

# Healthy Schools, Healthy Children: Maximizing the Contribution of Public Health Nursing in School Settings (Version 2.0)

**Written by:**

Community Health Nurses Initiatives Group  
School Health Committee

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# Acknowledgements

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# Table of Contents

Introduction	3
Summary of Recommendations	5
The Importance of the School-Age Years	6
Public Health Nurses in Ontario: Their Roles and Activities	9
School-based Public Health Nurses in Ontario: Scope of Practice	10
Promoting Health in Individuals	11
Promoting Health with Small Groups or Classrooms	15
School-wide and Community-based Health Promotion	17
Recommendations	21
References	26
Appendix A: Roles and Responsibilities of Public Health Nurses	33
Appendix B: Recommended Scope of Practice for School-Based PHNs	40

## Introduction

The experience of children and young people in the early and developing years is inextricably linked to health and educational outcomes. In turn, the health of children and youth reflects and, indeed, predicts the health of society.<sup>1</sup> Many health practices and health behaviors are learned and adopted during childhood and adolescence. While the great majority of Canadian children and youth report good physical health, risk-taking behaviors naturally increase during childhood and adolescence and, without appropriate support, can result in negative long-term consequences in adulthood.<sup>2 3 4</sup>

For over a century, the school has been a key setting where Ontario public health nurses (PHNs) have provided public health programs and services to support the health of school-aged children and youth and, by extension, the health of their families and communities. For most of the 20<sup>th</sup> century, PHNs moved between school and home to provide preventive health teaching, screening, and counseling in addition to their primary role in communicable disease control.<sup>5</sup> This attention to a child's home and school environments was seen as key to improving the health of children and young families.<sup>6</sup>

Budget cuts and health services restructuring throughout the 1990s, as well as a shift to population health strategies and program-based planning and delivery of public health services, contributed to a reduction or elimination of public health nursing services in Ontario schools.<sup>7 8</sup> By 1999, a survey of nurses in public health revealed that only 52% were involved in school health. Of those who were, 45% were not assigned to specific schools and the majority were assigned to multiple schools.<sup>9</sup> This situation eroded the relationships that PHNs had built with principals, school communities and their surrounding neighborhoods over time. Other sources have noted that program-based models of public health have limited PHNs' connection with the communities within which they work.<sup>10 11</sup>

In the past decade, however, there has been some improvement in the delivery of public health nursing services in Ontario schools. A repeat of the aforementioned survey<sup>12</sup> six years later found that 71% of health units had PHNs providing at least monthly or bi-weekly support to both elementary and secondary schools. Due to resource issues, some health units have had to focus on either elementary or secondary schools. This trend is prevalent today and many schools will have a PHN attend once or twice a month. Some health units provide sexual health services in high schools on a regular basis and provide counseling, consultation and referral for students and staff.<sup>13</sup> Others have collaborated with their school board partners on innovative approaches to keep PHNs in schools. For example, when a rural health unit evaluated its uptake of school health programs, the principals called for the return of public health nurses in schools rather than a menu of programs offered by the health unit. Following extensive community negotiations, the public school board and health unit cost-shared a School-Based Public Health Nurse Program that included one-to-one counseling of students.<sup>14</sup>

Other health units provide some one-to-one and group oriented services. A 2012 survey reported that 42% of health units provide one-to-one services to students (including off-site sexual health clinic services) and 39% facilitate and/or support small groups that directly or indirectly promote mental health.<sup>15</sup> In Ontario today, a PHN may have anywhere from one to 35 schools (approximately 400-14,000 students), depending on the health unit.<sup>16</sup> High caseloads not only adversely impact how PHNs relate to their clients but also dictate what nursing interventions can be provided in the time that is allocated.<sup>17 18 19</sup> Moreover, covering multiple schools leads to less visibility in a school and is a factor in why students, educators and parents do not understand the role of a school-based nurse.<sup>20</sup>

In summary, high caseloads, organizational structures and narrowly defined responsibilities in focussed programs have created barriers that are preventing PHNs from fulfilling their full scope of practice in schools. Inconsistencies in program and service delivery among health units also create a great deal of confusion among the public, educators, parents and decision-makers with respect to understanding the work of public health nurses. An absence of clear standards and protocols for school-based public health nursing services and a lack of organizational support also impact the PHN's role in a school.

Nationally and provincially, there is a call for full utilization and expansion of the scope of practice of registered nurses within a transformed health system.<sup>21 22 23</sup> This is supported by a strong international focus on stating the case for school public health nurses and enabling them to work within their full scope of practice.<sup>24 25 26</sup> In 2012, L'Ordre des infirmières et infirmiers du Québec released standards of practice for nurses in school health that provide a comprehensive vision for the provision of nursing services to children and youth.<sup>27</sup> The United Kingdom is emphasizing a child-centred public health approach in the school setting. This includes a wide range of interventions such as: health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting.<sup>28 29</sup>

Therefore, it is critical to describe the roles and activities of school-based PHNs in Ontario and to articulate a vision that maximizes the contribution of the PHN. This paper will set out why school-based PHNs play a critical role in ensuring that all children and youth have the best opportunity to succeed and reach their full potential. School-based PHNs, working to their full scope of practice and in partnership with students, educators, families, community agencies and other health professionals, can make a significant contribution to the health of children and youth within Ontario's public schools. It is our belief that such practice should be situated within a comprehensive school health approach to promote optimal health outcomes for individuals, families, school communities and the population at large. The proposed recommendations are summarized below and discussed in more detail on pages 22-26 of this report.

# Summary of Recommendations

## Recommendations to the Ministry of Health and Long-Term Care:

1. Rename the Child Health Program in the Ontario Public Health Standards to clarify that it is a Child and Youth Health Program.
2. Specify Board of Health requirements in relation to Mental Health Promotion for children and youth in the Ontario Public Health Strategic Plan and revision of the Ontario Public Health Standards.
3. Fund research on the health and academic outcomes associated with school-based public health nurses working to their full scope of practice using evidence-based strategies within a comprehensive school health approach.
4. Phase-in public health nurses assigned to all Ontario publicly-funded schools, working to their full scope of practice [time allotment and activities would vary depending on locally identified needs and public health unit organizational structure].
5. Recognize the Ontario School Health Management in Public Health Network as a structure for effective leadership, collaboration, integration, communication and collective action within public health and across sectors to improve the health of school-aged children and youth, families and school communities in Ontario.

## Recommendation to the Ministry of Education and Ministry of Children and Youth Services:

6. Support public health nurse and other relevant public health staff participation in community, school board and school-level planning for healthy schools, safe schools, mental health and other health-related areas.

## Recommendations to Public Health Ontario:

7. Support learning opportunities and delivery of continuing education to build the capacity of public health nurses and other relevant public health staff in school health.
8. Work with the Canadian Association of Schools of Nursing to strengthen curriculum in Schools of Nursing regarding school-based public health nursing practice.

## The Importance of the School-Age Years

The health and wellbeing of children and youth has become a high profile issue in Canada, gaining considerable attention from federal and provincial/territorial governments, media and the public. While governments have made significant investments in early childhood interventions, specific attention to school-aged children and youth has not garnered the same level of support. It is important to recognize that the benefits of early intervention can be easily lost if children do not get the supports they need as they mature and develop during the school years.<sup>30</sup> The literature reports that the brain continues to organize, adapt and change quite dramatically during late childhood, adolescence and young adulthood.<sup>31 32</sup> The school years are a long period of development characterized by dramatic physical, cognitive, emotional and social transformations.<sup>33</sup> These years include critical transition periods that can create uncertainty and anxiety for children and youth.<sup>34</sup> For these reasons, paying attention to the school-aged years is very important.

Recent reports have identified several health concerns for Ontario children and youth. In 2013, the Mental Health Report of the Ontario Student Drug Use and Health Survey (OSDUHS)<sup>35</sup> and Ontario Student Drug Use Report of the same survey<sup>36</sup> identified that:

- Only about one-fifth (21.8%) of Ontario youth engage in 60 minutes of moderate to vigorous intensity physical activity every day.
- One-quarter (25.1%) of students are overweight or obese. Males (28.9%) are significantly more likely than females (21%) to be overweight or obese.
- About 49.5% of Grade 7-12 students have tried alcohol at least once in the past year and 19.8% report binge drinking (5 or more drinks on one occasion) at least once during the four weeks before the survey.
- About 8.5% of Grade 7-12 students report smoking cigarettes and 5.7% report using smokeless tobacco in the past year.
- About 41% of students have been treated for an injury.
- About 25% of students report being bullied at school with 16% reporting that they bully others at school.
- About 26% of students experience elevated psychological distress that included symptoms of depression, anxiety, and social dysfunction.
- One in eight students (13.4%) have seriously considered suicide and an estimated 33,300 students reported a suicide attempt in 2013.

Additionally, the Mental Health Commission of Canada reported that suicide is the leading cause of death among Canadian adolescents, and that one in four children have at least one mental health problem.<sup>37</sup> Suicide rates for Aboriginal youth are 3 to 5 times higher than non-Aboriginal youth in Canada.<sup>38</sup> About 14% of children aged 4 to 17 experience clinically important mental health disorders and fewer than 25% of these children receive treatment.<sup>39</sup> Canadian school principals report that anger management, impulse control, and bullying and



harassment are the three leading issues they need to address among their students. They also identify a high number of students in need of mental health programs and services.<sup>40</sup>

With regards to sexual health, some indicators have remained stable or improved, while others have worsened. In 2009, 46% of Canadian youth aged 15-19 reported that they had had sexual intercourse at least once in their lives (similar to 47% in 1996/97).<sup>41</sup> Condom use has increased significantly, with 68% of Canadian 15-24 year olds in 2009/10 (73% of Ontario youth) reporting having used a condom the last time they had intercourse compared to 62% in 2003.<sup>42</sup>

Nevertheless, one-quarter to one-third of young people still have unprotected intercourse. Over the past 30 years (1975 to 2005) there has been a steady decline in the rates of teen pregnancy (from 54 to 29 pregnancies per 1000 15-19-year-old girls) and births (from 36 to 13 births per 1000 15-19-year-old girls).<sup>43</sup> However, in 2009, 37% of 15-19 year olds who reported having sex in the past 12 months reported having had more than one sexual partner, compared to 29% in 1996/1997.<sup>44</sup> It is concerning that some of the highest rates of STIs occur in 15-24 year olds<sup>45</sup>, with the overall Canadian rate of chlamydia infection increasing 62% and gonorrhea 41% between 2002 and 2011.<sup>46</sup>

Risky behaviors such as smoking, drinking and driving, unprotected sexual intercourse, illegal drug use, and violence account for the majority of the morbidity and mortality among adolescents.<sup>47</sup> There is solid evidence that teens who engage in one “risky behaviour” tend to engage in several other risk behaviors.<sup>48</sup>

The aforementioned health trends are shaping the agenda of governments and, in particular, public health practice. Poor child health and developmental outcomes result in increased costs and strain to families and governmental programs such as health care, education, the justice system, non-profit organizations and all levels of government.<sup>49</sup> There is a collective concern that if the above current health trends continue, today’s children will experience a shorter lifespan than their parents.<sup>50</sup> It follows that early intervention in prevention and health promotion programming is critical during middle childhood and adolescence.<sup>51 52</sup>

Behind these health issues for health promotion intervention lie key determinants of health.<sup>53</sup> The Ontario Public Health Standards<sup>54</sup> mandate Boards of Health to undertake significant health promotion work in the areas of: the determinants of health, including personal health practices and coping skills; alcohol and other substances; violence and suicide; protective factors and resilience to prevent substance misuse; and healthy growth and development. Public health has a distinctive approach to health problems that requires public health nurses to look beyond individuals to populations. Debell<sup>55</sup> cites Billingham’s work<sup>56</sup> in describing this way of seeing health problems:

....public health nurses and [public health] doctors ask different questions about their practice...

- Why is this happening?
- How often?
- What is the social context?

- Who else should be involved?
- What works and what doesn't?

They also make different connections: between one individual and another, between individuals and communities, between individuals and social structures, between the stories that people tell them and the epidemiological evidence, between health and social policies. Public health nurses, moreover, tend to have a commitment to a set of values based on equity, justice and work for social change at local and national levels.

Child and youth development and health status are influenced by multiple determinants of health that often become visible in school communities.<sup>57</sup> By virtue of their presence in schools, PHNs work within the cultures of both education and health and bring a unique insight into the health needs of individual students and the school community as a whole.<sup>58</sup> They combine both individual and population perspectives to optimize the health and well-being of students, school personnel and families. This is done using comprehensive, collaborative and multi-facetted approaches to address barriers to healthy growth and development, social inclusion, academic achievement, literacy, food security, as well as language and culture. Furthermore, they integrate both asset-based approaches such as social competence skill building and risk reduction/prevention strategies in their practice.<sup>59 60 61</sup> The strength of such approaches is that they tackle the root causes of poor health and disparities.<sup>62 63 64</sup>

## Public Health Nurses in Ontario: Their Roles and Activities

Public health nurses (PHNs) have a long-standing practice of promoting physical, mental/emotional and social health and in preventing disease and injury across the lifespan. Their role has been particularly strong in the early years (0-6) and is confirmed in the Ontario Public Health Standards “Child Health” program and “Healthy Babies, Healthy Children Protocol.”<sup>65</sup> In addition to providing home visits and clinics to young families, PHNs also have a tradition of working with children and youth in school settings. Health promotion and disease and injury prevention services are designed to give children the best start in life by working with parents and families to build their parenting-related capacities and reduce the risks children face. PHNs use a variety of strategies such as health education, group skill-building programs, one-to-one interventions and broader population-based strategies such as health communication, social marketing and community development.<sup>66</sup>

PHNs comprise the largest single discipline of the public health work force and play a valuable role in:<sup>67</sup>

1. Health promotion
2. Disease and injury prevention
3. Health protection
4. Health surveillance
5. Population health assessment
6. Emergency preparedness and response

Within each of these roles, the PHN will use a number of activities or interventions that are described in detail in Appendix A. The thread throughout all of these activities is supporting and enabling individuals, families and communities to assume control of their health and determine their choices in life. Five broad health promotion strategies described in the Ottawa Charter<sup>68</sup> underpin the health promoting practice of PHNs:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

PHNs have “the unique distinction of practicing in ‘a setting without walls’.”<sup>69</sup> Simpson has identified some unique aspects of public health nursing practice that include: “their simultaneity of work, the ability to work with individuals, families or groups while focusing on the larger picture of community or population health; their therapeutic nurse-client relationships which involve concepts of caring, trust, autonomy and empowerment; their public health nursing judgment; their focus on health promotion at the population level; and their

holistic approach to care.”<sup>70</sup> Although they only make up about 2.5% of all registered nurses in the province, PHNs can be found across Ontario, protecting and promoting the health of populations. They do this by “considering the many factors (physiological, emotional, social, political, spiritual, historical, cultural and environmental) that can affect the health of communities and those who live within them.”<sup>71</sup>

In Ontario, PHNs are required to hold a baccalaureate degree in nursing. The College of Nurses of Ontario Professional Standards<sup>72</sup>, the Canadian Community Health Nursing Standards of Practice<sup>73</sup>, the Public Health Nursing Discipline Specific Competencies<sup>74</sup> and the Ontario Public Health Standards<sup>75</sup> all guide and inform the roles and responsibilities of public health nurses in schools. The Canadian Community Health Nursing Standards of Practice articulate a broad continuum of knowledge and skills that the PHN uses with different clients: individuals, families, groups, communities, populations and systems. Moreover, many Ontario PHNs have obtained specialty certification by the Canadian Nurses’ Association in the area of community health nursing.<sup>76</sup>

## School-based Public Health Nurses in Ontario: Scope of Practice

The school is where children and youth learn and play, adults work, and families and community members engage in a range of activities that are central to that community.<sup>77</sup> This underscores the importance of the school setting as a venue for significant health promotion and prevention activities that can have a positive impact on most health behaviors and outcomes of this population.<sup>78 79</sup> Moreover, schools can enable more equitable and efficient access to health information in multiple languages and provide skill-building and counseling programs that increase personal health practices and coping skills.<sup>80</sup> PHNs in schools can “act as an effective bridge between education, health and social care, supporting work on health issues in school and making health services more accessible to [students], parents...and staff.”<sup>81</sup>

In Ontario, several provincial ministries share the mandate to promote the optimal health and developmental potential of children and youth. Since 2006, the Ministry of Education has supported a whole school approach to promoting safe, inclusive and accepting schools to enhance student achievement and well-being. It has developed a number of policies and programs impacting the health and well-being of students, such as Daily Physical Activity, An Act to Protect Anaphylactic Pupils: Sabrina’s Law, the Foundations for a Healthy School framework and a number of policies on school food and nutrition.<sup>82</sup> The recent Accepting Schools Act<sup>83</sup> builds upon Ontario’s Equity and Inclusive Education and Safe Schools strategies, includes components of Ontario’s Mental Health and Addictions Strategy,<sup>84</sup> and strengthens equity and inclusive education principles and bullying prevention strategies across the curriculum.

Over the past five years, education, health and municipal sectors, and child and youth mental health services, have worked in partnership to improve services and programs that promote the well-being of students. The Mental Health and Addictions Strategy has prioritized children and youth and invested in building capacity at the local level. Several of the resulting initiatives to support children and youth with mental health and addictions needs include: Working Together for Kids' Mental Health led by the Ministry of Children and Youth Services, School Mental Health ASSIST, led by the Ministry of Education, and the Mental Health and Addictions Nurses in District School Boards Program, funded by the Ministry of Health and Long-Term Care.<sup>85</sup> These are indeed important investments in enhancing the health and wellbeing of children and youth.

The practice of school-based PHNs is situated within a primary health care and population health approach that emphasizes the importance of addressing determinants of health.<sup>86</sup> Social justice and equity are foundational to the work of school-based PHNs and are derived from the core principle of caring, made visible as compassion, sensitivity to diversity, and respect for all people. These core values ground their interventions, so these are timely, responsive, targeted to community priorities and needs, and based on best available evidence.<sup>87 88 89 90</sup> Knowledge and skills in community development, comprehensive health promotion, illness and injury prevention, primary health care, and community participation underpin this collaborative way of nursing.

School-based PHNs work in partnership with others, building trusting relationships in an effort to address health concerns from a collective community perspective and not only as an individual problem. Such a process is empowering and can facilitate positive, sustainable change.<sup>91</sup> Within schools, PHNs are able to simultaneously plan and deliver care at multiple levels: individual, group, community (e.g. school), and systems, and take into account the many dimensions of health within each level (physical, psychological, social, spiritual, cultural and developmental).<sup>92</sup> For example, one-to-one work with individuals, such as counseling or providing clinical services, may identify a need for small group or psycho-educational interventions or, may point to the need for system level changes within the school or school board.<sup>93</sup> Such complexity of practice requires an extensive body of knowledge, finely honed skills, and keen judgment to positively impact health within schools. Appendix B summarizes a number of possible interventions a school PHN might use with individual students, staff or parents as well as with groups and the whole school community.

## Promoting Health in Individuals

Presently, PHNs in Ontario offer a variety of clinical services in schools that may include immunization, sexual health services, vision and hearing screening, and health counseling and referral. As mentioned earlier, about 42% of public health units are offering one-to-one counseling and 39% are facilitating support/small groups promoting mental health.<sup>94</sup> PHNs have always endeavored to support the emotional health and well being of young people across

settings: home, school, neighborhoods and community. Their practice integrates evidence-based approaches when working with students, and their interactions are grounded in principles of respect, confidentiality, trust and transparency and build on strengths, potential, and collaborative partnerships.<sup>95</sup>

School-based PHNs have the clinical expertise and knowledge to conduct initial assessments and to use solution-based and strengths-based approaches that optimize the problem-solving and coping skills of young people and their families. Currently, PHNs share responsibility for providing these types of support services in schools with other professionals such as social workers, guidance counselors, and psychologists. The interventions for individuals that PHNs offer include the following:

- Assessment, support, counseling and referral of students to needed services.
- Health education and skill development with students, families, school staff.
- Provision of some clinical services per locally identified need.
- School-based health or wellness clinics or youth health centres in secondary schools.
- Consultation and coordination with school staff.
- Participation in case conferences.
- Communication and coordination with families via school visits, home visits, calls.
- Coordination with other service or care providers.

Perth District Health Unit and Halton Region Public Health, as well as several other health units, have PHNs providing counseling services to either or both elementary and secondary school students. They work with students on stress or coping-related issues, self-esteem, sexual health, relationship difficulties with peers and parents, and lifestyle issues. These types of school-based counseling services have resulted in a high degree of satisfaction among students, parents and staff.<sup>96 97 98</sup> The following clinical scenarios offer insight into the positive results that can be achieved by PHNs in schools:

### **Making a difference with vulnerable young children**

Katie is a happy grade 2 student with special needs. Upon arriving at school, a caring adult assists her with getting cleaned up for the day, brushing her teeth and changing into clean clothes when needed. She has a mentor once a week and really enjoys the days when her nails are trimmed and polished. She then attends the breakfast program at the school and is ready for the morning exercise program. Some days she meets with the Youth Worker and her teacher makes efforts to include Katie in class activities.

This was not Katie's story a year ago. A year ago, Katie rarely came to school, rarely spoke and had minimal contact with others. The school nurse engaged a number of people to create supportive relationships and activities that allowed Katie to thrive. Research shows that the most effective approach to raising healthy competent children is to concentrate on building developmental assets, such as personal strengths and strong connections to family,

peers, other adults, school and community.

Katie's school nurse made a difference by providing guidance and leadership in engaging the entire school community to create a circle of support around Katie. Now Katie feels safe at school and her self esteem has soared. She has a special bond with her in-school mentor. She feels a greater sense of belonging and acceptance by her teachers and peers. She feels valued as the ideas that she shares in class are enthusiastically received and built upon by others. She contributes to her school by collecting the attendance sheets and delivering them to the secretary. Katie works and plays with her peers, is learning responsibility, and is becoming confident, realizing that she can be anything she wishes to be.

### **Providing holistic care for vulnerable young women**

Sarah is a 16 year old girl who lives with her mother in low income housing. They recently moved from a large urban centre to a mid-sized city. Their source of income is Ontario Works, which often leaves them low on food and with little money for transportation to and from school (Sarah is out of school bus range) and to her medical appointments. Sarah's mother suffers from post-traumatic stress and is likely depressed but refuses to seek medical help. Sarah receives little guidance or emotional support from her mother and sees her father about once a month. She has a tendency to get involved with different boyfriends and friends who pull her in the wrong direction. She is on an Individual Education Plan and finds learning very challenging. Following a hospitalization for a serious infection, Sarah was referred by a very supportive teacher to the school's PHN. She has had no follow up medical care for headaches that are interfering with her attending school and learning.

The PHN uses a holistic and comprehensive approach in working with Sarah to address her health concerns. Her interventions focus on increasing Sarah's self-esteem and sense of belonging to her school, family and community. She assists her in finding a family doctor and also refers her to a nurse practitioner to renew her oral contraceptives and complete STI testing and a Pap test. Sarah discusses the challenges she continues to have with friends and multiple boyfriends. The PHN counsels Sarah about the harmful effects of using marijuana during the teenage years. She provides her with condoms and reviews the appropriate use of these. On one occasion, she provides emergency contraception when Sarah has unprotected sex because she forgot to take her birth control pill for one week and didn't use condoms. She also coaches Sarah on how to leave an abusive relationship with a boyfriend.

Sarah connects with the PHN at the school during lunch hours. She drops by and uses the time to discuss how to approach situations or to discuss what is going on in her life. When she gets overwhelmed with school assignments or exams, the PHN guides her to seek out help from her resource teachers. When Sarah expresses increasing concern about her mother's situation, the PHN facilitates referrals to the school social worker and to an addictions' counsellor who regularly sees students at the school. However, Sarah chooses not to engage for more than one visit with these support people. Sarah accepts a referral to a youth outreach worker through the neighborhood Community Health Centre and she

continues to connect with her on a regular basis. She learns of an opportunity for summer youth employment and the PHN assists her with the application process. Sarah is hired and works as camp counselor for the entire summer. Sarah successfully graduates with her Grade 12 diploma and continues to connect with the PHN on an occasional basis.

### Enhancing body image and self-acceptance

Annie, a grade 8 student, referred herself to the school-based PHN as she was feeling a lot of anger towards herself, her close friends and family. Annie was having a difficult time trying to understand her anger. Annie told the PHN she has many moments where she had difficulty breathing and felt like her heart was racing.

When meeting with the PHN, she discussed her family life that includes her parents and sisters. Annie felt like she had to impress her family with her looks and school achievements. She had always received positive reinforcement from her family. Through visits with the nurse, Annie expressed the need to be perfect in school, sports, with friends and with her looks. Through continuous exploration and visits with the nurse, Annie indicated she was feeling exhausted striving for perfection and angry when she did not meet her own standards. The PHN and Annie were able to discover the triggers for her anger and anxiety.

With Annie's consent, the PHN collaborated with school staff to help teachers understand Annie's concerns and to identify ways of supporting Annie. They worked together to develop coping strategies. Annie has improved her self-care and has incorporated relaxation techniques and positive affirmations into her daily life. She has reported to the PHN that she is no longer having panic attacks and is experiencing less anger in her relationships. Annie continues to receive one-on-one support from the PHN to share her observations about herself and to develop positive adult relationships.

School-based health clinics offer another model for providing health promotion and preventive services and programs. Some communities have established secondary-school Teen Health Clinics, especially in rural areas where students often have limited access to community services. Clinical services in schools reduce barriers for students who may not have the time or means to attend off-site medical appointments. The majority of students often prefer to seek health services at school rather than at an off-site agency.<sup>99 100</sup> Other jurisdictions, such as Nova Scotia, have reported positive results with the Youth Health Centre (YHC) model that uses a youth-centered approach to help young people deal with a variety of health issues such as sexual health, mental health, injury prevention, healthy eating and addictions. Most of these centres are located in high schools. Key components of YHC work are youth involvement and engagement, clinical and health promotion services, community development and partnerships, and outreach services to diverse and/or marginalized youth.<sup>101</sup> Such centres can provide an excellent opportunity for a PHN to join an interprofessional team that provides various services to youth. An Ontario example is provided below:



## Community partnerships to increase access to youth health services

The secondary school public health nurse plays a vital role in promoting healthy relationships, decision-making and healthy sexuality within the high school setting. In addition to being a liaison to the local Public Health Sexual Health Centre, she also provides individual counseling, health teaching and some clinical services.

The PHN first establishes a trusting relationship with the student, briefly assesses for safety and comfort in her relationships, and then determines with the student the type of assistance she is seeking. The usual practice is to refer a student requesting contraception to the nurse practitioner at the Sexual Health Centre. There, a physical exam and prescription for treatment would be provided. The school nurse is available on a weekly basis to maintain an ongoing, caring and confidential relationship with the student in the school.

Over time, the school PHN noted that many of the teens she referred did not show up for their appointment at the Sexual Health Centre. When she investigated further, students identified that it was too difficult to be absent from school and to access transportation to the Centre, among other reasons. Since this school was located in a high priority neighbourhood, the PHN connected with the local Community Health Centre and consulted with the school principal to examine ways that would increase timely access to health services for these students. This resulted in scheduling a nurse practitioner to be at the school on a weekly basis to see referred students. The school PHN and principal found space within the school, the Public Health Department provided clinic room equipment, and together they created an in-school Adolescent Clinic for students. Since many families did not have a primary care provider, the Community Health Centre nurse practitioner also welcomed family members to meet with her and become a member of the centre.

A school-based PHN with a long standing relationship with school staff as well as knowledge of local community resources, can effectively assess a school community's needs, identify service gaps, and develop a plan with community partners to resolve the issue.

## Promoting Health with Small Groups or Classrooms

Group discussion is a health promotion intervention that actively engages children and youth in formal and informal learning and creates a circle of peer support. This capacity-building approach has been successfully used with youth to discuss topics such as smoking cessation, healthy relationships, sexual health and sexuality, teen parenting, anger management, self-esteem, decision-making, birth control methods, and puberty. It can involve the training of peer leaders to lead a variety of activities during lunch, at recess, or after school. Such group experiences enable children and youth to experience a shift in social norms, and to collectively increase their awareness, knowledge, and critical-thinking skills in a caring, supportive, and non-judgmental environment.<sup>102</sup> Additional group-focused interventions that PHNs may offer

include the following:

- Engaging students in small group programming in areas of identified need, e.g., healthy relationships, self-esteem, communication, social skills, anger management
- Staff education on health and development issues and youth engagement.
- Parenting education.
- Training of groups of peer leaders in various topic areas, e.g., Playground Activity Leaders, Nutrition, Mental Health Leaders, Healthy School Committees.
- Providing or recommending curriculum materials to teachers.
- Classroom education sessions on health topics.

Clinical scenarios from the field are provided below:

### **Providing consultation support to school staff**

A school-based PHN spoke at a high school about her role, as well as the cyber bullying students had reported to her.

After the assembly, the PHN was approached by a teacher who wanted to refer a female student being bullied by other girls in her class. The PHN asked about the sort of things that were going on in the classroom and after school. The bullying included verbal harassment in person and through texting. The teacher and the PHN determined that the classroom was probably stressful for the students involved in the bullying and for the students witnessing the bullying. The PHN suggested an exercise that the teacher could facilitate in class. The students described what were they feeling and what they liked and disliked about coming to this particular class. Students were encouraged to come up with classroom norms for behavior and to identify consequences if they behaved outside these norms. The PHN also suggested that the Principal or Vice Principal could be involved and that she, the PHN, could also follow-up with the students involved as bullies or victims of bullying.

The teacher came to the school-based PHN the next week and told her that she did the exercise and was very surprised by the students' candid responses. One student took it upon herself to ask the girls involved to talk out their problems in a constructive way outside of the classroom. The teacher later reported that the classroom was a much better place for learning and that the bullying had stopped.

### **F.U.E.L. your health: an example of youth engagement**

A public health nurse practicing within a secondary school setting was seeing many girls with various health issues. Some would see the nurse to discuss healthy weights or to discuss self esteem. Others found themselves in unhealthy relationships but couldn't find a way out. Some experienced anxiety, panic attacks, drug use and even unplanned pregnancies. After a few months, the nurse determined that most of these girls had a common denominator--

regular physical activity was not part of their lifestyle. As well, most were not connected to an after-school sport/team. The PHN knew that the more physically active young girls are, the less likely they are to experiment with alcohol, drugs and tobacco; to experience depression and anxiety; and to end up in an abusive relationship or have an unplanned pregnancy.

The nurse partnered with a health promoter in facilitating focus groups with the young women themselves to determine what they would like to see in a physical activity program. The outcome was a student-initiated program they named F.U.E.L. that stands for “Females Using Energy for Life.” It is a girls-only, after school physical activity program that is non-competitive and where no one “gets cut from the team.”

With the public health nurse acting as an adult ally, 'student advisors' had an active role in implementing the program. They were responsible for booking fitness instructors from the community. They explored pilates, yoga, rhythmic dance, body sculpting and much more. They also booked space and prepared announcements that encouraged their peers to attend. With the guidance of the nurse, they ensured that each fitness session had healthy refreshments. But most important of all, they helped create a supportive environment where every girl was welcomed to come and participate. They made F.U.E.L. a place where every girl felt accepted.

The public health nurse and other adults used a youth engagement model to engage the student advisors and all participants of F.U.E.L. The adults act as mentors, role models, and colleagues. They reduce their control and listen to what youth want in a program. Through good relationship and facilitation skills, they enable youth to reach their objectives.

## School-wide and Community-based Health Promotion

For over 20 years, PHNs in Ontario and across Canada have played an important role in advocating for comprehensive approaches to school based health promotion. A number of studies have identified the importance of the public health nurse in linking the school, students and parents to other health and community services and in coordinating and facilitating comprehensive school-based health promotion.<sup>103 104 105 106 107</sup> The facilitator role of the PHN is considered critical to the success of the Comprehensive School Health (CSH) process. The PHN is a leader, planner/organizer and consultant who brings experience and expertise in community health and most importantly, access to community resources that will benefit students and the school community.<sup>108 109</sup> Such work consistently reflects community needs and is based on the relationships the PHN establishes with the children and youth, staff and parents who make up the school community.

According to the Joint Consortium for School Health (JCSH), “*Comprehensive school health* is an internationally recognized framework for supporting improvements in students’ educational

outcomes while addressing school health in a planned, integrated and holistic way.”<sup>110</sup> The terms CSH and Health Promoting School (HPS) are both used in Canada. While the components or pillars are slightly different, the underlying concepts are the same and share the same strategies identified in the *Ottawa Charter for Health Promotion*.<sup>111 112</sup>

Since 2005, the Ontario Ministry of Education has been a member of the JCSH and, in December 2006, introduced the Foundations for a Healthy School framework<sup>113</sup> with the support of the former Ministry of Health Promotion. It identified 4 components to address health related topics using a comprehensive approach. The Foundations for a Healthy School resource was updated in 2014 to align with the K-12 School Effectiveness Framework and now includes 5 interconnected areas.<sup>114 115</sup>

- Curriculum, Teaching and Learning
- School and Classroom Leadership
- Student Engagement
- Social and Physical Environments
- Home, School and Community Partnerships

Health promoting policies are embedded within each component. More importantly, this approach engages students, parents and teachers in meaningful activities to address health and social concerns in their schools. These collaborative efforts through active youth participation are key to appreciating and realizing the unique assets, capabilities and strengths of youth.

As governments have placed a greater emphasis on school improvement and school effectiveness, administrators and staff have developed greater appreciation for the link between student health and academic success. “Research has shown that comprehensive school health is an effective way to tap into that linkage, improving both health and educational outcomes and encouraging healthy behaviours that last a lifetime.”<sup>116</sup> Schools that devote greater energy to becoming healthier are also schools that are more effective and have students who achieve better, even in disadvantaged communities. A focus on the whole child, the whole school and the whole community is becoming the mantra for educators in the 21<sup>st</sup> century.<sup>117</sup> This aligns with the holistic and caring values of public health nursing practice with individuals, groups and the entire school population.<sup>118 119 120</sup>

An important example of PHN leadership in school-based health promotion was the release of the 2010 School Health Guidance Document<sup>121</sup>, a collaborative effort that included nine public health nursing leaders who shared their expertise in school-based health promotion. The Guidance Document has been distributed to all 36 public health units in Ontario and is being used to plan and execute their responsibilities under the Ontario *Health Protection and Promotion Act* and the Ontario Public Health Standards. This guidance document identifies a number of activities that public health nurses can carry out in their schools and with schools boards. These include the following:

## School-Wide Health Promotion

- Assessment, surveillance, and data analysis to identify priority strengths and needs in school populations.
- Ensuring a group to address school health or school improvement issues is established, and that it includes significant student participation and leadership.
- Supporting the group in creating comprehensive action plans (i.e., the plans should include the components of Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; and Home, School and Community Partnerships).
- Encouraging youth across the school to become involved in health action.
- Working with school staff, students and communities to develop and implement healthy school policies and to create supportive school environments.
- Ensuring equitable access to health and social services for the school population.

## Board-Wide and/or Community-Level Health Promotion

- Contributing to health policy development on school board working groups.
- Participating on board / inter-agency committees related to school services or coordination of care to ensure equitable access.
- Engage young people in the development and implementation of health-related communications/campaigns (including ensuring connection with appropriate health unit staff and maintaining website information).
- Acknowledging school successes at board or community events.
- Collecting statistics to identify trends and prevailing issues.
- Conducting evaluations as indicated.

While detailed examples of the above interventions are beyond the scope of this paper, the following represent a small sample of success stories from Ontario PHNs:

### Promoting healthy relationships through healthy schools: <3notH8

A secondary school PHN built capacity and a network of professional relationships and partnerships over a number of years within a school community. She spent two half days each week in a high school providing a number of services including individual health assessments and referrals, classroom presentations, consulting with the guidance and physical education departments, and regularly attending School Council meetings.

In order to facilitate the school community efforts to identify and act on its own health issues, a Health Action Team (HAT) was formed. The purpose of the HAT was to: assess school strengths and needs, prioritize school needs, plan, implement and evaluate health promotion strategies, and celebrate successes.

Members of the HAT were recruited from the student body, parent members of school council, and teaching and administrative staff. The HAT worked together and identified cyber bullying as the issue they wanted to work on. Students raised concerns about “mean, horrible things students were posting about others on a social media site called Formspring.”

The PHN facilitated a partnership with a community organization, YATI (Youth Advocacy Training Institute) to offer one day training on how to create effective health action campaigns. Students and adult members of the HAT attended the training during a school day, supported by school administration. The trainer took the students through the steps of building the campaign.

The resulting campaign created was called ‘Love not Hate’ and was depicted by texting symbols <3notH8. Students came up with the idea of purchasing thumb rings embossed with the <3notH8 symbols that would be distributed to fellow students during a flash mob. These acted as a reminder to be “sweet when you tweet.” Other strategies included the creation of a banner of student thumb prints and signatures supporting the love not hate message, face painting of the <3notH8 message, sidewalk chalking at school entrances of kind messages, a letter writing campaign to celebrities asking that they take a photo of themselves wearing the thumb ring, a YouTube endorsement by a radio announcer and a school trivia contest to increase awareness of bullying in the school community.

The PHN supported the HAT to disseminate the results of their collaborative teamwork with others. The team presented at the city’s Youth Summit and the Ontario Healthy Schools Coalition Annual Forum. The team was recognized by a local organization for their anti-bullying message, and by the District School Board Award of Excellence for their efforts.

The impact of change has been obvious in many ways. For example, students recently rallied to shut down a very hostile anonymous twitter feed. The HAT is evolving the anti-bullying campaign into a pro-kindness campaign and has welcomed over 20 new members in 2012.

### **An academic-public health partnership to promote safe and healthy schools**

A team of university nursing students worked with a school PHN, their field placement mentor, to conduct a secondary analysis of the school’s health and social needs that had recently been completed by the PHN. The students interviewed members of the school’s Healthy School Committee, as well as other staff and administrators in the school. The school identified 2 major concerns: bullying conflict, and a lack of organized recess activities.

After completing a review of the literature on bullying, aggressive behavior in the playground, and physical activity in children, the student team developed a proposal to build capacity in the school so that all students would become more physically active. The team and the PHN proposed to develop a training program of peer leaders who would engage other students in a variety of fun physical activities during recess. A leadership program that

would train student peer leaders in grades 4 to 8 to work with younger students from grades 1 to 5 was presented to the school administration and Parent Council. The student team was asked to develop a communication plan to inform staff, parents and students in order to gain the commitment of the entire school community. The team created a name for the program—PLAY: Peer Leadership for Active Youth.

Once the proposal was approved, the PHN worked closely with the students in designing the half day workshop that would train the student leaders. At a school assembly, the PLAY leaders presented a skit to market the new program on “Fitness Fridays.” The nursing student team sought the ideas and feedback from the PLAY leaders, the adult facilitators, and the playground supervisor to problem-solve any issues that the PLAY leaders encountered on the playground.

The nursing students used focus groups, questionnaires and individual interviews to obtain feedback to evaluate the program. Data were compiled and reported to the Healthy School Committee, to staff at a meeting, and to parents in the school’s newsletter.

The PHN was so impressed with this team that she agreed to work with two other student teams who continued to refine the PLAY program and address other health issues in the school. PLAY has been adopted and adapted by public health units across the province.

## Recommendations

In recognizing that a school community's health is inextricably linked to the health of individual students and their families and staff, school-based PHNs can make a significant and critical contribution within Ontario’s public schools. The following recommendations are proposed to maximize the contributions of the school-based PHN:

### Recommendations to the Ministry of Health and Long-Term Care:

- 1. Rename the Child Health Program in the Ontario Public Health Standards to clarify that it is a Child and Youth Health Program.**

The Ontario Public Health Standards (OPHS) set the requirements for health units in the delivery of public health programs and services. These expectations contribute to the health and well-being of the people of Ontario through a range of population-based strategies, as well as work with community partners to reduce inequities.<sup>122</sup> Currently the Child Health Program primarily addresses the work of public health with children 0-6 years of age and their families. Expanding the program from Child Health to “Child and Youth Health” would acknowledge the weight of literature that documents the ongoing developmental challenges during childhood and adolescence. Most public health units already have staff

dedicated to promoting health within the school setting.<sup>123</sup> Adjusting the nomenclature of the program title would validate the importance of that current work.

**2. Specify Board of Health requirements in relation to Mental Health Promotion for children and youth in the Ontario Public Health Strategic Plan and revision of the Ontario Public Health Standards.**

It is clear from a vast amount of literature that mental health issues underlie many of the health-compromising behaviors that public health is mandated to reduce, e.g., smoking, substance misuse, unhealthy eating, risky sexual behaviors, injuries, unhealthy early childhood development, etc. It is critical that public health acknowledges the importance of mental health and includes mental health promotion within the Board of Health requirements in any future revision to the Ontario Public Health Standards. Public Health Nurses already contribute significantly in this area, but this contribution falls under “locally identified needs” rather than an official province-wide mandate.<sup>124</sup>

**3. Fund research on the health and academic outcomes associated with school-based public health nurses working to their full scope of practice using evidence-based strategies within a comprehensive school health approach.**

**4. Phase-in public health nurses assigned to all Ontario publicly-funded schools, working to their full scope of practice [time allotment and activities would vary depending on locally identified needs and public health unit organizational structure].**

The current delivery of services to school-age children and youth in Ontario varies widely and is inconsistent.<sup>125</sup> This situation creates a great deal of confusion among the public, educators, parents and decision-makers with respect to understanding the work of public health nurses. Several countries have registered nurses engaged in public health nursing roles within the school; these roles are established by legislation or policy. Most of the international research on school nursing has focused on increasing access to health care services, and on the perceptions of students or school staff of the effectiveness of school nurse practice. Very little research has focused on specific health outcomes of school-based nursing at the population level.<sup>126</sup> There is an urgent need to gather local evidence on the effectiveness of comprehensive and holistic models of school based public health nursing in Ontario schools.

In order to reduce social inequities and improve population health outcomes, PHNs need to work to a full scope of practice (described in Appendix B) at multiple levels: individual, group, community (e.g., school), and systems, considering the many dimensions of health within each level (physical, mental/emotional, social, cultural, etc.). Phasing-in public health nurses who are working to their full scope of practice in Ontario schools, would provide



opportunities to test the proposed scope and evaluate the health and academic outcomes in students and school communities.

**5. Recognize the Ontario School Health Management in Public Health Network as a structure for effective leadership, collaboration, integration, communication and collective action within public health and across sectors to improve the health of school-aged children and youth, families and school communities in Ontario.**

The Ontario School Health Management in Public Health Network represents an effective structure for collaboration and coordination to support and sustain public health nursing practice in schools across Ontario. A number of networks exist within Ontario to coordinate efforts at a provincial level. They address important health issues such as chronic disease, tobacco and family health (particularly 0-6 years), and are supported to varying degrees by the MOHLTC or Public Health Ontario. The chief benefit of the networks is that they support health units in working collaboratively to deliver programs in an efficient and effective manner. It would be ideal if the MOHLTC identified a staff lead for School Health programming consultation, and supported teleconferences/meetings of the Ontario School Health Management in Public Health Network.

This Network will enable health units to: share and promote promising practices for school settings that could be implemented across the province; promote more equitable delivery of services; identify gaps in service including continuing education needs; prevent duplication of effort; and support child and youth engagement in health initiatives. The network would assist individual public health units to achieve greater consistency in the delivery of programs across Ontario that meet the Ontario Public Health Standards.<sup>127</sup>

**Recommendation for the Ministry of Education and Ministry of Children and Youth Services:**

**6. Support public health nurse and other relevant public health staff participation in community, school board and school-level planning for healthy schools, safe schools, mental health and other health-related areas.**

The Ministry of Education and Ministry of Children and Youth Services have exercised leadership in many aspects of school health, particularly in initiatives related to school safety and mental health. One potential limitation of work related to school safety is a narrow interpretation that focuses on infractions rather than on preventive strategies and building strengths. Safety certainly needs to take into account urgent issues such as direct threats to personal safety and access to weapons or dangerous materials. However, creating a safe and mentally supportive environment also extends to issues such as minimizing all forms of bullying and stigma, fostering a positive school climate and promoting a sense of physical, mental/emotional and social well-being.

The Ministry of Education has introduced legislation, frameworks and strategies that go beyond addressing urgent, immediate safety issues to promote longer-term healthy, safe and inclusive learning environments. Such prevention-based initiatives include the Safe Schools Strategy, Accepting Schools Act, Ontario Equity and Inclusive Education Strategy, School Effectiveness Framework, Foundations for a Healthy School, Character Education and Positive School Climate, to name a few.<sup>128</sup>

Similarly, PHN practice centres on the health and well-being of children and youth as a whole, within the context of the family and the school/community environment. School PHNs and other relevant public health staff can contribute substantially to community, board-wide and school level planning for healthy schools, safe schools, mental health and other strategies. Including public health staff in promoting healthy, safe and inclusive learning-focused school environments would require the cooperation and collaboration of the Ministry of Health and Long-Term Care, the Ministry of Education and the Ministry of Children and Youth Services to embrace a process that is inclusive, holistic and engaging of stakeholders. The benefit of PHN involvement is that the PHN brings a perspective of health in the broadest sense and knowledge of community resources that can inform discussions, planning and decisions in working with individuals, families, groups and communities.

### **Recommendations to Public Health Ontario:**

#### **7. Support learning opportunities and delivery of continuing education to build the capacity of public health nurses and other relevant public health staff in school health.**

As previously described, there is inconsistency in the delivery of programs and services in schools by Ontario public health units. In a 2012 survey, 20% of health units indicated they had not adopted a Healthy Schools or equivalent process, 53% had staff involved in school-wide mental health promotion, and 42% had staff involved in providing one-to-one services to students to promote mental health.<sup>129</sup> In order to deliver quality programs and services, it is imperative that continuing education be available for PHNs and other relevant public health staff who work in school settings.

Building capacity in the delivery of health promotion within the school setting requires resources and two directions for action:

- a) Orientation of PHNs and other relevant public health staff new to practice in the school setting. This strategy is essential given the variation and limited opportunities for experiences in school health within nursing and other health promotion education programs.
- b) Continuing education for PHNs and other relevant public health staff in youth engagement and delivery of small group and population health programs and services to children and youth in school settings. School-based PHNs would also benefit from continuing education in one-on-one supportive counselling.

It is important to note that continuing education should occur both at the local level (e.g., orientation from the school health manager and team members) and at the provincial level to leverage economies of scale. Continuing education opportunities need to be informed and shaped by needs assessment and current promising/best practices. A range of modalities that are easily accessed and delivered, and are cost effective, need to be provided (e.g., online learning modules; webinars; etc.). Continuing education at a provincial or regional level can be coordinated and delivered through the Ontario School Health Management in Public Health Network and funded by Public Health Ontario. The national annual Community Health Nurses of Canada (CHNC) conference also provides tremendous opportunity for continuing education.

**8. Work with the Canadian Association of Schools of Nursing (CASN) to strengthen curriculum in Schools of Nursing regarding school-based public health nursing practice.**

The Canadian Association of Schools of Nursing (CASN) represents universities and colleges that deliver (entirely or in part) undergraduate and/or graduate nursing education in Canada. As part of its commitment to excellence in nursing education, CASN established the Sub-committee on Public Health “to assist CASN members in ensuring that all baccalaureate graduates of Canadian schools of nursing are prepared to meet the expected Canadian standards for community health nursing practice.”<sup>130</sup>

The opportunity exists for Public Health Ontario to forge strong relationships with CASN and CHNC to strengthen baccalaureate nursing curricula in relation to school-based public health nursing.

## References

- <sup>1</sup> Health Council of Canada. (2006). *Their future is now: healthy choices for Canada's children & youth*. Toronto (ON): Health Council of Canada  
Retrieved February 16, 2015, from [http://www.healthcouncilcanada.ca/tree/2.25-HCC\\_ChildHealth\\_EN.pdf](http://www.healthcouncilcanada.ca/tree/2.25-HCC_ChildHealth_EN.pdf)
- <sup>2</sup> Boak, A., Hamilton, H. A., Adlaf, E. M., Beitchman, J. H., Wolfe, D., & Mann, R. E. (2014). *The mental health and well-being of Ontario students, 1991– 2013: OSDUHS highlights (CAMH Research Document Series No. 39)*. Toronto, ON: Centre for Addiction and Mental Health.
- <sup>3</sup> Alamian, A., & Paradis, G. (2009). Clustering of chronic disease behavioral risk factors in Canadian children and adolescents. *Preventive Medicine*, 48, 493–499. Retrieved February 16, 2015, from <http://www.sciencedirect.com/science/article/pii/S0091743509001133>
- <sup>4</sup> Jensen, F.E. with Ellis Nutt, A. (2015). *The Teenage Brain: A neuroscientist's survival guide to raising adolescents and young adults*. New York, NY: HarperCollins
- <sup>5</sup> McKay, M. (2009). Public health nursing in early 20th century Canada. *Canadian Journal of Public Health* 100(4), 249–250.
- <sup>6</sup> DeBell D, Buttigieg M, Sherwin S & Lowe K. (2007). The school as location for health promotion. In D. Debell (Ed.). *Public health practice and the school-age population*. London, UK: Edward Arnold Publishers Inc. p. 93-130
- <sup>7</sup> Falk Rafael, A.R. (1999). From rhetoric to reality: the changing face of public health nursing in Southern Ontario. *Public Health Nursing* 16(1), 50-59.
- <sup>8</sup> Laforêt-Fliesser, Y., MacDougall, C., Buckland Foster, I. (2012). School health. In: LL Stamler & L Yiu, (Eds.). *Community health nursing: a Canadian perspective*. 3rd ed. Toronto (ON): Pearson Education. p. 285-301
- <sup>9</sup> Falk-Rafael, A., Fox, J., & Bewick, D. (2005). Report of a 1999 survey of public health nurses: Is public health restructuring in Ontario, Canada moving toward primary care? *Primary Health Care Research and Development* (6), 172–183.
- <sup>10</sup> Cohen, B.E. & McKay, M. (2010). The role of public health agencies in addressing child and family poverty: Public Health Nurses' perspectives. *The Open Nursing Journal*, 4, 60-71.
- <sup>11</sup> Meagher-Stewart, D, Aston M, Edwards, N, Young L, Smith D. (2007). Managements' perspective on Canadian public health nurses' primary health care practice. *Primary Health Care Research and Development*, 8: 170-82.
- <sup>12</sup> Falk-Rafael, A, Fox, J, & Bewick, D (2005b). *2005 Survey of Senior Nurses in Public Health: Nursing Human Resources and Services*. Toronto (ON): Unpublished report.
- <sup>13</sup> Waterloo Region Public Health. (2010). *Review of Public Health's Sexual Health Services for Secondary School Students in Waterloo Region*. Waterloo, ON: Author. Retrieved February 16, 2015, from [http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealth\\_Services.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealth_Services.pdf)
- <sup>14</sup> Trim, K. (2011). *Perth District Health Unit and Avon Maitland District School Board: 2006-2010 School-Based Public Health Nurse Program Evaluation*. Hamilton, ON: Morden Street Research Services. Retrieved April 8, 2015, from <http://www.pdhu.on.ca/wp-content/uploads/2015/04/PDHU-and-AMDSB-2006-2010-School-Based-PHN-Program-Evaluation.pdf>
- <sup>15</sup> Simcoe-Muskoka District Health Unit (2012). *Survey of Ontario Health Units Regarding School Health Programming*. Barrie, ON: Author
- <sup>16</sup> C. MacDougall and S. Krishna, Personal communication, January 23, 2013.
- <sup>17</sup> Maughan E. (2009). Part II: Factors associated with school nurse ratios: key state informants' perceptions. *Journal of School Nursing*, 25: 292-301
- <sup>18</sup> Royal College of Nursing. (2012). *The RCN's UK position on school nursing*. London, UK: Author. Retrieved February 16, 2015, from: [https://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/433282/School\\_nursing\\_position\\_statement\\_V5FINAL.pdf](https://www.rcn.org.uk/__data/assets/pdf_file/0004/433282/School_nursing_position_statement_V5FINAL.pdf)
- <sup>19</sup> Chase, E., Warwick, I., Hollingworth, K., Maxwell, C., Chalmers, H. & Aggleton, P. (2010) *Promoting the health of children and young people through schools: The role of the nurse Final Research Report*. London, U.K. Retrieved February 16, 2015, from [http://eprints.ioe.ac.uk/6407/1/Chase2010Promoting\(Report\).pdf](http://eprints.ioe.ac.uk/6407/1/Chase2010Promoting(Report).pdf)
- <sup>20</sup> Maughan E, & Adams R. (2011). Educators' and Parents' Perception of What School Nurses Do: The Influence of School Nurse/Student Ratios. *The Journal of School Nursing*, 27 (5), 355-363.

- 
- <sup>21</sup> Canadian Nurses' Association National Expert Commission. (2011). *A Nursing Call to Action: The health of our nation, the future of our health system*. Retrieved February 16, 2015, from <http://cna-aic.ca/en/on-the-issues/national-expert-commission#.UDpUHKC47IM>
- <sup>22</sup> Commission on the Reform of Ontario's Public Services (2012). *Public Services for Ontarians: A Path to Sustainability and Excellence*. Retrieved February 16, 2015, from [www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf](http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf)
- <sup>23</sup> Registered Nurses' Association of Ontario. (2012). *Primary Solutions for Primary Care: Maximizing and expanding the role of the primary care nurse in Ontario*. Retrieved February 16, 2015, from [rnao.ca/sites/rnao-ca/files/Primary\\_\\_Care\\_Report\\_2012.pdf](http://rnao.ca/sites/rnao-ca/files/Primary__Care_Report_2012.pdf)
- <sup>24</sup> Chase, E., Warwick, I., Hollingworth, K., Maxwell, C., Chalmers, H. & Aggleton, P. (2010) *Promoting the health of children and young people through schools: The role of the nurse Final Research Report*. London, U.K. Retrieved February 16, 2015, from [http://eprints.ioe.ac.uk/6407/1/Chase2010Promoting\(Report\).pdf](http://eprints.ioe.ac.uk/6407/1/Chase2010Promoting(Report).pdf)
- <sup>25</sup> Department of Health. (2012). *Getting it right for children, young people and families: Maximizing the contribution of the school nursing team: Vision and Call to Action*. Retrieved February 16, 2015, from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216464/dh\\_133352.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf)
- <sup>26</sup> Department of Health & Public Health England. (2014). *Maximising the school nursing team contribution to the public health of school-aged children: Guidance to support the commissioning of public health provision for school-aged children 5-19*. Retrieved February 22, 2015, from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/303769/Service\\_specifications.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf)
- <sup>27</sup> L'Ordre des infirmières et infirmiers du Québec. (2012). *Standards de pratique pour l'infirmière en santé scolaire*. Montreal, QC: Author. Retrieved February 16, 2015, from <http://www.oiiq.org/sites/default/files/SanteScolaire-Abrege-Final%20Web.pdf>
- <sup>28</sup> Department of Health/Department of Education and Skills. (2006). *School Nurse: Practice Development Resource Pack: Specialist Community Public Health Nurse*. London: Author. Retrieved February 16, 2015, from [http://dera.ioe.ac.uk/6155/1/dh\\_4132072.pdf](http://dera.ioe.ac.uk/6155/1/dh_4132072.pdf)
- <sup>29</sup> Department of Health. (2012). *Getting it right for children, young people and families: Maximizing the contribution of the school nursing team: Vision and Call to Action*. Retrieved February 16, 2015, from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216464/dh\\_133352.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf)
- <sup>30</sup> Mahon, R. (2001). *School-aged children across Canada: A patchwork of public policies*. Ottawa, ON: Canadian Policy Research Networks Inc. Retrieved February 16, 2015, from <http://www.cprn.org/doc.cfm?doc=170&l=en>
- <sup>31</sup> Ontario Ministry of Children and Youth Services. (2012). *Stepping Stones: a resource on youth development*. Toronto, ON: Author.
- <sup>32</sup> Jensen, F.E. with Ellis Nutt, A. (2015). *The Teenage Brain: A neuroscientist's survival guide to raising adolescents and young adults*. New York, NY: HarperCollins
- <sup>33</sup> Action for Children. (2008). *Stuck in the middle: The importance of supporting six to thirteen year olds*. London, UK: Author. Retrieved February 16, 2015, from [http://www.actionforchildren.org.uk/media/848579/stuck\\_in\\_the\\_middle.pdf](http://www.actionforchildren.org.uk/media/848579/stuck_in_the_middle.pdf)
- <sup>34</sup> DeBell D, Buttigieg M, Sherwin S & Lowe K. (2007). The school as location for health promotion. In Debell, D. Ed. *Public health practice and the school-age population*. London, UK: Edward Arnold Publishers Inc. p.93-130.
- <sup>35</sup> Boak, A., Hamilton, H. A., Adlaf, E. M., Beitchman, J. H., Wolfe, D., & Mann, R. E. (2014). *The mental health and well-being of Ontario students, 1991– 2013: OSDUHS highlights (CAMH Research Document Series No. 39)*. Toronto, ON: Centre for Addiction and Mental Health.
- <sup>36</sup> Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2013). *Drug use among Ontario students, 1977-2013: OSDUHS highlights (CAMH Research Document Series No. 37)*. Toronto, ON: Centre for Addiction and Mental Health.
- <sup>37</sup> Mental Health Commission of Canada. (2009). *Toward recovery and well-being: a framework for a mental health strategy for Canada*. Ottawa, ON: Author. Retrieved February 16, 2015, from [http://www.mentalhealthcommission.ca/English/system/files/private/FNIM\\_Toward\\_Recovery\\_and\\_Well\\_Being\\_ENG\\_0.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/FNIM_Toward_Recovery_and_Well_Being_ENG_0.pdf)

- <sup>38</sup> Public Health Agency of Canada. (2011). *The chief public health officer's report on the state of public health in Canada: Youth and young adults- Life in transition*. Retrieved February 16, 2015, from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/index-eng.php>
- <sup>39</sup> Waddell C, McEwan K, Shepherd CA, & Offord DR. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50(4), 226–33.
- <sup>40</sup> International Association of Child and Adolescent Mental Health and Schools [Intercamhs]. (2009) *International Survey of Principals Concerning Emotional and Mental Health and Well-Being: Canada Country Report*. Newton, MA: Education Development Center's Health and Human Development Division. Retrieved February 16, 2015, from [http://www.intercamhs.org/files/Principals%20Survey%20-%20Canada%20\(05-14-09\).pdf](http://www.intercamhs.org/files/Principals%20Survey%20-%20Canada%20(05-14-09).pdf)
- <sup>41</sup> Public Health Agency of Canada. (2011). *The chief public health officer's report on the state of public health in Canada: Youth and young adults-Life in transition*. Retrieved March 5, 2015, from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/index-eng.php#toc>
- <sup>42</sup> Rotermann, M. (2012). *Sexual behavior and condom use of 15-24-year-olds in 2003 and 2009/2010*. Statistics Canada, Catalogue no. 82-003-XPE. Health Reports, Vol 23, no. 1. Retrieved March 8, 2015, from <http://www.statcan.gc.ca/pub/82-003-x/2012001/article/11632-eng.htm>
- <sup>43</sup> Public Health Agency of Canada. (2011). *The chief public health officer's report on the state of public health in Canada: Youth and young adults-Life in transition*. Retrieved March 5, 2015, from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/index-eng.php#toc>
- <sup>44</sup> Public Health Agency of Canada. (2011). *The chief public health officer's report on the state of public health in Canada: Youth and young adults-Life in transition*. Retrieved March 5, 2015, from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/index-eng.php#toc>
- <sup>45</sup> Rotermann, M. (2012). *Sexual behavior and condom use of 15-24-year-olds in 2003 and 2009/2010*. Statistics Canada, Catalogue no. 82-003-XPE. Health Reports, Vol 23, no. 1. Retrieved March 8, 2015, from <http://www.statcan.gc.ca/pub/82-003-x/2012001/article/11632-eng.htm>
- <sup>46</sup> Public Health Agency of Canada. (2011). Executive Summary - Report on Sexually Transmitted Infections in Canada: 2011. Retrieved March 8, 2015, from <http://www.phac-aspc.gc.ca/sti-its-surv-epi/rep-rap-2011/index-eng.php>
- <sup>47</sup> Registered Nurses' Association of Ontario. (2010). *Enhancing Healthy Adolescent Development*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved February 16, 2015, from [http://rnao.ca/sites/rnao-ca/files/Enhancing\\_Healthy\\_Adolescent\\_Development.pdf](http://rnao.ca/sites/rnao-ca/files/Enhancing_Healthy_Adolescent_Development.pdf)
- <sup>48</sup> Alamian A, & Paradis G. (2009). Clustering of chronic disease behavioral risk factors in Canadian children and adolescents. *Preventive Medicine*, 48, 493–499.
- <sup>49</sup> Ontario Ministry of Health Promotion [MHP]. (2010) *Child Health Guidance Document*. Toronto: Author. Retrieved February 16, 2015, from <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/ChildHealth.PDF>
- <sup>50</sup> House of Commons of Canada. (2007). *Healthy weights for healthy kids. Report of the Standing Committee on Health*. Ottawa (ON): Communication Canada. Retrieved February 16, 2015, from <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=2795145&Language=E&Mode=1&Parl=39&Ses=1>
- <sup>51</sup> Mah, V.K. & Ford-Jones, E.L. (2012). Spotlight on middle childhood: Rejuvenating the 'forgotten years'. *Paediatr Child Health*. 17 (2), 81-83.
- <sup>52</sup> Registered Nurses' Association of Ontario. (2010). *Enhancing Healthy Adolescent Development*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved February 16, 2015, from [http://rnao.ca/sites/rnao-ca/files/Enhancing\\_Healthy\\_Adolescent\\_Development.pdf](http://rnao.ca/sites/rnao-ca/files/Enhancing_Healthy_Adolescent_Development.pdf)
- <sup>53</sup> DeBell D, Buttigieg M, Sherwin S & Lowe K. (2007). The school as location for health promotion. In D. DeBell (Ed.). *Public health practice and the school-age population*. London, UK: Edward Arnold Publishers Inc., p. 93-130
- <sup>54</sup> Ontario Ministry of Health and Long-Term Care. *Ontario Public Health Standards 2008, rev. 2014*. Toronto, ON: Queen's Printer. Retrieved February 16, 2015, from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf)
- <sup>55</sup> DeBell D, Buttigieg M, Sherwin S & Lowe K. (2007). The school as location for health promotion. In D. DeBell, (Ed.) *Public health practice and the school-age population*. London, UK: Edward Arnold Publishers Inc., p. 120.



- <sup>56</sup> Billingham, K. (1997). Public health nursing in primary care. *British Journal of Community Health Nursing* 2:270-4.
- <sup>57</sup> Boyce, W.F., King, M.A. & Roche, J. *Healthy settings for young people in Canada*. Ottawa (ON): Public Health Agency of Canada; 2007. Retrieved February 16, 2015, from [http://publications.gc.ca/collections/collection\\_2008/phac-aspc/HP35-6-2007E.pdf](http://publications.gc.ca/collections/collection_2008/phac-aspc/HP35-6-2007E.pdf)
- <sup>58</sup> Wicklander, M.K. (2005). The United Kingdom National Healthy School Standard: A framework for strengthening the school nurse role. *Journal of School Nursing*, 21(3), 132-138
- <sup>59</sup> Duncan, P., Garcia, A., Frankowski, B., Carey, P., Kallock, E., Dixon, R., et al. (2007). Inspiring healthy adolescent choices: A rationale for and guide to strength promotion in primary care. *Journal of Adolescent Health*, 41, 525–535.
- <sup>60</sup> Registered Nurses' Association of Ontario. (2010). *Enhancing Healthy Adolescent Development*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved February 16, 2015, from [http://rnao.ca/sites/rnao-ca/files/Enhancing\\_Healthy\\_Adolescent\\_Development.pdf](http://rnao.ca/sites/rnao-ca/files/Enhancing_Healthy_Adolescent_Development.pdf)
- <sup>61</sup> Morgan, A. & Ziglio, E. (2007). Revitalizing the evidence for public health: An assets model. *Promotion and Education, IUHPE Supplement 2*, 17-22.
- <sup>62</sup> Gardner, B. (2008, July). *Health equity discussion paper: Executive summary*. Toronto: Toronto Central Local Health Integration Network (LHIN).
- <sup>63</sup> McMurray, A. (2007). Health and its socio-ecological determinants. In *Community health and wellness: A socio-ecological approach* (3<sup>rd</sup> ed., pp. 6-25). Toronto: Mosby/Elsevier.
- <sup>64</sup> Naidoo, J., & Wills, J. (2000). Working with communities and community development. In *Health promotion: Foundations for practice* (2<sup>nd</sup> ed., pp. 199-217). Toronto: Bailliere Tindall.
- <sup>65</sup> Ontario Ministry of Health Promotion [MHP]. (2010) *Child Health Guidance Document*. Toronto: Author. Retrieved February 16, 2015, from <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/ChildHealth.PDF>
- <sup>66</sup> Ontario Ministry of Health Promotion [MHP]. (2010) *Child Health Guidance Document*. Toronto: Author. Retrieved February 16, 2015, from <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/ChildHealth.PDF>
- <sup>67</sup> Canadian Public Health Association. (2010). *Public health~community health nursing practice in Canada: Roles and Activities*. Ottawa, ON: Author.
- <sup>68</sup> World Health Organization. (1986). *Ottawa charter for health promotion. International Conference on Health Promotion*; Ottawa, ON: Health and Welfare Canada; 1986. Retrieved February 16, 2015, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- <sup>69</sup> Falk Rafael, A., Fox, J., Mildon, B. & O'Donnell R. (1999). *Position statement on public health nursing. Community Health Nurses Initiatives Group [CHNIG] of the Registered Nurses Association of Ontario*. Toronto: CHNIG
- <sup>70</sup> Simpson, J. (2005). *Action on recommendations for core competencies for public health nurses*. The Community Health Nurses Association of Canada (CHNAC) in Collaboration with the Canadian Nurses Association. Unpublished document.
- <sup>71</sup> Laforêt-Fliesser, Y, Schofield, R, & Yandreski, C. (2003) *Public health nursing: Nursing practice in a diverse environment practice page*. Toronto: RNAO.
- <sup>72</sup> College of Nurses of Ontario. (2002). *Professional standards*. Revised 2002. Toronto, ON: Author. Retrieved February 16, 2015, from [http://www.cno.org/Global/docs/prac/41006\\_ProfStds.pdf](http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf)
- <sup>73</sup> Community Health Nurses of Canada. (2011). *The Canadian community health nursing professional practice model and standards of practice*. Toronto, ON: Author.
- <sup>74</sup> Community Health Nurses of Canada. (2009). *Public health nursing discipline specific competencies Version 1.0*. Toronto, ON: Author.
- <sup>75</sup> Ontario Ministry of Health and Long-Term Care. *Ontario Public Health Standards 2008, rev. 2014*. Toronto, ON: Queen's Printer. Retrieved February 16, 2015, from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf)
- <sup>76</sup> Canadian Nurses Association. (2014). *Number of Valid CNA Certifications by Specialty/Area of Nursing Practice and Province or Territory*. Retrieved February 18, 2015 from <http://nurseone.ca/en/certification/what-is-certification/statistics>
- <sup>77</sup> Vince Whitman, C., & Aldinger, C. (2009). Introduction and Background. In C. Vince Whitman & C. Aldinger

---

(Eds.), *Case studies in global school health promotion: From research to practice* (pp. 3–17). New York, NY: Springer.

<sup>78</sup> Boyce, W.F., King, M.A. & Roche, J. *Healthy settings for young people in Canada*. Ottawa (ON): Public Health Agency of Canada; 2007. Retrieved February 16, 2015, from [http://publications.gc.ca/collections/collection\\_2008/phac-aspc/HP35-6-2007E.pdf](http://publications.gc.ca/collections/collection_2008/phac-aspc/HP35-6-2007E.pdf)

<sup>79</sup> British Columbia. Provincial Health Officer. (2008). *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 2006*. Victoria, BC Ministry of Health. Retrieved February 16, 2015 from <http://www.health.gov.bc.ca/pho/pdf/phoannual2006.pdf>

<sup>80</sup> Ontario Ministry of Health Promotion. (2010). *School health guidance document*. Retrieved February 16, 2015, from <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/SchoolHealth.pdf>

<sup>81</sup> Department of Health/Department of Education and Skills. (2006). *School Nurse: Practice Development Resource Pack: Specialist Community Public Health Nurse*. London: Author. Retrieved February 16, 2015, from [http://dera.ioe.ac.uk/6155/1/dh\\_4132072.pdf](http://dera.ioe.ac.uk/6155/1/dh_4132072.pdf)

<sup>82</sup> Ontario Ministry of Education. *Healthy Schools*. Retrieved February 16, 15 from [www.edu.gov.on.ca/eng/teachers/healthyschools.html](http://www.edu.gov.on.ca/eng/teachers/healthyschools.html)

<sup>83</sup> Ontario Ministry of Education (2011). *Bill 13: Accepting Schools Act*. Retrieved February 16, 2015, from [http://ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=2549](http://ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2549)

<sup>84</sup> Government of Ontario. (2011). *Open minds, healthy minds: Ontario's comprehensive mental health strategy*. Retrieved February 16, 2015, from [http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental\\_health2011/mentalhealth.aspx](http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth.aspx)

<sup>85</sup> Government of Ontario. (2011). *Open minds, healthy minds: Ontario's comprehensive mental health strategy*. Retrieved February 16, 2015, from [http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental\\_health2011/mentalhealth.aspx](http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth.aspx)

<sup>86</sup> Public Health Agency of Canada. (2002). *What is the population health approach?* Retrieved February 16, 2015, from <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php>

<sup>87</sup> Canadian Public Health Association. (2010). *Public health~community health nursing practice in Canada: Roles and Activities*. Ottawa, ON: Author.

<sup>88</sup> Community Health Nurses of Canada. (2009). *Public health nursing discipline specific competencies Version 1.0*. Toronto, ON: Author.

<sup>89</sup> Schim, S, Benkert, R, Bell, S, Walker, D, & Danford, C. (2007). Social justice: Added metaparadigm concept for urban health nursing. *Public Health Nursing*, 24(1), 73–80.

<sup>90</sup> Olson Keller, L, Strohschein, S, & Schaffer, MA. (2011). Cornerstones of public health nursing. *Public Health Nursing* 28(3), 249–260.

<sup>91</sup> Olson Keller, L, Strohschein, S, & Schaffer, MA. (2011). Cornerstones of public health nursing. *Public Health Nursing* 28(3), 249–260.

<sup>92</sup> Olson Keller, L, Strohschein, S, & Schaffer, MA. (2011). Cornerstones of public health nursing. *Public Health Nursing* 28(3), 249–260.

<sup>93</sup> Laforêt-Fliesser Y, MacDougall C, Buckland Foster I. (2012). School health. In LL Stamler & L Yiu (Eds.). *Community health nursing: a Canadian perspective*. 3rd ed. Toronto (ON): Pearson Education, p. 285-301

<sup>94</sup> Simcoe-Muskoka District Health Unit (2012). *Survey of Ontario health units regarding school health programming*. Barrie, ON: Author.

<sup>95</sup> Registered Nurses' Association of Ontario. (2010). *Enhancing Healthy Adolescent Development*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved February 16, 2015, from [http://rnao.ca/sites/rnao-ca/files/Enhancing\\_Healthy\\_Adolescent\\_Development.pdf](http://rnao.ca/sites/rnao-ca/files/Enhancing_Healthy_Adolescent_Development.pdf)

<sup>96</sup> Perth District Health Unit & Huron-Perth Catholic District School Board. (2007). *Evaluation of a collaborative pilot program for school-based public health nurse services in Perth County Catholic elementary schools*. Retrieved April 8, 2015, from <http://www.pdhu.on.ca/wp-content/uploads/2015/04/Evaluation-of-a-Collaborative-Pilot-Program-for-School-Based-PHN-Services-2007.pdf>

<sup>97</sup> Halton Region Health Department. (2011). *Mental health liaison program evaluation: Client outcomes and satisfaction with services*. Retrieved at <http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=59440>



- <sup>98</sup> Trim, K. (2011). *Perth District Health Unit and Avon Maitland District School Board: 2006-2010 School-Based Public Health Nurse Program Evaluation*. Hamilton, ON: Morden Street Research Services. Retrieved April 8, 2015, from <http://www.pdhu.on.ca/wp-content/uploads/2015/04/PDHU-and-AMDSB-2006-2010-School-Based-PHN-Program-Evaluation.pdf>
- <sup>99</sup> Waterloo Region Public Health. (2010). *Review of public health's sexual health services for secondary school students in Waterloo Region*. Waterloo, ON: Author. Retrieved February 16, 2015, from [http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealth\\_Services.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealth_Services.pdf)
- <sup>100</sup> Wellington-Dufferin-Guelph Health Unit. (2001). *Student health services study: Final report*. Unpublished manuscript.
- <sup>101</sup> Nova Scotia Department of Health Promotion and Protection. (2009). *An evaluation of youth health centres in Nova Scotia: Executive summary*. Retrieved February 16, 2015, from <http://novascotia.ca/dhw/healthy-development/documents/Evaluation-Youth-Health-Centres.pdf>
- <sup>102</sup> Laforêt-Fliesser Y, MacDougall C, Buckland Foster I. (2012). School health. In LL Stamler & L Yiu (Eds.). *Community health nursing: a Canadian perspective*. 3rd ed. Toronto (ON): Pearson Education, pp. 285-301
- <sup>103</sup> MacDougall CA. (2004). *School health committees: perceptions of public health staff*. (M.A. Thesis). Toronto (ON): University of Toronto. Retrieved February 16, 2015, from <http://www.pqdtopen.proquest.com/doc/305068337.html?FMT=AI&pubnum=MQ91427>
- <sup>104</sup> Laforêt-Fliesser Y, MacDougall C, Buckland Foster I. (2012). School health. In: LL Stamler & L Yiu (Eds.). *Community health nursing: a Canadian perspective*. 3rd ed. Toronto (ON): Pearson Education, pp. 285-301.
- <sup>105</sup> Wicklander, M.K. (2005). The United Kingdom National Healthy School Standard: A framework for strengthening the school nurse role. *Journal of School Nursing*, 21(3), 132-138.
- <sup>106</sup> Macleod, C., Huskisson, R., & Keys, E. (2009). Advancing health promotion in school nursing practice: Taking the best from the past to shape the future. Paper presented at the *3rd National Community Health Nurses Conference Blazing our Trail: Tools, tactics & taking charge*. Calgary, Alberta.
- <sup>107</sup> Moore H. (2000). *Comprehensive school health: Looking at the role of public health*. Ottawa, ON: Canadian Association for Health, Physical Education, Recreation and Dance.
- <sup>108</sup> MacDougall, C. A., & Laforêt-Fliesser, Y. (2009). Canada: The evolution of healthy schools in Ontario, Canada: Top-down and bottom-up. In C. Vince Whitman & C. Aldinger (Eds.), *Case studies in global school health promotion: From research to practice* (pp. 143–157). New York, NY: Springer.
- <sup>109</sup> MacDougall CA. (2004). *School health committees: perceptions of public health staff*. (M.A. Thesis). Toronto (ON): University of Toronto. Retrieved February 16, 2015, from <http://www.pqdtopen.proquest.com/doc/305068337.html?FMT=AI&pubnum=MQ91427>
- <sup>110</sup> Joint Consortium for School Health. (2014). *Comprehensive School Health Framework*. Retrieved February 16, 2015, from: <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health>
- <sup>111</sup> Joint Consortium for School Health. (2014). *Comprehensive School Health Framework*. Retrieved February 16, 2015, from: <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health>
- <sup>112</sup> World Health Organization. (1986). *Ottawa charter for health promotion. International Conference on Health Promotion*; Ottawa, ON: Health and Welfare Canada; 1986. Retrieved February 16, 2015, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- <sup>113</sup> Ontario Ministry of Education. (2006). *McGuinty Government Issues Healthy Schools Challenge*. Retrieved Feb 16, 2015, from <http://news.ontario.ca/archive/en/2006/12/11/McGuinty-Government-Issues-Healthy-Schools-Challenge.html>
- <sup>114</sup> Ontario Ministry of Education. (2014). *Healthy Schools: Foundations for a Healthy School*. Retrieved February 16, 2015, from <http://www.edu.gov.on.ca/eng/healthyschools/foundations.html>
- <sup>115</sup> Ontario Ministry of Education. (2014). *Foundations for a healthy school: Promoting well being is part of Ontario's Achieving Excellence Vision*. Retrieved February 16, 2015, from <http://www.edu.gov.on.ca/eng/healthyschools/resourceF4HS.pdf>
- <sup>116</sup> Joint Consortium for School Health. (2014). *Annual Report*. Page 8. Retrieved February 18, 2015, from [http://www.jcsh-cces.ca/upload/JCSH\\_AnnualReport\\_Eng\\_Sept14.pdf](http://www.jcsh-cces.ca/upload/JCSH_AnnualReport_Eng_Sept14.pdf)
- <sup>117</sup> Laitsch, D, Lewallen, T & McCloskey, M (2005). A framework for education in the 21st Century. *The whole child* 40. Retrieved February 16, 2015, from

---

<http://www.ascd.org/publications/newsletters/policy-priorities/feb05/num40/toc.aspx>

<sup>118</sup> Laforêt-Fliesser Y, MacDougall C, Buckland Foster I. (2012). School health. In LL Stamler & L Yiu L (Eds.). *Community health nursing: a Canadian perspective*. 3rd ed. Toronto (ON): Pearson Education, p. 285-301.

<sup>119</sup> Community Health Nurses of Canada. (2011). *The Canadian community health nursing professional practice model and standards of practice*. Toronto, ON: Author.

<sup>120</sup> Canadian Public Health Association. (2010). *Public health~community health nursing practice in Canada: Roles and Activities*. Ottawa, ON: Author.

<sup>121</sup> Ontario Ministry of Health Promotion. (2010). *School health guidance document*. Retrieved February 16, 2015, from <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/SchoolHealth.pdf>

<sup>122</sup> Ontario Ministry of Health and Long-Term Care. *Ontario Public Health Standards 2008, rev. 2014*. Toronto, ON: Queen's Printer. Retrieved February 16, 2015, from:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf)

<sup>123</sup> Simcoe-Muskoka District Health Unit (2012). *Survey of Ontario health units regarding school health programming*. Barrie, ON: Author

<sup>124</sup> Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. (2013). *Connecting the dots: How Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. Retrieved February 16, 2015, from [http://www.camh.ca/en/hospital/about\\_camh/provincial\\_systems\\_support\\_program/Documents/Connecting%20the%20Dots%20FINAL.pdf](http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Connecting%20the%20Dots%20FINAL.pdf)

<sup>125</sup> Simcoe-Muskoka District Health Unit (2012). *Survey of Ontario health units regarding school health programming*. Barrie, ON: Author

<sup>126</sup> Saewyc, E., Roy, J. & Foster, S. (2014). *An Evaluation of North Shore Public Health Nurses' Child and Youth School-Linked Practice*. Vancouver, BC: Vancouver Coastal Health, p. 10

<sup>127</sup> Ontario School Health Management in Public Health Network. (2015). *Terms of Reference*.

<sup>128</sup> Ontario Ministry of Education. (2014). *Safe and Accepting Schools*. Retrieved February 16, 2015, from: <http://www.edu.gov.on.ca/eng/parents/safeschools.html>

<sup>129</sup> Simcoe-Muskoka District Health Unit (2012). *Survey of Ontario health units regarding school health programming*. Barrie, ON: Author

<sup>130</sup> Canadian Association of Schools of Nursing. (2007). *Public health nursing education at the baccalaureate level in Canada today*. Retrieved February 16, 2015, from <http://casn.ca/wp-content/uploads/2014/12/1FinalReportPublicHealthSeptember2007.pdf>

## Appendix A: Roles and Responsibilities of Public Health Nurses

The activities identified below are taken from Public Health~Community Health Nursing Practice in Canada: Roles and Activities.<sup>1</sup> They are based on the Minnesota Department of Health, *Public Health Interventions Applications for Public Health Nursing Practice*<sup>2</sup> and have been validated against current literature and the Canadian Community Health Nursing Standards of Practice.

### Building Capacity

- Uses group process, leadership and facilitation skills.
- Encourages and supports the community to actively participate in identifying and taking ownership of health issues for resolution. Acts as a catalyst to help resolve issues and concerns.
- Educates community members about the political process as it relates to community health issues and about ways of participating in decisions concerning health issues.
- Increases the awareness of community and its members that their inherent abilities are their own best health resource.

### Facilitation

- Broadly used to describe any activity which makes tasks for others easy.
- Works with groups to make sure meetings are run well and achieve high degree of consensus to accomplish established goals and objectives.
- Works with groups or individuals to achieve clarity on issues.
- Fulfills a leadership role.
- Delegates tasks.
- Ensures that everyone in a group has the chance to speak through skillful management of turn-taking.

### Health Education

- Assesses the knowledge, attitudes, values, beliefs, behaviours, practices, and skills of the learner.

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<sup>1</sup> Canadian Public Health Association. (2010). *Public health-community health nursing practice in Canada: Roles and Activities*. Ottawa, ON: Author

<sup>2</sup> Minnesota Department of Health Division of Community Health Services Public Health Nursing Section (March 2001). *Public Health Interventions Applications for Public Health Nursing Practice*. Retrieved February 16, 2015, from [http://www.health.state.mn.us/divs/opi/cd/phn/docs/0301wheel\\_manual.pdf](http://www.health.state.mn.us/divs/opi/cd/phn/docs/0301wheel_manual.pdf)

- Considers contextual factors that may impact the readiness and ability of the learner to learn, including environment, readiness and other factors.
- Uses content expertise in the topic.
- Applies adult learning principles and theories.
- Selects and adapts the teaching methods most appropriate to meet the needs of the learner and considers the cultural preferences of the learner.
- Provides formal presentations and educational programs as well as informal teaching to communities, groups, families and individuals.
- Emphasizes health promotion and illness, injury prevention and the determinants of health.
- Provides appropriate anticipatory guidance.
- Incorporates knowledge of behavioural sciences with teaching and learning principles when carrying out educational activities, and uses strategies appropriate to the relevant target group.
- Evaluates effectiveness of the health education intervention.

### **Communication**

- Uses communication skills to represent, negotiate or contract about access to appropriate health care and/or social services and/or resource allocation to support agencies and/or all segments of the community.
- Uses mediation strategies to facilitate inter-agency and inter-governmental cooperation.
- Acts as spokesperson, when appropriate, on public health issues.
- Uses communication skills to establish helping relationships which assist clients to identify options and make choices which will best meet their health needs and/or enable them to advocate for themselves.
- Appropriately uses technology to facilitate communication.

### **Provision of Care/Counseling**

- Uses clinical skills to assess the client's health status to enable joint planning, implementation and evaluation of appropriate nursing interventions.
- Uses appropriate health promotion, illness and injury prevention techniques.
- Assists the client to accept responsibility for health.
- Works with the client to ensure the client defines the focus of the counseling.
- Establishes and maintains boundaries; self-monitors the counseling relationship.
- Remains sensitive to the uniqueness and vulnerabilities of the client and focuses on enhancing client strengths.
- Establishes a relationship based on trust, respect, caring, and listening.
- Focus of the client-nurse relationship is on the development of the client's self-care capacity.

## **Referral and Follow-up**

- Tailors referral to the needs of the client.
- Supports client control referral and follow-up including the client's right to refuse a referral.
- Coordinates referrals which are timely, merited, and practical which hold the client as an active participant in the process.
- Uses client-sensitive resources to overcome their own systems for barriers.
- Reinforces the referral process by using multiple methods of follow-up.
- Utilizes linkages with other providers, organizations and networks, to support availability of resources and services needed by populations at risk.
- Implements intervention strategies which fall within the public health agency's mission and goals.
- Participates in evaluating referral and follow-up processes and strategies.

## **Case management**

- Uses effective outreach and case-finding to individuals and/or families considered at risk and/or meets employing agency's priority and criteria for case management.
- Assesses the need for resources and services to attain and/or maintain an adequate and safe quality of life.
- Develops a trust relationship throughout as an essential step in successful case management.
- Supports individuals and families to identify available resources and services and a plan to access them.
- Links individuals and/or families with needed services and resources.
- Uses an interdisciplinary approach and works cooperatively with other disciplines and organizations as the complexity of the circumstances requires.
- Coordinates services and implements plans in logical sequence in collaboration with individuals and/or families.
- Advocates to support resolution of potential or actual barriers in service provision.

## **Coalition Building**

- Identifies the type of coalition that best fits the mission and purpose and promotes the engagement of the right membership.
- Clarifies how leadership and guidance will be provided and advocates for the development of agreed-upon roles, rules and procedures.
- Facilitates linkages between the broader community and the coalition.

## **Community Development**

- Applies knowledge of community assessment and community development models to assist and facilitate public participation in identifying and defining health issues.
- Uses a strength-based approach which supports capacity development and empowerment in the community.
- Promotes community involvement in decision-making and ownership of constructive changes which enhance community health.
- Assists in the development of health programs based upon community assessment outcome in order to meet the health needs of the community.
- Fosters and facilitates inter-agency linkages and working relationships.
- In developing programs, uses awareness of factors which impact or affect health, such as social, cultural and economic issues as well as environmental hazards.

## **Consultation**

- Utilizes knowledge and expertise in community health/public health nursing issues, especially in health promotion, disease prevention, epidemiology and emergency preparedness to provide information to clients, lay helpers, professional associations and all levels of government.
- Acts as a resource person to communities, groups and individuals.
- Uses knowledge of community to link those needing services to the appropriate community resources.
- Takes the time needed to discuss and agree upon the client's expectations of the consultation.
- Collaborates with the client and adapts the consultation to meet the needs of the client including the identification of opportunities for change and improvement.
- Provides guidance to clients to help prepare for significant change.

## **Disease and Health Event Investigation**

- Supports early identification of a disease or event and its source, gathering data from multiple sources simultaneously to understand the cause, natural course, and expected outcomes caused by the disease or health event.
- Follows established criteria for case investigation, including: the collection and analysis of data from multiple valid sources; identification of factors likely to cause the problem or risk; offering of options for prevention (primary, secondary or tertiary prevention); referral and follow-up for those in need of treatment.
- Evaluates the effectiveness of the case investigation process and any action taken.
- Appropriately uses technology.

## **Policy Development and Enforcement**

- Identifies, with community and colleagues, the need for policy and program development; participates in and monitors its implementation and evaluation.
- Assists in establishing clear nursing philosophies, policies, standards of practice and program objectives with measurable outcomes.
- Understands that public health nursing is political.
- Enforces policy by requiring others to comply with laws, rules, regulations and policies.
- Understands that conflicting points of view related to the enforcement of policy requires the nurse to use excellent communication skills, especially in the area of conflict management and negotiation.

## **Social Marketing**

- Uses innovative health promotion strategies in service delivery.
- Uses marketing techniques and skills to promote community health programs and to promote healthy living.
- Raises and fosters awareness of the role of the community health/public health nurse.

## **Screening**

- Chooses screening as an intervention if appropriate for the circumstances.
- Seeks input from those to be screened and designs interventions collaboratively with those that share concern for the same health risk or disease.
- Uses screening activity as an opportunity for health education and counseling regardless of whether results are positive or negative.

## **Surveillance**

- Uses available resources and appropriate technology to acquire necessary knowledge of the problem, its natural course, and its aftermath.
- Follows established criteria and protocols for surveillance and collects sufficient data from multiple valid sources.
- Uses scientific and epidemiological principles to analyze data.
- Interprets and shares available surveillance data in a manner that is understandable to decision-makers.
- Understands implications of surveillance data.

## **Team Building/Collaboration**

- Uses techniques that foster team building, mutual respect and joint decision-making in

all interactions with the public, peers and colleagues.

- Fosters interdisciplinary, interagency and intersectoral linkages, cooperation and collaboration.
- Works with community partners to build capacity.
- Commits to a capacity-building approach that uses collaboration (with two or more people or organizations) to achieve a common goal through enhancing the capacity of one or more people or organizations to promote and protect health.

### **Research/Evaluation**

- Identifies and investigates key issues and approaches to community health and wellness.
- Shares research and program evaluation information with colleagues and community members.
- Participates in research projects.
- Uses process and outcome-oriented research as a guide to practice.
- Uses research findings to allocate human and financial resources and to evaluate interventions.
- Identifies program areas which need modification and works with other colleagues to alter programs accordingly.

### **Leadership**

- Applies current knowledge of professional and community/political issues in developing a proactive approach to health and environmental issues.
- Acts as an interim leader until the community can take the necessary action.
- Initiates and/or encourages responsible parties, individuals and community to take action.

### **Outreach**

- Uses community assessment data to determine population health needs, and designs outreach activities that address the unique characteristics of the target population.
- Uses a holistic, comprehensive outreach approach which includes the identification of promoters and barriers to service access.
- Uses recognized outreach methods that have been demonstrated to be effective, including the importance of early involvement of key stakeholders in the development of outreach plans.
- Capitalizes on outreach interventions with related activities directed to the same target population.



## **Advocacy**

- Helps individuals, families and groups who are disadvantaged by reason of social economic status, isolation, culture, lack of knowledge, etc. become aware of issues of significance to their health.
- Works to develop the client's capacity to advocate for themselves.
- Supports advocacy role with the use of advertising and media.
- Actively promotes the development of needed resources leading to equal access to health and health-related services.
- Promotes resource development that supports equitable access to health and health-related services.
- Uses an adversarial role when needed.
- Demonstrates commitment to social justice with self-confidence and personal conviction.
- Acts as spokesperson, when appropriate, to represent the views of individuals and groups.

## **Resource Management, Planning and Coordination**

- Allocates human, financial, temporal and physical resources.
- Involves communities, families and individuals in health services planning and priority setting.
- Shares information about community resources.

## Appendix B: Recommended Scope of Practice for School-based PHNs <sup>3</sup>

Public health nurses across Ontario need to be utilized to their full scope of practice in the school setting.

**Goal:** To enable all children and youth to attain and sustain optimal health, development, and learning potential [“health” refers to physical, mental/emotional, and social health]

**Philosophy:** Strengths-based/solution-focused

**Clients:** Students and families/school staff/school board/community

### Promoting Health with Individuals

- Assessment, support, counseling and referral of students to needed services
- Health education and skill development with students, families, school staff
- Provision of some clinical services per locally identified need
- School-based health or wellness clinics or youth health centres in secondary schools
- Consultation and coordination with school staff
- Participation in case conferences
- Communication and coordination with families via school visits, home visits, calls
- Coordination with other service or care providers

### Promoting Health with Small Groups or Classrooms

- Engaging students in small group programming in areas of identified need, e.g., healthy relationships, self-esteem, communication, social skills, anger management
- Staff education on health and development issues and youth engagement
- Parenting education
- Training of groups of peer leaders in various topic areas, e.g., Playground Activity Leaders, Nutrition, Mental Health Leaders, Healthy School Committees
- Providing or recommending curriculum materials to teachers
- Classroom education sessions on health topics

### School-Wide Health Promotion

- Assessment, surveillance, and data analysis to identify priority strengths and needs in school populations
- Ensuring a group to address school health or school improvement issues is established, and that it includes significant student participation and leadership

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- Supporting the group in creating comprehensive action plans (i.e., the plans should include the components of Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; and Home, School and Community Partnerships)
- Encouraging youth across the school to become involved in health action
- Working with school staff, students and communities to develop and implement healthy school policies and to create supportive school environments
- Ensuring equitable access to health and social services for the school population

### **Board-Wide and/or Community-Level Health Promotion**

- Contributing to health policy development on school board working groups
- Participating on board/inter-agency committees related to school services or coordination of care to ensure equitable access
- Engaging young people in the development and implementation of health-related communications/campaigns (including ensuring connection with appropriate health unit staff and maintaining website information)
- Acknowledging school successes at board or community events
- Collecting statistics to identify trends and prevailing issues
- Conducting evaluations as indicated