

## Board of Health Briefing Note

**To:** Chair and Members of the Board of Health  
**Date:** December 2, 2020  
**Topic:** **Endorsement of Bill 216 Food Literacy for Students Act, 2020**  
**Submitted by:** Dr. Glenn Corneil, Acting Medical Officer of Health/CEO  
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### RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health:

- 1. Resolve to endorse Bill 216 Food Literacy for Students Act, 2020, which includes curriculum guidelines for courses that offer experiential food literacy education for students from grade 1 to grade 12, and send correspondence to:**
  - 1) The Honourable Stephen Lecce, Provincial Minister of Education
  - 2) The Honourable Christine Elliott Provincial Minister of Health
  - 3) The Honourable Ernie Hardeman Provincial Minister of Agriculture, Food and Rural Affairs

**FURTHER that** a copy of this endorsement be forwarded to:

- 1) John Vanthof, MPP Cochrane-Timiskaming
- 2) Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- 3) Elizabeth Smith Co-chair, Ontario Dietitians in Public Health and School Nutrition Workgroup
- 4) Dianne Dowling, Chair, Food Policy Council for Kingston, Frontenac, Lennox and Addington
- 5) Daryl Kramp, MPP Hastings-Lennox and Addington daryl.kramp@pc.ola.org

### Overview

- Poor diet and dietary inequities are public health concerns. Unhealthy eating patterns is a known contributor to a range of non-communicable diseases, notably type 2 diabetes, cardiovascular disease, and certain types of cancer. Dietary intake also influences intermediate risk factors such as blood pressure.
- In Timiskaming, only 1 in 3 (33%) Timiskaming youth aged 12 to 17 consume vegetables or fruit five or more times per day. Rates of nutrition-related chronic diseases and conditions such as diabetes, osteoporosis and high blood pressure are statistically higher in Timiskaming compared to Ontario.
- To improve population health outcomes including reducing health inequities, understanding and addressing the broader determinants of food choices and dietary habits is essential. Comprehensive government policy action is needed to support a food environment that contributes to healthy diets.
- Food literacy is posited as a strategy to improve healthy eating and health and well-being outcomes.
- [Bill 216, Food Literacy for Students Act, 2020](#). An Act to amend the Education Act in respect of food literacy integrates a comprehensive, hands-on food literacy education into the school curriculum in Ontario. Introduced by Daryl Kramp, a Conservative Member of Provincial Parliament for Hastings-Lennox and Addington, the Bill has been referred to the Standing Committee and is scheduled for its third reading. It aims to support the health and wellbeing of students and promotes a secure and sustainable food system in Ontario. Once enacted, students in grade one to twelve will have the opportunity to learn about the food system, grow and prepare healthy food, and make informed food choices that would contribute to long term positive health benefits.

## Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

Supporting food literacy directly contributes to meeting requirements and expected outcomes in the [Ontario Public Health Standards \(2018\)](#). Food literacy aligns with the Policy Framework for Public Health Programs and Services including intersecting with five program standards: Chronic Disease Prevention and Well Being, Food Safety, Healthy Environments, Healthy Growth and Development and School Health. This work also supports the following THU 2019-2023 strategic direction:



### Background

#### Healthy Eating, Food Literacy and Population Health

Poor diet and dietary inequities are public health concerns. Unhealthy eating patterns is a known contributor to a range of non-communicable diseases, notably type 2 diabetes, cardiovascular disease, and certain types of cancer. Dietary intake also influences intermediate risk factors such as blood pressure.<sup>1</sup> Chronic diseases are among the leading causes of death and disability in Canada and globally. They cause premature death, negatively impact quality of life and adversely affect economies, communities and societies in general. Moreover, chronic diseases tend to disproportionately affect socioeconomically disadvantaged sub-populations thereby exacerbating health inequities.<sup>2</sup>

To reduce the prevalence of chronic disease and improve population health, understanding the factors that influence healthy eating is essential. Over the last several decades, the eating patterns of children and youth have changed. According to a Canadian national health survey, less than one-third of adolescents and adults consume vegetables and fruits five or more times per day, a validated indicator of overall dietary quality. Furthermore, Canadian children (2–18 year olds) consume significantly more total sugar daily now than a decade ago.<sup>3</sup> The current food environment has more large-scale and fast food retail outlets and an evolving global food system with impacts the availability, affordability and quality of our food supply. Low-cost, energy dense and nutrient poor foods and beverages are increasingly accessible and heavily promoted. Furthermore, there has been an increase in the use of processed foods and a decline in food preparation from “scratch”.<sup>4</sup> All of these food environment factors play a significant contributing role to unhealthy eating patterns which in turn have a negative impact on health and wellbeing and can lead to chronic diseases.

In 2014, poor diets in Canada were estimated to contribute to \$13.8 billion (CAD) in direct and indirect health care costs.<sup>3</sup> The total annual economic burden of chronic disease risk factors is estimated to be \$5.6 billion for unhealthy eating, including \$1.8 billion for inadequate vegetables and fruits consumption.<sup>5</sup>

In 2015/2016, only 1 in three (33%) Timiskaming youth aged 12 to 17 reported eating vegetables or fruit five or more times per day, which was not statistically different from Ontario (25%).<sup>6</sup> Rates of chronic diseases and conditions are statistically higher in Timiskaming compared to Ontario (2015-16) for diabetes, high blood pressure, and osteoporosis.<sup>7</sup>

Comprehensive policy action is needed to address broader determinants and create a food environment that supports healthy eating and in turn population health. Food literacy is posited as a strategy to improve healthy eating patterns and improve health and well-being outcomes. Among children and adolescents, research shows that food and nutrition literacy is a key factor in healthy food choice and following healthy eating patterns.<sup>8</sup> According to a public health [Healthy Eating Locally Driven Collaborative Project \(LDCP\)](#) in Ontario, food literacy is defined as a set of interconnected attributes: food and nutrition knowledge, food skills, self-efficacy and confidence, food decisions, and ecological factors such as income security and the food system.<sup>9</sup> Accordingly, interventions to improve food and nutrition literacy can positively impact food and nutrition skills and dietary patterns including food selection, food preparation, increased fruit and vegetable consumption, increased self-efficacy in these areas, and improved diet quality.<sup>8</sup> Interventions that include food literacy and hands-on education for younger children have been shown to be effective to increase intake of, preference for and willingness to try vegetables and fruit.<sup>8</sup>

As part of a comprehensive approach to address the interconnected attributes of food literacy to impact food literacy and ultimately dietary behaviour, programs and classes in schools that enhance food literacy are recommended.<sup>4</sup> The school setting has been identified as an ideal setting to teach children and adolescents about healthy dietary habits and help them to make informed food choices.<sup>8</sup> Interventions in the early years of life leverage learning ability and more possibility of maintaining healthy behavior into adulthood.<sup>8</sup>

As noted in the Ontario Dietitians in Public Health (ODPH) letter in support of Bill 216 ([Appendix A](#)), youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes 10 years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food). Furthermore, the benefits of food literacy and cooking programs extend beyond healthy eating behaviours. There is evidence that such programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life ([Appendix A](#)).

In Timiskaming, mandatory school curriculum on experiential food literacy aligns well with and could improve impact of the [Northern Fruit and Vegetable Program](#), the aim of which is to increase the consumption of fruit and vegetables among school children, and to promote the benefits of healthy eating to children and their families. Mandatory school curriculum on experiential food literacy is an important policy action contributing to a comprehensive food literacy framework that aims to improve behaviours, environments, and policies that ultimately promote health and well-being and improve growth and development for infants, children and adolescents thereby contributing to improved population health and reduced health inequities in Timiskaming.

Lastly, the potential measurable outcomes of food literacy include:

- 1) Increased preparation skills of healthier and safe meals
- 2) Increased likelihood of consuming a healthier diet
- 3) Improved self-rated physical health and mental well-being.
- 4) Increased connectedness to others with respect to food and eating
- 5) Feelings of satisfaction in preparing food for oneself and others
- 6) Increased knowledge, food skills, and self-efficacy for culinary job opportunities
- 7) Improved access to healthy foods attributable to more income.<sup>10</sup>

At a time when essential food literacy skills are lacking, it is imperative to equip Ontario students with knowledge and food skills that will lead to developing food literacy and in turn will guide lifelong healthy eating habits. The school setting provides a universal opportunity for students to acquire these skills. We request that the Board of Health endorse Bill 216 to introduce mandatory food literacy and food skills training curricula in schools across all schools in Ontario.

## References

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2. Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Taking action to prevent chronic disease: recommendations for a healthier Ontario. Toronto [Internet]: Queen's Printer for Ontario; 2012 [Cited 2020 Nov 27]. Available from: <https://www.publichealthontario.ca/-/media/documents/T/2012/taking-action-chronic-diseases.pdf?la=en>.
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