



December 15, 2018

Honourable Minister Lisa M Thompson
Mowat Block 22nd Floor, 900 Bay St
Toronto, ON M7A 1L2

Dear Minister Thompson,

The Ontario Dietitians in Public Health, Dietitians of Canada, the Ontario Home Economics Association, and the Ontario Public Health Association's Nutrition Resource Centre are writing to you to recommend that food literacy education be enhanced throughout the provincial elementary school curriculum and that at least one food/nutrition course be mandatory for all students in the secondary school curriculum in order to obtain an Ontario Secondary School Diploma.

As the Ministry of Education is undertaking a consultation regarding the education system in Ontario, including the health and physical education curriculum, we feel that this is the ideal time to update the curriculum with mandatory food literacy programming across all elementary grade levels and require a mandatory food literacy program at the secondary school level.

Our organizations, along with 95% of Ontarians, support making food literacy part of the mainstream school curriculum,¹ incorporated in a cross-curricular approach at the elementary school level. This approach would ensure that healthy eating key concepts and messages are integrated and consistently taught, reinforced, and reflected in the school curriculum. At the secondary school level, approximately only 36 percent of Ontario secondary school students who entered grade 9 in 2009/10 earned at least one credit in a course that included a food literacy component.² This estimate has changed very little over time, rising only slightly from 33.8 percent for students who entered Grade 9 in 2005/06.² Given that we live in the most complex food environment in human history,³ a mandatory food literacy course in high school will ensure students are equipped to make healthy decisions related to food and nutrition. Evidence-based food and nutrition education that is relevant for today's food environment is needed to improve the health of current and future generations.⁴ Incorporating food literacy in this way will help to achieve your Ministry's goal of preparing Ontario students for success, improve their academic achievement, and equip them with life skills while addressing society's burden of chronic disease.

Food literacy is an important life skill that can build healthy eating behaviours. Food literacy education should begin early in life to instil healthy behaviours in children from an early age and improve population nutrition and health status.⁵ Inclusion of such programming will ensure

that all children develop vital food and nutrition skills that will enable them to make informed food choices throughout their lives.

Among children and youth aged 4-18 years, food skills programs offer experiential learning that can contribute to significantly increasing vegetable and fruit consumption.⁶ In fact, early development of food literacy may lead to lifelong healthy eating behaviours. Self-perceived cooking skills in youth (18-23 years) predict positive nutrition-related outcomes 10 years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food).⁷

Benefits of food literacy and cooking programs may extend beyond healthy eating behaviour. Preliminary research indicates that these programs may also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life,⁸ which aligns with the Ministry of Education's Well-Being strategy.⁹

Food literacy is a set of interconnected attributes arranged in five categories: food and nutrition knowledge; food skills; self-efficacy and confidence; food decisions; and ecologic (external) factors such as the food system, social determinants of health, and socio-cultural influences and eating practices.¹⁰ An enhanced food literacy curriculum would address these five categories. Food literacy is the foundation for healthy eating behaviours, included in the 2018 Ontario Public Health Standards Chronic Disease Prevention Guideline.¹¹

A number of factors have contributed to declining rates of food literacy among Canadians, including but not limited to:

- A decline in home economics education^{4, 12, 13}
- Increased availability of pre-packaged, processed, and ready-to-eat foods¹⁴
- Changing social norms and priorities (e.g., desire for speed and convenience, decreased consumption of shared family meals)¹²
- Advances in technology for food storage, preparation, and cooking, resulting in changes in the level of knowledge and skill required to prepare food.¹³

This widespread deskilling has contributed to an increased reliance on packaged, ultra-processed, and take-away food¹⁵ which, in turn, has resulted in reduced overall dietary quality.^{16, 17} Notably, an unhealthy diet is a major modifiable risk factor for chronic disease.¹⁸ In Canada, in 2013, chronic diseases (e.g., type 2 diabetes, cardiovascular diseases, and cancers) were the leading causes of death¹⁹ and, as a result, are responsible for billions of dollars in direct health care costs (i.e., costs related to hospitalization, drugs, and physicians) and indirect costs (i.e., lost productivity due to disability, morbidity, and premature mortality) annually.²⁰

The cost of chronic disease is a concern because Canadians are one of the greatest consumers of ultra-processed foods (i.e., foods that have undergone multiple manipulations such as extrusion, molding, and milling, and contain numerous added ingredients) in the world, second only to Americans.¹⁵ Ultra-processed foods include but are not limited to soft drinks, potato

chips, chocolate, candy, ice cream, sweetened breakfast cereals, packaged soups, chicken nuggets, hotdogs, and French fries.¹⁵ This unhealthy dietary pattern may increase Canadians' risk of chronic disease.

In Ontario, among children aged two years and older, 47.1% of daily calories are from ultra-processed foods.¹⁵ Studies have shown that “ultra-processed foods have a low nutritional quality compared with all other foods, and that the more ultra-processed foods are consumed, the more the nutritional quality of diets is degraded”.^{15, p.13} Furthermore, not meeting the dietary recommendations for a selective number of protective foods (e.g., vegetables, fruit, whole grains, milk, nuts and seeds) and harmful foods (e.g., processed meats and sugar-sweetened beverages), has an impact on Canadian society in the range of \$13.8 billion/year in direct health care and indirect costs.²¹

Enhanced food literacy education within our Ontario elementary and secondary schools can prepare students for life success. By equipping students with tools needed to help them make the best choices for their health, transitioning children and youth can become competent and resilient adults. Ideally, this will result in a reduction in chronic disease rates which will reduce the burden on our overstretched health care system. A food literate Ontario is a healthier Ontario.

Sincerely,

Jennifer Buccino
Regional Director



Pegeen Walsh
Executive Director



Carolyn Doris and Ellen Lakusiak
Co-chairs



June Matthews
President



Dietitians of Canada (DC) is the professional association representing almost 6,000 members at the local, provincial and national levels with regional offices in British Columbia, Alberta and the Territories, Saskatchewan and Manitoba, Ontario, Quebec and Atlantic Canada. Our purpose is to advance health through food and nutrition. We provide evidence-based food and nutrition information, support easier access to adequate, safe and healthy food, promote professional best practices, and advocate for better access to dietitians to meet the health needs of Canadians.

The Ontario Dietitians in Public Health (ODPH) (formerly the Ontario Society of Nutrition Professionals in Public Health) is the independent and official voice of Registered Dietitians working in Ontario's public health system. ODPH provides leadership in public health nutrition by promoting and supporting member collaboration to improve the health of Ontario residents.

The Ontario Home Economics Association (OHEA) is a self-regulated body of Professional Home Economists, which promotes high professional standards among its members so that they can assist families and individuals to achieve and maintain a desirable quality of life.

Created in 1949, the **Ontario Public Health Association (OPHA)** is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members are united in providing leadership, which is achieved through information and analysis on issues affecting community and public health, access to multidisciplinary networks, advocacy on health public policy, the provision of expertise and consultation, and professional development. The Nutrition Resource Centre has been part of OPHA since 1999.

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