

## **BALANCED SCHOOL DAY**

The *Balanced School Day* is an alternative to the traditional schedule of two 15-minute recesses and a one-hour lunch break. Typically, the *Balanced School Day* divides the 300-minute instructional day into three 100-minute blocks of teaching/learning time, separated by two 45-minute physical activity and nutrition breaks.

In September 2002, the Simcoe County District School Board began a pilot of the *Balanced School Day* in 13 of its schools. The Simcoe County District Health Department partnered with the project to look at the impact on physical activity and healthy eating. Schools in the St. Clair Catholic Board, Hamilton-Wentworth, Peel Region, Lambton-Kent and Halton also piloted similar schedules. As a result, several school boards across the province are replacing traditional schedules with the *Balanced School Day*.

Research shows the longer nutrition and physical activity breaks in the balanced schedule makes better use of instructional time. The longer period of class time helps students to maintain focus and permit for more blocking of time for literacy and numeracy. Schools participating in the *Balanced School Day* report increases in student attention levels, academic performance, physical fitness and a decrease in discipline problems.

Schools found that less time is lost with changing and transitions by having two breaks per day instead of three. The two longer break periods also allow more time for intramural activity during the day. This is an advantage in rural schools where after school activities are not possible due to bussing. The longer breaks seem to provide enough time for significant physical activity but not enough time to move into a period where problems begin to arise on the schoolyard.

A *Balanced School Day* presents challenges with the timetable include juggling schedules around half-day classes such as JK/K, accommodating children who wish to travel home during a break and ensuring contractual prep time for teachers. It was noted some schools found it easier to timetable prep time and were able to provide team planning opportunities for teachers.

The *Balanced School Day* provides an opportunity to enhance parents' understanding of the importance of physical activity and healthy nutrition for children. The program addresses the messages in *Canada's Guide to Physical Activity for Children and Youth*.

### **Reference:**

*H&PE Curriculum Support FAQ GenOntario Balanced School Day*. Physical and Health Education Association (OPHEA). Retrieved June 2009, from

<http://www.ophea.net/ophea/Ophea.net/hpefaqgeneral.cf>

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Dear Colleagues;

### **Ontario Health Study Comes to Owen Sound**

The *Ontario Health Study* is a large, long-term study aimed at understanding the causes of cancer, heart disease and other chronic diseases. The study will recruit 150 thousand Ontario residents between the ages of 35 and 69 to study and follow their health status, family medical histories, work, community and living environments. This not-for-profit study is one of several across the country that are following 300,000 Canadians for the next 20 years.

Three pilot communities have been selected in the initial phase of the study; Mississauga, Sudbury and Owen Sound. The Owen Sound office opened at the end of May with a target to recruit as many as 2,500 local participants.

Study participants will be asked to complete a questionnaire and provide physical measurements including height, weight, body fat percentage and blood pressure. A blood and urine sample will be collected and participants will also be asked for environmental, diet and health information. The study will make contact annually for a brief update.

Physicians will not receive test results; however the study participants will receive a report of their own physical measurements that they can share with their health-care provider, should they choose. Should a health concern be identified in the course of the assessment, the nurse will alert the patient and recommend they see their family health-care practitioner or visit a clinic/emergency.

“Using the knowledge we gain from this study we hope to develop more effective prevention and detection strategies for chronic diseases,” says Dr. John McLaughlin, scientific lead for the study.

Information collected during the study will be kept in a secure information bank and the participants' identities will be protected at all times. The information will only be used for approved research studies and will not be available to insurance companies or employers.

For more information or to join the study, call 1-866-606-0686 or visit the website [www.ontariohealthstudy.ca](http://www.ontariohealthstudy.ca)

Together we build healthy communities!

Dr. Hazel Lynn  
Medical Officer of Health

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### **April—June 2009 Volume 19(2)**

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- Balanced School Day

#### **Inserts:**

- *STI Partner Notification*
- *Ontario Health Study*

### **MENINGOCOCCAL MENINGITIS A,C,Y,W-135: BROADER PROTECTION FOR GRADE 7 STUDENTS**

The Ministry of Health and Long-Term Care announced June 1, 2009, that a quadrivalent conjugate meningococcal A,C,Y,W-135 vaccine (Menactra®) will be replacing the previously used monovalent conjugate meningococcal C vaccine for students in grade seven. This replacement will provide broader protection against meningococcal disease while also acting on changing epidemiological data.

The Grey Bruce Health Unit will begin offering Menactra® vaccine through the school based program in the spring 2010 to grade seven students. Students will not be eligible for publicly funded Menactra® through their family physicians or nurse practitioners unless approved by the Grey Bruce Health Unit for special circumstances.

Students who have missed their dose of publicly funded monovalent meningococcal C vaccine in grade seven are not eligible to receive Menactra®. Students can continue to receive the funded monovalent meningococcal C vaccine through their family physicians or nurse practitioners.

As introduced into the *Ontario Immunization Schedule* in 2004, meningococcal C vaccine will continue to be offered to one-year-olds. Since this time, the National Advisory Committee on Immunizations (NACI) has recommended that adolescents receive an additional dose of meningococcal vaccine to boost potentially waning immunity. Therefore, once children who were immunized as a toddler reach grade seven, Menactra® will act as a booster dose, consistent with NACI recommendations, while also providing them with protection against three additional meningococcal strains; A, Y and W-135.

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### **ADACEL® BOOSTER**

The Ontario Ministry of Health and Long-Term Care has released a new *Ontario Immunization Schedule*, dated January 2009. The new schedule recommends healthcare providers administer a dose of dTap (Adacel®) to children seven years of age or older, who missed their fifth dose of DTap (Quadracel®). Providing dTap to these children will give them a pertussis booster that would have otherwise been missed with the Td Polio booster, previously recommended for children seven years of age or older. When indicated, IPV should also be provided to these children to complete the vaccination series for this age.

#### **Reference**

Ontario Ministry of Health and Long-Term Care. (2009). *Publicly Funded Immunization Schedule for Ontario - January 2009*. Queen's Printer for Ontario. Retrieved June 2009, from

<http://www.health.gov.on.ca/english/providers/program/immun/pdf/schedule.pdf>

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### **HEPATITIS B VACCINATION Q & As**

#### **Does a client require a booster dose of the Hepatitis B vaccine if they have followed the recommended schedule?**

Routine boosters in immunocompetent persons are not recommended at this time. Duration of protection has not yet been fully determined. In endemic regions, protection has been shown to persist for at least 15 years. Long-term effectiveness of this vaccine continues to be monitored.

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#### **Should the client repeat the Hepatitis B vaccine series if antibody titres reveal sub-optimal protection or no protection?**

Absence of detectable anti-HBs in a person who previously demonstrated a protective antibody response does not mean lack of protection, since immune memory persists. The optimum time to test for anti-HBs is at least 1 month (but no later than 6 months) after the last dose of vaccine. If the blood test shows an absence of anti-HBs, the client should receive one further dose of Hepatitis B vaccine and then have a blood test within the timeframe as indicated above. See the *Canadian Immunization Guide*, pages 202 – 203, for detailed information on post-immunization testing.

#### **Should the client begin the Hepatitis B series over again if the schedule has been interrupted?**

No, the client should continue with the same schedule. In this case, the client should receive a blood test within the time-frame as listed above to determine their level of protection.

#### **Reference**

*Canadian Immunization Guide* 7<sup>th</sup> Edition. (2006). Retrieved May 2009, from [www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php](http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php)

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### **EARLY PRENATAL CLASSES**

Public Health now offers two early prenatal classes for families fewer than 18 weeks gestation. These classes offer information on fetal growth and development, healthy lifestyle, potential pregnancy-related concerns and healthy relationships. We hope you will encourage patients to call, as early as possible in their pregnancy, to register for either of these classes.

The late pregnancy one-day workshop or four-evening series is still available.

At any time, please refer families considered “at risk” to the Healthy Babies Healthy Children Program.

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### **EXERCISE AND PREGNANCY HOTLINE**

Women’s College Hospital offers an *Exercise and Pregnancy Hotline* at 1-800-363-9353. Run by Dr. Julia Alleyne, the program provides telephone counsel, office visits, literature and suggestions / recommendations. Dr. Alleyne and her colleagues also work to identify gaps in associated research. The number can be accessed by healthcare providers or by women themselves.

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