

Nova Scotia Public Health

Healthy Development *Protocol*



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ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

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Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development



Expectations

Understanding

Public health will

- conduct assessments and seek understanding about the healthy development of children in their early years,³³ their middle years, and as youths,³⁴ with a focus on addressing healthy growth and development, mental and social emotional health, healthy eating (including breastfeeding), physical activity, substance use and gambling, injury and communicable disease prevention, and sexual health, emphasizing
 - the state of underlying social, economic, and physical environments and their influence on the health of children in their early and middle years and as youths
 - understanding the evidence and best/promising practices for influencing supportive environments
 - the existence and impact of inequalities, inequities, and priority populations
 - the collection of data, the analysis, and the dissemination of results for relevant databases
 - understanding and validating of information through processes that include perspectives of those most affected by the issue, as well as community partners and community members
 - collaborating with partners to interpret results and to inform policy and collaborative action

Priority Setting and Planning

Public health will

- use the planning cycle to conduct a situational assessment, identify and prioritize options, and develop a comprehensive implementation and evaluation plan to
 - determine the appropriate public health response based on the incidence, frequency, severity, risk perception, burden, preventability, communicability, and social determinants of health pertaining to the situation
 - use assessment and surveillance outputs to identify and describe priority populations
 - tailor the public health response based on priority populations and disparities in health outcome, providing a mix of targeted and universal approaches, as appropriate, to achieve outcomes outlined in the implementation plan
 - provide support to school communities in using a systematic process to conduct a situational assessment, identify and prioritize options, and develop a comprehensive implementation and evaluation plan

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Health Equity

Public health will

- incorporate consideration of inequalities and inequities in assessing, planning, implementing, and evaluating actions to address the health of children in the early years, middle years, and youth (see Health Equity Protocol). Specifically:
 - provide scientific and contextual evidence to identify potential means for addressing inequities (social determinants of health) (e.g., publicly funded affordable child care, social and emotional development, social supports, connectedness, school climate, and student engagement)
 - collaborate with others (i.e., cross functional teams, priority populations) to conduct planning and priority setting that address policy leverage areas for health inequities
 - engage community partners and priority populations in population health assessment to further understand population specific impacts of health inequities and social determinants of health
 - advocate for healthy public policies that address supportive social, economic, and physical environments that contribute to improving the health of all children and youth, with an emphasis on
 - reducing health inequalities and inequities, communicable disease, chronic disease and injury through addressing root causes and the social determinants of health
 - protective factors during early years, middle years, and youth³⁵
 - the five domains of the Early Development Instrument (EDI), which are physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication skills
 - the five domains of the Middle Development Instrument (MDI), which are social and emotional development, connectedness, school, physical health and well-being, and constructive use of after-school time

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Early Years

Partnership

Public health will

- establish and sustain relationships with a wide range of partners to understand needs, build support, and collaboratively take action regarding the health of children in the early years. The specific partners and relative roles will vary with the nature of the issue, the context, and the time. Broadly, categories of partners may include
 - primary care and other healthcare providers
 - federal, provincial, and municipal government departments
 - the Reproductive Care Program of Nova Scotia
 - family resource centres
 - early childhood education representatives
 - community coalitions and community-based organizations
 - workplace representatives

Policy

Public health will

- seek to influence the establishment and implementation of healthy public policies and the creation or enhancement of supportive environments at the federal, provincial, and local levels that support the healthy development of children in the early years, with particular emphasis on the following:
 - universal, quality, and accessible early-years programming
 - prenatal health: nutrition (including food security), physical activity, domestic or intimate-partner violence, and preventing or reducing the harms associated with prenatal use of tobacco, alcohol, and other substances
 - healthy eating, physical activity, and sexual health³⁶ in child-care and early-years settings
 - evidence-based development of comprehensive assessment of children in the early years by appropriate partners at key touch points

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- support community based action to enable and sustain a comprehensive approach to the early years by
 - building community capacity and partnerships
 - raising the understanding and profile of children in the early years as presenting a critical public health issue
 - collaborating with partners to address emerging issues related to the early years
 - developing and facilitating access to knowledge to inform policies, programs, and practices related to the early years

Creating Supportive Environments

Public health will

- provide leadership and support for the implementation, monitoring, and evaluation of the Provincial Breastfeeding Policy, including implementation of the WHO Baby-Friendly Initiative and related strategies, to increase initiation and duration of breastfeeding by
 - collaborating with partners to promote breastfeeding in the prenatal period
 - collaborating with partners to create peer support for breastfeeding families
 - collaborating with hospitals and other community partners to influence the development and implementation of healthy infant feeding policies and the creation or enhancement of supportive environments for breastfeeding, as well as additional settings for consideration, including public settings (e.g., shopping malls, public service venues) and workplaces
- provide leadership and support for the implementation, monitoring, and evaluation of the Healthy Beginnings Enhanced Home Visiting Standards and the Standards for Food and Nutrition in Regulated Child Care Settings
- collaborate with partners to support the implementation, monitoring, and evaluation of the Healthy Babies, Healthy Families: Postpartum and Postnatal Standards
- collaborate with partners to support the development of a coordinated, accessible, culturally competent, and seamless system of services and supports for children and their families in the early years, with a focus on health inequities

Preventative Services

Prenatal Period

- collaborate with partners to identify pregnant teens and women who are at higher risk for adverse pregnancy outcomes through inequities in prenatal health, as well as the conditions which place them at risk

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- collaborate with partners to ensure a range of prenatal programs, services, and supports for priority populations, tailored to local circumstances and providing a mix of approaches, including individual and small group interventions, to support families building on existing community capacity
- collaborate with partners to achieve a range of universal approaches to prenatal support, such as online resources, phone support, and accessing existing community resources

Postpartum and Early Childhood Period

- provide universal postpartum screening of infants and mothers as recommended in the Healthy Beginnings Enhanced Home Visiting Standards and program guidelines
- provide an in-depth family assessment to those families identified through the postpartum screening process as recommended in the Healthy Beginnings Enhanced Home Visiting Standards and program guidelines
- collaborate with primary care representatives and others to provide universal postpartum follow-up of infants and mothers
- collaborate with breastfeeding partners to ensure there is a range of clinical and peer support for breastfeeding infants and mothers
- collaborate with partners to develop a range of approaches that support breastfeeding infants and mothers
- provide the Healthy Beginning Enhanced Home Visiting Program as recommended in the Healthy Beginnings Enhanced Home Visiting Standards and program guidelines
- collaborate with partners to ensure all children receive well-child visits and access to childhood immunization at 2, 4, 6, and 12 months and comprehensive visits at 18 and 36 months
- collaborate with partners to ensure a range of postpartum and early childhood programs, services, and supports for priority populations, tailored to local circumstances and providing a mix of approaches, including individual and small group interventions, to support families building on existing community capacity (e.g., family resource centres)
- collaborate with partners to support building the capacity of parents as sexual-health educators of their children
- collaborate with community partners to raise awareness of the influence of marketing to children
- collaborate with partners to provide the Enhanced Vision Screening Program and other local initiatives for children prior to school entry, until a comprehensive approach to vision care is established and the role of public health is identified

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Middle Years and Youth

Partnership

Public health will

- establish and sustain relationships with a wide range of partners to understand the needs and assets, to build support, and to collaboratively take action regarding the health of children in the middle years and youth in home, school, and community settings. The specific partners and relative roles will vary with the nature of the issue, the context, and the time. Broadly, categories of partners may include
 - those that are school-related (School Boards, Schools, School Advisory Councils, Home and School Association)
 - the Department of Education and Early Childhood Development
 - Mental Health and Addictions
 - various broader community partners

Policy

Public health will

- seek to influence the establishment and implementation of healthy public policies and the creation or enhancement of supportive environments at the federal, provincial, and local levels that support the overall health and well-being of children in the middle years and youth, from a social determinants of health perspective, including mental and emotional health, healthy eating, physical activity, substance use and gambling, injury and communicable disease prevention, and sexual health³⁷
- support community based action and engagement to enable and sustain a comprehensive approach to children in the middle years and youth by
 - building community capacity and partnerships
 - raising the understanding and profile of children in the middle years and youth as presenting a critical public health issue
 - collaborating with partners to address issues related to middle years and youth
 - developing and facilitating access to knowledge to inform policies, programs, and practices related to middle years and youth

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Creating Supportive Environments³⁸

Public health will

- provide leadership and support for the development, implementation, monitoring, and evaluation of healthy school policies, standards, and guidelines (e.g., Food and Nutrition Policy for Nova Scotia Public Schools, Provincial Health Education Curriculum P-9, Youth Health Centres Standards and Guidelines, and local school board policies)
- provide advice and support on the Provincial Health Education Curriculum P-9, through formal and informal professional development opportunities
- collaborate with partners in the development of policies and programs that support oral health for children in the middle years and youth (in the context of a comprehensive oral health strategy)
- collaborate with health and education partners to provide leadership and support for the implementation, monitoring, and evaluation of Health Promoting Schools
- collaborate with school partners to ensure a safe school physical environment (e.g., air quality, water quality, playground safety) (see Environmental Health Protocol)
- collaborate with school partners to improve and enhance school climate and social environment (e.g., sense of belonging, connectedness, cultural identity, participation in school life, and engagement)
- collaborate with community partners within the primary care system to raise awareness about the need to develop the skills/capacities/ understanding to promote sexual health, mental health, and substance use
- collaborate with community partners to raise awareness of the influence of marketing to children and youth
- provide leadership, advocacy, and support to engage children in the middle years and youth, in the process of developing, implementing, monitoring, and evaluating policy, services, and programs that affect them (e.g., Health Promotion Youth Corps)
- advocate for engagement of children in the middle years and youth, as outlined in “On Being Youth Centred” (a document within the Youth Health Centre Standards and Guidelines), a tool to help guide individuals and organizations who work with children in the middle years and youth

Preventative Services

- deliver immunizations to children in the middle years and youth who are in school programs, as well as to other eligible children in the middle years and youth (see Publicly Funded Immunization Protocol)

- provide leadership and support in collaboration with appropriate community partners in the establishment and provision of Youth Health Centres, as per Youth Health Centres Standards and Guidelines. In particular, public health will
 - collaborate with Youth Health Centres to engage youth, school, and community partners in pursuing healthy public policies (pertaining, for example, to alcohol, food, tobacco, anti-bullying, sexuality, cultural identity, etc.) that impact school-age children and youth
- collaborate with partners to develop a coordinated, accessible, and seamless system of services and supports and healthy public policy for children in the middle years and for youth, including those in school, not in school, youth in care, etc.)
- collaborate with partners to provide the Fluoride Mouth Rinse Program, in accordance with the Standards for the Nova Scotia Fluoride Mouthrinse Program, and other local initiatives until such time as an oral health public health action plan³⁹ is developed and the role for public health is determined

³³ The “early years” refers to the period from conception until approximately age five or six. Children experience rapid growth and development changes that are critical for a child’s physical, social/emotional, and cognitive development.

³⁴ The “middle years” and “youth” refer to the period from approximately ages 6 to 21, and each respectively supports key transition periods from early childhood to the middle years and from youth to early adulthood. This marks a distinct period in early human development as children experience cognitive, social, and emotional changes that establish their identity and set the stage for development in adolescence and adulthood (Eccles 1999).

³⁵ Protective factors during the early years include nurturing, attachment, positive parenting, resiliency, and community connectedness; and during the middle years and youth include the sense of belonging, resiliency, and connectedness.

³⁶ The World Health Organization defines sexual health as the “state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.” The concept of sexual health includes the development of positive self-concept and identity (body image, sexual orientation, gender identity), healthy relationships, and the prevention of intimate-partner and sexual violence. A strong link exists with the Healthy Development Protocols, because the foundations for sexual health occur during developmental periods.

³⁷ Based on Roberts, Gary, *Faster alone, further together: A Recommended Direction for Nova Scotia’s Health Education Curriculum*.

³⁸ Comprehensive school health, also known as Health Promoting Schools in Nova Scotia, refers to a multifaceted approach that includes teaching health knowledge and skills in the classroom, creating health-enabling social and physical environments, and facilitating links with parents and the wider community to support optimal health and learning. The model of Health Promoting Schools is adapted from recommendations by the World Health Organization. Specifically, there is a focus on fostering health and learning, engaging all school partners (i.e., staff, students, parents, and community), and providing a healthy environment that supports health and implementing healthy policies and practices (World Health Organization, 2006). HPS, or any comprehensive school health approach, encompasses the whole school environment with actions addressing four distinct but interrelated pillars: social and physical environment; teaching and learning; healthy school policy; and partnerships and services in the school environment. The vision for Health Promoting Schools in Nova Scotia is to ensure that “Children and youth are thriving in healthy school communities.” A healthy school community is one that acknowledges the joint responsibility on the school and broader community for the health of students, staff, and families who are part of a school. Experience and research indicate that a comprehensive approach to school health promotion can influence the health-related knowledge, attitudes, and behaviours of students and alleviate factors that compromise health. There is a growing recognition of the relationship between health and academic performance. While there are a large number of students in the school setting, there is a population of school-aged children and youth who are not in the school system. This approach has the potential to change the trajectory.

³⁹ This may or may not be part of a comprehensive oral health strategy for children and youth.

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