

PUBLIC HEALTH SERVICES IN SCHOOLS: PARTNERING WITH ONE LOCAL SCHOOL BOARD

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The City of Hamilton, Public Health Services (PHS), has found great success in partnering with our school community and community partners. The types of programs and services (PHS) provided to schools in Hamilton have varied and evolved over time. Decisions for services offered are made to optimally align with available evidence regarding best practice, community needs, provincial and municipal mandates, available resources and stakeholder preferences. In order to support local school boards with more streamlined communication, the creation of school board liaison Public Health Nurse (PHN) assignments were developed in the last few years as a strategy.

The City of Hamilton PHS School Program has had a history of collaborating with local school boards. For years, school program managers have met regularly with representatives from the Hamilton-Wentworth Catholic District School Board (HWCD SB), the Hamilton-Wentworth District School Board (HWDSB) and the French school boards to share information about school programs and services.

Public Health Nurses (PHNs) have continued to provide services in schools. In 2000, PHS and a representative from each board successfully collaborated to create a sexual health curriculum resource guide for grades 5 to 10. The revised guide entitled, *Growing and Developing Curriculum Support Resource*, continues to be used by teachers and PHNs in schools.

This article will focus on the in-depth collaborative process with one of those boards, HWCD SB, facilitating the internationally recognized best practice of health promoting schools and how the role of the school board liaison PHN assignment has supported this work.

Background

The link between health and learning has long been the underpinning for the services provided to schools by Hamilton PHS (CPHA, 2007). With the Ontario Ministry of Education's focus on literacy and numeracy, PHS initiatives were often treated as "add ons" to already overwhelming demands made on schools (Ministry of Education, 2006).

Health promotion is the foundation of public health practice. The terms 'comprehensive school health', 'health promoting school' and 'healthy school' are often used interchangeably when describing this model (OPHA, 2009). *The Canadian Consensus Statement on Comprehensive School Health* refers to a "multifaceted approach that includes teaching health knowledge and skills in the classroom, creating health enabling

social and physical environments and facilitating links with parents, local agencies and the wider community to support optimal health and learning" (Canadian Consensus Statement, 2007). In 2007, the Ontario Ministry of Education and the Ontario Ministry of Health Promotion created the *Foundations for a Healthy School* document citing Public Health as a vital community partner. All schools in Ontario are encouraged to use this framework to include health promoting activities. The International Union for Health Promotion and Education (IUHPE) document entitled *Protocols and Guidelines for Health Promoting Schools* outlines principles, essential elements, and how to establish and sustain health promoting schools. It is clear that PHS does have a strong role in supporting a Health Promoting School Model.

The World Health Organization describes health promoting schools as follows: "a health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working. Towards this goal, a health promoting school engages health and education officials, teachers, students, parents and community leaders in efforts to promote health. It fosters health and learning with all the measures at its disposal and strives to provide supportive environments for health and a range of key school health education and promotion programs and services" (World Health Organization, 2007).

School board liaison Public Health Nurse – Development of a role

Two school board liaison PHN assignments were created in 2005 – one for the HWDSB and one for the HWCD SB. This step allowed for further connections discussed in the next section. The expanded role included:

- negotiating regular meetings throughout the year as required.
- planning and coordinating annual system-wide teacher/ administrator in-services with relevant PHS staff.
- collecting feedback to annually revise the PHS School Guides.
- facilitating other collaborative opportunities to meet current needs (i.e. Daily Physical Activity, Poverty Task Force).
- attending regularly scheduled meetings with PHS/HWCD SB/ HWDSB.
- partnering with identified representatives from HWCD SB and HWDSB to increase support regarding implementation of the Health Promoting School Model.

Collaboration with HWCDSB – Meeting student and family needs

During the 2005-2006 school year, the Manager of Social Work contacted the HWCDSB liaison PHN to request a list of PHS offered to inner city schools. Within two weeks the HWCDSB liaison PHN, the Manager of Social Work and a representative principal met.

During this meeting, the HWCDSB liaison PHN learned that the query was in response to a HWCDSB Task Force report entitled *Support for Students at Risk Because of Social and Economic Conditions* (June 28, 2005). The principal commented on the changes to and inconsistency of PHS offered for schools. A variety of health-related issues concerning students and their families were highlighted as concerns. It became obvious that there was a lack of understanding and knowledge of the mandate of PHS, the type of resources available and how resources were allocated.

A series of meetings soon followed that brought together two HWCDSB superintendents, the two PHS school program managers, the Manager of Social Work, the representative principal and the HWCDSB liaison PHN. The agenda items included listening to the HWCDSB needs, a review of the Ministry of Health and Long Term Care Mandatory Programs and Services Guidelines (1997) as it relates to schools, the Health Promoting School Model, and service delivery in the schools examining barriers and solutions.

It was evident that all HWCDSB school needs could not be addressed using the Health Promoting School Model because PHS did not have the resources to meet the requirements of those numbers of schools. In collaborating to find solutions, the superintendents decided that the 10 elementary schools with the highest percentage of socio-economically disadvantaged students identified in the June 2005 Task Force Report, referenced earlier, would be the PHS Partnership Health Promoting Schools. They requested that the public health programs that could accommodate only a limited number of schools, e.g. Girl Talk, Get High on Life, Safety on the Go, and Parent Corner, be offered first in the priority schools. All other schools (44) would continue to receive the Healthy Kids Newsletters and newsletter inserts for parents, have access to the PHS teacher website/PHN by phone/teacher resources through the PHS resource center, and receive support in delivering the healthy growth and development curriculum and anaphylaxis education. As well, the HWCDSB liaison PHN would prepare a community directory for all schools with information on how to access community services for students/families for previously identified health issues. It was agreed that the plan would be communicated to principals by the superintendents and to PHNs by the school program managers.

Collaboration with HWCDSB – Meeting principals' and teachers' needs

Another part of the role for the HWCDSB liaison PHN is to help educators understand the PHN role, the resources offered and who to call to meet certain needs.

The HWCDSB liaison PHN continued collaborating by meeting with the HWCDSB designated contacts, the vice principal of the secondary schools program, the principal of programs, and the religion and family life consultant. Again, roles and mandates were shared and ideas discussed as to how PHS could further enhance a working relationship. Key issues were discussed in this meeting and included:

- What is the role of the HWCDSB liaison nurse in relation to other PHS staff?
- Why are there so many different PHS staff asking for input/ approval on a variety of topics/posters?
- What is the approval process for PHS resources for use in schools?
- How can HWCDSB staff tell if/when a PHS resource has been approved for use in the schools?
- With PHNs no longer assigned to each school, how can principals and teachers get answers to health-related questions in a timely fashion?
- Why is there limited or no time for in-services about common issues provided by PHS?

In response to some of these concerns PHS created the following resources:

- school support services organizational charts for elementary and secondary schools, categorized according to the Ministry of Education curriculum strands and including PHS contact information
- a revised user-friendly teacher guide outlining PHS curriculum supports by strand
- a revised administration guide detailing who to call with questions about a variety of identified topics such as communicable diseases outbreak, immunization programs, and needles found on the playground

The designated contacts continue to meet with the HWCDSB liaison PHN three times a year to discuss issues and work together to meet identified needs. One of the most rewarding aspects of this work for all has been the 1½ hour presentation entitled *Working with PHS* that occurs during the first principals' meeting each September. For the past three years, the designated HWCDSB contacts, HWCDSB liaison PHN and colleagues have engaged principals in learning how to access applicable PHS resources. During the most popular part of the presentation, principal teams competed to find answers to common questions using PHS resources. For example, the

revised administrators guide provided answers to the game “Who ya gonna call?” The *Foundations for a Healthy School* document (2007) held the answers to the activity “Are You Smarter than Last Year’s Principal?” Prizes were distributed.

Feedback from HWCDSB participants included such comments as: very informative; good to have annual overview of who to contact; great to hear what resources were available and the natural links to the curriculum; having this at the start of the year helps schools/teachers plan early.

Other collaborative initiatives that attest to the positive working relationship between PHS and the HWCDSB include:

- the development of an asthma policy, an anaphylaxis education program, a nutrition policy, and reproductive health curriculum resource.
- links to the PHS website for teachers www.hamilton.ca/teacher on the HWCDSB First Class website.
- strategic planning to develop a forum for principals that will demonstrate the link between Health Promoting Schools and helping students reach their full humanity.

Conclusion

Regular face to face communication, sharing of mandates at the administrative level, HWCDSB liaison PHN assignment, and problem solving together around each others’ priorities and limited resources have led to a very positive working relationship between HWCDSB and PHS.

The partnership between the HWCDSB and Hamilton PHS includes factors necessary to sustain the collaborative efforts and achievements. There is a continuous and active commitment to continue to support this partnership between the PHS and the HWCDSB. Coordinating groups, with representatives from both PHS and HWCDSB at the administrative, liaison and front line staff levels, continue to work on the implementation, monitoring and evaluation of the Health Promoting School Model.

References

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