



December 17th, 2008

Myra Stephen (Grades 1-8) or Debra Courville (Grades 9-12)
Education Officers
Curriculum and Assessment Policy Branch
Ministry of Education
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Subject: Ontario Curriculum Review- Health and Physical Education Sections

Dear Ms. Stephens and Ms. Courville,

We are writing to you on behalf of the Ontario Chronic Disease Prevention Alliance – OCDPA or Alliance, herein – a collaborate network of over 30 organizations working together to build and support a comprehensive chronic disease prevention system in Ontario. Our members include representatives from the fields of physical activity, nutrition, mental health, addictions (tobacco and alcohol) and public health / health promotion. Alliance members are diverse in background and include participants from the non-governmental health sector, professional associations, Ontario Health Promotion Resource System, research and academia.

As the collective voice on chronic disease prevention within this province, the OCDPA is pleased to provide a written submission on the Ontario Curriculum Review – Health and Physical Activity Sections. Our submission and its recommendations speak specifically to the content and accompanying teacher prompts / student talk addressing alcohol / substance misuse and contained within the Original Grade 1-12 Healthy Living Expectations 2008.

The Alliance strongly agrees with the issue of alcohol use / misuse being dealt with and addressed within the curriculum throughout all grades, starting early in grade 5 and continuing to grade 12. However, our members recommend that the issue of alcohol use and misuse be discussed within the context of health outcomes, linking alcohol use to an increased risk for chronic diseases (i.e. many cancers, heart and liver diseases, stroke, and diabetes), overall health outcome quality, injury and its prevention, mental health / coping skills and decisions making. The need to contextualize alcohol in terms of chronic disease is required in all curriculum sections where alcohol is currently discussed; in addition there is need for alcohol to be better integrated within all sections and grades indicated to address and support healthy living, continuity of learning in relation to the issue from a developmental / life stages approach and to support the

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promotion of resiliency that is linked to better health choices and outcomes when faced with healthy living dilemmas and choices, particularly around alcohol use.

Upon review of the Original Grade 1-12 Healthy Living Expectations 2008, the Alliance recommends the following content additions and inclusions be addressed and considered by the review committee in order to enhance the current curriculum as it stands:

Grade 5 – short and long term effects and factors influencing drinking should look at the health consequences in relation to chronic disease. Discussions should focus on issues relating to the media coverage / marketing / social and environmental pressures / parental or peer role modeling on children’s thinking, acceptance and decisions. The discussion requires integration with similar content (i.e. marketing, role modeling, socio-environmental pressures) that influence choices in healthy eating (i.e. junk foods and nutritionally poor foods) and physical activity (i.e. screen time).

Grade 6 – discussions similar to grade 5 should be continued.

Grade 7 – alcohol discussions should be acknowledged and integrated with current content on mental health and dependant behaviours, particularly addressing alcohol and its use as a social lubricant, coping mechanism and co-dependent behaviour. The implications of high-risk drinking to injury, mental illness and chronic conditions should be highlighted and discussed within the context of health and safety issues. Building on previous content, discussions and knowledge must address alcohol and its link to chronic diseases, specifically introducing the concept of “consequences of today’s action on tomorrow’s health” and behaviour adoption. The latter should be integrated with content and discussions around physical inactivity and unhealthy eating.

Grade 8 – A focus on binge and risky drinking behaviours should link to the health evidence of over 60+ diseases and mortality rates (from injury, drink/driving accidents, etc.) associated with this type of drinking. Integrated content should focus on marketing, media coverage and social pressures related to alcohol, unhealthy eating, tobacco and physical inactivity (i.e. screen time), and discuss issues related to these items. For example, teacher prompts could include: who is promoting the message, what type of messages are they sending, who is the audience, why, who is gaining and who has most to lose? Discussions and assignments should address media coverage around these 4 modifiable risk factors and discuss both harms and consequences of the risk factors on health (age-appropriate linkage to chronic disease and quality of life). Discussions and content should investigate the sponsorship of events by food, gaming and alcohol industries, the images they put forward/portray, the benefits for industry (this latter content should refer and link to tobacco industry and restrictions on advertising and sponsorship).



Grade 9 – alcohol should be integrated within list of behaviours discussed.

Grade 10 – building on work in grade 8 – add chronic disease risk related to unhealthy eating, physical inactivity, smoking and alcohol misuse -- particularly high risk alcohol intake -- into content. Specific discussions should consider alcohol abuse, underage drinking and impaired driving and their risks/costs. Content and related discussions should examine the harm/benefits of alcohol (research and media coverage), refer to Canadian and World Health Organization statements on alcohol and discuss the issue from both a population health and economic perspective. Content should address media and marketing awareness around alcohol and alcohol use, what messages / images are being put forward, and support time to engage in counter messaging with students.

Grade 11 – continue to integrate and discuss alcohol from a chronic disease perspective, and initiate discussions around alcohol from a harm reduction approach. Curriculum should remind students about legal drinking age and alcohol limits in relation to impaired driving laws and legal ramifications. For example, student discussions and assignments could look at statistics around drinking in the local community compared with Canada or another country; students can undertake surveys of drinking habits in their community or use information from surveys to present student thoughts/ideas on alcohol misuse, policy and community awareness. Linkage with a local public health unit and law enforcement agency to gain insight and present information on issues would be most appropriate, as would be a visit to the public health unit and/or local law enforcement station.

Grade 12 – add alcohol to content and integrate with tobacco, unhealthy eating and physical activity content/discussions. Specifically address alcohol as a global commodity and recent trends in relation to global / national health outcomes and policy. Continue discussions related to high risk drinking and chronic disease and link these to healthy choices, including healthy eating, physical activity, smoking and mental health. As an example, discussions could focus on global health reports and strategies, which may include the World Health Organizations statements, National Alcohol Strategy (Canada) and policies of other countries with high and low drinking consumptions. Students could be asked to discuss and analyze the differences and complete a report and presentation on the implications for policy and health outcomes in Canada.

It is important to note that this submission by the OCDPA acknowledged and firmly supports the work and recommendations made by our members who have worked independently on providing constructive feedback to the curriculum documents. Specifically we agree with and point out the joint submission provided by the Dietitians of Canada (DC), the Ontario Society of Nutrition Professionals in Public Health (OSNPPH)



and the Ontario Collaborative Group for Healthy Eating and Physical Activity (OCGHEPA), who have worked collectively on a response to address the areas of nutrition and healthy eating, and, as unique groups representing nutrition professionals and key non-government organizations working in the province of Ontario have a vested interest in the Ontario curriculum's proposed nutrition competencies, learning expectations and outcomes for healthy eating and nutrition, for all elementary and secondary grades. In addition, the Alliance supports the expert opinions and recommendations put forward by the Ontario Physical Health and Education Association (OPHEA) and agrees with the information contained within their submission relating to the physical activity/ active living and healthy living sections and activities contained within the Curriculum. The OCDPA hopes that the Ministry of Education seriously considers the valuable input provided by the OCDPA and its members, individually and collectively, when reviewing the proposed curriculum in relation to child and youth health, development and wellbeing, as these can have important impact on promoting health and reducing chronic disease in our most valuable, future generation.

Finally, the OCDPA suggests that schools and Boards of Education across Ontario look at healthy organizational policies that restrict the use of materials or prizes that promote unhealthy behaviours, including alcohol and tobacco products, junk foods, and activities that promote physical inactivity. For example, the sponsorship of events, cash or in-kind donations should be firmly refused as they send mixed messages to students and the community around healthy living and healthy choices for individuals and the population.

Should you have any questions in relation to this submission, please feel free to contact me at 416-367-3313 extension 226, or Shawna Scale, OCDPA Manager at 416-367-3313 extension 251.

Thank you, in advance, for your consideration of this letter and its content.

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