Ministry of Health and Long-Term Care

School Health Guideline, 2018

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

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Ontario

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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.

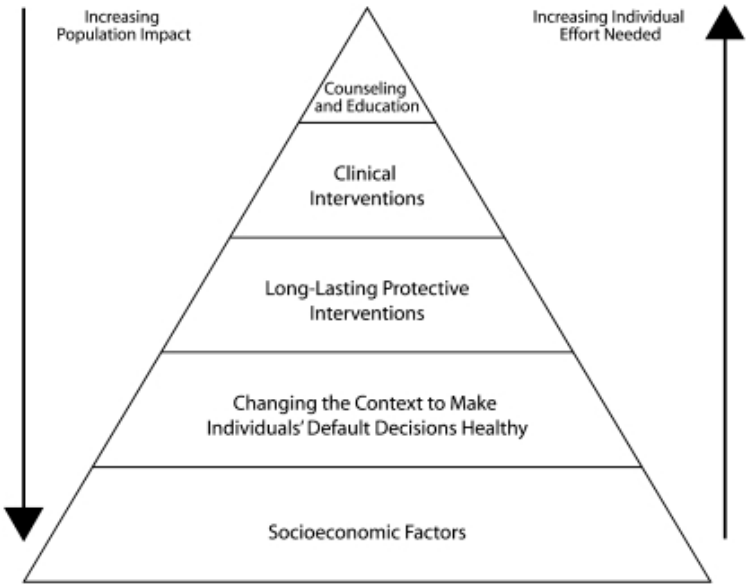
The school setting, an Organizational level setting, allows for supportive environment interventions to be implemented in order to improve the health and well-being of school-aged children and youth.[12] However, in order to increase the likelihood that such interventions may lead to healthy behaviours, 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:

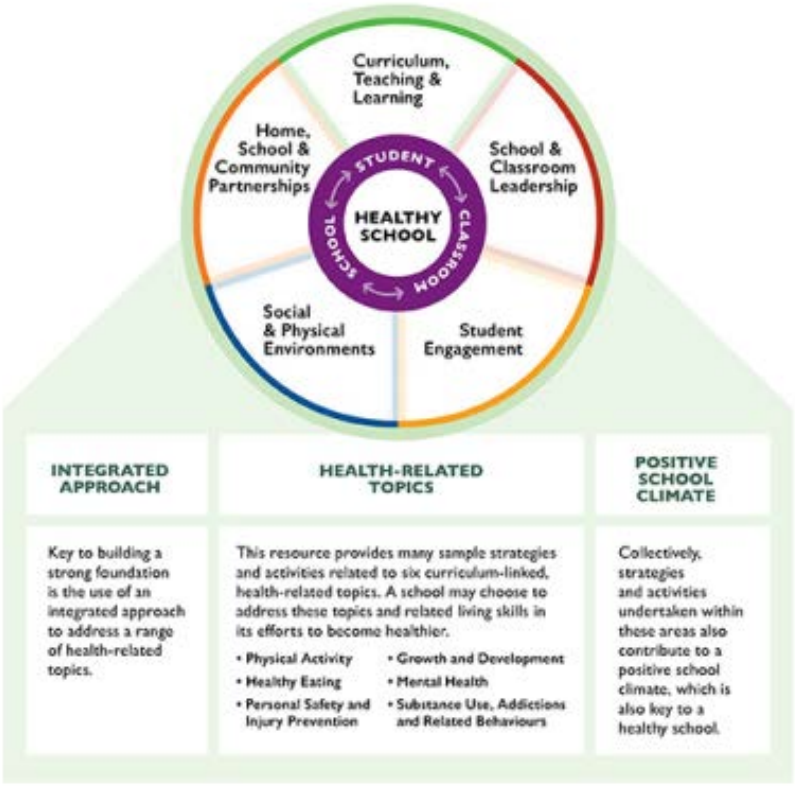
1. Curriculum, Teaching and Learning;
2. School and Classroom Leadership;
3. Student Engagement;
4. Social and Physical Environments; and
5. Home, School and Community Partnerships.

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 School[20]



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

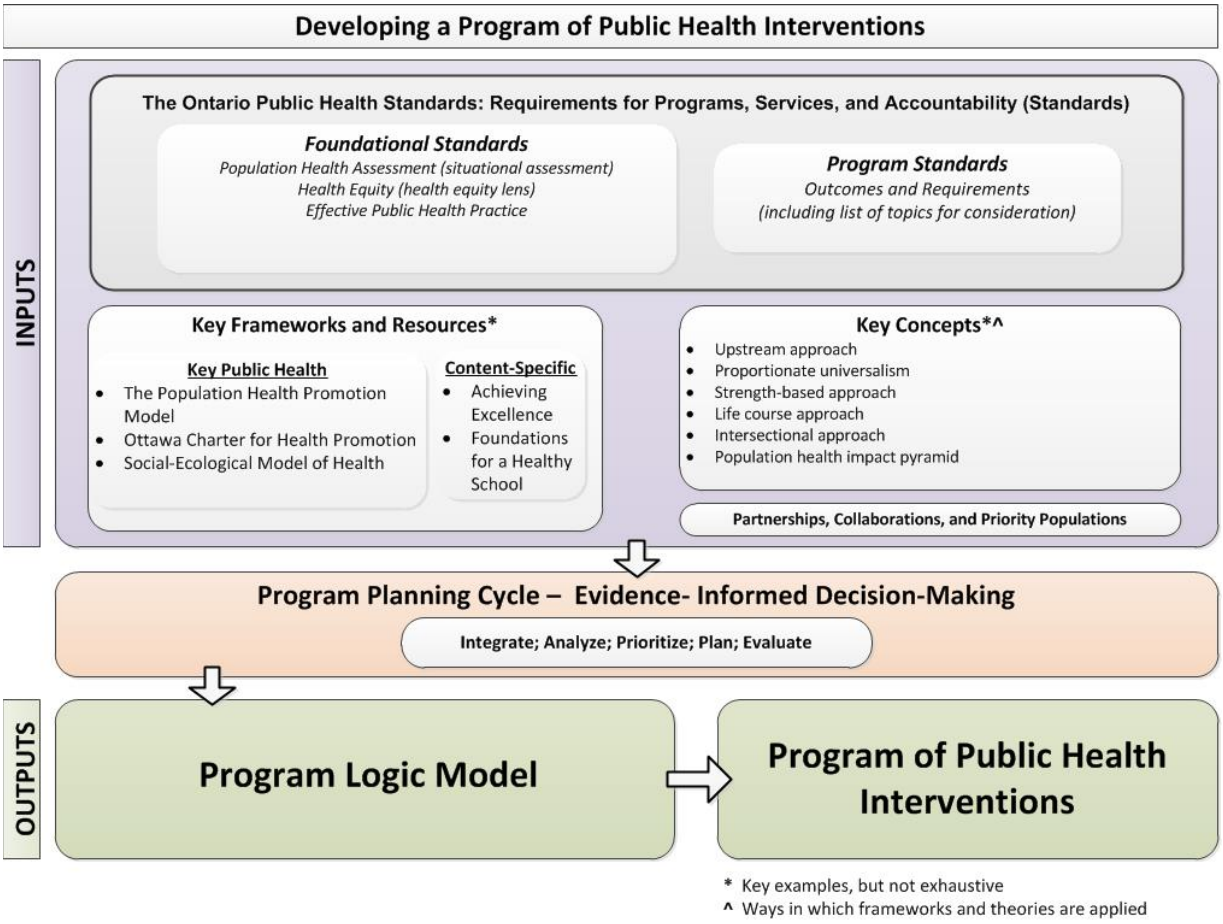
This section outlines required approaches that boards of health shall apply when operationalizing Requirement 3, developing and implementing a program of public health interventions to improve the health of school-aged children and youth in the health unit population, and Requirement 4, offering support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

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