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Submission for the New Brunswick Education Plan

November 2015

Background

The New Brunswick Medical Society (NBMS) is the professional association representing all physicians in New Brunswick. The NBMS has a two-part mission: to represent and serve all practicing and future physicians, and to advocate for the health of New Brunswickers, including children and youth.

For this reason, we are making recommendations to the Department of Education and Early Childhood Development. The Department, its hundreds of schools, thousands of teachers, and tens of thousands of students play a role in helping all New Brunswickers live healthier lives. The Department can improve students' education and practice of physical activity, nutrition, mental health promotion and sexual health education.

Below, we make recommendations to encourage the Ten-Year Education Plan to include:

1. A re-focus of the school system toward healthy behaviours and education;
2. Serving healthy foods in schools, and compliance with today's Policy 711;
3. Education on nutrition, cooking, and healthy eating;
4. Physical activity, and enhanced physical education;
5. The introduction of active classroom techniques;
6. Better education on mental health needs;
7. A more progressive curriculum on sexual health; and
8. The role of the school as a community hub for health education and healthy activities.

Moving beyond the three Rs to healthy behaviours and education

It's clear that the fundamental role of education is to prepare New Brunswickers who can read, write, and do well in math. As measured by standardised test scores, we aren't doing well in some of these areas.¹ There many reasons for this which lie outside of the classroom – poverty, food insecurity, a large number of children who have health concerns which necessitate individual learning plans, et cetera.

Given these issues, if our approach to improving scores is to pour more energy into traditional classroom curricula, we may not achieve the desired result. Doctors believe we need to recognise that there are ways the classroom can address some of the health skills and needs of students, which will in turn have an impact on their academic outcomes.

The ways to address these health needs come from both curricular and extra-curricular activities, such as improving the numbers of children who eat breakfast every day, who are physically active and thus have the energy and focus they need to succeed in the classroom, and more. While the school system cannot address what happens at home for every student, it may be able to provide the education and life skills many students need to succeed at the 'traditional role' of the school system – literacy and numeracy.

We believe the school system needs to think creatively about how to address literacy and numeracy scores by focusing on the enablers of student success. We are calling for a culture

change that refrains from ‘doubling-down’ on more curricula, but instead address the factors that help students achieve – like a healthy mind and body.

New Brunswick has a history of being a national leader on this front. Policy 711, which will need to be updated during the timeframe contemplated by the plan, was a national landmark. A policy which outlined healthy food, fundraisers, and work environments was a welcome example of innovation and action on the enablers of academic success.

- **Recommendation:** To get results on important indicators of student success, focus on the barriers to healthy minds and bodies which prevent students from achieving their academic and social potential.

Serving healthy foods in schools, and compliance with today’s Policy 711

It should come as no surprise that the authors of the Make Menus Matter initiative believe the quality and health of the food in our schools must be improved. Our project found many schools where the food available was unhealthy far more often than acceptable. At its root, Make Menus Matter is not about menus – it is about healthy food and behaviours.

One-third of Canadian children are overweight or obese, largely caused by unhealthy diets.² Childhood obesity research shows overweight and obese children are more likely to remain in that state at adulthood. To reverse this trend, action is required for children to learn and acquire healthy behaviours they can use throughout their lives.³

Some simple things would take us a long way toward the goal of healthy weights and bodies. For example, we need to eat more fruits and vegetables. Children are under-consuming the recommended servings of vegetables and fruits, as less than half of youth eat fruit and vegetables more than five times daily. One in ten households is food insecure as a result of financial challenges. While these are Canadian statistics, we have New Brunswick numbers, and they are usually worse on important indicators of nutrition.

The school system is the only place where we can reach 96,000 New Brunswickers for a single meal a day. Making that meal a healthy one is important. For more information on this topic, please visit www.nbms.nb.ca/makemenusmatter.

- **Recommendation:** We would like to see all schools comply with Policy 711, and we believe this policy should be updated to elevate us to national leadership once more.

Education on nutrition, cooking, and healthy eating

The New Brunswick Medical Society believes the education system has a responsibility to provide some of the life skills necessary for youth to transition successfully to adulthood. Education on nutrition, how to cook food, and what constitutes healthy eating is desperately needed in New Brunswick.

We believe students in New Brunswick need a mandatory home economics course which focuses on teaching food and cooking skills. Our call for this echoes what has been said in multiple provinces by groups concerned about the connection between the inability of parents and their children to cook nutritious meals at home, and the rising levels of obesity and eating outside the home, which are linked.

Food preparation by adolescents and young adults can have a powerful counter-effect to the challenges of 21st century society on our waistlines. In fact, youth cooking at home may be able to improve healthy choices by the whole family, by displacing poor choices made outside the home⁴. In this way, teaching students the behaviours we would like to see can also teach their parents, a theme to which we will return.

Other research considers that teaching food and cooking skills is important for their entire understanding of what health looks like, and how they can determine their own food intake later in life.⁵ “Without practical, firsthand experience in preparing foods and learning about nutrition, choice and control are diminished and dependence on processed and fast food emerges.”⁶

Classic arguments against better home economics education relate to a lack of facilities, time in the curriculum, or funding for the necessities of the course. These criticisms are exactly what doctors heard when conducting our Make Menus Matter project, and we saw some schools had transcended these complaints. Authors in the Journal of the American Medical Association assert that from “improvements in dietary quality that may result from the new curriculum, mental performance may increase, tending to compensate for any modest reductions in time available for other classes.”⁷

- **Recommendation:** That all secondary students be required to pass a home economics course which focuses on nutrition, how to cook food, and what constitutes healthy eating.

Physical activity, and enhanced physical education

The Canadian Health Measures Study indicates that physical activity levels for children and youth are low, with 6 out of 10 waking hours that are sedentary.⁸ This is due to a number of factors, and one is surely ever-present ‘screens.’ The average Canadian child gets six hours of “screen time” each weekday – and the number rises on the weekend. The more time a child spends in front of a screen, the more likely they are to be obese. Only 19% of Canadian children and youth are currently meeting the guideline of less than two hours per day of screen time. This is a challenge, because children who are physically active and spend less time watching television are less likely to become overweight before age 12.

On the flip side of sedentary behaviour is time spent physically active. Canada’s Physical Activity Guidelines recommend children and youth aged 5 to 17 get at least 60 minutes of moderate-to-vigorous physical activity per day,⁹ but we know ninety-four percent of Canadian children and youth do not meet minimum physical activity guidelines.¹⁰

Improving physical activity indicators in students is a good thing for schools. Being active daily will improve their students’ health, improve their self-confidence and help them do better in school.¹¹

Different provinces have different approaches to physical education. Nationwide, credit hours in physical education are required until Grade 9, and then it usually becomes a single credit from Grade 9 to 12. In Manitoba, physical education is a mandatory credit required through Grade 12. In other provinces, a physical activity credit can be obtained through physical activity outside the school day.

In New Brunswick, it is required in the francophone system in Grade 9, and then is a credit course in Grade 10. In the Anglophone system, it is a credit to be taken in either Grade 9 or 10. The province has also pursued the Premier’s Challenge, which asks students and schools to commit to an hour of physical activity a day which can be obtained during school, during the student’s commute to school or at recess and lunch breaks.

It is our preference that physical education be a mandatory credit every year in high school, but we realise this is not likely to happen in later high school years, when youth are pursuing courses directly related to the credits they must obtain for entrance to diploma, university, or vocational school admission. The near omission of physical activity and physical education in the discussion paper put out by the Secretariat makes doctors nervous it will be forgotten in the final Plan.

Therefore, we urge system planners to include a specific component in their Plan, to maintain and enhance the provision of quality physical education in elementary and middle schools.

- **Recommendation:** That the new Education Plan contains a specific section on what the Province can do to improve the physical activity of students during the school day, in addition to other opportunities for activity associated with commuting to and playing at school.

Active Classroom Techniques

As teachers know, attention spans of students vary dramatically, even within a cohort of the same age. Research suggests that the attention span during lectures starts to decrease every 10-20 minutes.¹²

This can be difficult for teachers trying to succeed in our current school day, which can mean substantial blocks of time set aside for specific subjects. Active classroom techniques, where teachers pause during normal classroom instruction to engage their students in a short round of physical activity, can help students focus.

It has been shown that incorporating active learning techniques once or twice during a 50-minute class can encourage student engagement.¹³ Active learning also reinforces important material, concepts, and skills; addresses different learning styles; increases motivation to learn; allows students to collaborate and do group work; and creates better self-esteem.¹⁴

This has specific benefits for some students with additional learning challenges. Attention-deficit/hyperactivity disorder (ADHD) is characterized by inattention, hyperactivity and impulsivity, and is one of the most common mental health conditions in children.¹⁵ Active learning techniques are especially useful with children with ADHD, who can be inattentive or disruptive during long instruction periods.¹⁶

We believe these techniques would be very useful by motivating some students, especially those who are distracted in a typical classroom setting. Channelling their energy effectively could also improve the learning environments for their neighbouring students, and result in better academic outcomes for the entire class.

- **Recommendation:** Active classroom techniques should be taught during Professional Development Days for teachers, and the use of such techniques strongly encouraged by the Department of Education and Early Childhood Development.

Better education on mental health needs

Canadian studies suggest that as many as 14-25% of children and youth experience significant mental health issues.¹⁷ Mental health difficulties contribute to problems with achievement and relationships.¹⁸ In severe cases, they prevent students from regularly attending class, leading to further social and academic concerns.¹⁹

With a broader awareness of mental health, educators can plan instructional strategies that contribute to a supportive classroom climate to build awareness of mental health, and reduce stigma associated with mental illness.²⁰ The recently released *Mental Health Strategy for Canada* highlights the importance of schools for mental health promotion, and stigma reduction, as well as for early recognition of mental health issues.²¹ The report also recognizes the link between mental health and academic performance.²²

Schools are an excellent place to promote mental health and to make students aware of the struggles of people suffering from mental illness. Just as the school system continues to work on important societal issues such as inclusion, bullying, and poverty, it has a role to play with educating students and their parents on mental health needs.

The Report on School-Based Mental Health in Canada attributes a plethora of benefits to school-based mental health programming²³. It benefits students, because it “facilitates the early identification of difficulties when they first emerge and also has the potential to maximize positive mental health development for all children, not only for those who are on a negative trajectory.” It also benefits teachers, academic outcomes, and cost-effectiveness in the system, because “the implementation of empirically-supported mental health promotion and prevention programming in schools is associated with improved emotional and behaviour functioning, enhanced academic performance, and cost savings (e.g., through reduction in referrals to special education).”²⁴

- **Recommendation:** That mental health be included in the Plan both in terms of enhanced curriculum and programming, and with consideration to the school setting as being a primary delivery site for mental health services to children and youth.

A progressive curriculum on sexual health

Sexual health involves the achievement of positive outcomes such as mutually rewarding interpersonal relationships and desired parenthood as well as the avoidance of negative outcomes such as unwanted pregnancy and sexually transmitted infections.²⁵

It is important to address sexual health questions in school because New Brunswick data show almost 30% of Grade 9 students are sexually active, and over 60% of students are sexually active by Grade 12. Using the most recent data available, nearly one-quarter of middle and high school students (22%) had unplanned sex in the past year and half of those having unplanned sex did so under the influence of alcohol or drugs.²⁶

Sexual health education is more than outlining sexual behaviours and the risks and benefits involved. It should provide education on broader aspects of sexual health, including the development of a positive self-image and the integration of sexuality into rewarding and equitable interpersonal relationships.²⁷

Sexual health education has an important relationship with important indicators for monitoring youth sexual health and well-being in New Brunswick such as teen pregnancy rates and rates of sexually transmitted infections.²⁸

Rates of teenage pregnancy have seen a recent bump in New Brunswick. News reports of a 40% increase have drawn attention to an ongoing issue for us, and other Canadian provinces.²⁹ Regardless of year over year trends, our teen pregnancy rates are where they were a decade ago – we have made little progress in continuing the decline seen from 1992 to 2004. Rates of sexually transmitted infections, such as chlamydia and gonorrhoea, are not declining in recent years. Information provided in sexual health education about safe sexual behaviours, including the use of condoms and other barriers, could help to reduce these rates.

Beyond sexual behaviours and associated outcomes, we know many gay, lesbian, bisexual, and questioning youth receive insufficient sexual health information relevant to their needs.³⁰ Research data on sexual orientation among Canadian youth indicates most school classrooms in Canada will likely have at least one or more students who are not heterosexual. The Canadian Guidelines for Sexual Health Education suggest that educational programs should address the sexual health needs of all students, including those who are gay, lesbian, bisexual, transgendered or questioning. The inclusion of sexual diversity issues in the sexual health curriculum can help encourage understanding and respect among students.³¹

A good understanding of sexual health is a crucial part of growth and it is also important to understand healthy relationships and self-awareness. We believe all sexual orientations should be examined in school by students, to eliminate isolation and to address concerns of those struggling with their sexuality.

- **Recommendation:** A focus on a revised and enhanced sexual health education and its related impacts on teen pregnancy and STI rates, a positive self-image, and support for those struggling with their sexuality be included in the Plan.

The role of schools as community hubs for health education and healthy activities

Teachers and schools have dramatic impacts on their communities and parents through the work they do with students. Societal initiatives, such as recycling, have been taught to multiple generations by educating students, who go on to teach their parents the same topic.

Many students look up to their teachers as the next-best thing to family. Teachers who are supported in leading a healthy lifestyle, as is outlined in the current Policy 711, model healthy behaviour for impressionable minds who are looking to establish societal norms outside of their own family situations.

School facilities themselves also have a role in helping families and community members stay physically active. New Brunswick is the second-most rural province in Canada with relatively low incomes, which means gym facilities are rare and inaccessible to much of our rural population. We also have some amazing winter weather, which is fun for some but drives many seniors indoors. In some communities, the only year-round, dry, accessible place for physical activity is the school.

Many schools encourage activity by opening their doors after-hours to the community for walking circuits through their halls, soccer on their fields, and basketball in their gyms. We wholeheartedly support this as a provincial initiative which we believe, despite details around security and insurance, has mutual benefits for active communities and schools alike.

New Brunswick also has tight-knit communities where community members often know each other. In these environments, it may be quite possible to lean on health and physical activity professionals to teach during class, or in the evenings to parents and other adults, about topics related to health. Dietitians would likely welcome the opportunity to teach a nutrition class to students; public health nurses could teach components of sexual health education and healthy relationships; doctors could help outline the importance of physical education to healthy bodies.

Schools could actively involve these professionals in teaching, which may involve students to a different degree, remove some of the pressure on busy teachers, and help provide specific expertise on complex topics.

- **Recommendation:** Schools are communities themselves, and should have a role in integrating elements from their larger communities. Schools should be encouraged to support teachers to lead a healthy lifestyle, to open their facilities after-hours, and to welcome health professionals as experts on specific topics.

Summary of recommendations

New Brunswick's doctors appreciate the opportunity to add our input into the process for the creation of the Ten-Year Education Plan. We see health and education as absolutely intertwined and impossible to separate.

Today's teachers are doing important work in a difficult environment. While very few – if any – of us have the relevant qualifications to teach in a classroom, we do educate patients on a daily basis.

We made this submission because education is important to us. Originally from the Latin *docere*, the word doctor actually means *teacher*. We believe teachers and doctors have a very important role to play in patient health. We hope that focus is reflected in the Plan.

Below are our recommendations, collated from the previous sections of this submission.

1. To get results on important indicators of student success, focus on the barriers to healthy minds and bodies which prevent students from achieving their academic and social potential.
2. We would like to see all schools comply with Policy 711, and we believe this policy should be updated to elevate us to national leadership once more.
3. That all secondary students be required to pass a home economics course which focuses on nutrition, how to cook food, and what constitutes healthy eating.
4. That the new Education Plan contains a specific section on what the Province can do to improve the physical activity of students during the school day, in addition to other opportunities for activity associated with commuting to and playing at school.
5. Active classroom techniques should be taught during Professional Development Days for teachers, and the use of such techniques strongly encouraged by the Department of Education and Early Childhood Development.
6. That mental health be included in the Plan both in terms of enhanced curriculum and programming, and with consideration to the school setting as being a primary delivery site for mental health services to children and youth.
7. A focus on a revised and enhanced sexual health education and its related impacts on teen pregnancy and STI rates, a positive self-image, and support for those struggling with their sexuality be included in the Plan.
8. Schools are communities themselves, and should have a role in integrating elements from their larger communities. Schools should be encouraged to support teachers to lead a healthy lifestyle, to open their facilities after-hours, and to welcome health professionals as experts on specific topics.

Endnotes

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