



Ontario Public Health Association
 l'Association pour la santé publique de l'Ontario
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The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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- Alliance for Healthier Communities
- Association of Public Health Epidemiologists in Ontario (APHEO)
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
- Canadian Institute of Public Health Inspectors (Ontario Branch) (CIPHIO)
- Community Health Nurses' Initiatives Group (RNAO)
- Health Promotion Ontario (HPO)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario Association of Public Health Nursing Leaders, (OAPHNL)
- Ontario Dietitians in Public Health (ODPH)
- Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH)

Charitable Registration
 Number 11924 8771 RR0001

Honorable Lisa M Thompson
 Ontario Minister of Education
 900 Bay Street, Mowat Block
 Toronto, Ontario M7A 1L2

Dear Minister,

RE: Provincial Consultation on Health and Physical Education Curriculum

I am writing on behalf of the Ontario Public Health Association (OPHA) to provide feedback on Ontario's Health and Physical Education curriculum. We appreciate the opportunity to share our perspectives as Ontario strives to build a new, age-appropriate Health and Physical Education curriculum that includes subjects like mental health, sex-ed and legalization of cannabis.

As a charitable organization committed to promoting optimal health for all, we recognize the potential this new curriculum offers to positively impact both the short and longer term health of some two million Ontario students through the development of health-promoting knowledge and skills.¹ The current curriculum's vision of promoting the development of physical and health literacy skills that allow students to lead healthy, active lives and thrive in an ever-changing world² remains relevant as does the use of the *Foundations for Healthy Schools* as a guiding framework. Moving forward, we strongly believe the curriculum must be current, relevant and age-appropriate, reflect Ontario's growing and diverse population and continue to recognize the role played by the Determinants of Health as part of its underlying framework.

We offer specific recommendations to expand and supplement the current curriculum's *Active Living* and *Healthy Living* strands to include topics such as physical activity, food literacy, consent, online safety, comprehensive sexuality education, cannabis and mental health. We have targeted the majority of our recommendations at the elementary level as health is a lifelong skill, and students need to develop health promoting habits and skills early on. These habits, if carried into adulthood, can reduce the risk of chronic disease and thereby contribute to health care savings as well as improved quality of life.

Building an Age-Appropriate and Inclusive Curriculum

The current curriculum was designed to help every student reach his or her full potential through a program of learning that is coherent, relevant, and age-appropriate.² Further, it recognizes that students need to be critically literate in order

to synthesize information, make informed decisions, and communicate effectively in an ever-changing global community.² To realize these goals, the curriculum must be updated to equip Ontario teachers with modern day information to address students' questions, prepare students for present-day, and move educators and students forward.³

The current curriculum also strives to promote important educational values such as equity and fair play, respect for diversity, and respect for individual requirements.² For the curriculum to align with Ontario's Equity and Inclusive Education strategy and the Provincial Code of Conduct for schools, it must address topics such as gender identity, same-sex families and sexual orientation.

Updating the *Healthy Living* Strand

OPHA supports an updated curriculum that is comprehensive and age-appropriate in its entirety. OPHA appreciates that topics of the *Healthy Living* strand, such as *Healthy Eating*, *Personal Safety and Injury Prevention* and *Substance Use* have been updated to reflect current context. Below we offer recommendations to further modernize these topics. In addition, we offer recommendations to modernize the final topic of this strand, *Growth and Development*, as the current version is outdated and needs to better prepare students for present-day challenges.

OPHA encourages the provincial government to maintain the following curriculum components:

- That parent requests for their children to opt out of learning activities pertaining to gender identity or sexual orientation not be granted, as this would conflict with the Education Act and Ontario Human Rights Code.²
- That information in teacher prompts allows educators to take advantage of “teachable moments” as they arise and to tailor/adapt discussion on particularly sensitive topics to the local context.

Below, OPHA offers specific recommendations regarding the inclusion of topics such as food literacy, consent, online safety, comprehensive sexuality education, cannabis and mental health to advance the current curriculum's *Healthy Living* strand. OPHA believes that there are opportunities to further strengthen the comprehensiveness and inclusiveness of each of the four topics within this strand. For further details and specific recommendations regarding learning expectations, please refer to Appendix A.

Topic 1: Healthy Eating

OPHA recommends that both elementary and secondary curricula include learning expectations regarding food literacy. More specifically, OPHA recommends a cross-curricular approach to mandatory food literacy programming across all elementary grade levels and a minimum of one mandatory course at the secondary school level.

In Ontario, children aged two years and older consume 47.1% of their daily calories from ultra-processed foods which have a low nutrient quality and contribute to degradation of diet quality.⁴ Food literacy skills can reduce an individual's reliance on ultra-processed foods, thereby reducing their risk for chronic disease and contributing to a reduction in society's burden of chronic disease.⁴

Food literacy can build healthy eating behaviors and promote self-esteem and resilience.⁴ It can also contribute to an appreciation of food production, food preparation and the importance of sustaining Ontario's local farms. These outcomes support the curriculum's vision of promoting the development of life skills critical for leading

healthy, active lives. It is imperative that students begin to develop life-long food literacy skills at a young age such that they develop health-promoting habits early on.

OPHA also urges your government to place a greater emphasis on oral and dental health. Topics such as the importance of regular brushing, flossing, wearing mouth guards for sports, regular dental check-ups and healthy snacks should be expanded upon, and students should gain an understanding of how oral health is an important part of overall health.

In Canada, 57% of children have been affected by tooth decay.¹³ Dental carries are associated with obesity, poor nutritional status, compromised tooth growth and even poor self-esteem in children.¹³ The importance of promoting children's oral health has been recognized in recent years. The newly updated Ontario Public Health Standards call for increasing the proportion of children with optimal oral health, and mandate public health units to offer oral health screening in elementary schools.¹³ In Canada, dental health expenditures were \$12.6 billion in 2012.¹³ Given the high economic cost of poor oral health, the new curriculum provides an opportunity to emphasize the importance of oral health in children and youth.

Topic 2: Personal Safety and Injury Prevention

OPHA recommends this section emphasize *online* risk management skills and include knowledge and skills around cyber-bullying and other online safety concerns such as “sexting.” This supports the curriculum's goal of ensuring students' mental and emotional well-being and resilience at home, at school and in the community.

OPHA also recommends this section explicitly define and review the importance of consent. The recent prominence of issues pertaining to consent in the news and on social media highlight the timeliness and significance of this topic. As per the curriculum's goals, educators must be equipped to support children at an early age to develop skills in communication, building healthy relationships and respecting others. This will further support current curriculum goals of promoting skills in self-advocacy, conflict resolution, and decision-making to ensure student safety.

Topic 3: Substance Abuse

With the recent legalization of recreational cannabis, OPHA recommends updating this section to ensure that students receive adequate information on the short- and long-term health effects and potential harms of cannabis use. OPHA supports expansion of learning expectations regarding effects and consequences of substance use, and of the relationship between substance abuse and mental health disorders, to also address cannabis in-depth.

According to a recent survey, 82% of parents feel that cannabis risks should be included in the curriculum.¹ The most readily available data indicate that in 2012, 42% of males and 40% of females aged 15-24 in Ontario consumed cannabis at least once.⁵ As research indicates that brain development is not complete until age 25, youth are particularly vulnerable to the effects of cannabis on brain development and function.⁶ Cannabis use has been associated with increased risk of harms when use is frequent, prolonged and begins early in adolescence.⁶ Including the short- and long-term health effects of cannabis in the curriculum will be imperative for protecting children and youth.

To further protect children and youth, OPHA recommends emphasizing the effects and potential harms of substances used on their own but also in combination with other substances. Alcohol use in Ontario has increased in recent years, and new forms of harmful substance use such as mixing alcohol and caffeinated

drinks have emerged.¹¹ Educators should be equipped with tools to address both current and anticipated substance misuses, such as the mixing of alcohol and edible cannabis for example. OPHA also recommends that the curriculum be updated to address the harms of e-cigarette use and vaping in addition to tobacco use. Nicotine-containing vapors can impact brain development, memory and concentration in youth.¹² The University of Waterloo reports a 46% increase in vaping in non-smoking youth in grades 10-12 in the last two years. Further, the US has recently declared a “vaping epidemic.”¹² The curriculum must emphasize knowledge around healthy choices and the development of decision-making skills from a young age.

Topic 4: Growth & Development

OPHA supports an elementary health and physical education curriculum which includes comprehensive sexual health education and tackles key issues related to sexual health. Comprehensive sexual health education addresses the cognitive, emotional, physical and social aspects of sexuality and includes content that is scientifically accurate, age appropriate, culturally appropriate and based on empowerment, human rights and gender equality.⁷

OPHA urges your government to issue a comprehensive sexual health curriculum which responds to the broad range of experiences and challenges that students face, such as puberty, pregnancy, sexually transmitted infections, violence/gender-based violence, and online information/images. OPHA recommends that the elementary school curriculum include topics such as gender identity and sexual orientation, to promote respect and inclusivity, as well as the naming of body parts, using scientific terminology, in order to promote body awareness and self-identity. A 2016 review of the effectiveness of such curriculums found that comprehensive, curriculum-based sexual health education contributed to increased knowledge about sexuality, reduced risk-taking behaviors, and improved attitudes related to sexual and reproductive health.⁷

OPHA supports the Toronto District School Board’s philosophy which recognizes that while parents and guardians are the primary educators of their children, school-based programs add another important dimension to children’s ongoing learning regarding sexuality.⁸ A recent survey reports that 82% of parents agree that sexual health education should be taught as part of health and physical education curriculum.¹ Students, educators, parents, and educators have been increasingly championing sexual health as an essential component of a good quality education that is comprehensive and life skills-based.⁷ Such an education supports students in developing the knowledge, skills, ethical values and attitudes to make conscious, healthy and respectful choices about relationships, sex and reproduction.⁷

OPHA also recommends the curriculum include preconception health education. The curriculum should promote healthy lifestyle, healthy fertility and risk reduction of all individuals during their reproductive years, regardless of gender identity, gender expression, sexual orientation, or intention to have children. Topics such as life planning, healthy relationships and reproductive health can promote the development of important life skills and prevent unwanted pregnancy.

Another important component to include is breastfeeding education to increase students’ knowledge as well as positively influence students’ beliefs and attitudes. Breastfeeding provides numerous health benefits (e.g. immunology, social and emotional health, cognitive development, promotion of healthy weights) mothers and infants yet there continues to be many misconceptions and negative attitudes towards breastfeeding. By starting such education at a young age, students can gain knowledge that can enable them to make informed choices about infant feeding when they become parents.

Integration of Mental Health

OPHA recommends a section devoted to positive mental health, emotional well-being and resilience be included in the *Healthy Living* strand to supplement the integration of mental health topics throughout the curriculum. Positive mental health, emotional well-being and healthy lifestyles promote resilience which can equip students with confidence, adaptability and coping skills. The value of connecting with nature as an effective strategy for promoting positive mental health and reducing stress should also be included.

A greater emphasis on mental health and resilience is especially critical given that The Institute for Clinical Evaluative Sciences report that in Ontario, approximately 20% of youth experience a mental illness at any given time and for 70% onset is during childhood or adolescence.⁹ These findings are supported by recent survey results which reveal that 90% of parents agree that mental health should be included in the curriculum.¹

Expanding the *Active Living* Strand

OPHA recommends that mandated elementary Daily Physical Activity (DPA) be followed by mandated health and physical education credits in each year of secondary school. OPHA recognizes that participation in physical activity provides students with opportunities for increasing their self-esteem, self-confidence, interpersonal skills and physical fitness.² Development of physical activity habits, and commitment to healthy and active living, should be initiated early in elementary school and sustained throughout secondary school.

Conclusion

Throughout this letter, OPHA has provided a number of recommendations grounded in a comprehensive school health approach that aligns with the curriculum's vision and goals. Our recommendations promote an inclusive, age-appropriate and comprehensive health and physical education curriculum which fosters the development of a range of important life skills beginning at an early age.

Ensuring adequate physical education specialists and health educators will be critical to achieving the curriculum vision and goals. In addition, Ontario's public health system is well-positioned to support the development and implementation of the health and physical education curriculum given the recently updated requirements of the Ontario Public Health Standards.

OPHA, its members, work groups, constituent societies and Nutrition Resource Centre have a wealth of expertise. We welcome the opportunity to collaborate with the Ministry of Education to support the updating and implementation of the new health and physical education curriculum be it through:

- Reviewing draft curriculums;
- Developing and providing resources to support teachers; and/or
- Providing professional development training through webinars, workshops, etc.

Please do not hesitate to contact OPHA at pwalsh@opha.on.ca or by calling 416-367-1281. Thank you for your consideration.

Sincerely,



Pegeen Walsh

Appendix A: Recommended Student Learning Expectations for a New Health and Physical Education Curriculum

Outlined below are specific student learning expectations recommended for inclusion in the *Healthy Living* and *Active Living* strands of the current curriculum.

Strand	Topic	Recommended Learning Expectations	Evidence to Support Recommendation
Healthy Living	Healthy Eating	<p>Food literacy programming should be mandatory across all elementary grade levels.</p> <p>At least one food/nutrition course be mandatory in the secondary school curriculum.</p>	<ul style="list-style-type: none"> • Will ensure students are equipped to make healthy decisions in a complex food environment⁴ • Will help to achieve Ministry’s goal for preparing Ontario students for success through improved academic achievement⁴ • Will equip students with life skills that help to address society’s burden of chronic disease⁴
	Oral Health	<p>Students should demonstrate an understanding of the importance of oral health (e.g. teeth brushing, flossing, healthy snacks, mouth guards for sports) and its connection to overall health</p>	<ul style="list-style-type: none"> • In Canada, 57% of children have been affected by tooth decay.¹³ Dental carries are associated with obesity, poor nutritional status, compromised tooth growth and even poor self-esteem in children.¹³
	Personal Safety & Injury Prevention	<p>Students should be able to identify risks associated with communications technology, (e.g., internet use, cell phone use, text messaging and online gaming) and describe precautions and strategies for using these technologies safely.</p> <p>Students should be able to recognize bullying using technology (e.g., via e-mail, text messaging, chat rooms, websites) and be equipped with strategies for addressing such challenges. Students should be able to identify the benefits and dangers associated with the use of technology.</p>	<ul style="list-style-type: none"> • With the impact of social media and an increased access to the Internet, students require an updated curriculum that includes information on online safety, healthy relationships, consent, mental health, and the risks of “sexting”.¹⁰

		<p>Students should understand the importance of having a shared understanding with a partner about delaying sexual activity, choosing to abstain from sexual activity and the reasons for not engaging in sexual activity.</p> <p>Students should be able to explain the concept of consent, how consent is communicated, and the importance of clear communication for decision-making with respect to sexual activity.</p>	
	Substance Abuse	<p>Students should understand the short- and long-term health effects of Cannabis, substance use disorder, and activities which remain illegal (e.g. underage purchases, driving while impaired).</p> <p>Students should understand the effects and harms of emerging trends such as vaping among youth and anticipated trends such as the mixing of alcohol with cannabis edibles.</p>	<ul style="list-style-type: none"> • Statistics Canada reported that in 2012, 42% of males and 40% of females aged 15-24 in Ontario reported having consumed cannabis at least once.⁵ • Research indicates that brain development is not complete until age 25, youth are particularly vulnerable to the effects of cannabis on brain development and function.⁶ • The University of Waterloo reports a 46% increase in vaping in nonsmoking youth in grades 10-12 in the last two years.¹² • Nicotine-containing vapors can impact brain development, memory and concentration in youth.¹²
	Growth & Development	<p>Students should be required at an early age to be able to identify major body parts, including genitalia, by correct terminology.</p> <p>Students should demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation, (e.g., heterosexual, gay, lesbian, bisexual) and identify factors which help all individuals develop a positive self-concept.</p>	<p>A 2016 review of the effectiveness of comprehensive sexuality education found it contributed to:⁷</p> <ul style="list-style-type: none"> • Delayed initiation of sexual intercourse • Decreased frequency of sexual intercourse • Decreased number of sexual partners • Reduced risk taking • Increased use of condom and contraception <p>The review further suggested that sexuality education, in and out of schools does not increase sexual activity, sexual risk-taking behavior or STI/HIV infection rates.⁷</p>

		<p>Students should understand factors which affect an individual's decisions about sexual activity and aspects of sexual health and safety (e.g., contraception and condom use for prevention of pregnancy and STI transmission). Students should understand the benefits and risks of relationships.</p> <p>Students should understand how their choices and behaviors affect both themselves and others, and how factors in the world around them affect their own and others' health and well-being through a preconception health lens and using preconception health language.</p>	<p>A preconception health education focused on physical health, mental health, reproductive/sexual health, relationships, family health history and planning the future aligns with the curriculum's philosophy and goals.</p>
	Integration of Mental Health	<p>Students should demonstrate an understanding of how mental health impacts overall health, that mental health is more than the absence of mental illness, and of available supports. Students should understand the importance of emotional well-being and resilience.</p> <p>Students should understand that connection to nature can promote mental wellbeing.</p>	<ul style="list-style-type: none"> • The increasing use of mental health and addictions services by youth and children suggest that the demand for mental health care will continue to grow.⁹ • The increasing use of acute healthcare may also reflect higher rates of mental illness (e.g., anxiety).⁹
Active Living	Active Participation, Physical Fitness	<p>Students should acquire the knowledge, skills, motivation, confidence and understanding to value and engage in physical activity for life.</p> <p>Students should be mandated to participate in physical education throughout all years of elementary and secondary schooling (e.g. graduation from grade 12 should require 4.0 health and physical education credits.)</p>	<ul style="list-style-type: none"> • Physical activity provides students with opportunities for increasing their self-esteem, self-confidence, interpersonal skills and physical fitness.²

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About the Ontario Public Health Association:

OPHA is a member-based charity that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including promoting public dialogue and education on healthy public policy, capacity building, research and knowledge exchange. Our membership brings together many different disciplines and sectors working together to achieve our shared vision of optimal health for all.