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2025 PHE Canada Thinkers Report

HE_X Prescribing Health Education in Canada: Moving from Insight to Action

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Introduction

In May 2025, over one hundred physical and health educators, school system leaders, medical professionals, public health experts, researchers, policy makers and youth came together for PHE Canada's annual Thinkers Gathering. This year's gathering was sponsored by Brock University's Faculty of Education. Now, in its third year, this event creates a dedicated space to examine the pressing issues affecting children and youth in their pursuit of healthy, active lives, and to identify concrete strategies and actions that guide us toward meaningful, sustainable solutions in school communities.

This report reimagines the R_x symbol "R" becomes "HE" for Health Education, while "x" nods to the latin word for instructions for use or recipe. In this way, this advocacy report outlines a recipe for health literacy.

Past topics include:

- The Erosion of Physical and Health Education (2021)
- Are Boys and Young Men Being Left Behind in Our Classrooms? (2024)

The 2025 focus? **Health Education in Canada — its challenges, gaps, and the urgent changes needed to ensure every young person graduates health literate.**

Understanding the Current Landscape of Health Education in Canada

The evidence is striking: 60% of Canadians lack sufficient health literacy and are ill-prepared to navigate the complex health challenges of modern life (Canadian Public Health Association & Public Health Agency of Canada, Health Literacy Statistics and Insights, 2023).

The Canadian Ministers of Education define the goals of Canada's education system as fostering a well-educated population. One of the system's central pillars is raising literacy levels across the population. (Canadian Minsters of Education (CMEC), 2020).

Within this however, traditional literacy is narrowly defined—focused primarily on reading, writing, and numeracy skills—leaving little room for the knowledge, skills, and confidence needed to access, understand, evaluate, and apply health information in everyday life.

Higher health literacy is linked to improved personal health, reduced absenteeism in schools and workplaces, and increased productivity, while low health literacy contributes to mismanaged chronic conditions, preventable illnesses, and higher healthcare costs (Auld et al., 2020; Nutbeam et al., 2018). Yet, despite decades of research indicating the impact of a health literate society, the opportunity to systemically embed health literacy into the education sector remains largely untapped.

And while the Programme for International Student Assessment (PISA) scores may rank Canada as having one of the best education systems in the world, Canada's ranking with regards to wellbeing falls behind our Organization for Economic Co-operation and Development (OECD) peers. Conditions once primarily affecting adults are increasingly taking root in childhood and adolescence. Since the 1980s, obesity rates among young people have tripled. More recent measures indicate that nearly one in three Canadian children and adolescents aged 5–17 now falls into the overweight or obese category, underscoring persistent and widespread weight-related health

concerns among young people. (Childhood Obesity, 2023). National surveillance data also indicates that type 2 diabetes among children and adolescents in Canada has been increasing over the past two decades, emerging in a population where it was once rare and closely linked to rising obesity rates (Amed et al., 2018). At the same time, one in five youth now lives with a diagnosable mental health disorder, and suicide has become the second leading cause of death among those aged 15–24. Of those, up to 90% have untreated mental health and substance use concerns (Kourgiantakis et al., 2025).

The value of Health Education as a developer of health literacy has long been recognized. In 1974, Dr. S.K. Simonds introduced the concept of Health Education as a critical tool for building health literacy. Health Education, Simonds argued, is not simply about sharing information; it equips individuals with the knowledge, skills, and confidence to make informed decisions about their own wellbeing.

The results are clear: 60% of Canadians lack sufficient health literacy and are ill-prepared to navigate the complex health challenges of modern life.

– Health Literacy Statistics and Insights, 2023

Subsequent research has affirmed its importance for the health of children and youth and the ongoing wellbeing of future generations (Auld et al., 2020; Pulimeno et al., 2020). Indeed, Auld et al. (2020) and Nutbeam et al., (2018), emphasize that Health Education enhances the ability of individuals to access, understand, and use information to promote and maintain good health for themselves, their families, and their communities. The World Health Organization reaffirms this connection, recognizing **health literacy is a critical determinant of individual and public health outcomes.**

This is echoed within the Public Health Agency of Canada who defines health and wellness education as an inclusive and "dynamic (shifting freely and frequently), subjective (reflecting widely different personal experiences), multidimensional (e.g., physical, mental, and social well-being), and multi-determined (e.g., function of multiple factors including spiritual beliefs, social support, income, environment, politics, peace) subject" (Public Health Agency of Canada, 2006).

When Health Education is devalued, it has significant and far-reaching consequences on health literacy, increasing the likelihood of risky behaviours, uninformed decision-making, delayed care-seeking, and reliance on misinformation —contributing over time to widening health inequities, rising healthcare costs, and broader social and economic consequences (Auld et al., 2020; MacDuffie & DePoy, 2004; Nutbeam et al., 2018; Pulimeno et al., 2020; Storey et al., 2009; Zins et al., 2004).

"Health Education can act as an essential force field—one that helps to shield individuals, schools, and communities from both existing and emerging health crises."

– MacDuffie & DePoy, 2004

Setting the Stage

Participants of PHE Canada Youth Council stressed that **"Health Education is essential and should be mandatory across the country throughout K–12."** They asked, "how will we be productive citizens if we are not well and do not know how to take care of ourselves and those around us?" (Physical and Health Education Canada [PHE Canada], 2023)

Photo: Dr. Lauren Sulz sharing key insights on stage at the Thinkers Gathering 2025.

From this, Drs. Lauren Sulz, Dan Robinson, Hayley Morrison, Douglas Gleddie alongside Melanie Davis, ED/CEO of PHE Canada (the research team) undertook an assessment of Health Education in Canada (Morrison et al., 2026; Morrison et al., in press; Robinson et al., 2024; Robinson et al., in press; Sulz et al., 2026; Sulz et al., 2025; Sulz et al., in press). **Spoiler alert—the research reveals a troubling paradox: Health Education, despite broad agreement among stakeholders that it matters, continues to be sidelined.**

The 2025 Thinkers Gathering opened with a presentation from Dr. Lauren Sulz, who shared key insights from the Social Sciences and Humanities Research Council (SSHRC) funded research. As Dr. Sulz emphasized, **"We do not need more evidence that Health Education matters; we need more courage to act as though it does."**

Participants were then invited to engage in table discussions guided by the following questions:

- What conditions are necessary for health education to be implemented successfully in K–12 schools?
- What factors influence the ability to implement quality health education in K–12 schools?
- How can health education be prioritized within teacher education programs?
- How can health education become more valued within schools?

Each table was supported by a scribe who recorded key discussion points. Notes from all tables were compiled and analyzed, resulting in the identification of seven interrelated key insights and 25 recommendations aimed at strengthening the effectiveness of health education in the Canadian context.

Photo: Group discussion at the 2025 Thinkers Gathering.

The HE_x report presents these results as a prescription for the health and wellbeing of young people in Canada. The input of participants of the 2025 Thinkers Gathering is captured throughout and indicated in ***"this text style"*** (text in italic and in a different font) to ensure their voices are highlighted.

What We Heard: Voices from Gatherers at the 2025 Thinkers Gathering

Insight 1: The Hidden Obstacles: Societal Challenges to Effective Health Education

Insight 2: The Cost of Neglect: Time and Resource Gaps in Health Education

Insight 3: Designing Curriculum That Counts

Insight 4: Underprepared: Health Education in Teacher Training

Insight 5: Lost in the Mix: The Marginalization of Health Education in Schools

Insight 6: A Missing Link: The Role of Professional Development in Effective Health Education

Insight 7: Playing It Safe: How Policy Risk Intolerance Undermines Health Education

Insight 1

The Hidden Obstacles: Societal Challenges to Effective Health Education

> "Show me a teacher that does Health Education well, and I'll show you true courage."
>
> – Thinkers Gatherer, 2025

When people hear "Health Education," they often immediately think of sexual education, overlooking broader areas that are part of a comprehensive health education curriculum. This narrow association has stigmatized and significantly affected the status of health education in schools. As thinkers gatherers said, ***"The effectiveness of school-based health education is deeply influenced by what happens beyond the classroom"*** and ***"even the best health education can be compromised when parents and politicians actively disagree with what is being taught in schools."*** These compromises may not always be expressed openly, but, as one participant observed, ***"their influence ultimately comes back—often surfacing sharply when a young person makes a mistake or encounters difficulty. In these moments, responsibility is frequently redirected toward schools and educators, illustrating how misalignment between home and school can undermine student learning and create risk-averse environments for health education."***

Many participants recalled the introduction of Ontario Health Education Curriculum (2015), which included updated content on gender identity, sexual orientation, consent, and online safety. Participants reflected on the public controversy that followed its release. The curriculum changes prompted strong opposition from some parents, as well as religious and diaspora groups, who argued that the material was "too graphic, conflicted with their values, and that health education should be taught at home rather than in schools". (Christian Science Monitor, 2015) The backlash contributed to the subsequent rollback of the updated curriculum in 2015 and a return to an older version. The debate the further intensified when, as noted by a participant, ***"the Ontario Ministry of Education established a telephone hotline where parents could report teachers delivering the updated curriculum, placing additional scrutiny and pressure on those teaching updated health education."*** During this time, educators reported that ***"the intensity of the backlash created a climate of fear and mistrust, with teachers feeling targeted and unsupported,"*** and as one thinkers gatherer observed, ***"when parents strongly oppose what is being taught, the trust becomes broken and teachers get scared to teach it,"*** and ***"when teachers are unprepared and afraid to teach it, quality health education becomes inconsistent."*** According to another gatherer, ***"when Health Education is contested or rolled back, students experience gaps in health literacy—leaving them less prepared to navigate mental health challenges, substance use, relationships, digital influences, and lifelong physical activity."*** Another added, ***"while this occurred in a***

decade ago, ongoing stigma and tensions over what constitutes appropriate content and the role of schools in promoting holistic health remain undermining teachers' sense of safety and professional confidence."

In more recent years, Alberta has undertaken similar changes to its education and wellness curriculum that similarly reflect broader debates about parental rights, gender, and sexual health in schools. The effect of this, according to one gatherer, is ***"further stigmatization of health education and increased misconceptions of what is being taught."*** This notion was echoed by other participants who sharply observed that ***"access to quality health education should not be based on where you live - it is a human right."*** It was a clear concern that ***"over time, this undermines not only individual wellbeing but also students' sense of belonging, agency, and trust in schools as places that support their whole development."***

"Accurate and inclusive lessons and materials... help prepare all young people to navigate and positively contribute to a diverse, inclusive, and safe society. Removing students from, and censoring, any lesson that mentions gender identity, sexual orientation or human sexuality is a significant step backwards and pushes young people to other, unreliable, inaccurate sources for their education – we don't want to trust these lessons to a YouTube-er or TikTok-er" (Davis, M., PHE Canada, 2024).

Alongside curriculum renewal efforts, the Alberta Education Amendment Act, 2024 (Bill 27) introduced changes to previous opt-out policies for parental opt-in for sex education, greater notification around gender-related topics, and ministerial approval for learning materials on gender identity, sexual orientation, or human sexuality. Opponents argue that "unlike opt-out policies, where students automatically participate unless a parent withdraws them, opt-in requires active parental consent, which often results in lower participation—particularly among students from busy, marginalized, or less-engaged households." (Hensley, 2019) Participants shared this concern stating that ***"resistance to inclusive and culturally responsive health education disproportionately affects marginalized students who are excluded when curricula fails to reflect their realities."*** Hensley's 2019 research supports this, showing that this lower participation "leaves many young people without essential knowledge about consent, mental health, relationships, and sexual health, reducing the preventive and wellbeing benefits of school-based programs and may inadvertently exacerbate inequities and limit students' ability to fully benefit from health education."

This gap is particularly concerning given that a recent Statistics Canada report indicates more than half of teenagers aged 15 to 17 rely on their schools as a primary source of sexual and health information (Rotermann & McKay, 2024). This 2024 Statistics Canada report additionally noted that "males, immigrants, residents of some regions, adolescents who are sexually and/or gender diverse, and some racialized populations are more vulnerable to experiencing negative sexual health outcomes in the absence of more support and education" (Rotermann & McKay,

> **"Access to quality health education should not be based on where you live - it is a human right...over time, this undermines not only individual wellbeing but also students' sense of belonging, agency, and trust in schools as places that support their whole development."**
>
> **– Thinkers Gatherer, 2025**

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2024).

"Access to Health Education is fundamental for students' wellbeing, yet provinces and school systems are creating barriers—through opt-in requirements, heightened parental scrutiny, or restrictive curriculum approvals—that effectively limit students' access." These measures, according to participants, ***"often reflect political, cultural, or religious pressures rather than evidence about what supports youth health and safety."*** The result is that, even though Health Education is a recognized right and essential for informed decision-making, ***"many students are still being denied critical learning opportunities."*** To be sure, as one participant emphasized, ***"Health Education isn't the problem—social anxiety, unclear expectations, insufficient support, and limited trust in teachers are."***

RECOMMENDATION 1:

Develop a national agreement on the key concepts in Health Education, ensuring that curricula and resources actively avoid normative assumptions and reflect the diverse experiences, identities, and needs of all students across Canada.

RECOMMENDATION 2:

Canada should invest in a coordinated, multi-level strategy and toolkits to elevate reflective Health Education in K–12 school communities and debunk misinformation. Engagement with this should span ministries of education, non-profits, school leaders, teachers, and superintendents, parents, and students creating a collaborative network of community champions and administrative leaders to drive change.

RECOMMENDATION 3:

Establish a National Accord on Health Education, collaboratively developed with all provinces, territories, and the federal government, to formally recognize Health Education as an essential right and responsibility within K–12 education, ensuring that every student—regardless of jurisdiction—has equitable access to high-quality health education.

Insight 2

The Cost of Neglect: Time and Resource Gaps in Health Education

In their Thinkers Gathering presentation, Dr. Sulz painted a concerning picture of Health Education across Canada, drawing on findings from *Health Education Curricula in Canada: An Overview and Analysis* (Robinson et al., 2024). The review found that **Health Education receives only a small and inconsistent portion of instructional time ranging from just 3% to 10% in elementary grades and 2% to 8% in intermediate grades.** These allocations are far below those for literacy or math; in Ontario, for example, students receive 100 minutes per day for literacy and 60 minutes for numeracy, yet only 45 minutes per week for Physical and Health Education (Robinson et al., 2024).

Moreover, this instructional time is shared between Physical Education and Health Education, with no requirement for a separate, dedicated allotment. Sharing these findings prompted 2025 Thinkers Gathering participants to reflect on how effective this is in practice. Participants noted that even when time is evenly split, ***"short blocks—such as 20 minutes of Physical Education combined with 20 minutes of Health Education—are insufficient and disrupt deep and meaningful learning."*** One participant shared that in their province, ***"students receive 90 minutes for Physical and Health Education with no specification or accountability for how much time should be devoted to either of the two subjects."*** Another gatherer expressed that this lack of specificity "***leaves Health Education at risk of lacking depth and being overshadowed."*** Others agreed, noting that ***"this often results in teachers overemphasizing Physical Education while doing the bare minimum to meet Health Education curriculum expectations."*** As one participant explained that ***"once in the classroom... Health Education topics are often subsumed under Physical Education, leading teachers who lack the competence and confidence to teach it to give minimal attention to its comprehensive topics."***

Robinson et al. (2024) found that in some provinces, Health Education content is not combined with Physical Education but is instead delivered through an integrated learning model, where it is woven into other subjects, again with no requirements for instructional time. For those using an integrated approach, participants noted that ***"teachers in their school say they value health and sign up to integrate it into their specific subject, but there is no follow-through or ongoing validation, so we have no idea if it was done and if it was done well."*** Without explicit guidelines, ***"teachers look at it as filler lessons."*** Gatherers also observed that ***"classroom teachers don't like to...lose their time to teach core subjects, and so give more dedicated time to teach health education topics is crucial to get teachers on board and be accountable."***

One thinkers gatherer explained that ***"generalist classroom teachers often resist change, especially when it reduces time for core subjects."*** Reflecting on decades of experience teaching, another gatherer stated, ***"I don't think we ever had a focus on health in my school. It always went back to active or the core subjects. We never talked about that health part."*** Another participant added that ***"when it is***

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integrated, it often becomes focused on applying social-emotional learning as a pedagogy to teach core subjects, and essential topics like consent, sexual health, nutrition, or mental health literacy are missed." A thinkers gatherer summarized plainly that ***"it's a necessary subject, but it's sidelined."*** Another Gatherer noted that ***"you can have a really robust curriculum, but if there isn't a specific time to deliver it or teachers are dealing with something else, it falls through the cracks."*** This highlights the lack of accountability and the persistent tension between the physical and health components of programming, with the latter often overlooked.

During the presentation, Dr. Sulz also shared that while every province and territory mandates Health Education from grades 1 through 9, after this, Health Education becomes optional, and participation in senior-level courses declines sharply once they are no longer mandatory (ParticipACTION, 2022; Robinson et al., 2024).

Compass study data illustrates this trend: in Ontario, all students take Physical and Health Education in Grade 9, but participation drops to about 50% in Grade 10, 43% in Grade 11, and just 36% in Grade 12. Across all provinces, only around 60% of students in grades 9–12 are enrolled in Physical and Health Education in a given year (Leatherdale & Compass Research Team, 2017).

One participant noted, ***"Even when courses are available, students may have limited room in their schedules due to university entrance requirements, mandatory religious courses, or other compulsory academic priorities."*** This steep decline means that ***"many older students miss critical opportunities to develop health literacy and lifelong healthy behaviours."*** A student participant added, ***"I am interested in Health Education and want a career in this area, but I don't take PHE because I don't want to do sports."*** Another participant observed that this ***"underscores the need for stronger policies and accountability to keep Health Education accessible, separate, and prioritized throughout secondary school."***

As part of the discussion, participants suggested that including Health Education as a dedicated section on student report cards ***"would elevate its importance within the education system and help ensure it is taught consistently."*** Another participant noted that Health Education ***"should be included in the Pan-Canadian Assessment Program"*** (PCAP): a survey conducted by the Council of Ministers of Education to assess the knowledge and skills of Grade 8 students in core subject areas (science, reading, and math). The participant explained that ***"when a subject is assessed and reported on, it signals to schools, teachers, students, and families that it is valued and expected to be part of regular learning."***

Participants highlighted that this inclusion would increase accountability for delivering the curriculum, encourage the allocation of consistent instructional time, and provide parents with greater visibility into the health knowledge and skills their children are developing. One participant noted that in their province, ***"students can be exempted from Physical Education or receive partial credits due to involvement in elite sport outside of school."*** When this occurs, ***"the student is automatically exempted from the Health Education portions of the class because Physical and Health Education is combined."***

Several youth participants shared their experiences in Grade 9 mandatory PHE: ***"During COVID, Health Education was not taught at all during my online PHE classes—this means I never got it and still have a credit saying I did."*** Other participants noted discrepancies between general and specialized learning settings regarding Health Education. One remarked, ***"Diverse learners in their school are not getting sexual education at all".*** One participant also suggested that ***"like Programme for International Student Assessment (PISA) scores, Health Education could be linked to health literacy measures."***

Ultimately, one noted that ***"reporting on Health Education would help strengthen the alignment between curriculum, teaching, and student outcomes, reinforcing health literacy and***

wellbeing as essential components of a student's education and holding the system accountable for delivering it."

Another sub-theme that emerged during the discussions was **space and time allocation**. In most Canadian provinces, Language Arts, Mathematics, and Science are considered core subjects. This designation is reflected in requirements for instruction across grades, protected instructional time, and mandatory credits for graduation. The sentiment that Health Education should also be recognized as a core subject was a recurring theme. Participants emphasized its importance: ***"Health Education is essential; it is linked to the global goals of education, self-development, social responsibility, and equipping citizens with skills needed for a robust, evolving economy."*** Others highlighted that ***"from K-6, it must have designated and protected blocks of time and spaces separate from Physical Education and other subjects."*** One participant noted that, in its current position, ***"no one is accountable to make sure that Health Education is being delivered,"*** prompting the suggestion to ***"embed accountability measures for curriculum delivery and monitor instructional time."***

On the topic of resources and spaces, a gatherer observed that ***"in my school, we get timetabled for different locations/rooms, so Health Education is often relegated to the gymnasium, weight room, or other spaces—not a classroom."*** They added, ***"Health Education can't be relegated to a 'rain day' lesson—it needs to be spread out throughout the year and every year, so it is predictable and consistent."***

Recognizing Health Education as a core subject, one participant noted, ***"would elevate its status, ensure equitable access for all students, and provide the structure needed to build essential life skills."*** Another strongly emphasized that ***"by giving it the same priority as traditional core subjects, we can make sure it is delivered consistently and meaningfully across schools and prepare students for lifelong well-being and the skills needed to flourish in our changing world."***

RECOMMENDATION 4:

Make Health Education a required subject with mandated and protected instructional time in the timetable across all grades.

RECOMMENDATION 5:

Give Health Education the classroom space it deserves.

RECOMMENDATION 6:

Include Health Education as a dedicated section on student report cards.

RECOMMENDATION 7:

Survey students health related knowledge and skills as part of the Pan-Canadian Assessment Program as a basis for examining provincial/ territorial curriculum and other aspects of the school systems.

Insight 3

Designing Curriculum That Counts

In Canada, each province and territory sets its own curriculum standards. Some of these standards are over 25 years old—written long before smartphones, digital media, online gambling, sexting, HIV antiretroviral therapy, vaping, COVID 19, or considerations of gender-affirming inclusion (Robinson et al., 2024). One thinkers gatherer summarized, ***"You can have a big curriculum, but if it's 20 years old, it doesn't speak to the world our students are living in. It's like teaching them how to survive the 1990s."*** Another added that ***"if parents knew their children were being taught over 20-year-old curricula for Health Education, I'm sure they would be disappointed in the standards and education of their kids and would vote for change."***

Table 4. Publication dates of required HE curricula (and HE-related curricula).

	1–3	4–6	7–9	10–12
BC/YT	2016 (2016)	2016 (2016)	2016 (2016)	2018 (2016)
AB	2002	2002	2002	(2002)
SK	2010	2010 (2008)	2009 (2008)	none
MB	2001	2001/2002	2002/2004	2004/2008
ON	2019	2019	2015/2019	2015
QC	2001	2001	2004/2007	(2007/2008)
NB	2005/2016	2016/2021	2021/2022	none
NS	2009	2021	2014/2020/2021	none
PE	2006	2009	2007	2014
NL	2011/2015/2021 (2017)	1994 (2017)	1995/2008	(2021)
NT	1995	1995	1996	(2002)
NU	1995	1995	1996	(2013)

Source: Robinson et al., 2024, Table 4

Participants at the 2025 Thinkers Gathering emphasized that there is a misalignment between Health Education and the current needs of young people. One participant noted, ***"Health Education is more than sexual health education—it's about learning how to navigate the world they are living in, including how to live well, as well as developing coping skills to address climate change, polarization, misinformation, and online harms."*** A youth participant added that ***"as students become adults and explore the real world, they should have information on healthy relationships and sexual health fresh in their minds to mitigate any possible risks."***

Yet the reality is challenging. As one participant explained, ***"We [teachers] are navigating curricular pressures on a daily basis,"*** and ***"there is a growing expectation for schools to do more and be better in response to societal pressures that have intensified over the past two decades."*** Participants highlighted rising rates of anxiety, depression, and loneliness, alongside increased public concern about mental health and wellbeing in schools. At the same time, ***"the normalization of digital and social media has introduced new risks related to body image, misinformation, online safety, and relationships"*** increasing the demand for a stronger, more relevant Health Education curriculum.

Several participants pointed to wide gaps between existing curricula and what students want and need to learn, including topics such as the opioid epidemic, murdered and missing Indigenous women, vaping and substance use trends, cannabis legalization, and climate anxiety. Echoing these concerns, one gatherer observed that ***"it's not***

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the same Health Education that we had as kids; we need an expanded notion of what could and should be taught in Health Education," while another noted that ***"our existing model isn't speaking to students' needs… it's not keeping up with the key areas affecting their wellbeing—misinformation, online harms, climate anxiety, polarization, and so on."***

Gatherers agreed that ***"there is a harmful disconnect between what student's need and what Health Education currently delivers."*** One emphasized that ***"students are actively asking for Health Education curricula that reflects their realities."*** They noted that ***"youth want to understand topics such as relationships, consent, coping skills, anger management, grief, the human body, anti-racism, ableism, pornography, online gambling, and mental health, rather than receiving preachy lessons focused on what they should or should not do."*** Another educator observed, ***"Teaching strictly from the outdated curriculum sometimes conflicts with my own values and what I truly believe students need."***

In a related conversation, gatherers suggested that ***"even when curricula are up to date, many Health Education guidelines are inquiry-based and leave content largely undefined."*** This means that ***"the curriculum outlines the big ideas or competencies they should cover—like mental health, nutrition, or relationships—but does not specify exactly what topics to teach, how much time to spend on each, or what resources to use".*** For example, one gatherer shared that their ***"grade 9 Health Education guideline says, 'Students will explore healthy relationships and decision-making skills.'"*** This places ***"responsibility on teachers to decide what to teach."*** Adding that ***"while an engaged and well-prepared teacher can make this approach effective, when educators are unprepared, hesitant, or uncomfortable, essential topics may be overlooked entirely, leaving students without critical knowledge and skills."*** This underscores a key concern already raised: ***"What students learn should not be dependent on where they live or who is at the front of the room for health education."***

This misalignment has serious consequences for teacher retention. As one participant explained, ***"when teachers' personal and professional values align, they feel motivated in their work. When it's missing, teachers' wellbeing suffers."*** Several gatherers noted that ***"outdated or overly vague curricula, combined with inquiry-based guidelines that leave essential content undefined, place additional pressure on educators to decide what to teach,"*** and ***"when teachers don't have explicit guidance on topics—such as sexual health, mental health, or gender inclusion—critical information may be skipped entirely."***

This disconnect between what students need and what is delivered, coupled with a lack of accountability for instructional time and content, creates a double challenge: ***"Misalignment between curricula, student needs,***

and teacher values not only affects classroom effectiveness but also contributes to stress, burnout, and attrition, particularly among educators striving to deliver meaningful and relevant Health Education." Several participants suggested that Ministries of Education should engage educators and students to ***"add more holistic competencies and re-evaluate what should/could be taught to students, like in the PHE Canada Health Education competencies."*** Participants suggested ***"bringing teachers, students, and ministries together to map the curricula against young people's needs."*** At the same time, caution was emphasized: ***"Yes, we need agreement on what should be taught and when to students, but we also need to learn from our past and ensure that we are not putting forward a normative, one-size-fits-all approach that excludes diverse identities, experiences, and perspectives."*** Others noted that much work has already been done and curriculum writers should look to PHE Canada's Physical and Health Education Competencies.

> "Health Education is not just a matter of curriculum — it is a matter of investing in the long-term wellbeing of the nation."

RECOMMENDATION 8:

Prioritize the updating of K-12 curriculum to be comprehensive, evidence-based, sequenced across grades, assessable, and real-world relevant.

RECOMMENDATION 9:

Make Health Education a full credit subject reinforced through the requirement of a mandatory Health Education credit for graduation.

Insight 4

Underprepared: Health Education in Teacher Training

"If you're teaching children and the youth, it's something that needs to be taught and modelled every day, so it needs to be taught to teachers so they can effectively model and teach that to their students."

– 2025 Thinkers Gatherer

Another strong finding from the Thinkers Gathering emerged: ***"Educators feel unprepared and apprehensive about teaching Health Education topics."*** As one thinkers gatherer explained, ***"comfort with teaching sensitive or complex subjects comes from training-when teachers are well trained, they gain confidence."*** Another pointed out that ***"Health Education is not just another subject—they are expected to deliver content many were never formally trained to teach."*** As one participant expressed, ***"When educators are prepared, knowledgeable, and feel supported, they are better able to create safe and quality learning environments, and when students feel safe, they are more likely to participate, engage, and take in the benefits from the lessons."***

The decision on what courses and programs are offered in post-secondary is based on internal academic planning and external regulatory or policy frameworks, including guidance from their provincial Ministries of Colleges of University or Advanced Education. As a result, most pre-service teacher education programs do not require a dedicated Health Education course, and many do not offer one (Sulz et al., in press). A PHE Canada scan of teacher education programs across the country found that most Faculties of Education offer general degrees (e.g., BEd, MEd) without a specific Health Education specialization. Programs that do exist tend to be at the graduate level and focus on training curriculum designers or leaders in health-related teaching roles, rather than preparing K–12 Health Education teachers directly.

The situation is similar at the secondary level, where programs require one or two teachable subjects, but entrance requirements often prioritize Math, English, Science, History, or Arts—not Social Sciences (Sulz et al., in press). Participants reacted strongly: ***"It feels like we're stuck in a cycle where teachers walk into classrooms without the training we need to really deliver this content"*** and ***"that's such a glaring gap—it really leaves so many teachers underprepared."***

This impact was echoed across discussion tables: ***"Teachers are not sufficiently prepared to teach Health Education."*** One participant shared their view that ***"people of the institutions need to sit down together and lay out the priorities of what teachers should be equipped with, and if it's not implemented at the institutional level for teachers in college or doing their university undergrad, successful health education cannot be accomplished."*** They added that ***"when these new teachers enter the workforce, they are stunned and don't have the knowledge or confidence to teach***

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Health Education to the youth of Canada".

Without proper instruction, gatherers noted the role of lived experience in shaping teaching practice. ***"Many educators have often received limited pedagogy preparation and instead are shaped by the traditional cultures they grew up in and their own experience in Health Education,"*** one noted. Building on this, another participant highlighted that without formal training, ***"educators often rely on the outdated models they experienced, which no longer reflect the ways youth today experience and what it means to be well—socially, culturally, and emotionally."***

According to Dr. Sulz, most Canadian teacher education progams do not mandate Health Education coursework, with few offereing Health Education as a teacherable/concentration. This lack of formal qualification sends a signal to Ministries of Advanced Education that there is limited demand for specialized Health Education training, which in turn contributes and reinforces the systemic undervaluing of Health Education in teacher preparation and in the broader education system. While 17 universities do offer combined Physical and Health Education specializations—almost none offer Health Education on its own. Dr. Sulz's research suggests: "When curriculum and pedagogy courses are taught as a single combined offering, Health Education content is too often marginalized."

> "When curriculum and pedagogy courses are taught as a single combined offering, Health Education content is too often marginalized."
>
> – Dr. Lauren Sulz

Their review found that "66% of teacher educators reported that only 0–19% of their Health and Physical Education course time is dedicated to Health Education content" (Sulz et al., in press). One teacher educator observed, ***"Our elementary Physical and Health Education program offers one course to all elementary teacher candidates. Unfortunately, even then, the schedule does not allow for a great deal of depth in terms of Physical Education and Health Education."*** Participants noted that ***"the universities can and need to push back on the [time] that is allotted to other subjects."*** Others noted, ***"The accountability can be with the admins/deans for the faculty of education program and for offering more equity in the time allotted to teach subjects,"*** and ***"the[y]...can show what is valued and what is not by spending more time on other subjects."*** Another issue with teacher education was noted: ***"Universities can hire more competent and confident Bachelor of Education teacher educators with Health Education experience - some universities are hiring instructors, but some are more passionate, engaged, or teach relevant strategies than others to support teacher educator Health Education."*** Others noted that ***"without sufficient time or focus on Health Education, future teachers are left underprepared to address critical issues such as mental health, substance use, healthy relationships, and wellbeing in their classrooms."***

Participants noted that ***"this signal, at the point where teaching capacity is built, leaves educators without the guidance or incentive to prioritize Health Education."*** As a result, future educators often enter classrooms without formal training in health pedagogy, health literacy, or the facilitation of sensitive and complex topics—creating a misalignment between societal expectations, curriculum demands, and teacher readiness—echoing a thinkers gatherer's point that ***"if you're well trained, you have confidence,"*** and that ***"more training in areas like sexual health and mental health directly increases teachers' comfort and capacity to teach."***

As one participant noted, a compounding factor in teachers' preparedness is that universities teach to the teacher education certification standards requirements as outlined by their educational system leaders. A 2021 scan of across the country, shows that only half of Canada's provinces list Health Education as a teachable subject (PHE Canada, 2021).

One participant also shared that this is also true of Saskatchewan: ***“In Sask, teacher certification board does not require health courses.”*** It was noted by a participant from post-secondary that ***“it all ends up coming down to this. If we can get the certification board to say that health education is important, then we (post-secondary) would have to include it.”*** Other shared in-kind thoughts that ***“we need enforcement from Ministry for something to happen”***. At the post secondary level, Thinkers Gathering participants noted that ***“since all generalist teachers must teach health education, health education should be mandatory for all pre-service teachers to teach in their placement.”*** Adding to this, a participant noted that ***“if there were agreeance on this across all the provinces and territories, then maybe we'd see change trickle down throughout the entire system.”*** Other participants noted similar thoughts that ***“[we] need to advocate for more time with Health Education teaching training”***, and ***“stop universities from allowing Health Education to go to the wayside.”*** Others shared similar thoughts that we need to ***“stop cutting health pedagogy courses”***, and ***“share the research and share how this will project into the K-12 classroom.”***

60. For the purposes of section 59, the subject areas taught in BC secondary schools are:

Art	Home Economics
Biology	Italian
Business Education	Japanese
Chemistry	Korean
Computer Science	Mandarin
Dance	Mathematics
Drama	Music
Earth Science	Physical Education
English	Physics
First Nations Studies	Punjabi
French	Russian
General Science	Social Studies
Geography	Spanish
German	Special Education
History	Technology Education

Source: British Columbia Teachers Council, Certification Standards (2025) pg. 11
https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/bards-commissions-tribunals/bc-teachers-council/cert_standards.pdf

As teachers move into the classroom, the gaps in their preparation become apparent: ***“You may approach the topics, and no one has seen them before sometimes things are brought up and have never heard of them which is hard because they may reach a grade and be so behind.”*** Other noted a lack of comfort with the positionality in teaching health education subjects: ***“Teaching the subject, that's just training in my opinion. If you're well trained, you have confidence. If I'm trained more with sex ed, reconciliation, I might not feel more comfortable as a white male. But more training can help with some of that.”*** Others noted that ***“students can see when teachers are not comfortable and engaged and it impacts learning,”*** and ***'we are supposed to be professional - not scared to teach it.”***

“If teachers need to learn how to teach quality health education, then universities need to hire people who can teach it to us.”

– 2025 Thinkers Gatherer

Participants noted that the lack of teacher preperation creates a circular problem: ***"Without a requirement for trained health trained professors you get physical education professors teaching it and they never got taught it either."*** Building on this, one participant added that ***"we need be demand that health specialists from other disciplines teach Health Education Teacher Education and ask for more intention with who they are hiring and their credentials."*** They suggested that ***"if we had an advocacy toolkit that could operate at different levels, concerns could move through the appropriate channels for action. For example, as a student, I could state my issues and share them directly with my university to elevate concerns about gaps in training and resources."***

As the conversation moved towards solutions, one participant noted that ***"Health Education as part of teacher training, and university courses should be available and required for student teachers and current teachers, so that every teacher has the confidence, knowledge, and abilities to teach and deliver PHE classes to K-12 students across Canada."***

It was shared as another potential solution that ***"there needs to be a policy with the number of hours/courses all Bachelor of Education programs across Canada provide for health educator training."*** The participant suggested a ***"Health Education course mandatory of 3 credits."*** Additionally, PHE Canada's PHE Campus was mentioned as a potential solution: ***"Get educational institutions to accept PHE Canada e-learning micro-credentialing and even make it mandatory for each Teacher candidate to have 2 external micro-credential online credits."***

RECOMMENDATION 10:

Agreement across all Bachelor of Education programs in Canada to include a mandatory 3-credit Health Education course to ensure every teacher enters the classroom prepared to teach this essential subject.

RECOMMENDATION 11:

Inclusion of Health Education in Bachelor of Education certification/licensing requirements.

RECOMMENDATION 12:

Mandate that Faculties of Education generalist placement students teach at least one Health Education class.

RECOMMENDATION 13:

Ministries provide full support for all in-service teachers to access professional development in Health Education, ensuring they are confident and equipped to deliver the curriculum effectively.

Insight 5

Lost in the Mix: The Marginalization of Health Education in Schools

> "...the quality and impact of Health Education are uneven across schools, leaving many students without the guidance, critical thinking skills, and practical strategies they need to make informed decisions about their health and well-being."
>
> – Dr. Lauren Sulz

The interconnection of these themes became increasingly clear as the discussion progressed. Adding another layer, Canadian provinces do not require teachers to have completed Health Education pre-service education courses, meaning teachers can be assigned to teach Health Education regardless of formal preparation in the area. And because few pre-service programs require dedicated Health Education courses, ***"more often than not, teachers enter the classroom without the knowledge, skills, or confidence needed to deliver complex and sensitive content effectively."*** This lack of training translates into a range of classroom challenges according to participants: ***"Teachers may avoid or oversimplify certain topics"***, ***"rely on outdated materials"***, ***"struggle to facilitate discussions around difficult topics like mental health, sexual health, substance use"*** or ***"deliver Health Education in a limited or surface-level manner, restricting students' access to comprehensive learning."*** A thinkers gatherer emphasized that ***"without proper training, even well-intentioned educators may fall back on personal biases."***

A compounding issue is that ***"Health Education is often treated as filler course and assigned to teachers with space in their timetables regardless of previous knowledge or comfort level with the subject matter."*** According to one participant: ***"When poorly equipped teachers are assigned Health Education, students, in turn, then receive poor or inconsistent instruction that varies widely depending on the teacher's comfort, experience, and personal perspective."*** On top of this, a thinkers gatherer stated that ***"there is currently no consistent monitoring of how much time is actually spent teaching Health Education and the quality of that education, leaving accountability gaps across schools and jurisdictions."*** As a result, Dr. Sulz pointed out, "the quality and impact of Health Education are uneven across schools, leaving many students without the guidance, critical thinking skills, and practical strategies

they need to make informed decisions about their health and well-being (Sulz et al., 2025, p. 91). Sulz shared that areas where educators feel least confident include Reconciliation (41%), Financial Literacy (28%), and Sexual Education and Reproduction (24%) — all essential to fostering informed, healthy, and socially responsible citizens. Significant discomfort also exists around topics such as Diversity, Equity, and Inclusion (18%), Digital Literacy (15%), and Wholistic Interconnection (15%). Sadly, this list overlaps what student participants expressed as important content: ***"Honest, practical learning about relationships, anti-racism, online safety, sexuality, and mental health,"*** rather than what one participant described as ***"preachy lessons about what we should and shouldn't do."*** According to the participants, ***"when untrained teacher are assigned to Health Education students are underserved — missing vital opportunities to build critical life skills that will shape their lifelong wellbeing both now and well into the future."***

RECOMMENDATION 14:

Ministries require that all teachers delivering Health Education complete specialized training in the subject, either through a dedicated Health Education specialization within their Bachelor of Education program or through targeted professional development through PHE Canada.

RECOMMENDATION 15:

Ministries, school board, specialist teacher associations identify and highlight exemplar teaching methods in Health Education to provide clear models of high-quality, evidence-based instruction, helping educators understand best practices and effectively implement engaging, inclusive, and developmentally appropriate learning experiences.

RECOMMENDATION 16:

School boards and administrators should actively recruit and retain Health Education specialists, providing schools with qualified educators who can lead comprehensive, inclusive, and developmentally appropriate Health Education and strengthen student learning outcomes in health and wellbeing.

Insight 6

A Missing Link: The Role of Professional Development in Effective Health Education

The conversation about how best to support the implementation of quality Health Education segway into another challenge: The limited knowledge and skills among the current pool of in-service educators, coupled with a noted lack of ongoing professional development in Health Education. As one participant shared, ***"Health Education topics are rarely prioritized during professional learning days, leaving teachers without structured support to strengthen their practice."*** Participants emphasized the need for ***"educators assigned to teaching Health Education to be offered extra opportunities for gaining the specialized knowledge, pedagogical skills, and confidence necessary to deliver comprehensive, evidence-based Health Education."*** At the same time, they noted that ***"administrators need to be accountable for ensuring those assigned to Health Education are confident and have capacity in these areas."***

Without ongoing professional development, ***"teachers may rely on their lived experience or use AI to develop lessons, covering only the minimum curriculum requirements and avoiding sensitive or nuanced discussions."*** Combined with the longstanding underrepresentation of Health Education in teacher preparation programs, this perpetuates a system in which ***"students receive uneven, fragmented, and often superficial instruction, undermining both health literacy and wellbeing outcomes."*** As one thinkers gatherer stated, ***"If you are teaching it to children and youth, it first needs to be taught to teachers so they can effectively transfer it to their students."*** Another participant stressed that ***"having the right person in front of the room is critical to ensuring every child in Canada has the opportunity to learn, live, and thrive."***

Participants at the Thinkers Gathering suggested several proactive strategies to address this gap. These included board-wide training focused on providing educators with specialized knowledge, pedagogical skills, and confidence necessary to deliver comprehensive, evidence-based Health Education, as well as ***"pedagogies, toolkits, and other tangible resources that are student-centered, proactive, experiential, and reflective—allowing learners to practice decision-making, critical thinking, and apply social-emotional skills in authentic health scenarios."*** Participants emphasized that ***"such materials can help teachers, administrators, and community partners get started, understand best practices, and know where to access ongoing support."***

Examples of effective practice were also shared during the discussion. One participant noted that ***"in Saskatoon during COVID, they assigned release teachers and had two professional development health classes, which led to huge growth and teaching experience."*** Other ideas included ***"offering self-directed professional development days to engage in the chosen professional learning"*** and ***"increasing funding support for meaningful professional development."***

However, challenges remain: ***"We have to be selective, as most blended PHE courses tend to focus***

heavily on Physical Education rather than Health Education." It was also noted that even when educators enter the classroom with some training, ***"few opportunities during all-staff professional development days exist to update their knowledge, build confidence, or stay on top of best practices for addressing evolving and complex health topics."***

Another thinkers gatherer noted mentoring as a key professional development tool but emphasized ***"school culture must shift away from seniority-based mentorship."*** Administrators should recognize that ***"newer teachers bring valuable knowledge and can support the learning of more experienced educators."*** Administrators should also ***"encourage humility and reflection among teachers, welcome new ways of doing, even those outside their comfort zone."*** One thinkers gatherer explained that ***"new teacher candidates often enter the workforce under the guidance of mentors who may have been teaching the same way for decades, limiting exposure to updated approaches and perspectives in Health Education."*** An important insight was shared around the growing diversity of incoming educators that should be leveraged. ***"These diverse teachers reflect the student body in ways the older generation of teachers never did. This, they shared, means that they bring lived experiences, cultural understanding, and perspectives that can make Health Education more relevant, inclusive, and responsive to the realities students face today."***

Another important note made was the reliance on outside specialists (e.g., public health professionals or external health education organizations) to support the delivery of Health Education: ***"External delivery of Health Education by outside specialists can play a valuable complementary role,"*** but it was noted that ***"when it replaces educator led instruction it may disrupt continuity in learning."*** Another participant noted that ***"Health Education is most effective when delivered by educators who have established relationships with their students and understand the classroom in place and context."*** Relying primarily on ***"external presenters can limit opportunities for ongoing discussion, reinforcement, and trust-building—elements that are essential for students to engage with sensitive topics such as mental health, masculinity, puberty, relationships, and consent."*** As a result, it was a shared view that these approaches may unintentionally weaken the relational foundation that effective Health Education depends on.

"These diverse teachers reflect the student body in ways the older generation of teachers never did. This, they shared, means that they bring lived experiences, cultural understanding, and perspectives that can make Health Education more relevant, inclusive, and responsive to the realities students face today."

– 2025 Thinkers Gatherer

RECOMMENDATION 17:

Mandatory Health Education coursework in Faculties of Education, embedded across undergrad programs.

RECOMMENDATION 18:

Pre-service teaching opportunities with structured mentorship and support, including practice teaching sessions in Health Education, and tracking teacher comfort with topics via reflective tools (e.g., documenting what they are comfortable, somewhat comfortable, and not comfortable teaching) to drive educational offerings.

RECOMMENDATION 19:

Ongoing professional development opportunities for all generalist educators tailored specifically to Health Education, separate from physical education.

RECOMMENDATION 20:

Flip the classroom by creating two-way mentorship experiences during practicums and the early years of teaching in Health Education, allowing both experienced and new teachers to learn from one another and to capitalize on diverse perspectives, emerging knowledge, and lived experiences that can strengthen teaching practice.

RECOMMENDATION 21:

Train educators on teaching Health Education in an interactive, student-led manner, fostering engagement, refinement, and ownership of their learning.

RECOMMENDATION 22:

Shift from reliance on external presenters to building teachers' expertise throughout their careers, ensuring consistent, evidence-based instruction that meets students' needs.

RECOMMENDATION 23:

Require school administrators to ensure that educators assigned to teach Health Education have the knowledge, confidence, and capacity to deliver the subject effectively. This includes verifying appropriate preparation, supporting access to professional development, and ensuring that Health Education is delivered by teachers who are equipped to address its complex and sensitive content.

Insight 7

Playing It Safe: How Policy Risk Intolerance Undermines Health Education

"Health Education in Canada is trapped under persistent pressures and stigma that have undermined both teachers and students," participants noted. They emphasized that ***"fostering health requires action at multiple levels: classroom instruction, non-curricular initiatives, and policy,"*** and that ***"structural support is necessary to create meaningful change."*** Others added, ***"Students can tell when teachers are out of their comfort zones, and this directly affects learning outcomes."***

It was also noted that ***"some schools and educators demonstrate strong health outcomes because they invest financially and structurally in Health Education, though these examples are often private schools."*** When Health Education succeeds, a participant expressed that ***"its impact goes far beyond knowledge: it fosters resilient, informed, and empowered youth who are better equipped to make healthy choices, contribute to the economy, reduce strain on overburdened health systems, and help lead a nation toward long-term prosperity."***

The discussions at the Thinkers Gathering made one thing clear: ***"Canada's education system needs bold and brave systemic change"*** - from a consistent, affirming curriculum with sufficient instructional time to specialized teacher preparation and accountability at the post-secondary level.

While few policymakers or school system administrators were present at the gathering, participants highlighted a persistent barrier: ***"Policymakers often exhibit a high degree of risk intolerance when it comes to Health Education, shaping policies and curricula in ways that prioritize avoiding controversy over addressing student needs."*** One participant observed that ***"fear of parental backlash, media scrutiny, or political criticism has led to watered-down content, opt-in policies, or the exclusion of critical topics such as consent, mental health, and substance use."*** Another added that ***"this cautious approach has unintentionally reinforced inequities, leaving many students who need it most without access to essential knowledge and skills".***

Participants repeatedly stressed the need for bold leadership and systemic change. One thinkers gatherer emphasized engaging school boards as a key driver of meaningful reform: ***"If we wanted real change to happen, it had to happen with our school boards."*** Yet, despite years of effort, many noted entrenched patterns persist. ***"In all my years, it's never changed. We've done the same thing for 25 years".*** Several participants argued that ***"part of the challenge lies in a tendency within the education system to be overly cautious when addressing health topics."*** As one reflected that ***"we are so worried about controversy that we forget our responsibility to students."*** Others echoed this concern, noting that ***"avoiding difficult conversations doesn't protect young people—it leaves them unprepared,"*** and that ***"if education waits until everyone is comfortable, we will always be too late."*** For many, the stakes are clear: ***"Health Education can't be driven by fear of complaints; it has to be driven by the needs of students,"*** and ***"playing it safe in Health Education is actually***

the riskiest thing we can do." At the same time, participants expressed optimism that change is possible through new voices and perspectives. One speaker noted that ***"we need younger people in there too. People are changing."*** Collectively, these reflections highlight both the persistent challenges in prioritizing Health Education and the opportunity to move forward with greater courage, responsiveness, and innovation.

Building on the need for bold action within schools, participants emphasized the critical role Ministries of Education must play in providing leadership and coordination. Currently, provinces and territories hold primary responsibility for curriculum and policy, but ***"without strong, consistent direction from these ministries, systemic change is difficult to achieve."*** Some participants suggested that ***"if Canada had a federal Ministry of Children and Youth, it could serve as a central driver to champion comprehensive Health Education, ensure equity across jurisdictions, and support collaboration between school boards, teachers, and external health partners."*** Such leadership, one participant noted, could ***"help move Health Education beyond risk-averse approaches, set clear national expectations for content and pedagogy, and provide the resources and professional development necessary to prepare educators to teach confidently and inclusively."*** By leveraging the authority of these bodies, the education system could finally overcome longstanding barriers and create conditions where Health Education is prioritized, consistent, and responsive to the diverse needs of all students.

> Breaking the cycle of undervaluing Health Education is not just an educational imperative—it is a societal one.

RECOMMENDATION 24:

The time to act is now.

RECOMMENDATION 25:

Policymakers and educators to embrace change, even when it challenges norms, expectations, or political comfort zones.

Moving From Insight to Action

Throughout the 2025 Thinkers Gathering, participants were adept at identifying the many systemic barriers to effective Health Education in Canada. Their discussions painted a picture filled with systemic gaps—from underprepared teachers and a lack of professional development to risk-averse policies and inconsistent curriculum delivery—leaving students without equitable access to the knowledge, skills, and resilience they need to thrive. Meanwhile, societal pressures such as rising mental health challenges, misinformation, and overburdened health systems are compounding and intensifying the need for effective Health Education. Taken together, these realities reveal a cycle of undervaluing that will persist unless bold systemic action is taken.

> **"It is now up to policymakers, educators, and leaders at every level to act decisively, invest strategically, and ensure that Health Education is prioritized, consistent, and accessible for every student across Canada."**

Conversely the solution gathered through the 2025 Thinkers Gathering is clear: Canada cannot afford to continue treating Health Education as an afterthought. Health Education thrives when prepared teachers, clear curriculum, supportive policies, systemic accountability, and responsiveness to students' realities intersect, and these drivers are deeply interdependent — focusing on one without the others risks perpetuating the cycle of under-preparation, undervaluing, and inequitable access.

When Health Education is treated as a priority, it does more than convey knowledge: it builds empowered, informed, and resilient youth who can make healthy choices, contribute to society, reduce pressures on health systems, and help lead Canada toward long-term prosperity. Their recommendations provide a roadmap for moving from recognition of challenges to real, implementable solutions. It is now up to policymakers, educators, and leaders at every level to act decisively, invest strategically, and ensure that Health Education is prioritized, consistent, and accessible for every student across Canada.

PHE Canada

Recommendations from PHE Canada's 2026 Thinkers Gathering

1. **Develop a national agreement** on the key concepts in Health Education, ensuring that curricula and resources actively avoid normative assumptions and **reflect the diverse experiences, identities, and needs of all students** across Canada.
2. **Canada should invest in a coordinated, multi-level strategy and toolkits** to elevate reflective Health Education in K–12 school communities and debunk misinformation. Engagement with this should span ministries of education, non-profits, school leaders, teachers, and superintendents, parents, and students **creating a collaborative network of community champions and administrative leaders to drive change.**
3. **Establish a National Accord on Health Education**, collaboratively developed with all provinces, territories, and the federal government, to formally recognize Health Education as an essential right and responsibility within K–12 education, ensuring that every student—regardless of jurisdiction—has **equitable access to high-quality health education**.
4. Make Health Education a **required subject with mandated and protected instructional time** in the timetable across all grades.
5. Give Health Education the **classroom space** it deserves.
6. Include Health Education as a **dedicated section on student report cards**.
7. Survey students health related knowledge and skills as part of the **Pan-Canadian Assessment Program** as a basis for examining provincial/territorial curriculum and other aspects of the school systems.
8. Prioritize the **updating of k-12 curriculum** to be comprehensive, evidence-based, sequenced across grades, assessable, and real-world relevant.
9. Make Health Education a **full credit subject** reinforced through the requirement of a mandatory Health Education credit for graduation.
10. Agreement across all Bachelor of Education programs in Canada to include a **mandatory 3-credit Health Education course** to ensure every teacher enters the classroom prepared to teach this essential subject.
11. Inclusion of Health Education in Bachelor of Education **certification/licensing requirements**.
12. Mandate that **Faculties of Education generalist placement** students teach at least one Health Education class.
13. Ministries provide full support for all in-service teachers to **access professional development in Health Education**, ensuring they are confident and equipped to deliver the curriculum effectively.
14. Ministries require that all teachers delivering Health Education complete **specialized training** in the subject, either through a dedicated Health Education specialization within their Bachelor of Education program or through targeted professional development through PHE Canada.
15. Ministries, school board, specialist teacher associations **identify and highlight exemplar teaching methods in Health Education to provide clear models** of high-quality, evidence-based instruction, helping educators understand best practices and effectively implement engaging, inclusive, and developmentally appropriate learning experiences.
16. School boards and administrators should actively recruit and retain Health Education specialists, providing schools with **qualified educators** who can lead comprehensive, inclusive, and developmentally appropriate Health Education and strengthen student learning outcomes in health and wellbeing.
17. Mandatory **Health Education coursework** in Faculties of Education, embedded across undergrad programs.
18. Pre-service teaching opportunities with **structured mentorship and support**, including practice teaching sessions in Health Education, and tracking teacher comfort with topics via reflective tools (e.g., documenting what they are comfortable, somewhat comfortable, and not comfortable teaching) to drive educational offerings.
19. Ongoing **professional development opportunities for all generalist educators** tailored specifically to Health Education, separate from Physical Education.
20. Flip the classroom by creating **two-way mentorship experiences** during practicums and the early years of teaching in Health Education, allowing both experienced and new teachers to learn from one another and to capitalize on diverse perspectives, emerging knowledge, and lived experiences that can strengthen teaching practice.
21. **Train educators** on teaching Health Education in an interactive, student-led manner, fostering engagement, refinement, and ownership of their learning.
22. Shift from reliance on external presenters to **building teachers' expertise** throughout their careers, ensuring consistent, evidence-based instruction that meets students' needs.
23. Require school administrators to ensure that educators assigned to teach Health Education have the knowledge, confidence, and capacity to deliver the subject effectively. This includes verifying appropriate preparation, supporting access to professional development, and **ensuring that Health Education is delivered by teachers who are equipped to address its complex and sensitive content**.
24. The time to act is **now**.
25. Policymakers and educators to **embrace change**, even when it challenges norms, expectations, or political comfort zones.

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