health Standard requires boards of health to develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth, informed by:

- An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
- Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
- A review of other relevant programs and services delivered by the board of health; and
- Evidence of the effectiveness of the interventions employed.

Additionally, Requirement 4 of the School Health Standard requires boards of health to offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools, based on need and considering an array of topics (see section 6.2.1).

In operationalizing these requirements, boards of health shall consider linkages with programs of public health intervention developed in accordance with other Program Standards, as the health of school-aged children and youth is also impacted by each of the other Program Standards. In particular, there are linkages to school health and school-aged children and youth in the Healthy Growth and Development Standard.

There are also linkages to school health in other guidelines and protocols, including, but not limited to, the following:

- *Child Visual Health and Vision Screening Protocol, 2018* (or as current);
- *Chronic Disease Prevention Guideline, 2018* (or as current);
- *Food Safety Protocol, 2018* (or as current);
- *Health Equity Guideline, 2018* (or as current);
- *Healthy Growth and Development Guideline, 2018* (or as current);
- *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current);
- *Infectious Diseases Protocol, 2018* (or as current);
- *Injury Prevention Guideline, 2018* (or as current);
- *Mental Health Promotion Guideline, 2018* (or as current);
- *Oral Health Protocol, 2018* (or as current);
- *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current);
- *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current);
- *Relationship with Indigenous Communities Guideline, 2018* (or as current); and
- *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

5.2 Foundational Standards

The Foundational Standards inform all areas of board of health planning and programming as they underlie a comprehensive public health approach. There are three Foundational Standards that have implications for the School Health Standard:

- Population Health Assessment Standard
 - Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.
- Health Equity Standard
 - Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.
- Effective Public Health Practice Standard
 - Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

6 Required Approaches

6.1 General Approaches

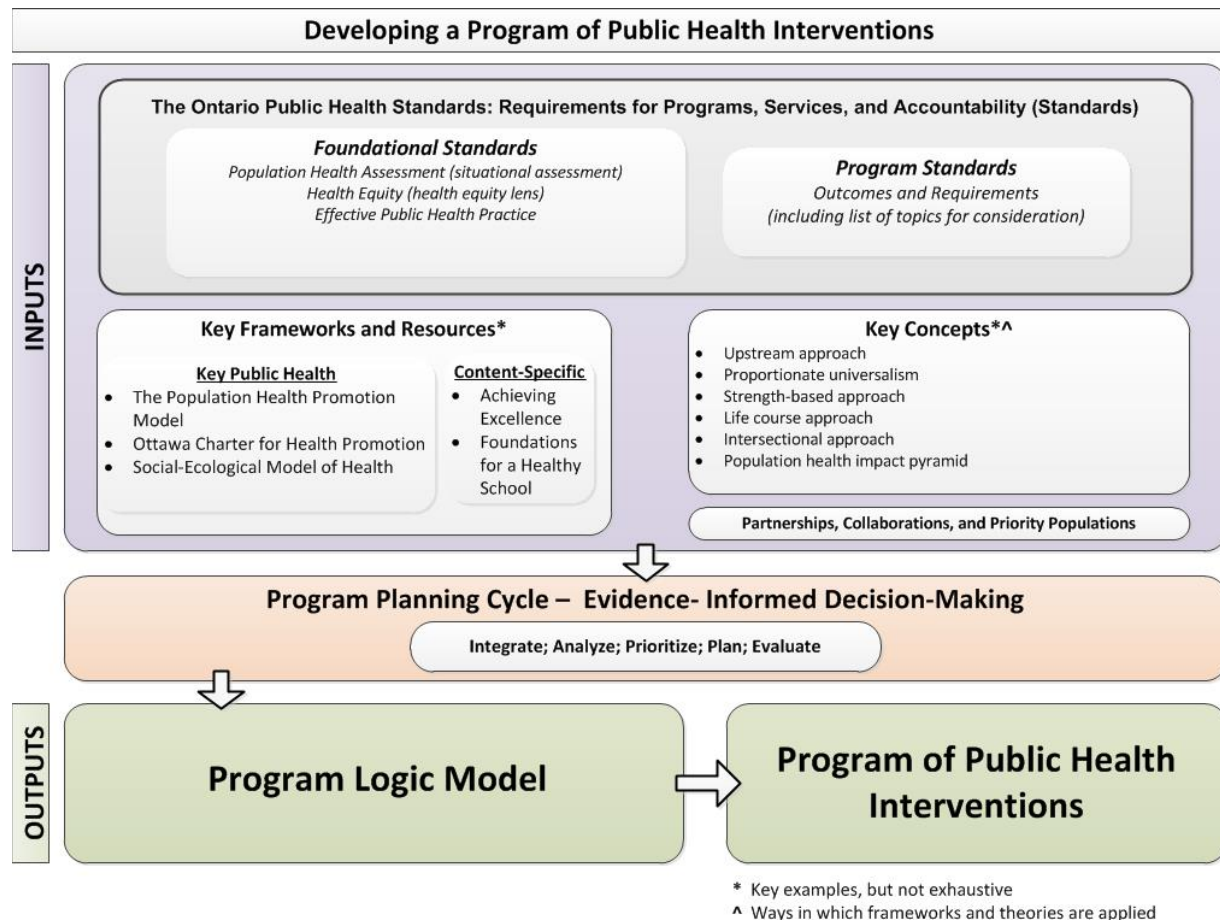
This section outlines required approaches that boards of health shall apply when operationalizing Requirement 3, developing and implementing a program of public health interventions to improve the health of school-aged children and youth in the health unit population, and Requirement 4, offering support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools.

6.1.1 Public Health Program Planning Cycle

Boards of health shall use a public health program planning cycle to support evidence-informed decision-making (Figure 5), which shall include consideration of:

- The preceding key public health and content-specific frameworks, resources and related concepts (see section 4);
- Program outcomes and requirements outlined in the School Health Standard (see section 5.1), including the required topics for consideration (see section 6.2.1);
- Program outcomes and requirements outlined in the Foundational Standards (see section 5.2);
- Prioritization based on the principles outlined in the Policy Framework for Public Health Programs and Services: Need; Impact; Capacity; and Partnership, Collaboration, and Engagement; and
- Additional evidence-informed methods and tools for planning public health programs and services, as appropriate.^{24,25}

Figure 5 Developing a program of public health interventions using a program planning cycle



6.1.2 Collaboration with School Boards and Schools

Additionally, boards of health are required to engage in partnerships, collaborations, and consultations in order to fulfill the requirements of the School Health Standard. In operationalizing this requirement, boards of health shall consider the following:

- Types of collaborations and partnerships that would be meaningful to improve the health of children and youth in the school environment, including, but not limited to:
 - Local stakeholders (students, families, parents/guardians, school staff, school administration, communities, school boards, licensed child care centres, etc.); and
 - Cross-sector collaborations among health, education, and other relevant sectors (e.g. university partners, not-for-profit organizations, municipalities, researchers and policy-makers, etc.).²⁶⁻²⁸

- Evidence-based practices and strategies that promote effective and sustainable collaborations and partnerships, including:
 - Developing a common vision, goal and shared purpose that outlines a common understanding of the issue(s) and potential solution(s);^{26,29-32}
 - Understanding and outlining roles and responsibilities to provide structure for the contribution of team members;^{31,33-35}
 - Engaging in clear and ongoing communications and a joint planning process, including establishment of a common language of key concepts to address differences in interpretation;^{28,29,31,32,34,36,37}
 - Determining local school health outcomes and indicators (educational and/or health outcomes) that are realistic, relevant, and meaningful to all partners;^{27,28,36,37}
 - Determining shared resources (e.g., time, staff, training, technical support, shared measurement systems, etc.);^{28,29,31}
 - Applying supporting structures and mechanisms (e.g., formal/informal agreements, memoranda of understanding, etc.) to support the collaboration process;^{27,32,34,36} and
 - Monitoring and evaluating partnerships to determine their effectiveness and identify and address gaps.³²
- Development of a Memorandum of Understanding (MOU) or other arrangement in writing between local public health and education partners to facilitate implementation of public health programs and services in the school setting.³⁴
- Integrated planning across the various public health programs and services to be implemented in the school setting, including but not limited to oral health screening, vision screening, and immunization services.

6.2 Considerations for Health Related Curricula and Health Needs in Schools

Requirement 4 of the School Health Standard requires boards of health to offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools. Support may include, but is not limited to, assistance with the development, implementation and/or evaluation of evidence, resources, curricula, policies, programs, training, facilitation, and other activities in schools (including during before-and-after school programs), as may be identified in partnership with local school boards and schools.

In operationalizing this requirement, boards of health shall consider the following, in addition to applying the general approaches outlined in the preceding section of this guideline (see section 6.1):

- Provincially-developed curricula, such as:
 - *The Kindergarten Program, 2016* (or as current),
 - *The Ontario Curriculum, Grades 1-8: Health and Physical Education, 2015* (or as current); and

- *The Ontario Curriculum, Grades 9-12: Health and Physical Education, 2015* (or as current).³⁸⁻⁴⁰
- Other provincially- or locally-developed curricula with relevance to the required topics for consideration (see section 6.2.1) and other population health needs in schools, as identified through local assessments and engagement with school boards, schools, school communities, and priority populations.
- Provincially-developed educator requirements and support materials, such as:
 - *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being, 2013* (or as current), and
 - *How Does Learning Happen? Ontario's Pedagogy for the Early Years, 2014* (or as current).⁴¹⁻⁴²
- School board policy development and review cycles, including but not limited to those areas outlined in the topics for consideration where school boards are required to establish policies (see section 6.2.1).
- School board requirements relating to the provision of before-and-after school programs.
- Relevant policy/program memoranda for school boards and schools, such as:
 - *Policy and Program Memorandum 120: Reporting Violent Incidents to the Ministry of Education* (or as current): Requires school boards to report the total number of violent incidents to the ministry each year.
 - *Policy and Program Memorandum 123: Safe Arrivals* (or as current): Directs each elementary school to develop and implement a safe-arrival program to account for any pupil's unexplained failure to arrive at school.
 - *Policy and Program Memorandum 128: The Provincial Code of Conduct and the School Board Codes of Conduct* (or as current): Sets clear provincial standards of behaviour that apply to all individuals involved in the publicly funded school system—principals, teachers, other school staff, parents, volunteers, and community groups.
 - *Policy/Program Memorandum No. 138, Daily Physical Activity in Elementary Schools, Grades 1-8* (or as current): Requires that all students in grades 1-8 take part in 20 minutes of Daily Physical Activity each day during instructional time.
 - *Policy and Program Memorandum 144: Bullying Prevention and Intervention* (or as current): Requires all school boards to have a bullying prevention policy and plan to help prevent and address bullying in schools.
 - *Policy and Program Memorandum 145, Progressive Discipline and Promoting Positive Student Behaviour* (or as current): Requires all school boards to establish a policy and guidelines on progressive discipline, and requires every board to support student activities and organizations that promote a safe and inclusive learning environment, acceptance of, and respect for others, and the creation of a positive school climate.
 - *Policy/Program Memorandum No. 150, School Food and Beverage Policy* (or as current): Sets out nutrition standards for food and beverages sold in publicly funded elementary and secondary schools in Ontario.

- *Policy/Program Memorandum No. 158, School Board Policies on Concussion* (or as current): Directs school boards to develop and maintain a policy on concussion awareness, prevention, identification, management, and training.
- *Policy/Program Memorandum No. 161, Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools* (or as current): Directs school boards to develop and maintain a policy or policies to support students in schools who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis.²³

6.2.1 Topics for Consideration

Boards of health shall consider the following topics when making decisions to offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools to improve the health of school-aged children and youth, based on an assessment of local need as determined in partnership and collaboration with school boards and schools.

- **Concussions and injury prevention:**

Concussions are injuries to the brain and represent a serious health issue with both short term and long-term effects.⁴³ Common mechanisms of concussion include participation in sport and recreation activity, falls and motor vehicle collisions.⁴³ Signs and symptoms of a concussion vary and include cognitive, sleep, physical or behavioural changes.⁴⁴ Repeated concussions are of particular concern given the significant impact they can have on an individual, across the lifespan.⁴³

Injury prevention refers to “ongoing strategies, policies, or programs designed to eliminate or reduce the occurrence and severity of injuries”.⁴⁵ In general, public health’s focus is on the prevention of injuries before they occur (i.e., primary prevention), although there may also be a role in applying other levels of prevention for specific types of injuries (e.g., increasing public and providers’ understanding regarding recognition and management of concussions). Injuries among children often happen at home, sports facilities or fields, and at school.⁴⁶ While at school, it is reported that the most common injuries occur from walking or running, fighting, and sports and recreational activities.⁴⁶

- **Healthy eating behaviours and food safety:**

Healthy eating involves the intake of water and consumption of foods from a variety of food groups while limiting processed or refined foods and beverages that are high in sodium, sugar, and saturated fat, with the overall goal of maintaining or promoting health and preventing disease. A substantial proportion of Canadians do not meet healthy eating recommendations and many factors challenge people’s ability to make healthy choices including social, economic, built and other environments and settings.⁴⁷⁻⁴⁹ Healthy eating is important for the healthy development of children and youth and healthy eating behaviours are shaped when people are young.⁵⁰⁻⁵⁴ Diet is a modifiable risk factor for the prevention of many chronic diseases and conditions such

as obesity, cardiovascular diseases, some cancers, type II diabetes, hypertension, and others.⁴⁷

Considerations relating to food safety may include, but are not limited to, foodborne illness prevention; seasonal food safety messaging; safe preparation and handling of food; and new and emerging food safety risks.

- **Healthy sexuality:**

Sexual health is a vital component of an individual's physical and emotional health and well-being. Healthy sexuality involves acquiring the knowledge, skills, and behaviours to enable good sexual health throughout life, including the prevention of sexually transmitted infections, unintended pregnancy, sexual dysfunction, and sexual violence. Sexually transmitted infections such as chlamydia, gonorrhea and syphilis have been rising since 2000, with rates of chlamydia and gonorrhea in Ontario being highest among young people aged 15-29.⁵⁵⁻⁵⁶ The number of individuals diagnosed with HIV almost doubled between 2000 and 2015.⁵⁷ Some sexually transmitted infections, such as those caused by chlamydia, gonorrhea, hepatitis B, and the human papilloma virus, can result in serious health consequences including infertility, ectopic pregnancy, certain chronic diseases and cancers.^{58,59}

- **Immunization:**

The School Health Standard in the Standards requires boards of health to enforce the *Immunization of School Pupils Act*, and to assess the immunization status of children in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current).⁶⁰ The Standards also require boards of health to promote and provide provincially funded immunization programs to eligible students in the health unit through school-based clinics.

- **Infectious disease prevention:**

Infection is a common problem among school-aged children and youth because schools are a site where a large number of young people, some of whom may not have developed effective personal hygiene habits or immunity to various diseases, come into close contact with each other.⁶¹ Examples of common childhood infections include respiratory infections (e.g., bronchiolitis), common cold, and influenza; rashes due to parvovirus and impetigo; as well as other infections such as conjunctivitis and gastroenteritis.⁶² The most important methods for preventing infectious diseases are hand washing and immunizations.^{63,64} Under the *Immunization of School Pupils Act*, children and youth who attend primary or secondary school in Ontario must be immunized against designated diseases under that Act.^{60,64}

- **Life promotion, suicide risk and prevention:**

Suicide is a significant public health issue with deep and devastating effects on individuals, families, and communities. Understanding suicide is complex, it involves a wide range of factors including social, cultural, biological, psychological, spiritual, economic, and other factors, as well as the physical environments where people live,

learn, work and play.⁶⁵ In Canada, suicide is the second leading cause of death in 15–24 year olds and a significant minority of teens report ideation of suicide in the previous year.^{66,67}

- **Mental health promotion:**

Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health.⁶⁸ By working to increase self-esteem, coping skills, social connectedness and well-being, mental health promotion empowers people and communities to interact with their environments in ways that enhance emotional and spiritual strength. Evidence shows that initiatives that focus on giving “every child the best possible start” will yield the greatest impacts.⁶⁹ Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life.⁷⁰ Promoting mental and physical health holistically and simultaneously is integral to efforts to reduce health inequities and improve and protect the health and well-being of the population.

- **Oral health:**

Oral health refers to the health of the mouth, teeth, gums, tongue, lips, and associated structures. It is an integral part of an individual’s general health and well-being at every stage of life. Tooth decay, though largely preventable, affects over half of Canadian children aged 6 to 19 years old.^{71,72} The burden of illness due to oral diseases disproportionately affects children from low-income families, Indigenous families, and new immigrants.⁷³ For school-aged children and youth, poor oral health can lead to eating and sleep disturbances, malnourishment, behavioural problems, learning difficulties, poor performance and absenteeism in school.⁷³⁻⁷⁵ Over the lifetime, poor oral health can considerably impact an individual’s daily activities, self-esteem, employability and quality of life, and is associated with the occurrence of several chronic diseases and other adverse health outcomes.⁷⁶⁻⁸⁰

- **Physical activity and sedentary behaviour:**

Physical activity is a key component of an individual’s physical, mental and overall well-being. It is a key health behaviour that reduces a child’s risk for obesity, supports cognitive functioning, strengthens bones and muscles, improves mental health, self-esteem and confidence, improves school performance, and improves measures of fitness.⁸¹⁻⁸³ A substantial proportion of Canadians across all age groups are not meeting physical activity guidelines.⁸⁴⁻⁸⁶ This includes the vast majority of school-aged children and youth in Canada not getting 60 minutes or more of daily moderate to vigorous physical activity.⁸⁷ Physical activity is shaped when people are young, as they are physically, socially and emotionally developing.^{52-54,88} In adults, insufficient physical activity is associated with increased rates of a number of chronic and preventable conditions including, but not limited to, type II diabetes, heart disease, stroke, high blood pressure, high cholesterol, certain cancers, osteoporosis, and depression.^{69,70}

Sedentary behaviour refers to postures or activities requiring little or no energy expenditure, including prolonged sitting, watching television, use of a computer, and motorized transport. Children and youth spend a large proportion of their time in sedentary pursuits, such as screen time.^{83,89} Higher screen time is linked to higher levels of obesity and behavioural issues, as well as lower physical fitness, self-esteem, psychological well-being, and academic achievement.⁸⁹⁻⁹² In adults, sedentary behaviour is associated with all-cause and cardiovascular mortality, obesity, cardiovascular disease, type II diabetes, metabolic syndrome and some cancers.⁸⁹

- **Road and off-road safety:**

Injuries caused by motor vehicle collisions (MVCs) remain a significant public health problem in Canada. Injuries from transport-related incidents are a leading cause of overall injury costs in Canada, second only to falls.⁹³ The number of road deaths and injuries remain high with MVCs representing the leading cause of injury-related death in 0 – 24 year olds in Canada.⁹⁴

Off-road vehicles can include all-terrain vehicles, snowmobiles, dirt bikes, motocross bikes, amphibious vehicles, quad bikes and other similar vehicles. They are motorized vehicles used for both recreation and transportation purposes in Canada. Off-road vehicles represent an increasing mechanism for injury and fatality in Canadians, particularly in pediatric populations in remote areas of Canada, including Indigenous communities.⁹⁵

- **Substance use and harm reduction:**

The use of tobacco, alcohol, cannabis, opioids, illicit and other substances are key public health concerns. Substance use occurs on a spectrum ranging from abstinence to having a substance use disorder. Substance use most commonly begins during late childhood and early adolescence, which can lead to a pattern of behaviours with adverse health and social consequences.⁹⁶ This can include cognitive impairment since adolescence is a critical period for brain development and can be affected by substance use.⁹⁷ Other types of consequences include intentional and unintentional injury, violence, motor vehicle collisions, infectious diseases, chronic diseases, mental health problems and mental illnesses, addictions, and other consequences that directly affect individuals, communities, roadways, and neighbourhoods.⁹⁷⁻¹⁰⁰

- **UV exposure:**

Exposure to UV radiation from the sun, without adequate protection, or from artificial sources like tanning beds, has significant adverse health outcomes. While there can be benefits of UV exposure, including facilitating vitamin D3 formation, UV radiation from the sun and tanning devices has been classified as a human carcinogen and is a key risk factor for skin cancers in addition to premature skin aging, eye problems, and weakening of the immune system.^{101,102} A substantial proportion of Canadians spend time in the sun without the use of protection against UV radiation, and the incidence of preventable skin cancers continues to increase.¹⁰³⁻¹⁰⁵

Compared to adults, children and youth are at a greater risk of suffering damage from exposure to UV radiation, with the majority of a person's lifetime exposure occurring before age 18.¹⁰⁶ Compared with adults, children have potentially greater sun exposure, thinner and more sensitive skin, as well as eyes with lower capability to filter UV radiation.^{106,107}

- **Violence and bullying:**

The World Health Organization (WHO) identifies three classifications of violence based on the characteristics of those committing the violence: self-directed violence (e.g., suicidal behaviour); interpersonal violence (e.g., family/partner violence, bullying, or community violence); and collective violence (e.g., societal, political, or economic violence).¹⁰⁸ The WHO's typology creates further sub-classifications based on the nature of the violence: physical, sexual, psychological, and deprivation or neglect.

Violence has far-reaching consequences for both mental and physical health, and negative associations with sexual health. It contributes to the risk of suicide, substance use and addiction, depression, anxiety, post-traumatic stress disorder, other psychological harms, chronic diseases, and social impacts (e.g., diminished academic achievement and worker productivity, and the deterioration of families and communities).¹⁰⁸⁻¹¹⁰

Bullying (e.g., physical, verbal, social, cyber) has serious implications for the mental health of children and youth, and if not addressed can lead to fatal outcomes, including suicide. For example, weight-based stigmatization, the most common form of bullying reported by students age 13 to 19, is associated with depression, anxiety, low self-esteem, body dissatisfaction, suicidal ideation, poor academic performance, lower physical activity, maladaptive eating behaviors, and avoidance of health care.¹¹¹ About a third of Canadian adolescents report being bullied, and the Internet and cyber-bullying are a growing problem.^{112,113}

- **Visual Health:**

Visual health is critically important to mobility, independence, social engagement, physical health, and educational and employment outcomes.¹¹⁴ Uncorrected vision impairment is associated with higher rates of injuries, depression, and some chronic diseases, and can significantly affect a child's growth and development by limiting social, physical and educational participation.¹¹⁴ Six out of ten children experiencing reading difficulties have uncorrected or undetected vision problems and almost 25% of school-age children have vision problems.¹¹⁵

7 Glossary

Comprehensive health promotion approach combines multiple strategies and addresses the full range of health determinants to enable people to increase control over, and to improve, their physical, mental and social well-being.

Population health is the health of the population, measured by health status indicators. Population health is influenced by physical, biological, behavioural, social, cultural, economic, and other factors. The term is also used to refer to the prevailing health level of the population, or a specified subset of the population, or the level to which the population aspires. Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions, and disciplines required to achieve it.¹¹⁶

Program of public health interventions includes the suite of programs, services, and other interventions undertaken by a board of health to fulfill the requirements and contribute to achieving the goals and program outcomes outlined in the Standards.

Social determinants of health are the interrelated social, political and economic factors that create the conditions in which people live, learn, work, and play. The intersection of the social determinants of health causes these conditions to shift and change over time across the life span, impacting the health of individuals, groups, and communities in different ways.¹¹⁷

Targeted approaches use selection criteria, such as social determinants of health or risk factors to target eligibility and access to programs and services to priority sub-groups within the broader population.¹¹⁸

Universal approaches are programs and services that are available to the whole population.¹¹⁸

Well-being refers to an individual's cognitive, social, emotional, and physical development, and the development of their sense of self and spirit.²⁰

8 References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. Kendall PRW. An ounce of prevention revisited: a review of health promotion and selected outcomes for children and youth in BC schools: Provincial Health Officer's annual report [Internet]. Victoria, BC: BC Ministry of Health; 2008. Available from: <https://www2.gov.bc.ca/gov/content/health/keeping-bc-healthy-safe/healthy-communities/healthy-schools>
4. Dryfoos JG. Adolescents at risk: a summation of work in the field--programs and policies. *J Adolesc Health*. 1991;12(8):630-7.

5. Joint Consortium for School Health. Comprehensive school health [Internet]. Summerside, PE: Joint Consortium for School Health; c2018 [cited 2018 Mar 1]. Available from: <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health>
6. Ontario. Ministry of Education. Achieving excellence: a renewed vision for education in Ontario [Internet]. Toronto, ON: Queen's Printer for Ontario; 2014 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/about/excellent.html>
7. Ontario. Ministry of Education. Promoting well-being in Ontario's education system [Internet]. Toronto, ON: Queen's Printer for Ontario; 2017 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/about/Wellbeing2.html>
8. Public Health Agency of Canada. Population health promotion: an integrated model of population health and health promotion [Internet]. Ottawa, ON: Government of Canada; 2001 [cited 2018 Jan 4]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion.html>
9. World Health Organization. The Ottawa charter for health promotion. First International Conference on Health Promotion, Ottawa, 21 November 1986 [Internet]. Geneva: World Health Organization; 1986 [cited 2018 Apr 10]. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
10. World Health Organization. Jakarta declaration on leading health promotion into the 21st century. Presented at: The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century. 1997 Jul 21-25; Jakarta, Indonesia. Geneva: World Health Organization; 1997. Available from: <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/>
11. Joint Consortium for School Health. What is a "comprehensive school health approach"? [Internet]. Summerside, PE: Joint Consortium for School Health; 2018 [cited 2018 Mar 1]. Available from: <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health/what-is-csh>
12. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15(4):351-77.
13. Kok G, Gottlieb NH, Commers M, Smerecnik C. The ecological approach in health promotion programs: a decade later. *Am J Health Promot.* 2008;22(6):437-42.
14. National Collaborating Centre for Determinants of Health. Let's talk: moving upstream. Antigonish, NS: National Collaborating Centre for Determinants of

- Health, St. Francis Xavier University; 2014. Available from:
<http://nccdh.ca/resources/entry/lets-talk-moving-upstream>
15. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Lu D, Tyler I. Focus on: A proportionate approach to priority populations. Toronto, ON: Queen's Printer for Ontario; 2015. Available from:
<https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Priority-Populations.aspx>
 16. Oxford County Public Health and Emergency Services, Perth District Health Unit, Huron County Health Unit, Leeds, Grenville and Lanark District Health Unit. Final report: Mapping a pathway for a strengths-based approach in public health practice [Internet]. Toronto, ON: Locally Driven Collaborative Projects (LDCP); 2013 [cited 2018 Jan 4]. Available from:
<http://www.publichealthontario.ca/en/ServicesAndTools/LDCP/Pages/Reports-and-Activities.aspx>
 17. World Health Organization Regional Office for Europe. Health at key stages of life – the life-course approach to public health [Internet]. Copenhagen, DK: World Health Organization Regional Office for Europe; 2011 [cited 2018 Jan 4]. Available from: <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/activities/health-at-key-stages-of-life-the-life-course-approach-to-public-health>
 18. Ontario Human Rights Commission. An intersectional approach to discrimination: addressing multiple grounds in human rights claims: discussion paper. Toronto, ON: Ontario Human Rights Commission; 2001. Available from:
<http://www.ohrc.on.ca/en/intersectional-approach-discrimination-addressing-multiple-grounds-human-rights-claims>
 19. Frieden TR. A framework for public health action: the health impact pyramid. *Am J Public Health*. 2010;100(4):590-5.
 20. Ontario. Ministry of Education. Healthy schools: foundations for a healthy school [Internet]. Toronto, ON: Queen's Printer for Ontario; 2016 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/healthyschools/foundations.html>
 21. Ontario. Ministry of Education. The K–12 school effectiveness framework (2013): a support for school improvement and student success [Internet]. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2018 Apr 10]. Available from:
<http://www.edu.gov.on.ca/eng/literacynumeracy/framework.html>
 22. Ontario. Ministry of Education. Greater equity means greater student success [Internet]. Toronto, ON: Queen's Printer for Ontario; 2016 [cited 2018 Mar 1]. Available from: <http://edu.gov.on.ca/eng/policyfunding/equity.html>
 23. Ontario. Ministry of Education. Policy/program memoranda [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2018 Mar 1]. Available from:
<http://www.edu.gov.on.ca/extra/eng/ppm/ppm.html>

24. Bartholomew Eldredge L, Parcel G, Gottlieb N, Fernández M. Planning health promotion programs: an intervention mapping approach. 3rd ed. San Francisco, CA: Jossey-Bass; 2011.
25. Kok G, Gottlieb NH, Peters GJ, Mullen PD, Parcel GS, Ruiter RA, et al. A taxonomy of behaviour change methods: an intervention mapping approach. *Health Psychol Rev.* 2016;10(3):297-312. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975080/>
26. Joint Consortium for School Health. Governments working across the health and education sectors: annual report. Summerside, PE: Joint Consortium for School Health; 2017.
27. Healthy Schools BC. Comprehensive school health knowledge guide [Internet]. Vancouver, BC: Directorate of Agencies for School Health (DASH BC); 2013 [cited 2018 Apr 10]. Available from: <https://healthyschoolsbc.ca/healthy-schools-bc-resources/csh-knowledge-guide/>
28. St Leger L, Young I, Blanchard C. Facilitating dialogue between the health and education sectors to advance school health promotion and education [Internet]. Saint-Maurice, France: International Union for Health Promotion and Education (IUHPE); 2012 [cited 2018 Apr 10]. Available from: <http://www.iuhpe.org/index.php/en/iuhpe-thematic-resources/298-on-school-health>
29. Kania J, Kramer M. Collective impact. *Stanford Social Innovation Review.* 2011;Winter:36-41.
30. Bodkin A, Kranias G. What successful partnerships do: 6 key activities [Internet]. Toronto, ON: HC Link; 2017 [cited 2018 Apr 10]. Available from: <http://www.hclinkontario.ca/resources/resources/partnership-development.html>
31. Harmonization Cancer Prevention Team. Building bridges to collaborative success: an evidence-based, inter-agency primer for health promotion. Kelowna, BC: University of British Columbia, Institute for Healthy Living and Chronic Disease Prevention; 2016.
32. Collaborative Practices and Partnership Team. Working together: collaborative practices and partnership toolkit supporting Alberta students [Internet]. Edmonton, AB: Crown in Right of the Province of Alberta; 2013 Available from: <https://open.alberta.ca/dataset/6927719-english>
33. John Snow, Inc. Engaging your community: a toolkit for partnership, collaboration, and action. Prepared for: Department of Health & Human Services & Office of Adolescent Health. Boston, MA: John Snow, Inc.; 2012.
34. Council of Ontario Directors of Education (CODE); Council of Ontario Medical Officers of Health (COMOH). Strengthening partnerships between public health units and district school boards. Toronto, ON: Council of Ontario Directors of

Education (CODE); Council of Ontario Medical Officers of Health (COMOH); 2014.

35. World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010. Available from: http://www.who.int/hrh/resources/framework_action/en/
36. Kolbe LJ, Allensworth DD, Potts-Datema W, White DR. What have we learned from collaborative partnerships to concomitantly improve both education and health? J Sch Health. 2015;85(11):766-74. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/josh.12312>
37. Rissel C, Rowling L. Intersectoral collaboration for the development of a national framework for health promoting schools in Australia. J Sch Health. 2000;70(6):248-50.
38. Ontario. Ministry of Education. The kindergarten program, 2016 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2016 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/curriculum/elementary/kindergarten.html>
39. Ontario. Ministry of Education. The Ontario curriculum: grades 1 to 8. Health and physical education [Internet]. Toronto, ON: Queen's Printer for Ontario; 2015 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html>
40. Ontario. Ministry of Education. The Ontario curriculum: grades 9 to 12. Health and physical education [Internet]. Toronto, ON: Queen's Printer for Ontario; 2015 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html>
41. Ontario. Ministry of Education. Supporting minds: an educator's guide to promoting students' mental health and well-being [Internet]. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/eng/document/reports/health.html>
42. Ontario. Ministry of Education. How does learning happen? Ontario's pedagogy for the early years [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2018 Mar 1]. Available from: <http://www.edu.gov.on.ca/childcare/pedagogy.html>
43. Pike I, Richmond S, Rothman L, Macpherson A, editors. Canadian injury prevention resource: an evidence-informed guide to injury prevention in Canada [Internet]. Toronto, ON: Parachute; 2015 [cited 2018 Apr 10]. Available from: <http://www.parachutecanada.org/cipr>
44. Centers for Disease Control and Prevention. What is a concussion? [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2017 [cited 2018 Jan 4]. Available from: https://www.cdc.gov/headsup/basics/concussion_what.html

45. Ontario Injury Prevention Resource Centre. Fundamentals for injury prevention practitioners: Module 1 - Introduction to injury prevention [Internet]. Toronto, ON: Ontario Injury Prevention Resource Centre; 2016 [cited 2018 Apr 10]. Available from: <http://www.oninjuryresources.ca/fundamentals>
46. Davison CM, Russell K, Piedt S, Pike I, Pickett W, CIHR team in Child and Youth Injury Prevention. Injury among young Canadians: a national study of contextual determinants. Vancouver, BC: CIHR team in Child and Youth Injury Prevention; 2013.
47. Canadian Medical Association. Healthy behaviours - promoting physical activity and healthy eating [Internet]. Ottawa, ON: Canadian Medical Association; 2015 [cited 2018 Jan 22]. Available from: <https://www.cma.ca/En/Pages/policies-research.aspx>
48. Roblin L, Smith D, Purno N, Mehandra A. Healthy eating in Ontario: what do we know? An analysis of eating behaviours, food literacy and food insecurity indicators. Toronto, ON: Ontario Public Health Association, Nutrition Resource Centre; 2017.
49. Jessri M, Nishi SK, L'Abbe MR. Assessing the nutritional quality of diets of Canadian children and adolescents using the 2014 Health Canada Surveillance Tool Tier System. BMC Public Health. 2016;16:381,016-3038-5. Available from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3038-5>
50. Health Canada. Eating well with Canada's food guide. Ottawa, ON: Government of Canada; 2011. Available from: <https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/get-your-copy/eating-well-2007.html>
51. Public Health Agency of Canada. Curbing childhood obesity: a federal, provincial and territorial framework for action to promote healthy weights [Internet]. Ottawa, ON: Government of Canada; 2012 [cited 2018 Mar 1]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/curbing-childhood-obesity-federal-provincial-territorial-framework.html>
52. Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Taking action to prevent chronic disease: recommendations for a healthier Ontario. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: <https://www.publichealthontario.ca/en/BrowseByTopic/ChronicDiseasesAndInjuries/Pages/Taking-Action-to-Prevent-Chronic-Disease-Recommendations-for-a-Healthier-Ontario.aspx>
53. Ontario. Ministry of Children and Youth Services. Stepping stones: a resource on youth development. Toronto, ON: Queen's Printer for Ontario; 2012. Available from:

http://www.children.gov.on.ca/htdocs/English/professionals/steppingstones/youth_policy.aspx

54. U.S. Department of Health and Human Services. Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012. Available from: <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>
55. Public Health Agency of Canada. Report on sexually transmitted infections in Canada: 2013-2014. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health; 2017. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-sexually-transmitted-infections-canada-2013-14.html>
56. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Reportable disease trends in Ontario, 2014. Toronto, ON: Queen's Printer for Ontario; 2016.
57. Ontario HIV Treatment Network, Applied Epidemiology Unit. Summary: new HIV diagnoses [Internet]. Toronto, ON: Ontario HIV Treatment Network; 2015 [cited 2018 Mar 1]. Available from: <http://www.ohesi.ca/reports-data/>
58. World Health Organization. Sexually transmitted infections (STIs) [Internet]. Geneva: World Health Organization; 2016 [cited 2018 Apr 10]. Available from: <http://www.who.int/mediacentre/factsheets/fs110/en/>
59. Public Health Agency of Canada. Canadian guidelines on sexually transmitted infections [Internet]. Ottawa, ON: Government of Canada; 2016 [cited 2018 Apr 10]. Available from: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>
60. *Immunization of School Pupils Act*, RSO 1990, c I.1. Available from: <https://www.ontario.ca/laws/statute/90i01>
61. Public Health Medicine Communication Disease Group (PHMCDG). Management of infectious disease in school. Dublin: Department of Education and Skills; 2014.
62. Canadian Paediatric Society. Common infections and your child [Internet]. Ottawa, ON: Canadian Paediatric Society; 2013 [cited 2018 Mar 1]. Available from: https://www.caringforkids.cps.ca/handouts/common_infections_and_your_child
63. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (JCYH) Just Clean Your Hands [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2018 Mar 1]. Available from:

<https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just-Clean-Your-Hands.aspx>

64. Government of Ontario. Vaccines for children at school [Internet]. Toronto, ON: Queen's Printer for Ontario; 2017 [cited 2018 Mar 1]. Available from: <https://www.ontario.ca/page/vaccines-children-school>
65. Public Health Agency of Canada. Working together to prevent suicide in Canada: the federal framework for suicide prevention. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health; 2016. Available from: <http://publications.gc.ca/site/eng/9.801485/publication.html>
66. Langille DB, Asbridge M, Kisely S, Rasic D. Suicidal behaviours in adolescents in Nova Scotia, Canada: protective associations with measures of social capital. *Soc Psychiatry Psychiatr Epidemiol*. 2012;47(10):1549-55.
67. Statistics Canada. CANSIM Table 102-0561: Leading causes of death, total population, by age group and sex, Canada, annual [Internet]. Ottawa, ON: Government of Canada; 2018 [cited 2018 Apr 10]. Available from: <http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1020561>
68. Centre for Addiction and Mental Health, Dalla Lana School of Public Health, University of Toronto, Toronto Public Health. Best practice guidelines for mental health promotion programs: children (7–12) & youth (13–19). Toronto, ON: CAMH Publications; 2014. Available from: <https://www.porticonetwork.ca/web/camh-hprc/resources/best-practice-guidelines-for-mental-health-promotion-programs>
69. World Health Organization; Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva: World Health Organization; 2014. Available from: http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/
70. Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017;2(8):e356-66.
71. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Oei T. Evidence brief: Dental caries prevention in school-aged children. Toronto, ON: Queen's Printer for Ontario; 2015.
72. Health Canada. Report on the findings of the oral health component of the Canadian Health Measures Survey 2007-2009. Ottawa, ON: Her Majesty the Queen in Right of Canada, represented by the Minister of Health; 2010. Available from: <http://publications.gc.ca/site/eng/369649/publication.html>
73. Rowan-Legg A, Canadian Paediatric Society, Community Paediatrics Committee. Oral health care for children - a call for action. *Paediatr Child Health*.

- 2013;18(1):37-50. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3680273/>
74. Zwicker J, Dudley C, Emery J. It's not just about baby teeth: preventing early childhood caries. School Public Policy Publications. 2016;9.
 75. Finucane D. Rationale for restoration of carious primary teeth: a review. Eur Arch Paediatr Dent. 2012;13(6):281-92.
 76. Ravaghi V, Quinonez C, Allison PJ. Oral pain and its covariates: findings of a Canadian population-based study. J Can Dent Assoc. 2013;79:d3. Available from: <http://www.jcda.ca/article/d3>
 77. Government of Canada. Effects of oral health on overall health [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2008 [cited 2018 Jan 18]. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-sexually-transmitted-infections-canada-2013-14.html>
 78. Singhal S, Mamdani M, Mitchell A, Tenenbaum H, Quinonez C. An exploratory pilot study to assess self-perceived changes among social assistance recipients regarding employment prospects after receiving dental treatment. BMC Oral Health. 2015;15(1):138,015-0119-2. Available from: <https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-015-0119-2>
 79. Sheiham A. Oral health, general health and quality of life. Bull World Health Organ. 2005;83(9):644-96862005000900004. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626333/>
 80. Li X, Kolltveit KM, Tronstad L, Olsen I. Systemic diseases caused by oral infection. Clin Microbiol Rev. 2000;13(4):547-58.
 81. Singh A, Uijtdewilligen L, Twisk JW, van Mechelen W, Chinapaw MJ. Physical activity and performance at school: a systematic review of the literature including a methodological quality assessment. Arch Pediatr Adolesc Med. 2012;166(1):49-55.
 82. Centers for Disease Control and Prevention. Physical activity and health [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2018 [cited 2018 Apr 10]. Available from: <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>
 83. ParticipACTION. Are Canadian kids too tired to move? The 2016 ParticipACTION report card on physical activity for children and youth. Toronto, ON: ParticipACTION; 2016. Available from: <https://www.participaction.com/en-ca/thought-leadership/report-card/2016>
 84. Statistics Canada. Directly measured physical activity of adults, 2012 and 2013 [Internet]. Ottawa, ON: Government of Ontario; 2015 [cited 2018 Jan 23].

Available from: <https://www.statcan.gc.ca/pub/82-625-x/2015001/article/14135-eng.htm>

85. Colley RC, Carson V, Garriguet D, Janssen I, Roberts KC, Tremblay MS. Physical activity of Canadian children and youth, 2007 to 2015. *Health Rep.* 2017;28(10):8-16. Available from: <https://www.statcan.gc.ca/pub/82-003-x/2017010/article/54876-eng.htm>
86. Tremblay MS, Carson V, Chaput JP, Connor Gorber S, Dinh T, Duggan M, et al. Canadian 24-hour movement guidelines for children and youth: an integration of physical activity, sedentary behaviour, and sleep. *Appl Physiol Nutr Metab.* 2016;41(6 Suppl 3):S311-27. Available from: <http://www.nrcresearchpress.com/doi/full/10.1139/apnm-2016-0151#.Ws995WnwaUk>
87. Statistics Canada. Canadian Health Measures Survey: activity monitor data [Internet]. Ottawa, ON: Government of Canada; 2017 [cited 2018 Apr 10]. Available from: <http://www.statcan.gc.ca/daily-quotidien/170419/dq170419e-cansim-eng.htm>
88. ParticipACTION; Sport for Life Society; the Healthy Active Living and Obesity Research Group at the Children's Hospital of Eastern Ontario Research Institute; Physical and Health Education Canada; Canadian Parks and Recreation Association; Ontario Society of Physical Activity Promoters in Public Health. Canada's physical literacy consensus statement [Internet]. Victoria, BC: Sport for Life Society; Physical Literacy for Life; 2015 [cited 2018 Apr 10]. Available from: <http://physicalliteracy.ca/physical-literacy/consensus-statement/>
89. de Rezende LF, Rodrigues Lopes M, Rey-Lopez JP, Matsudo VK, Luiz Odo C. Sedentary behavior and health outcomes: an overview of systematic reviews. *PLoS One.* 2014;9(8):e105620. Available from: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0105620>
90. LeBlanc AG, Spence JC, Carson V, Connor Gorber S, Dillman C, Janssen I, et al. Systematic review of sedentary behaviour and health indicators in the early years (aged 0-4 years). *Appl Physiol Nutr Metab.* 2012;37(4):753-72. Available from: <http://www.nrcresearchpress.com/doi/10.1139/h2012-063>
91. Carson V, Hunter S, Kuzik N, Gray CE, Poitras VJ, Chaput JP, et al. Systematic review of sedentary behaviour and health indicators in school-aged children and youth: an update. *Appl Physiol Nutr Metab.* 2016;41(6 Suppl 3):S240-65. Available from: <http://www.nrcresearchpress.com/doi/10.1139/apnm-2015-0630#.Ws1GXGnwaUk>
92. Suchert V, Hanewinkel R, Isensee B. Sedentary behavior and indicators of mental health in school-aged children and adolescents: a systematic review. *Prev Med.* 2015;76:48-57.

93. Parachute. The cost of injury in Canada report [Internet]. Toronto, ON: Parachute; 2015 [cited 2018 Jan 4]. Available from: <http://www.parachutecanada.org/costofinjury>
94. Public Health Agency of Canada. Injury in review, 2012 edition: spotlight on road and transport safety [Internet]. Ottawa, ON: Government of Canada; 2012 [cited 2018 Jan 4]. Available from: <https://www.canada.ca/en/public-health/services/injury-prevention/canadian-hospitals-injury-reporting-prevention-program/injury-reports/injury-review-2012-edition-spotlight-on-road-transport-safety.html>
95. Yancher NL. Preventing injuries from all-terrain vehicles. Paediatr Child Health. 2012;17(9):513-4. Available from: <https://academic.oup.com/pch/article/17/7/NP/4560474>
96. Canadian Centre on Substance Abuse. A drug prevention strategy for Canada's youth. Ottawa, ON: Canadian Centre on Substance Abuse; 2007.
97. Canadian Centre on Substance Abuse. Children and youth [Internet]. Ottawa, ON: Canadian Centre on Substance Abuse; c2018 [cited 2018 Mar 1]. Available from: <http://www.ccdus.ca/Eng/topics/Children-and-Youth/Pages/default.aspx>
98. CAMH Health Promotion Resource Centre, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Making the case: tools for supporting local alcohol policy in Ontario [Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2013 [cited 2017 Dec 1]. Available from: <http://eenet.ca/resource/making-case-tools-supporting-local-alcohol-policy-in-ontario>
99. Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol : no ordinary commodity: research and public policy. Oxford; New York: Oxford University Press; 2010.
100. Fischer B, Russell C, Sabioni P, van den Brink W, Le Foll B, Hall W, Rehm J, et al. Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations. Am J Public Health. 2017;107(8):e1-e12.
101. International Agency for Research on Cancer (IARC). Agents classified by the IARC monographs, volumes 1-120 [Internet]. Lyons, France: International Agency for Research on Cancer (IARC); 2017 [cited 2018 Jan 23]. Available from: <http://monographs.iarc.fr/ENG/Classification/>
102. Lucas R, McMichael T, Smith W, Armstrong B. Solar ultraviolet radiation: global burden of disease from solar ultraviolet radiation. Environmental burden of disease series, no.13. Geneva: World Health Organization; 2006. Available from: <http://www.who.int/uv/publications/solaradqbd/en/>
103. Ontario Sun Safety Working Group. Sun exposure and protective behaviours in Ontario: an Ontario report based on the 2006 Second National Sun Survey [Internet]. Toronto, ON: Canadian Cancer Society, Ontario Division; 2010 [cited

- 2018 Jan 23]. Available from: <https://www.cancercareontario.ca/en/statistical-reports/sun-exposure-protective-behaviours-ontario>
104. Pinault L, Fioletov V. Sun exposure, sun protection and sunburn among Canadian adults. *Health Rep.* 2017;28(5):12-9.
 105. Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian cancer statistics 2014. Special topic: skin cancers. Toronto, ON: Canadian Cancer Society; 2014. Available from: <http://www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication/past-editions-canadian-cancer-statistics/?region=on>
 106. World Health Organization. Protecting children from ultraviolet radiation - archived, 11 December 2009 [Internet]. Geneva: World Health Organization; 2009 [cited 2018 Apr 10]. Available from: <http://www.who.int/uv/resources/archives/fs261/en/>
 107. Canadian Association of Optometrists. Children and risks associated with sun exposure [Internet]. Ottawa, ON: Canadian Association of Optometrists; c2017 [cited 2018 Mar 1]. Available from: <https://opto.ca/health-library/children-and-risks-associated-with-sun-exposure>
 108. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/
 109. World Health Organization. Global status report on violence prevention 2014. Geneva: World Health Organization; 2014. Available from: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
 110. Prevention Institute. Preventing violence: a primer. Oakland, CA: Prevention Institute; 2009. Available from: <https://www.preventioninstitute.org/tools/preventing-violence-primer>
 111. Puhl RM, King KM. Weight discrimination and bullying. *Best Pract Res Clin Endocrinol Metab.* 2013;27(2):117-27.
 112. Canadian Council on Learning. Lessons in learning. Bullying in Canada: how intimidation affects learning. Toronto, ON: Canadian Council on Learning; 2008.
 113. PREVNet (Promoting Relationships and Eliminating Violence Network). Bullying. The facts [Internet]. Ottawa, ON: PREVNet (Promoting Relationships and Eliminating Violence Network); c2018 [cited 2018 Apr 10]. Available from: <https://www.prevnet.ca/research/bullying-statistics/bullying-the-facts>
 114. National Academies of Sciences. Making eye health a population health imperative: vision for tomorrow. Washington, DC: The National Academies Press; 2016. Available from: <https://www.nap.edu/read/23471/chapter/1>

115. National Coalition for Vision Health. Vision loss in Canada [Internet]. Ottawa, ON: Canadian Ophthalmological Society; 2011 [cited 2018 Apr 10]. Available from: <http://www.cos-sco.ca/vision-health-information/articles-studies/>
116. Last JM, editor. A dictionary of public health. New York, NY: Oxford University Press; 2007.
117. National Collaborating Centre for Determinants of Health. The path taken: developing organizational capacity for improving health equity in four Ontario health units. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2015. Available from: <http://nccdh.ca/resources/entry/developing-organizational-capacity-for-improving-health-equity-in-four-onta>
118. National Collaborating Centre for Determinants of Health. Let's talk: universal and targeted approaches to health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. Available from: <http://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches>

