

Health Curriculum Policy Analysis as a Catalyst for Educational Change in Canada



A Summary of the article published in the *Journal of Education and Learning* by authors Dianne C. Thomson & Lorayne Robertson, 2012.

The authors of this paper, Dianne Thompson and Lorayne Robertson, undertook a study of curriculum policies across Canada in Grades 4-9. They were analysing the health education models found in the various provinces, assessing whether there were common practices, and discovering if there were any gaps in the curriculum policies that could be detected. The authors, using the data gathered, explored the many different definitions of the word "health" as it was presented in the documents. As explored throughout the paper, the way that Health Education is termed in the curriculum policy documents affects the way that Health Education is taught by teachers in schools. A lack of unity and the use of historical definitions of what it means to be healthy are impeding the capacity for Health Educational curriculum to make a difference for students in their everyday lives. The authors, using the data gathered, present a convincing argument for the need for added dialogue between the provinces. They also make a case for the added questioning of what schools are teaching students about health.

HOW DO WE DEFINE HEALTH?



Policy documents define what we teach and how we teach about health in Canadian schools. In a recently conducted research study of provincial curriculum documents, Thomson and Robertson found the most common thread across policies was the belief that weight is the primary determinant of health. As the idea of health equalling weight is fairly traditional, the authors explored whether or not any of the schools were also teaching students to question the traditional idea of health and if there was a unified movement across the provinces to teach Health Education taking into account recent findings, including the ten determinants of health as outlined by the Public Health Agency of Canada (2012).



Public Health
Agency of Canada
Agence de la santé
publique du Canada

They are:

1. income and social status;
2. social support networks;
3. education and literacy;
4. employment conditions;
5. social and physical environments;
6. personal coping skills;
7. healthy child development;
8. biology/ genetic endowment;
9. health services;
10. gender and culture.

The notion of weight as the key determinant of health is missing a big piece of the health puzzle!

CURRICULUM POLICY DOCUMENTS

Health curriculum policies across Canada reflect different kinds of thinking about health. Thomson and Robertson write that there appear to be four categories/models, some of which were previously defined by Nutbeam (2000) within which the values and assumptions of curriculum policy can be placed. The models vary from basic/historical thinking all the way to critical pedagogy. As will be seen, the provincial curriculum policies analyzed fell into three of the models, while the fourth model is a direction that the authors, and other educational advocates, hope that curriculum policies will be steered in the future.

The four models used to categorize the curriculum policy documents are outlined here.

TRADITIONAL/ FUNCTIONAL HEALTH MODEL

This is a historical model and it focuses on individual choice and risk avoidance (e.g. not smoking and not doing drugs). This curriculum policies within this model, tell students that their health, and the health of their classmates (or lack thereof), is defined by the choices that they make. This includes how many calories they ingest and how much exercise they get. This is a calories in and calories out model that does not take any other factors (including genetics) into account. Documents showing this type of Traditional/Functional Health Model were sourced from the curriculum policies of British Columbia, Newfoundland, Northwest Territories, Nunavut, Manitoba and Prince Edward Island.



INTERACTIVE HEALTH LITERACY MODEL

The second model, as defined by Anderson and Booth, 2006, represents a mindfulness and an ability by the student to process health-related information. The curriculum policies within this model emphasize motivation and self-confidence. They encourage the student to take control over his/her actions and become a decision-maker. The involvement of the students' social network, environment and the community play critical roles in the success of this model. Evidence of the Interactive Health Literacy Model was found by the authors in the Alberta, Ontario and Québec curriculum policy documents.



CRITICAL HEALTH LITERACY

For the third model, Critical Health literacy, the emphasis is placed on an analysis of the issues and an exploration of the factors in the outside world to see how they had an effect on the issues. The social, economic and environmental circumstances that influence a student's health are explored and questioned. The end goal in this model is an individual resilience to the pressure brought by social and economic adversity. Curriculum policy documents from Saskatchewan and Nova Scotia outlined some of the key messages of Critical Health Literacy.

EMPOWERMENT MODEL

The fourth model used by the authors in their curriculum policy research was the

Empowerment Model. This model explores the actions taken to address issues such as social justice and inequality. The model encourages students to consider factors such as living conditions and lifestyle and how they can have positive and negative impacts on the health of the affected students. Thomson and Robertson did not find any evidence of this model in the provincial curriculum policy documents studied. The presence of the model would, however, be critical in a curriculum policy reform of Health Education documents.

WHERE DO WE GO FROM HERE?

Thomson and Robertson aimed to encourage a national dialogue concerning the lack of unity, forward thinking and incorporation of new health research in health curriculum policies across Canada. As can be seen, the majority of the provinces and territories still reflect the traditional/functional model. Curriculum policy reform must embrace a newer definition of health. The student should be able to question WHY and the curriculum policy should include an examination of the societal impact of the media on what it means to be healthy. Although we aren't there yet, the authors hope that in the future, students will question the messages they have been given and will become advocates for change.

As can be seen from the research, however; we still have a long way to go to get to that point.

Summary provided by Kelly Robertson (2013).

This research was made possible through a grant from KNAER.

