



Partnership Declaration Sept 2023

The link between health and education is well documented. School Boards and Public Health Units (PHUs) are both required by the Ontario Ministry of Education and the Ontario Public Health Standards (2018) to collaborate, support, and promote the health and education of children and youth. in collaboration with parents, students, educators and administrators, counsellors, social workers, and community partners across the province.

Purpose

The purpose of this declaration is to acknowledge the shared commitment, between the London District Catholic School Board (LDCSB) and the local health units including Middlesex-London Health Unit and Southwestern Health Unit (referred to as PHUs) to partnering and working together to **positively impact learning potential by improving the health and well-being of children and youth in schools.** This partnership declaration establishes strategic directions for collaboration and achievement of mutual goals.

Goals

The goals of this partnership are to:

- I. Enhance collaboration by identifying shared student well-being priorities.
- II. Collaboratively identify evidence-based resources that align with the Catholic World View and promote these resources to schools and teachers to enhance the effectiveness of student well-being strategies.
- III. Use local community and school board data and evidence to inform equitable allocation of PHU services and resources in schools while working towards greater consistency among services and resources provided by PHUs to LDCSB.
- IV. Draw on the areas of expertise of all partners to ensure students receive the best programs and services to support their health and well-being.

Approach

The planning and implementation of collaborative health and well-being initiatives will follow best practice guidelines using multi-pronged strategies consistent with the *Foundations for a Healthy School Framework*. This Ministry of Education framework emphasizes the integration of school policies, programs, initiatives and curriculum into school and school board planning and implementation processes and include the following five interconnected areas which include:

- Curriculum, teaching and learning
- School and classroom leadership
- Student engagement
- Supportive social and physical environments achieved through plans, policies, programs, and actions
- Home, school, and community partnerships



Considering these five interconnected areas when planning school initiatives will help schools, school boards, parents, and community partners to work together to develop a comprehensive approach to student health and well-being. By following this approach, schools can be a model for healthy living.

Expectations/Terms of Collaboration

1. Jointly assess the need for public health services and resources in schools

PHUs and LDCSB commit to examining school and community level data together to help inform PHU resource allocation to increase consistency and the equitable allocation of services and resources.

- I. LDCSB Superintendents, Principals, Coordinators, Learning Facilitators, Research and Evaluation Officer, Consultants, Managers and Supervisors and PHU Program Managers will work together to identify data and create a process to inform public health resource allocation using evidence.
- II. Staff will meet once every year in Spring to review the data and inform resource allocation for the next school year.

2. Enhance Communication

PHUs and LDCSB commit to enhancing communication at the board and school levels to improve the delivery of programs and services.

- I. LDCSB staff and PHU Program Managers commit to meeting quarterly during the school year. The purpose of these meetings is to review roles and responsibilities, prioritized well-being topics, resources, communication needs, and any arising school health-related needs.
- II. PHUs will commit to attending LDCSB principal meetings yearly to convey general health information plus specific information on immunization and oral clinic.
- III. PHUs commit to efficiently and effectively communicating immunization and oral health clinic dates in late summer/early fall and work closely with schools to determine the best dates for schools to be able to accommodate optimal attendance and space needs. PHUs commit to working with board staff (e.g., Curriculum Coordinator (Religious and Family Life Education and Faith Formation) and the Bishop to align time and messaging of HPV immunization letters.
- IV. LDCSB staff and PHU commit to creating a communication plan that consolidates PHU information. This communication strategy will be maintained by PH and disseminated by LDCSB staff on a routine basis (e.g., every 3 months).
- V. LDCSB staff and PHU managers commit to providing lists of key organizational staff and clarify who to contact for various needs.

3. Engage in Collaborative Initiatives

PHUs and LDCSB commit to engaging in the joint planning of health-related school priorities at the system and school levels. Collaborative planning will result in clarification of roles and responsibilities, the adoption of common school-level initiatives; greater efficiency (e.g., reducing duplication); and enhanced program and service effectiveness to improve the health and, the well-being of children and youth in schools.

- I. LDCSB staff and PHU Program Managers will commit to collaboratively setting wellbeing priorities. These priorities will be identified in Board and School Improvement plans under Achievement and Well-being.
- II. LDCSB staff and PHU Program Managers will commit to providing a common set of Catholic World View aligned resources to help schools action identified wellbeing priorities. These common resources will be evidence-based and align with the Ministry of Educations Foundations for a Healthy School and the Mission and Vision of the LDCSB.
- III. LDCSB staff and PHU Program Managers will collaboratively discuss PH resource allocation in schools by examining available data once a year to help determine the allocation of PH resources for the upcoming school year. The allocation of PHU programs and services will be communicated to schools collaboratively from the board and PHU.
- IV. LDCSB staff and PHU staff commit to identifying grants relating to the well-being priorities and collaborate on grant submissions.
- V. LDCSB and PHUs will create and review the list of all potential collaborative initiatives and assign representation on an annual basis.

4. Commit to sharing Data and Information

PHUs and LDCSB commit to identifying shareable data, information relating to strategic priorities, new policies and/or procedures, inspections, programs, and services, and a process for how to share the data.

- I. LDCSB Research and Evaluation Officer will work with PHU Program Managers and Epidemiologists to create a data sharing agreement and a conduct privacy impact assessment that will identify shareable data, the level at which data can be shared (e.g., school, family of schools), and the process for extracting and transferring data.
- II. PHU Program Managers will consult Board staff (e.g., Research and Evaluation Officer, Healthy Schools Superintendent) to ensure effective and efficient ways to transfer information.

Signatures



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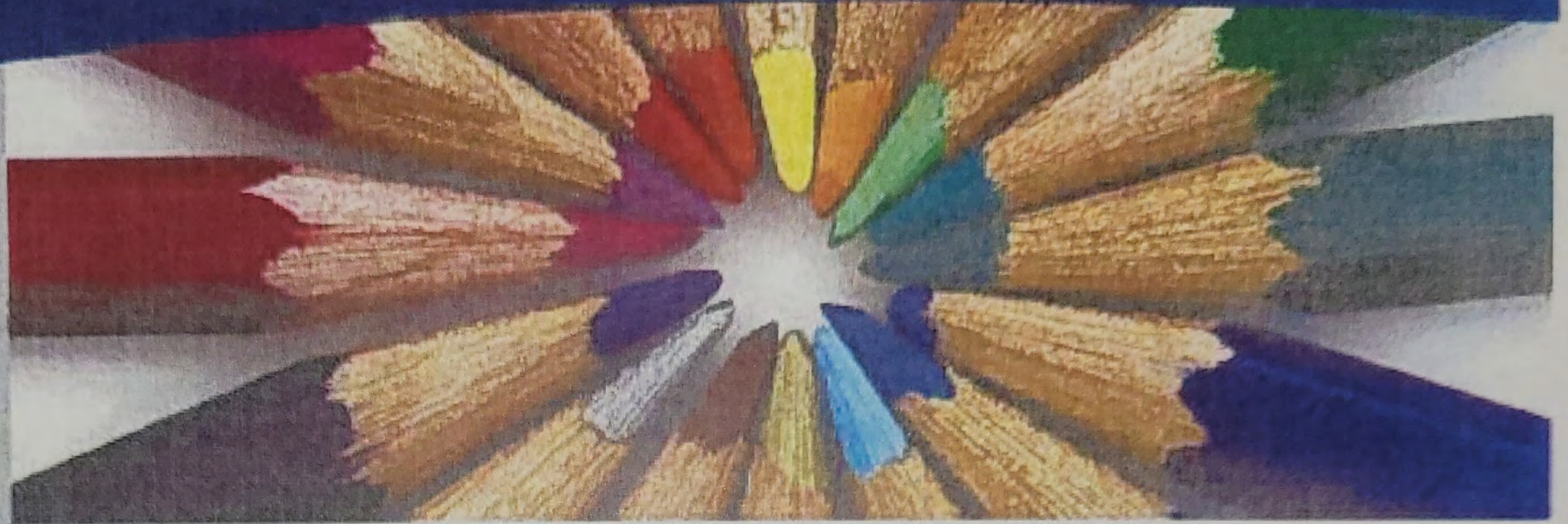
References

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Thames Valley Healthy Schools PARTNERSHIP DECLARATION



Declaration Statement

Thames Valley District School Board (TVDSB) and the local health units including Middlesex-London Health Unit and Southwestern Public Health commit to partnering and working together to **positively impact learning potential by improving the health and well-being of children and youth in schools.**

Purpose

The purpose of this declaration is to demonstrate the shared commitment, between the Thames Valley District School Board (TVDSB) and the local health units including Middlesex-London Health Unit and Southwestern Public Health (referred to as PHUs) to partnering and working together to **positively impact learning potential by improving the health and well-being of children and youth in schools.** This partnership declaration establishes strategic directions for collaboration and achievement of mutual goals.

Goals

- I. Enhance collaboration by identifying shared strategic priorities, goals, mandates, and values and measurable strategies to achieve them
- II. Use local community and school board data and evidence to inform decision-making regarding equitable allocation of public health unit (PHU) resource and program distribution in schools while working towards greater consistency among services and resources provided by PHUs to TVDSB
- III. Outline strategies for shared decision-making regarding resource and program distribution provided by PHUs to TVDSB.
- IV. Maximize the efficient use of staffing resources and enhance program and service effectiveness relating to student health and well-being.
- V. Draw on the areas of expertise of all partners to ensure students receive the best programs and services to support their health and well-being.

Approach

The planning and implementation of collaborative health and well-being initiatives will follow best practice documents/guidelines using multi-pronged strategies consistent with the *Foundations for a Healthy School Framework* (2014). This Ministry of Education framework emphasizes the integration of school policies, programs, initiatives and curriculum into school and school board planning and implementation by including the following five interconnected areas:

- Curriculum, teaching and learning
- School and classroom leadership
- Student engagement
- Supportive social and physical environments
- Home, school and community partnerships

These five interconnected areas will be considered when planning school initiatives to develop a comprehensive approach to student health and well-being. By following this approach, schools can be a model for healthy living. In addition, TVDSB and PHUs will, during the planning and implementation of collaborative health and well-being initiatives, adhere to the terms and conditions outlined in the Program Access Agreement.

Expectations

Collaborative planning: PHUs and TVDSB commit to engaging in joint planning activities at the system and school levels. Collaborative planning will result in the adoption of common philosophies, greater efficiency, and enhanced program and service effectiveness to improve the health and, well-being of children and youth in schools.

- i. TVDSB Superintendents, System Principals, Mangers and Supervisors and PHU Program Directors and Managers will commit to sharing strategic plans and priorities on an annual basis to inform the annual revisions to the PHU's program access agreements.
- ii. TVDSB Program Access Committee and PHU Program Managers commit to reviewing, collaboratively updating and signing the Program Access Agreement annually.
- iii. TVDSB and PHUs will create and review the list of collaborative planning tables and assign representation on an annual basis.

Develop a plan for sharing data: PHUs and TVDSB commit to identifying shareable data and a process for how to share the data.

- i. TVDSB Research and Assessment Staff and PHU Program Managers and Epidemiologists will work together to create a data sharing agreement that will identify shareable data, the level at which data can be shared and the process for extracting and transferring data.

Jointly assess the need for public health services and resources in schools: PHUs and TVDSB commit to examining school and community level data together to help inform PHU resource allocation to increase consistency and the equitable allocation of services and resources.

- i. TVDSB System Principals, Coordinators, Research and Assessment Associates, Mangers and Supervisors and PHU Program Managers will work together to identify data and create a process to inform PHU resource allocation using evidence.



- ii. TVDSB System Principals, Coordinators, Mangers and Supervisors Research and Assessment Associates and PHU Program Managers will meet every Spring to review the data and discuss resource allocation for the next school year.
- iii. PHU staff will ensure programs and services delivered to schools align with the terms and conditions of the Program Access Agreement.

Collaborative information sharing: TVDSB and PHUs commit to developing a process for sharing information relating to strategic priorities, new policies and/or procedures, inspections, programs and services.

- i. The Tri County Committee agree to meeting quarterly to discuss matters relating to student and school health, as well as review the Partnership Declaration Annually.
- ii. PHU Program Managers will consult delegated Board staff to ensure effective, secured, and efficient ways to transfer information.

Resource Review: TVDSB and PHUs commit to working together to share relevant health-related resources (e.g., Health and Physical Education Curriculum resources, policies relating to matters of health).

- i. TVDSB System Principals, Coordinators, Research and Assessment Associates, Mangers and Supervisors will work together to share relevant resources.
- ii. TVDSB and PHUs will establish effective methods for sharing curriculum or health related resources (e.g., intranet, department heads meetings).
- iii. TVDSB school staff and PHU staff will work together to identify system-level plans to efficiently and effectively share resources.

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