

Achieving the Vision of Healthy Schools Across Ontario: Priority Areas for Action



◊ Coalition ontarienne des écoles en santé ◊
◊ Ontario Healthy Schools Coalition ◊

A Report by the **Ontario Healthy Schools Coalition** for the:
Ministry of Health and Long-Term Care
Ministry of Education
Ministry of Children and Youth Services
Ministry of Recreation and Tourism
Additional Interested Ministries and Stakeholders

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INTRODUCTION

Ontario is at a pivotal point in the history of its education system. It has become clear that the education sector is currently bearing too much of the responsibility for the learning and healthy growth and development of children and youth. The need for inter-ministerial, multi-sectoral support has become essential. In May 2005, Ontario named a School Health Coordinator as part of its commitment to joining the Pan-Canadian Joint Consortium on School Health. The Coordinator reports to both the Ministry of Health and Long-Term Care [MOHLTC] and the Ministry of Education [MOE], and will serve an important role in bringing together these two systems, and others, to focus on ensuring the healthiest schools possible for the learning and growth and development of Ontario's young people. As a contribution to this process, this report presents the views of a range of Ontario stakeholders currently working in the area of 'healthy schools', regarding the priority areas of action needed in their jurisdiction or Ontario-wide in order to achieve the vision of 'healthy schools' across the province. This report is the result of an initial consultation with 31 participants at the Ontario Healthy Schools Coalition's 4th Annual Forum on June 10th, 2005, as well as additional feedback from coalition members in recent months.

Since the Ottawa Charter and first international conference on health promotion in 1986, and the first national conference of the Canadian Association for School Health [CASH] in 1990, there has been a growing awareness of the importance of the physical, mental, social and spiritual health of students, and the health of the school environment, for effective learning. An early coalition formed in Ontario at that time [Coalition of Ontario Agencies for School Health—COASH], and in December 2000, it merged with the Ontario Public Health Association Healthy Schools Workgroup and the University of Toronto Centre for Health Promotion School Health Interest Group to form the current *Ontario Healthy Schools Coalition* [OHSC].

Understanding grew regarding the Comprehensive School Health [CSH] and Health Promoting Schools [HPS] frameworks. People came to understand that education about health is not enough to result in healthy behaviours. For optimal impact, the literature recommends a comprehensive approach—one that includes education/curriculum, access to services, a supportive social environment and a healthy physical environment. Health-promoting policies are also recommended in all these areas. In addition, a partnership approach in schools is necessary, where school stakeholders (students, parents, teachers/staff, principals/vice-principals and relevant community partners such as public health and recreation) go through a process of committing to a vision of a healthy school, assessing the school's strengths and needs, prioritizing one or more health issues, planning action, implementing, evaluating and celebrating successes.

Over the past decade or more, numerous joint ‘healthy schools’ initiatives between school boards and public health units emerged in various areas of the province. In addition, in November 2002, the Ontario Physical and Health Education Association [Ophea] received \$2-million from the MOHLTC and \$150,000 from the Ministry of Tourism and Recreation [MTR] for a three year Active Healthy School Communities pilot project in nine Ontario school communities representing 17 elementary schools—renamed Living School. The Ontario Healthy Schools Coalition has completed several inventories of current ‘healthy schools’ initiatives in this province. These will be provided under separate cover.

A strong investment is needed in order to promote the health of children, youth, families and staff in school communities. The Ontario Healthy Schools Coalition supports such investment and submits the following considerations for a harmonious, widely-supported dissemination and funding plan for ‘healthy schools’ initiatives in Ontario.

ONTARIO HEALTHY SCHOOLS COALITION – ADDITIONAL BACKGROUND

The Ontario Healthy Schools Coalition is an Ontario-wide, broad-based coalition, with members from public health units, school boards, hospitals, mental health agencies, universities, health-related organizations, education-related organizations, parents and students. Our vision is that every child and young person in Ontario will have the opportunity to be educated in a ‘healthy school’. A ‘healthy school’ promotes the physical, mental, social and spiritual health of the whole school community and constantly strengthens its capacity as a healthy setting for living, learning and working.

As of June 2005, the OHSC has 145 members on our listserv, representing 47 organizations and numerous interested individuals. Each year, the OHSC engages in significant professional networking via four province-wide teleconferences, often involving over 50 individuals from close to 20 sites. We also host an annual one-day face-to-face forum. Office space and administrative assistance has been provided by the Ontario Public Health Association (OPHA—secretariat for the OHSC), the Centre for Health Promotion of the University of Toronto (CHP), and Toronto Public Health. Additional funding for the coalition has been through \$100 organizational and \$20 individual membership fees and fund-raising activities. We have received financial support in the past from the OPHA, CHP, the Ontario Teachers’ Federation, the World Health Organization in Geneva and others.

The OHSC brings many strengths to the table. We are connected to national and international leaders in school health promotion—the Canadian Association for School Health and School Health Research Network, the U.S. Centers for Disease Control and Education Development Center, the U.K. National Healthy School Standard and the World Health Organization Global School Health Initiative. Our members have knowledge and expertise in a wide range of areas, such as: health promotion, education/school improvement, change management, learning organizations, training and development, topic-specific best practices, advocacy, and research.

BACKGROUND ON THE 4TH ANNUAL FORUM—JUNE 10TH, 2005

Within the OHSC, a great number of public health units and their school board partners have built strong partnerships and have been involved in the implementation of ‘healthy schools’ approaches in their communities, some for a decade or more. They have learned crucial lessons on what it takes to move ‘healthy schools’ forward in fast-paced, demanding school environments. They have also learned crucial lessons on what it takes to ensure a sustainable commitment to ‘healthy schools’. This year our forum focused on sharing the successes and challenges our members are experiencing as they work towards ‘healthy schools’ in their jurisdiction, and on identifying what they feel is needed to move the concept forward across the province.

A total of 43 adults attended all or part of the June 10th forum, including representatives from 14 public health units, 5 school boards, 3 nutrition-related organizations, 2 universities, 1 hospital, 1 physical activity promotion organization, a parent, and guests from four ministries (Health, Education, Children & Youth Services, Tourism & Recreation), 3 health promotion organizations, and an Aboriginal organization. Nine elementary school students demonstrated their leadership skills during a fitness break.

The agenda included an Aboriginal opening and closing ceremony, three major presentations (Study of Exemplary Healthy School Sites Across Ontario; Ophea's Living School Initiative; International Work on Health Promoting Schools), seven 5-minute presentations of 'healthy schools' initiatives in Ontario, and 1-minute presentations or remarks by all other attendees regarding their 'healthy schools' work. The majority of organizations submitted this information prior to the forum on a template, so that all participants had a written summary of the various Ontario initiatives in their forum folder.

In the afternoon, an open space format was employed, where the participants were asked to identify three priority areas of action needed in their jurisdiction or Ontario-wide in order to achieve the vision of 'healthy schools' across the province. Thirty-one participants wrote one item per sheet of paper, so these could be grouped according to emerging themes. Participants then broke into three groups to discuss clusters of themes.

The afternoon included a brief summary of dissemination strategies in other jurisdictions, such as Manitoba, the U.K., and Australia, and recommendations for next steps in Ontario that include an environmental scan, consultations, and a strategic planning process. These steps were commonly noted in the expansion plans of numerous 'healthy schools' initiatives in Canada and abroad.

One limitation of this consultation was that not all active coalition members or interested parties could be present due to distance and scheduling conflicts. Regrets were received from 25 additional individuals.

BACKGROUND ON THIS REPORT

As stated in the introductory remarks, this report consists of findings from an initial consultation with 31 participants at the Ontario Healthy Schools Coalition's 4th Annual Forum on June 10th, 2005, as well as recommendations from coalition members. With Ontario recently joining the Pan-Canadian Joint Consortium on School Health and naming a School Health Coordinator for the province, coalition members recognized this unique opportunity to communicate the areas we have been struggling with over the last 15 years and considerations we wish to have included in a provincial expansion plan. A number of coalition members relayed their views informally by voicemail or email to the coalition co-chairs. The points arising from these informal discussions have been

included in this report. It is noteworthy that the points generated through the open space format on June 10th are consistent with the informal comments received prior to the forum.

It is hoped that this consultation report will serve as a starting place for more in-depth and detailed consultations in the future.

ACHIEVING THE VISION OF HEALTHY SCHOOLS ACROSS ONTARIO

PRIORITY AREAS FOR ACTION

In the following report, the bulleted items represent verbatim written responses from 31 participants at the 4th Annual Forum of the Ontario Healthy Schools Coalition on June 10th, 2005. The additional considerations were compiled as a result of feedback received from coalition members by email or telephone from April to June 2005.

A. PROVINCIAL POLICY and COORDINATION

INTER-MINISTERIAL SUPPORT

The need for Inter-Ministerial agreement and a common vision for healthy children and youth was identified as essential in order to strengthen the mandate in the various sectors to build healthy school communities. The OHSC has been directly advocating for this since our inception, including to the Education Equality Task Force in 2002 (see <http://www.opha.on.ca/ohsc/educationtaskforce.html>), and the need for Inter-Ministerial support was incorporated in one of the Rozanski Report recommendations.

A dissemination plan should have Inter-Ministerial support (Education, Health, Children & Youth Services, Tourism & Recreation, etc.), with particular emphasis on support from within the Ministry of Education.

Inter-Ministerial support would mean each Ministry would provide direction [a mandate] and funding for coordination, inservicing, and facilitation and program front-line staff. Some redeployment of existing resources within sectors is possible. As well, in order to stimulate optimal change and improvement, there will be a need for new, creative sources of funding.

Inter-Ministerial support would enable the crafting of an approach that harmonizes the two cultures of education and health. Education uses models aimed at curricular and school effectiveness changes, while health uses health promotion models. Both cultures advocate evidence-based decision-making and the literature indicates the need for a shared culture beyond service delivery in sector silos.

- Inter-ministerial agreement/ support, therefore strengthen mandate in public health to do CSH work, strengthen mandate in education sector to focus on health in school improvement plans, strengthen mandate in recreation to support school communities
- Provincial directive
- Provincial mandate requiring CSH in schools

- Continued commitment by government to make healthy schools/ healthy communities an identified priority
- Support from top levels e.g. government
- Policy document developed by MOH, MOE, MCYS, MTourism and Recreation – common vision for healthy children and youth
- Inter-ministerial real support for healthy schools--\$, teacher training, staff development
- Capacity, capacity, capacity—H[ealth] units, schools
- Consortium of Ontario Ministries of Health & Education

Discussion Notes:

- CSH has to be mandated by both MOHLTC [Ministry of Health & Long-Term Care] and Education, and MCYS [Ministry of Children and Youth Services]
- Interministerial agreement and common vision for healthy children and youth
- Need multi-level commitment—teachers, boards, principals, trustees, students
- Work into the School Council legislation 12-6-13 [Ontario Ministry of Education Regulation # 612/ 613]

CLEAR MANDATE WITHIN THE EDUCATION SECTOR

Unless school boards/schools are encouraged by the Ministry of Education to focus on health issues and given the resources to do so, the other sectors (health, recreation, children & youth services) will not be able to partner effectively.

A ‘healthy schools’ approach for Ontario should be couched within a comprehensive school improvement focus (vs. just being a ‘health’ initiative)—emphasize how ‘healthy schools’ contributes to ‘better schools’.

Be sure to consider dissemination of ‘healthy schools’ not only in terms of “broader” (increased “numbers” of schools), but of “deeper” (more deep commitment by many members of the school community; more deeply embedded in all aspects of the culture of the school).

Consider incorporating ‘healthy schools’ into already-existing initiatives, e.g. “Safe, Healthy Schools” (rather than just ‘safe schools’).

Consider that ‘healthy schools’ provides a significant opportunity to foster student leadership development—this should be a major focus.

A ‘healthy schools’ approach includes a focus on teacher wellness, and the creation of a healthy, supportive work environment.

- Commitment at Ministry of Education level (i.e. similar to literacy, numeracy...) to time/\$
- Clear mandate to school boards from Ministry

- Need Ministry policy statements to get PA [physical activity]/ PE [Physical Education] on school board agendas—board priorities need to reflect the importance of the health of students
- School board shared leadership—CSH part of their vision
- Ministry of Education support of children vs curriculum
- Bd of Eds with other priorities
- Buy-in from Bds of Education
- Need the Ministry of Education to sign-on to [idea that] education is more than “curriculum” and ensure health becomes as much of a priority as literacy and numeracy
- Need Ministry of Education to mandate Health & Phys Ed for secondary schools and mandate non-competitive secondary schools physical activities
- Getting to the decision-makers at the board level—understanding and funding
- Buy-in from school boards and principals
- Buy-in and support from school boards
- More commitment from separate board for our initiative
- Support for CSH from sr [senior] management at Bds of Education
- Creating school identity—leadership

Discussion Notes:

- Principals need to be committed to leading the school with health in mind: health-inspired school improvement
- Health-focused school improvement plan
- Incorporating health in all the many [school] initiatives, e.g. using health resources for literacy programs/ health vocabulary

CLEAR MANDATE WITHIN THE PUBLIC HEALTH SECTOR

Public health in Ontario works under the Mandatory Health Programs and Services Guidelines [MHPSG]. This legislation directs public health to work with all schools and school boards to implement health promotion programming, but it does not yet stipulate that a Comprehensive School Health approach should be used. This clarification is needed to ensure that public health units allocate the resources necessary to enable the building of capacity within school communities to take their own action on health issues. Such CSH work done in partnership with school stakeholders requires different deployment of staff than what is required for the traditional (and still necessary) delivery of topic-specific programs.

- Public Health Division needs to immediately revise Mandatory Programs to support/ ↑ resources to school settings and endorse CSH
- New mandatory guidelines that include CSH
- MOH Mandatory Guideline[s] need updating NOW!!
- Health unit management unwilling to put more \$ and resources into school programs
- Public health—Provincial clear mandate for CSH/ HPS
- Need MOHLTC to mandate comprehensive school health as a mandatory program endorsed by Ministry of Education

- Integrated school “Mandated Program” in Public Health
- Support for CSH from sr [senior] management at Bds of Health
- Public health capacity-building re CSH
- Increased public health capacity

COORDINATING INFRASTRUCTURE

Central coordination is required for effective dissemination of healthy schools across the province. A School Health Coordinator has recently been named in Ontario, and provincial coordination should ideally be consistent with the efforts of the national Consortium. Central coordination should include several elements, e.g., ongoing inservicing (esp. Train-the-Trainer approaches), provision of incentive funding to board-level partnerships, availability of resource staff and materials (e.g. web-based and consultant support), ongoing networking and sharing of successes, and monitoring and evaluation.

A dissemination plan should have inclusion as a core value, e.g., provide funds for partnerships that could redress inequity such as local coordination efforts by school board-level or community-level multi-agency partnerships. It is important that individual schools that may lack the resources to apply for funding are not at a disadvantage. The Healthy Schools initiative that began in 1990 in B.C. changed their funding strategy from individual grants to grants to school districts based on the number of children and their need for support (see http://www.mcf.gov.bc.ca/publications/ece/healthy_schools_website.pdf). Likewise, the U.K. National Healthy School Standard aims to reduce health inequalities, promote social inclusion, and raise educational standards/attainment through core funding to school board-public health unit partnerships with top-ups according to population numbers served (see <http://www.wiredforhealth.gov.uk/cat.php?catid=851&docid=7265>).

A hybrid model may be useful, where both board-level and individual school community level promotion and support occurs. The important element is that no school interested in building a healthier school is turned away.

A dissemination plan should focus on both secondary and elementary schools. There are numerous existing initiatives in Ontario secondary schools and, in order to sustain the positive elementary school impact, students need their secondary schools to also be health promoting. In addition, it is possible to tap the potential of secondary school students as leaders in this initiative for elementary schools in their area.

French school boards and schools should be included in a provincial dissemination plan from the outset.

Aboriginal school boards and schools should be included and prioritized in a provincial dissemination plan from the outset.

The needs of rural school populations need to be prioritized.

Electronic access to resources is important. It would be helpful to coordinate with the national knowledge mobilization effort that is being led by the Canadian Council on Learning [Health and Learning Knowledge Centre], and the Canadian School Health Research Network (includes a web site <http://www.schoolhealthresearch.org>). It would also be useful to coordinate with the Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD) and the Ontario Physical and Health Education Association (Ophea).

- Provincial coordination—mandated
- Provincial coordination (not reinvent the wheel)—Allowing community involvement
- Champions at all levels and cross-sectorally
- Sharing expertise—models, evaluation
- OHSC [Ontario Healthy Schools Coalition] resource centre to facilitate sharing of info/resources & develop/adapt some that we all need
- A provincial model that acknowledges the existing CSH programs (regional and local) and includes them immediately as part of the model
- A provincial co-ordinated, funded, evidenced model that all existing CSH groups can/will support i.e. Living School
- A provincial program (like Living School) where both ministries support

Discussion Notes:

- Need a provincial framework/ focus
- Need to identify champions at all levels: school, board, ministries

B. FUNDING and PERSONNEL

FUNDING

A dissemination plan should, from the outset, build on existing public health unit and school board partnerships, or focus on creating strong public health unit and school board partnerships. Supporting these systems will allow for sustainability and ongoing nurturing of schools in these geographic jurisdictions. As previously mentioned, the U.K. has a central organization that offers accreditation to local health unit (Primary Care Trust) and school board (Local Education Authority) partnerships, and distributes funding to these partnerships—called the National Healthy School Standard [NHSS]—(see <http://www.wiredforhealth.gov.uk/cat.php?catid=973>).

There should be strong but straightforward accountability mechanisms in place regarding the tracking of funds for ‘healthy schools’ initiatives.

- Funding for school board-health unit partnerships & other local agencies
- Seed money for collaboratives to decide how to spend & for building collaboratives
- Seed funding & support for initiatives at the school level
- Sustainable long-term funding—provincial, local

- Long-term funding
- Long-term funding—contracts greater than 1 year; year-to-year sucks
- Sufficient funding to support efforts
- \$ to HU [Health Unit] (local organization) to implement
- Funding support for schools who take CSH on
- Funding to support CSH initiatives
- Funding [x 4]
- Funding—sponsorship
- Involve the business community
- Money
- Additional resources (human, financial)

COORDINATING PERSONNEL

Local-level coordination is required for effective dissemination of healthy schools. A dissemination plan should include provision for local school board and public health unit level coordination staff, as well as coordination staff in other sectors. School boards need to receive encouragement/incentives to incorporate health goals in their School Improvement Strategic Planning processes. Then boards need to encourage/provide incentives for schools to include health goals in their annual School Improvement Plans. Boards could then strike a steering committee for the board-wide effort, and local schools could strike school health committees, involving all key stakeholders.

- Establish Public Health Liaison position in each District School Board → would link Health Unit's programs/ services/ facilitation of CSH in School Boards
- People resources esp. board coordinators/consultants
- More people power at board level

FRONT-LINE STAFF

It is important to fund front-line staff within existing institutions whose mandate is/should be to promote healthy learning environments in schools, e.g. school boards (and teachers, so the education sector can take this leadership role in their schools and provide necessary services such as guidance, physical education, counseling, etc.; funding should cover inservices and teacher release time), public health units, recreation organizations, children & youth service agencies, etc.

- Each school should have a mandated health activist who disseminates information to the school and community
- More front-line coordinators (PHN's [Public Health Nurses] in schools)
- More public health nurses so the ratio of nurses to schools is appropriate
- A nurse for every school
- More staff dedicated to school health in public health & school boards
- More staff

- ↑ public health staff to support/ assist schools
- More staff time allocated to school health

Discussion Notes:

- PHN's should meet with principal late August so the principal will include the PHN in the first school staff meeting
- Adult public health team focusing on “workplace wellness” speaks to teachers and schools
- Corporate funders:
 - Dave Vickers (MCYS) corporate work → linkages
 - Corporate sponsors—must have an individual at senior level who believes in your cause; make use of any connections you have; meet and greet at events, friends & family
 - Check out corporate sponsors thoroughly
 - Start with a “toe in the water” approach

C. *AWARENESS-RAISING and CONSULTATION*

AWARENESS-RAISING and EDUCATION RE HEALTHY SCHOOLS

Targeted communications regarding the concept of healthy schools can be achieved relatively easily through existing channels, e.g., school councils, staff meetings, youth leadership initiatives and school events. Demand for healthy schools already exists within many boards and public health units, but institutions are unable to meet the demand due to inadequate coordination resources and seed money. Local success stories can be publicized within existing channels such as the OHSC, Ophea, school newsletters, local newsmedia, etc., and the government can take credit for spearheading the funding of the province-wide effort in boards and schools through its media releases.

An enriched communications strategy should include channels such as the teachers' colleges, faculties of education, principals' qualification courses, schools of nursing, social work, psychology, public health sciences, and health promotion programs.

- Education for Directors of Education on CSH
- Professional delegation to educate our councillors about comprehensive school health & value to the school and community
- Deans of Fac[ulties] of Educ[ation] /Nursing/ ... across the province/nation to embed CSH (HPS concept) across the curriculum for beginning teachers
- Provide teacher education to Fac[ulties] of H&PE [Health & Physical Education] re work in localities/communities re CSH (teach the teacher educators)
- Teacher training in HPE [Health & Physical Education]
- Support and training for HD [Health Department] staff on implementation of CSH
- More professional development for admin[istrators], teaching staff & parents
- Staff education re concept of Comprehensive School Health
- Information getting to the school councils—partnership & capacity building

- Aboriginal Issues support and information
- Incorporate healthy eating messages consistently
- Greater board support for Teacher Nutrition Education Training
- Ministerial support for quality teacher training on nutrition education → funding; release time

Discussion notes:

- Use action research as a means of teacher training/ increasing knowledge (engage in inquiry themselves, for learning; learning by doing)
- School boards should encourage action research
- Pre-service education for teachers needs CSH, physical activity, sexual health
- Need PD [professional development] (with replacement staff available) for current [staff]
- Need to lobby for Health & Phys Ed courses across 4 years of High School

CONSULTATION and COLLABORATION

Broad consultation should occur with the many stakeholders who have invested years of effort working in local partnerships to promote healthy schools. These stakeholders can provide a wealth of wisdom and practical experience.

A dissemination plan should “grandfather-in” or acknowledge the many existing Comprehensive School Health/ Health Promoting Schools initiatives across the province. Examples include:

- Hastings-Prince Edward Counties — Healthy Active School Communities
- Lambton Community Health Services Department — Student Wellness Councils
- Middlesex-London Health Unit — Healthy Schools
- Ontario Physical and Health Education Association — Living School
- Sudbury & District Health Unit — Healthy Schools, Healthy Kids
- Toronto Catholic District School Board — Health Action Teams
- Toronto District School Board — Toronto Schools on the Move
- etc.

Evaluation data from existing initiatives should be gathered and reviewed, as many sites have been implementing Comprehensive School Health/ Health Promoting Schools models and have been obtaining positive results.

- Province-wide consultations:
 - of people working in the area of school health, to bring all views forward
 - of key decision-makers in school boards, health units and other community agencies
- More collaborative relationship between Ophea & (members of) the OHSC
- To see OHSC take leadership role in consultancy for Joint Committee on School Health
- Engaging students and parents

- Commitment from Boards of Education to work together with communities
- Mechanisms for community partnership building
- Collaborative partnerships (within province, region & schools)

D. ASSESSMENT TOOLS and EVALUATION

A dissemination plan should set standards for ‘healthy schools’ and funding to enable school communities to work towards attaining these standards. This would be analogous to the Best Start Care Hubs, where guidelines and expectations are established, and communities then develop their own initiatives.

A dissemination plan should include tools to assist schools to assess how ‘health-promoting’ they are (e.g. “What Does a Healthy School Look Like?”). This would enable schools to identify their strengths and areas that require further work. For example, CAHPERD has a well known and comprehensive “Quality School Health Checklist” and Australia has developed an impressive audit tool called SMART.

Paperwork (assessment, planning and evaluation tools) must be kept to a minimum, as onerous paperwork is a tremendous barrier to long-term commitment to ‘healthy schools’ initiatives.

Uniform, concise indicators for process and outcome evaluations are needed to begin to amass province-wide data. These should be consistent with tools developed by the Canadian School Health Research Network and WHO-affiliated health promoting school groups, most of which are members in the newly-formed International School Health Network.

- An initial Needs Assessment Tool to be used in all schools (provincially) that engages all community members in the planning process
- School accountability in the form of a standardized Health Evaluation Assessment Tool
- Standardized assessment and evaluation ST/ LT [ST=short term; LT=long term] of CSH so prov[incially] we can gather data
- Availability of standard tools/ models that allow for local flexibility
- Longitudinal research (ideally linked to existing research-e.g. NLSCY [National Longitudinal Survey of Children and Youth])
- Disseminate tangible outcomes & outputs

Discussion notes:

- Need a tool that principals fill in each year re “what’s your school’s capacity for learning?/ Are the students ready and able to learn?”

CONCLUSION

At this point in time, approximately fifteen years after the introduction of the Comprehensive School Health/ Health Promoting Schools concept, numerous ‘healthy schools’ initiatives have taken root in jurisdictions across Ontario. They have emerged as a result of strong school board-public health unit partnerships. In addition, a strong Living School pilot project through Ophea has been developed for individual schools expressing a desire to promote the health of their children and youth. There is a pressing need to harness the wonderful momentum that is swelling in Ontario and bring these initiatives together within a province-wide framework and vision.

This initial consultation with stakeholders immersed in ‘healthy schools’ work has resulted in the identification of four priority areas of action needed in order to widely disseminate ‘healthy schools’ across the province:

- A. Provincial Policy and Coordination
- B. Funding and Personnel
- C. Awareness-Raising and Consultation
- D. Assessment Tools and Evaluation

In many national and international jurisdictions, a process was implemented to arrive at a shared ‘healthy schools’ vision and plan (e.g., Australia www.ahpsa.org.au/projects): conducting an environmental scan, engaging in consultations, and then strategic planning. The Ontario Healthy Schools Coalition recommends the following “next steps” in Ontario:

1. The Ontario Healthy Schools Coalition share with the School Health Coordinator and representatives of relevant Ministries (e.g. Education, Health, Children & Youth Services, Tourism & Recreation, and others) the three ‘healthy schools’ environmental scans it has conducted, and other relevant literature reviews, publications and research.
2. The School Health Coordinator and representatives of relevant Ministries convene a consultation meeting with key stakeholders immersed in ‘healthy schools’ work in Ontario, to examine this current report and identify feasible short- and long-term action steps.
3. The School Health Coordinator and representatives of relevant Ministries initiate a strategic planning process to create a sustainable approach to ensuring ‘healthy schools’ across Ontario.

Without question, the Ontario Healthy Schools Coalition would be pleased to contribute to this process in whatever manner is required. We have submitted several proposals in the last few years, including a proposal for six regional consultations to the Hon. Greg Sorbara on February 8, 2005.

The Ontario Healthy Schools Coalition is delighted with this government’s commitment to creating healthy, safe and effective learning environments in schools across this

province. We look forward to the opportunity to formally integrate a 'healthy schools' vision into the culture of all our Ontario school communities.

For more information, see the Ontario Healthy Schools Coalition website
www.opha.on.ca/ohsc or contact:

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