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Council of
Ministers
of Education,
Canada

Conseil des
ministres
de l'Éducation
(Canada)

**First Consultation of the Americas
Ministers of Education:
“A New Culture of Health in the School Context”**

Mexico City, Mexico
October 16–19, 2012

Report of the Canadian delegation



Photo of the heads of delegations

Table of Contents

1. Introduction 3

2. Canadian delegation 3

3. Main issues discussed that are relevant to CMEC 3

4. Main messages conveyed by the CMEC representatives 4

5. Main outcomes of the conference..... 4

6. Follow-up for CMEC 5

APPENDIX I – Declaration

1. Introduction

The first Consultation of the Americas, “A New Culture of Health in the School Context,” held in Mexico City, on October 16–19, 2012, brought together ministers of education and other health and education experts from 15 Latin American and Caribbean countries to exchange experiences and successful practices that address four priority areas: obesity, lack of physical activity, substance abuse, and sexual and reproductive health.

A number of experts were called upon to make presentations on successful initiatives that lead to increased physical activity and healthy eating, prevent substance abuse, and promote comprehensive sexual and reproductive education.

The Consultation of the Americas resulted in a declaration (see APPENDIX I) by the participating ministers of education that reaffirms their commitment to implementing a rights-based approach to comprehensive sexual and reproductive education as laid out in the 2008 Ministerial Declaration, *Preventing through Education*.

2. Canadian delegation

- Dr. Gerald Farthing, Deputy Minister, Department of Education, and Acting Deputy Minister, Department of Advanced Education and Literacy, Manitoba, as head of the Canadian delegation;
- Antonella Manca-Mangoff, Coordinator, International, CMEC Secretariat, as CMEC representative and support to the Deputy Minister.

3. Main issues discussed that are relevant to CMEC

Discussions were preceded by a number of presentations on the prevalence of obesity in schools and preventative measures to address this problem, the importance of healthy foods in schools and at home, and the need for physical education.

Ministers discussed the increasing consumption of drugs on school premises, from elementary to high school, their impact on the academic success of students, the consequences of such consumption for the brain, and the ever-growing issue of crime and criminal organizations that view schools as an ideal environment in which to do business.

Ministers underscored the need to create programs and distribute information to help students resist the use of drugs, alcohol, and tobacco. They noted that engaging family and community and training teachers would help combat such problems and help students understand the consequences of substance abuse.

Ministers discussed the importance of teaching students about sexual and reproductive health. They noted that informed students have a better chance of not falling prey to sexual abuse, violence, economic pressures, and discrimination against girls and women.

4. Main messages conveyed by the CMEC representatives

Provincial and territorial governments in Canada are increasingly aware that health education encompasses multiple curricular areas and is best achieved through programs that encourage physical activity and healthy eating habits.

Deputy Minister Farthing also noted that Canada's ministers of education acknowledge the need for collaboration with a broad network of stakeholders in health education. To maximize the benefits of multi-sectoral and interjurisdictional collaboration, the Joint Consortium for School Health (JCSH) was created by the provincial, territorial, and federal governments to bring together ministers responsible for both education and health from all provinces and territories. This consortium provides leadership and facilitates a coordinated approach to school health, including nutrition, physical activity, and social behaviours.

As an example, Dr. Farthing noted that in Manitoba, the *Public Schools Amendment Act (Trans Fats and Nutrition)*, 2009, requires that every school have a written food and nutrition policy and that foods prepared, sold, or distributed in schools not exceed prescribed artificial trans fat-content levels.

Dr. Farthing also noted that, in Canada, smoking is prohibited in public places, and this initiative has had a notable impact on schools. He stressed that schools are the ideal environment in which to promote smoking prevention and cessation.

Regarding the use of technology to assist at-risk individuals, Dr. Farthing cautioned that technology is no substitute for learning through a student–teacher relationship and should not replace an in-person approach, although it could certainly supplement it.

5. Main outcomes of the conference

The ministerial meeting resulted in the Ministerial Declaration, *A New Culture of Health in the School Context*, which provides suggestions and recommendations to governments on preventive measures with respect to physical activity, preventive nutritional health, sexual and reproductive health, and addiction prevention in the school environment. Because the declaration was developed on-site and therefore could not be reviewed by all provinces and territories, the CMEC representative was not in a position to sign on Canada's behalf.

6. Follow-up for CMEC

Provincial and territorial ministries of education have been promoting better practices and comprehensive school health approaches for years. Canada is seen as a leader in this field, and these international consultations provide opportunities and mechanisms through which ministers of education can share provincial/territorial initiatives and best practices.

As always, participation in international consultations on education provides us with the opportunity to learn from participating countries.

Nevertheless, given the increasing number of invitations that CMEC receives to attend international meetings, and in view of the current financial situation, it is recommended that resources be focused on international meetings organized by priority international organizations identified by provincial and territorial ministers.

The CMEC Secretariat will continue to provide provinces and territories with information about emerging trends in health education at the international level and to seek consensus from ACDME/CMEC on issues that require Canada's position on health-education matters.



DECLARATION OF THE CONSULTATION OF THE AMERICAS 2012

MINISTERS OF EDUCATION:

“A NEW CULTURE OF HEALTH IN THE SCHOOL CONTEXT”¹

***BARBADOS, CUBA, GRANADA, GUATEMALA, GUYANA, HAITI, HONDURAS,
MEXICO, PANAMA, PERU, SANTA LUCIA, TRINIDAD Y TOBAGO, SURINAM &
URUGUAY***

Considering and Reaffirming the First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, held in Mexico in 2008, the Ministerial Declaration on the Prevention and Control of Chronic Non-communicable diseases, held in Mexico in 2011, the 64th World Health Assembly, held in Geneva, Switzerland, the United Nations high-level meeting on Non-communicable diseases prevention and control, held in the framework of the United Nations 66th General Assembly held the City of New York in September 2011, the Declaration of the Pan American Forum for Action on NCDs (PAFNCDs) held in Brazil 2012 and the Global Obesity Forum, held in the City of New York in June 2012;

Noting with concern that childhood obesity is one of the most serious public health problems in the XXI century and in 2010 it was estimated that there are 42 million overweight children worldwide, of which about 35 million live in developing countries where Non-communicable Diseases are the leading cause of mortality, premature mortality, acquired disabilities and are an epidemic in the Americas;

¹ The Canadian and Jamaican delegations also participated in the elaboration of this document.



Considering that overweight or obese children are more likely to remain obese in adulthood and suffer Non-communicable Diseases such as Diabetes or Cardiovascular diseases, at younger ages.

Concerned about rising levels of obesity in the Americas, affecting approximately 139 million people in 2005 (25% adults) and a rapid growth of 289 million in 2015 (39%) is projected, generating a deeply concern of the increasing rates of obesity in children.

Motivated by the need to strengthen the culture of obesity prevention at all education levels transversely reaching society as a whole;

We represent the most important Group of Public Education in The Americas; students, teachers, researchers, parents; physical education, health, communication, science and technology professionals; sportspersons, Non-Governmental Organization, political leaders, ministers, etc., representatives from 14 countries, so in total there are more than 900 million people in The Americas.

Considering that obesity, chronic diseases, addictions, sexually transmitted diseases, etc., **are critical preventable disorders**, the school context is an excellent environment for their prevention,

Understanding that childhood obesity is an issue of public and health education, originated by multifactorial causes: behaviors, education and the environment, where only cross sectorial actions are effective.



Aware that the lack of a culture and Public Education on disease prevention and health promotion is an economic issue and its effects on health and welfare, may jeopardize the economic system of families and States.

Understanding that to stop and prevent the childhood obesity epidemic it requires sustained political commitments and collaboration of the various stakeholders, both public and private, Governments, international partners, civil society, Non-Governmental Organizations and the private sector have a key role in creating healthy environments and conditions of affordability and accessibility of healthier dietary choices for children and adolescents;

We assume our responsibility on Public Education, and we can make meaningful changes in the school context by implementing programs, actions, research; by relating key players linked to social, public, and private organizations that contribute to our objectives. Inserting a culture of prevention within the regional, multilateral and National Agendas.

We know that among the main challenges of Health in the Public Education Context in The Americas the ones which stand out are: *1. Physical Activity; 2. Healthy Eating; 3. Prevention of Addictions and 4. Sexual and Reproductive Education,*

We agree that the School Community-Based Programs (SCBP) are sustainable and represent a successful solution for promoting healthy lifestyles and the culture of health, with a scientific qualitative and/or quantitative basis. And it also has an effect



on the family, environment, social cohesion, economy. They must be intersectorial, include the public, social, private, and local institutions which share a common view and are interested in sharing abilities and experience for the achievement of the objectives,

We understand how important it is that the SCBPs' actions are adapted to the vulnerable population, (visual, auditory, motor and mental) handicap, indigenous, migrating, and other populations.

We confirm that the promotion and practice of physical activities and sports (football, baseball, running, long walk, bicycling, among others) are factors which protect persons, groups, schools, families and which promote healthy social networks.

The Ministers of Education and their representatives:

Take responsibility for continuing to work commitments in the above mentioned declarations, as well as to promote in The Americas the SCBPs locally, across the states, and regionally in a constant, sustainable, and long-term way by:

1. Develop a common network of implementation, evaluation, which supports the long-term progress and sustainability of the SCBPs, generating information based on evidence, in the interests of everyone.



2. Create interventions, guides and better teaching practices, specific for handicapped, indigenous students, and especially for populations in vulnerable situations.
3. Support and facilitate the exchange of information and communication policies and practices relate to the SCBP through entities, existing regional frameworks and mechanisms.
4. Encourage collaborative conversations and actions between ministers, experts, teachers, students, and parents, and representatives of the public, social, and private sector.
5. Support and encourage the leadership of the school authorities in the prevention and development of the well-being on students, teachers, and families.
6. Promote the practice of *1. Physical Activity; 2. Healthy Eating; 3. Prevention of Addictions and 4. Sexual and Reproductive Education*, through its inclusion as a core element of the educational curriculum.
7. Alert political entities about the impact of prevention at schools through SCBPs, a beneficial impact in all senses for our states.

With the purpose of fairly achieving a sustainable, effective prevention, all the ministries of Public Education of the Americas are invited to support and sustain for the long-term the School Community-Based Programs SCBP.