2010
Saskatchewan Curriculum

Health Education

1

Ministry of Education

Health Education 1
ISBN 978-1-926841-11-3
1. Health education (Elementary school) - Saskatchewan - Curricula. 2. Competency-based education - Saskatchewan.
Saskatchewan. Ministry of Education. Curriculum and E-Learning. Humanities Unit.

Table of Contents

Acknowledgements

The Ministry of Education wishes to acknowledge the professional contributions and advice given by:

- teachers
- health professionals
- First Nations representatives
- university professors
- other educators and community members

in the development of the Grade 1 Health Education Curriculum.

Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 1 Health Education is **80 minutes of instruction per week** for the entire school year (*Core Curriculum: Principles, Time Allocations, and Credit Policy*). Health education, as part of a comprehensive school health education program, supports children in developing a solid foundation for attaining and maintaining a balanced life.

This curriculum provides the learning outcomes that Grade 1 students are expected to achieve in health education by the end of the year. Indicators are included to provide the breadth and depth of what students should know, understand, and be able to do in order to achieve the learning outcomes. The learning experiences for students will also support student achievement of the provincial Goals of Education expressed through the Broad Areas of Learning (described on page 2).

The health education curriculum provides:

- direction for supporting student achievement of the Broad Areas of Learning
- support for student development related to the Common Essential Learnings as expressed through the Cross-curricular Competencies
- the K-12 aim and goals of health education in Saskatchewan
- characteristics of an effective Grade 1 Health Education program
- research-based learning outcomes and indicators
- perspectives for teaching and learning
- sample assessment and evaluation criteria for assessing and reporting student progress in relation to the learning outcomes in health education
- connections with other areas of study.

This curriculum also provides an introduction to pedagogical understandings necessary for the effective teaching of early childhood and health education. Curriculum support materials are available on the Saskatchewan Ministry of Education website.

Core Curriculum

Core Curriculum is intended to provide all Saskatchewan students with an education that will serve them well regardless of their choices after leaving school. Through its components and initiatives, Core Curriculum supports student achievement of the Goals of Education for Saskatchewan.

For current information regarding Core Curriculum, please refer to *Core Curriculum: Principles, Time Allocations, and Credit Policy* on the Saskatchewan Ministry of Education website.

For additional information related to the various components and initiatives of Core Curriculum, please refer to the Ministry website at *www.education.gov.sk.ca/policy* for policy and foundation documents including the following:

- *Understanding the Common Essential Learnings: A Handbook for Teachers* (1988)
- *Objectives for the Common Essential Learnings (CELs)* (1998)
- *Renewed Objectives for the Common Essential Learnings of Critical and Creative Thinking (CCT) and Personal and Social Development (PSD)* (2008)
- *The Adaptive Dimension in Core Curriculum* (1992)
- *Policy and Procedures for Locally-developed Courses of Study* (2004)
- *Connections: Policy and Guidelines for School Libraries in Saskatchewan* (2008)
- *Diverse Voices: Selecting Equitable Resources for Indian and Métis Education* (2005)
- *Gender Equity: Policies and Guidelines for Implementation* (1991)
- *Instructional Approaches: A Framework for Professional Practice* (1991)
- *Multicultural Education and Heritage Language Education Policies* (1994)
- *Classroom Curriculum Connections: A Teacher's Handbook for Personal-Professional Growth* (2001).

Broad Areas of Learning

There are three Broad Areas of Learning that reflect Saskatchewan's Goals of Education. K-12 health education contributes to the Goals of Education through helping children achieve knowledge, skills, and attitudes related to these Broad Areas of Learning.

Lifelong Learners

Related to the following Goals of Education:

- *Basic Skills*
- *Lifelong Learning*
- *Positive Lifestyle*

Children who are engaged in exploration, discovery, construction, and application of knowledge develop the understandings, abilities, and dispositions necessary to learn, in various ways, about health and well-being. This development includes an awareness and appreciation of Indigenous ways of knowing and those of other people. As children engage in inquiry, they demonstrate a passion for learning and an application of knowledge and skills.

Sense of Self, Community, and Place

Children in Grade 1 begin to understand how one's identity is shaped by his/her interactions/relationships with others and the environment. Through these relationships, understanding of self and others is strengthened. In health education, children's sense of self is supported by learning about and from various worldviews and by working towards mental, emotional, physical, and spiritual balance.

Related to the following Goals of Education:

- *Understanding and Relating to Others*
- *Self-concept Development*
- *Spiritual Development*

Engaged Citizens

Children demonstrate confidence, courage, and commitment in shaping positive change. In Elementary Level health education, children begin to build a capacity for active involvement and an understanding of the importance of healthy relationships with self, family, community, and the environment. These capacities and connections contribute to the sustainability of local and global communities. Children's involvement in making positive and informed decisions in health education broadens their understanding of, and responsibility for, natural and constructed environments and the health of communities.

Related to the following Goals of Education:

- *Career and Consumer Decisions*
- *Membership in Society*
- *Growing with Change*

Cross-curricular Competencies

The Cross-curricular Competencies are four interrelated areas containing understandings, values, skills, and processes which are considered important for learning in all areas of study. These competencies reflect the Common Essential Learnings and are intended to be addressed in each area of study at each grade level.

Developing Thinking

This competency addresses how people come to know and understand the world around them. Deep understanding develops by building on what is already known, and by initiating and engaging in contextual thinking, creative thinking, and critical reasoning through cultural, experiential, and other inquiry processes. Health education is taught and learned through "inquiry for healthy decision making" that recognizes the knowledge that children already possess, and teaches them to self-reflect and purposefully build upon prior knowledge and the ideas of others.

K-12 Goals for Developing Thinking:

- *thinking and learning contextually*
- *thinking and learning creatively*
- *thinking and learning critically*

Developing Identity and Interdependence

This competency addresses the ability to make choices and experience various life situations that enable one to value and care for self and others, and the ability to contribute to a sustainable future. It requires the learner to be aware of the natural environment and of social and cultural norms and expectations. In Elementary Level health education, children develop a healthy self-concept as they examine and positively influence relationships with others in a variety of social contexts.

K-12 Goals for Developing Identity and Interdependence:

- *understanding, valuing, and caring for oneself*
- *understanding, and valuing, and caring for others*
- *understanding and valuing social, economic, and environmental interdependence and sustainability*

K-12 Goals for Developing Literacies:

- *constructing knowledge related to various literacies*
- *exploring and interpreting the world through various literacies*
- *expressing understanding and communicating meaning using various literacies*

K-12 Goals for Developing Social Responsibility:

- *using moral reasoning*
- *engaging in communitarian thinking and dialogue*
- *taking action*

Developing Literacies

This competency addresses literacies as the application of interrelated knowledge, skills, and strategies related to various literacies to learn and communicate with others. In Elementary Level health education, children are provided opportunities to interpret the world and express their understanding using multiple modes of representation including the use of words, images, numbers, sounds, and movements.

Developing Social Responsibility

This competency addresses how people positively contribute to their physical, social, and cultural environments. It requires an awareness of unique gifts and challenges among individuals and communities and the opportunities that can arise from such differences. Health education involves learners in making choices and applying decisions for individual, family, community, and environmental wellness. Children work toward common goals to address mutual health opportunities/challenges and to accomplish shared health goals.

K-12 Aim and Goals of Health Education

The K-12 **aim** of the Saskatchewan health education curricula is to develop confident and competent students who understand, appreciate, and apply health knowledge, skills, and strategies throughout life.

The K-12 **goals** are broad statements identifying what students are expected to know and be able to do upon completion of study in a particular subject. The three K-12 goals of health education are:

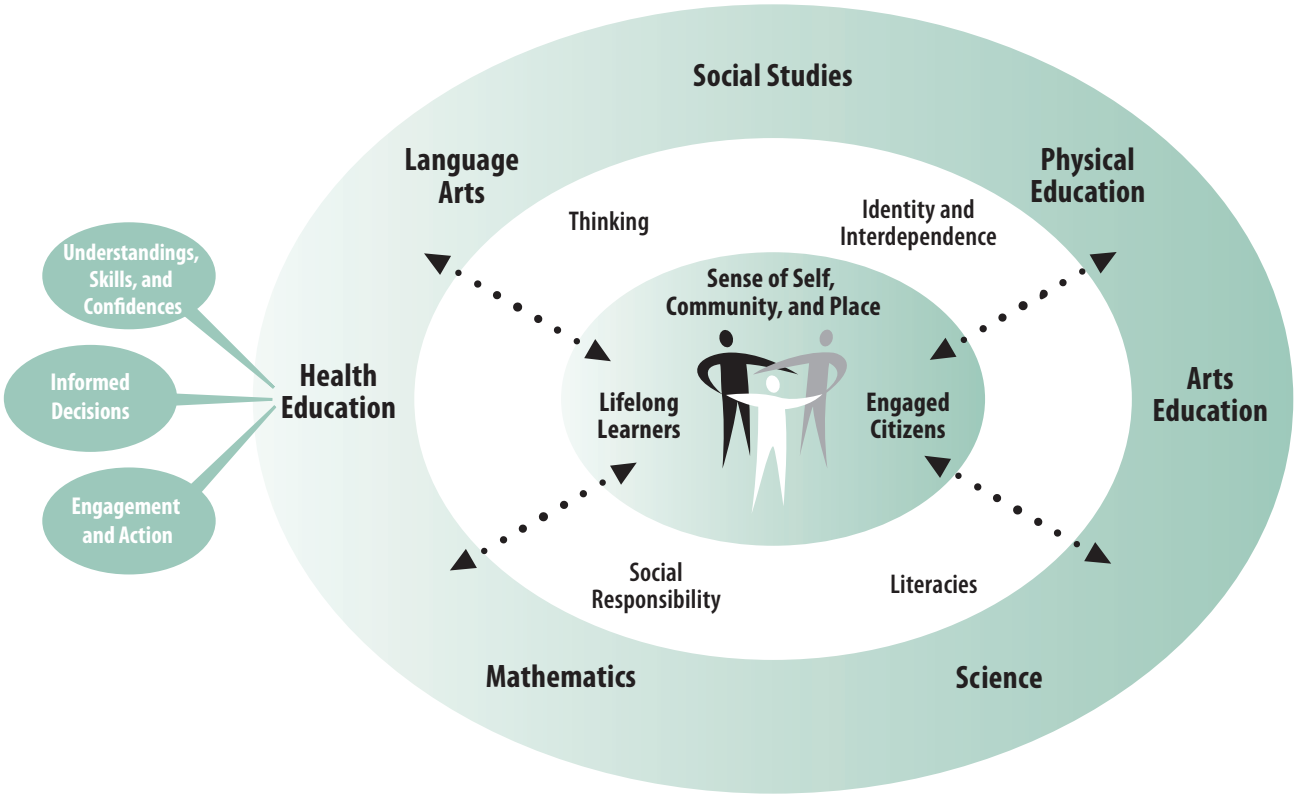
- Develop the understanding, skills, and confidences necessary to take action to improve health.
- Make informed decisions based on health-related knowledge.
- Apply decisions that will improve personal health and/or the health of others.

Health education contributes to fostering improved health, while recognizing there are many factors that promote health at every stage of a child's development. Throughout this curriculum, opportunities are provided for children to attain and maintain a healthy mind, body, and spirit. Young children can acquire the understandings, skills, and confidences needed, for example, to examine healthy behaviours; nurture relationships; and apply the steps of "stop, think, and do".

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right.

(Public Health Agency of Canada, 2009, p. 1)

Figure 1. K-12 Aim and Goals of Health Education



An Effective Health Education Program

An effective health education program supports children's achievement of curriculum outcomes through:

- embracing a comprehensive school health approach
- educating the 'whole child' through holistic learning
- focusing on achieving health literacy
- building inquiring habits of mind.

Comprehensive School Health (CSH)

Schools can make a substantial contribution to a child's health and well-being. This has been increasingly recognised by many international agencies including the World Health Organization (WHO), United Nations Children's Fund (UNICEF), International Union for Health Promotion and Education (IUHPE), and others. International and national organizations have developed healthy school approaches called Health Promoting Schools, Comprehensive School Health, or Healthy School Programs. These approaches share the connecting thread of a whole school approach and recognition that all aspects of the life of the school community are potentially important in the promotion of health. A comprehensive school health approach includes a wide range of school personnel and community members collaborating to enhance the well-being of all children.

... research showing a link between a healthy child and academic achievement gives us another reason to get involved in promoting healthy schools. New research is showing that schools who devote greater energy to becoming healthier, are also schools that are more effective and have students who achieve better, even in disadvantaged communities.

(Carter, 2006, p. 2)

The purposes of a comprehensive school health approach are to collaboratively:

- promote health and wellness
- prevent specific diseases, disorders, and injury
- intervene to assist children and youth who are in need or at risk
- support children and youth who are already experiencing poor health
- provide an equitable playing field that addresses disparities and contributes to academic success.

Four Components of Comprehensive School Health

This curriculum invites and challenges educators to think about health education in relation to the needs and interests of their students. How can learning about health education be more purposeful, engaging, and authentic? How can it help students become more competent and confident in making healthy choices, more knowledgeable about a healthy self, family, community, and environment, and more engaged in identifying and addressing health opportunities and challenges?

Comprehensive School Health (CSH) is an integrated approach to health education and promotion that aims to consistently reinforce health on many levels and in many ways.

Figure 2. The Four Integrated Components of CSH

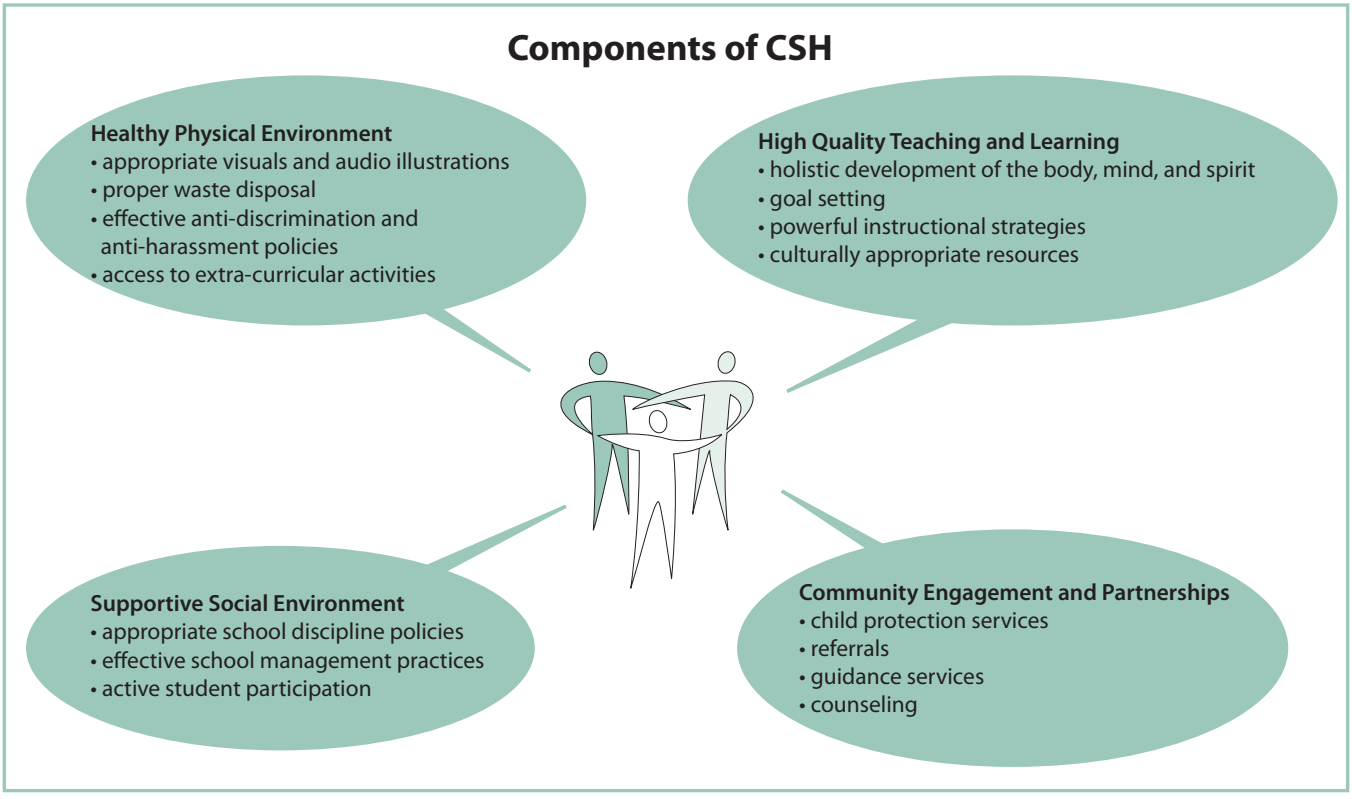


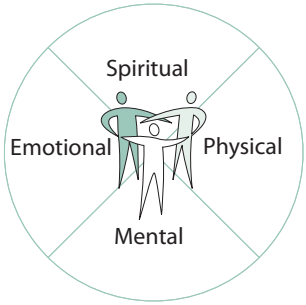
Table 1. Effective/Ineffective Health Education Programs

What an Effective Health Education Program Is	What an Effective Health Education Program Is Not
High Quality Teaching and Learning	**Teaching and Learning**
Health Education Program *The teacher is:* • Teaching health education for the required amount of time (i.e., 80 minutes/week). • Focusing on all the outcomes in the provincial health education curriculum. • Addressing all dimensions of health (i.e., physical, mental, emotional, spiritual). • Establishing cross-curricular learning opportunities, where possible, to strengthen health understandings and skills. • Supporting informal learning opportunities and connections to children's lives. • Using anti-oppressive and developmentally appropriate learning strategies to allow all children to see "themselves" and their families.	Health Education *The teacher is:* • Treating health education as less important than other Required Areas of Study. • Teaching health education that does not adequately focus on all provincial health education outcomes. • Focusing solely/primarily on one dimension (i.e., physical) of health. • Teaching health education in isolation, without connections to children's daily lives. • Promoting only one way of knowing (e.g., ethnocentrism).
Deep Understanding of Health Information *The children are:* • Engaging in opportunities to develop life skills such as health literacy, problem solving, self-efficacy, and social responsibility. • Creating and critiquing knowledge, not just "having" it. • Applying health-related understandings. • Engaging in inquiry-based decision making. • Reflecting on learning. • Questioning personal assumptions about the world and one's place in it.	Isolated Health Knowledge and Comprehension *The children are:* • Answering literal recall questions. • Memorizing a series of health-related facts. • Doing a series of isolated health activities. • Completing low level thinking tasks or factual worksheets. • Lacking authentic opportunities to apply health-related understandings, skills, and confidences. • Accepting a eurocentric view of the world.
Authentic Assessment *The teacher is:* • Knowing and negotiating what, why, and how children are learning and how children will know when they have achieved outcomes. • Involving children in the planning and criteria for assessment. • Demonstrating and documenting proof of children's learning. • Being guided by assessment for learning and supporting assessment as learning.	Assessment *The teacher is:* • Having only teacher awareness of the outcomes and reasons for learning or doing something. • Not supporting children's recognition of how they or other people learn. • Using written quizzes and tests that assess solely basic knowledge of health facts. • Using assessment criteria determined solely by the teacher.

Table 1. Effective/Ineffective Health Education Programs (continued)

What an Effective Health Education Program Is	What an Effective Health Education Program Is Not
Resource-based Learning *The teacher is:* • Accessing and using a variety of appropriate media and health resources. • Arranging for guest speakers to align presentations with provincial health education curriculum outcomes to be achieved. • Using current and appropriate Saskatchewan and Canadian data and information in relation to curriculum outcomes. • Using contemporary technologies and processes to learn and to document understanding. • Providing anti-oppressive and developmentally appropriate resources that allow all children to see "themselves". • Accessing resources that help children make informed personal choices.	Resources *The teacher is:* • Using only one or two resource(s) as the basis for health education. • Having a guest speaker present the same information to numerous grade levels rather than targeting grade level curriculum outcomes. • Using a 'packaged or canned' resource as a primary resource with no perceived relation to the provincial health education curriculum. • Inviting 'one-shot wonders' to present with no pre- or post-learning connected to grade level curriculum outcomes. • Accessing and accepting isolated information at face value. • Using resources aimed at persuading children that they must live a certain way regardless of current research or life situations.
Community Engagement and Partnerships • School is an important access point for children and families for early identification and intervention (e.g., screenings, referrals, counseling, mental health promotion, recreation services).	**Community Partnerships** • Limited early identification or treatment services provided for children. • Intervention efforts are not supported by prevention efforts necessary for identified children.
Supportive Social Environment • Participating, contributing, and making connections to family, community, and society. • Informal (i.e., peers, families, school staff, community norms) and formal (i.e., school policies) supports promote health and well-being both in and out of the school (e.g., role modeling, school discipline policies, parent participation, peer support groups). • Healthy behaviours are expected and supported by the school community.	**Social Environment** • Parental participation is limited to fundraising efforts. • Absence of development, implementation, and/or evaluation of school discipline policies. • School staff behaviours contradict the expected behaviours of children. • Children and other community members are unaware of behaviour expectations within the school.
Healthy Physical Environment • A clean, safe, health-promoting environment helps prevent injuries and diseases, and enables healthier choices. • Safety procedures are communicated and practised. • Hygiene standards are communicated and monitored. • Healthy eating policies are developed, implemented, and evaluated. • Smoke-free school policies are developed, implemented, and evaluated. • Opportunities and support exist for daily physical activity. • Environments are free from bullying and harassment.	**Physical Environment** • Absence of development, implementation, and/or evaluation of nutrition and physical activity policies. • Safety procedures (e.g., fire drills, tornado drills) are not communicated or practised. • Facilities and equipment for physical activity are not available during less structured times (e.g., recess, noon hour). • Inadequate student supervision before, between, and after classes.

Holistic Learning



Holistic learning is based on the principle of interconnectedness; a child is viewed as a whole person with body, mind, and spirit connections. The health education outcomes invite and challenge educators to think about and plan for a holistic health education program. Educating the whole child supports the development of a learner who is healthy, knowledgeable, motivated, and engaged.

Holistic learning provides opportunities for children to learn how to build relationships, to share and celebrate successes, to support and be supported, and to become responsible for their thoughts and actions. Children need to negotiate their way through an increasingly complex and sometimes uncertain world, with little control over challenges such as poverty, violence, racism, divorce, and ill health.

If we, as educators, can take a leadership role highlighting the health and social problems afflicting our students, then we might move away from just responding to the latest health crisis and move towards a more coherent plan for the whole child, the whole school and the whole community. As a result, not only will our children become better students, they will become better people.

(Carter, 2006, p. 2)

Health Literacy

Health literacy refers to individuals' abilities to access and interpret information, develop understanding related to their physical, emotional, mental, and spiritual health, and strengthen the capacity to make well-informed, healthy decisions. This can include the knowledge, skills, and abilities to read and act upon health information, the proper skills to communicate health needs and challenges, or sufficient listening and cognitive skills to understand the information and the instructions received (Adapted from the Canadian Council on Learning, 2007).

Studies over the years have repeatedly demonstrated a strong link among literacy, level of education, and level of health. Health and learning are closely intertwined and the interaction between them is evident at all ages, from early childhood through to the later stages in life. The equation is a simple one:

Higher education status and ability to learn about health = Better health.

A definition of health literacy for school-age children is proposed as "the degree to which students are able to access, understand, evaluate and communicate basic health information".

(Begoray, Poureslami, & Rootman, 2007, p. 11)

Inquiry for Healthy Decision Making

Making decisions is a part of all children's daily lives. Whether they know it or not, Grade 1 students are already making decisions. The intent of Inquiry for Healthy Decision Making is to build on children's inherent sense of curiosity and wonder, and draw on their diverse backgrounds, interests, and experiences for the purpose of making informed decisions.

Inquiry is a philosophical stance rather than a set of strategies, activities, or a particular teaching method. As such, inquiry promotes intentional and thoughtful learning for teachers and children.

(Mills & Donnelly, 2001, p. xviii)

Health education is a process-oriented program based on an Inquiry for Healthy Decision-making model that empowers students to achieve and maintain well-being throughout their lifetime.

Examples of concrete strategies to help students develop decision-making skills include:

- providing children with opportunities to practise and rehearse decision-making skills (Elias, Branden-Muller, & Sayette, 1991)
- having children work in pairs or small groups on relevant decision problems (Campbell & Laskey, 1991)
- utilizing concrete situations and decision problems that reflect children's interests and have relevance to their daily lives (Campbell & Laskey, 1991; Graumlich & Baron, 1991)
- encouraging children to search for new information when making decisions and helping them to avoid overestimating their knowledge and capabilities (Fischhoff, Crowell, & Kipke, 1999)
- helping children understand how personal choices affect others (Kuther & Higgins-D'Alessandro, 2000)
- teaching children about how personal emotions may influence one's thoughts, feelings, and behaviour (Fischhoff et al., 1999)
- assisting children to recognize personal biases (Baron & Brown, 1991; Campbell & Laskey, 1991).

Inquiry learning provides children with opportunities to build knowledge, abilities, and inquiring habits of mind that lead to deeper understanding of their world and human experience. The inquiry process focuses on the development of compelling questions, formulated by teachers and students, to motivate and guide inquiries into topics, issues, and challenges related to curriculum outcomes and children's interests.

Inquiry is not to be thought of in terms of isolated projects, undertaken occasionally on an individual basis as part of a traditional transmissionary pedagogy. Nor is it a method to be implemented according to a preformulated script.

(Galileo Educational Network, 2008)

The inquiry process provides opportunities for children to become active participants while in a collaborative search for meaning and understanding. While knowing facts and information may be necessary, it is not sufficient. What is important is the understanding of how to gather/access and make sense of the mass of health-related information. Children need to go beyond information accumulation and move toward the generation of useful and applicable knowledge and the skills to address health opportunities and challenges – a process supported by inquiry learning.

Through the process of inquiry, individuals generate much of their understanding of the natural and constructed worlds. Inquiry implies a "need or want to know" premise. Inquiry is not so much seeking the right answer – because often there is not one answer – but rather seeking appropriate resolutions to questions and issues. For educators, inquiry implies emphasis on the development of inquiry skills and the nurturing of inquiring attitudes or habits of mind that will enable children to continue the quest for knowledge beyond the classroom and throughout life.

Health education is taught, learned, and evaluated using an inquiry approach to healthy decision making (see Figure 3). Children who are engaged in inquiry:

- construct deep knowledge and deep understanding rather than passively receive information
- are directly involved and engaged in the discovery of new knowledge
- encounter alternative perspectives and differing ideas that transform prior knowledge and experience into deep understandings
- transfer new knowledge and skills to new circumstances
- take ownership and responsibility for their ongoing learning and mastery of curriculum content and skills.

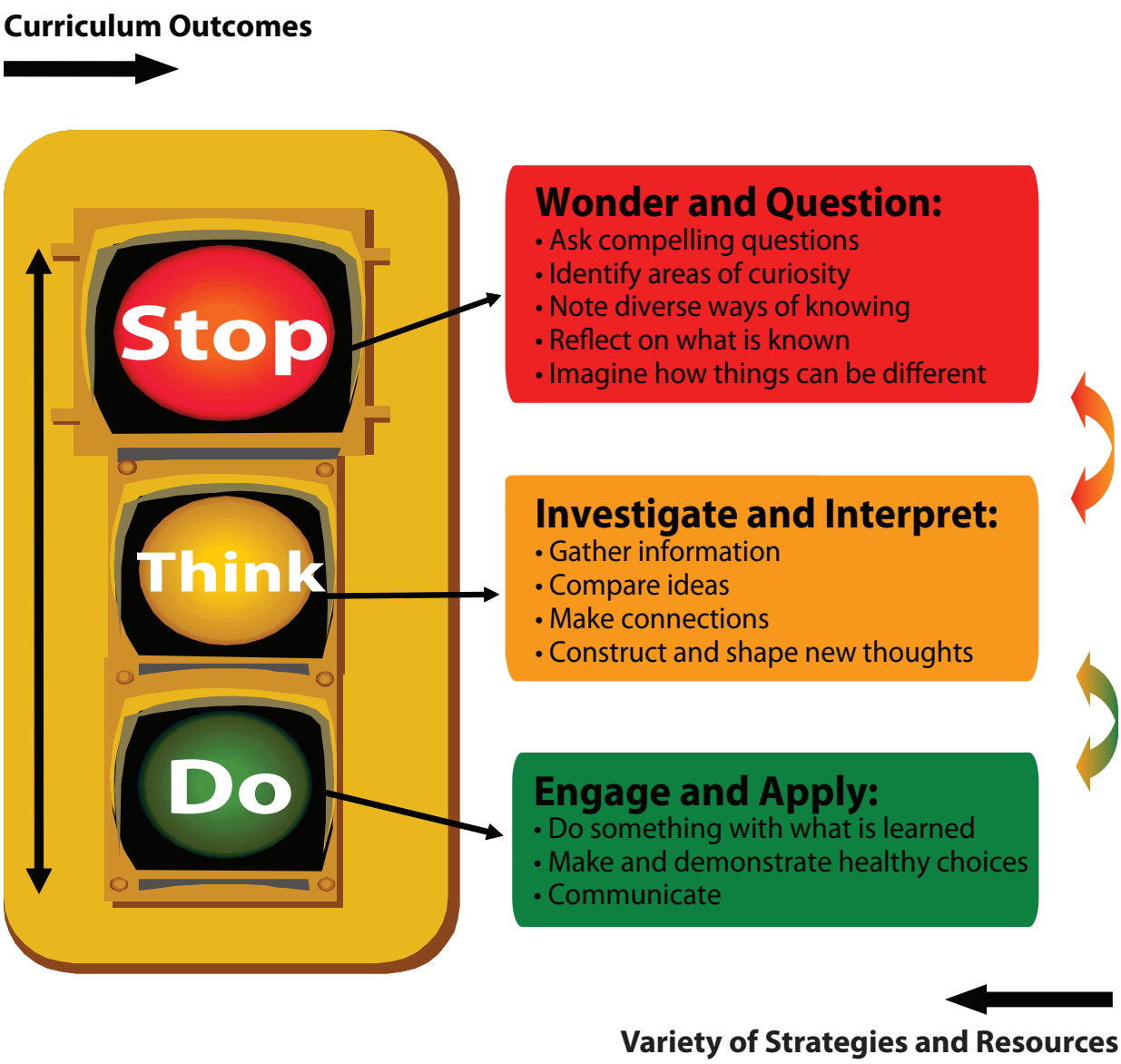
(Adapted from Kuhlthau, Maniotes, & Caspari, 2007)

In Grade 1, the inquiry process is represented as a traffic light (see Figure 3).

- The red light indicates that students and teachers should **STOP** to wonder and question about knowledge within and beyond the classroom. This involves asking compelling questions, reflecting on what is known, and imagining how things might be different.
- The yellow light suggests that students and teachers **THINK** deeply about what they are seeing, hearing, and feeling. This involves gathering knowledge from a wide range of sources for the purpose of comparing ideas, making connections, and shaping new thoughts.
- The green light represents the 'doing' part of learning. Students **DO** by making choices that enhance personal health and safety with what they know and understand.

As children explore, wonder, and inquire in Grade 1, there will be opportunities for them to make healthy decisions. The traffic light (Figure 3. Inquiry for Healthy Decision Making) can be used by either an individual or group of children as a visual reminder of the healthy decision-making process.

Figure 3. Inquiry for Healthy Decision Making



Questions for Deeper Understanding

Questions provide children the initial direction for developing deeper understanding. Guiding questions may help children grasp the important disciplinary ideas surrounding a health focus or context and related themes or topics. Questions provide a framework, purpose, and direction for learning and a connection to children's experiences and life beyond the school. They also invite and encourage children to pose personal questions for deeper understanding.

When overarching questions anchor the curriculum, it becomes more obvious that addressing topics/issues in isolation is a mistake. Further, how will Grade 1 students gain a deep understanding of complex ideas (e.g., What makes me healthy?) if they encounter them only once? Providing opportunities for students to think again about ideas promotes critical and creative thinking.

Building on what children already know is important when asking questions and discovering possible answers. Examples of questions to support deeper understanding in Grade 1 Health Education include:

- What makes me healthy?
- What do I know/want to know about being healthy?
- How am I similar to and different from other people?

Children develop their capacity for judging what is responsible and respectful, just as they come to appreciate the meaning of responsibility and respectful behaviour, through practice. Especially when they are young, children need to experience and decipher moral questions in terms that are meaningful to them.

Questions to support deeper understanding:

- *Cause genuine and relevant inquiry into the key ideas and core content.*
- *Provide for thoughtful, lively discussion, sustained inquiry, and new understanding as well as more questions.*
- *Stimulate thought, provoke inquiry, and spark more questions – not just pat answers.*
- *Spark meaningful connections with prior learning and personal experiences.*
- *Naturally recur, creating opportunities for transfer to other contexts.*

(Adapted from Wiggins & McTighe, 2005, p. 110)

Proficiency in emotional management, conflict resolution, communication and interpersonal skills is essential for children to develop inner self-security and become able to effectively deal with the pressures and obstacles that will inevitably arise in their lives. Moreover, increasing evidence is illuminating that emotional balance and cognitive performance are indeed linked.

(Harmonies Way, 2008)

Outcomes and Indicators

Outcomes are statements of what students are expected *to know, understand, and be able to do* by the end of a grade in a particular area of study. The outcomes provide direction for assessment and evaluation, and for program, unit, and lesson planning.

Critical characteristics of an outcome include the following:

- focus on what students will learn rather than what teachers will teach
- specify the skills and abilities, understandings and knowledge, and/or attitudes students are expected to demonstrate
- are observable, assessable, and attainable
- are written using action-based verbs and clear professional language
- are developed to be achieved in context so that learning is purposeful and interconnected
- are grade and subject specific
- are supported by indicators which provide the breadth and depth of expectations
- have a developmental flow and connection to other grades where applicable.

Indicators are representative of what students need *to know, understand, and/or be able to do* in order to achieve an outcome. Indicators represent *the breadth and the depth of learning* related to a particular outcome. The list of indicators provided in the curriculum is not an exhaustive list. Teachers may develop additional and/or alternative indicators but those teacher-developed indicators must be reflective of and consistent with the breadth and depth that is defined by the given indicators.

The outcomes for Grade 1 Health Education are organized around the three K-12 health education goals. Multiple outcomes should be used when planning. When students have achieved the understandings, skills, and confidences identified in outcomes associated with Goal #1, students then achieve the outcome associated with Goal #2 for each unit of study. The "action" outcome related to Goal #3 requires the application of children's understanding in each unit of study. These applications focus on the student learnings related to healthy behaviours, healthy relationships, pedestrian/street safety, and a healthy sense of self.

Goal #1: Develop the understanding, skills, and confidences necessary to take action to improve health.

Perspective: Building on What I Already Know

Outcomes	Indicators
USC1.1 Examine healthy behaviours and opportunities and begin to determine how these behaviours and opportunities may affect personal well-being.	a. Use common and respectful language to talk about healthy behaviours (e.g., habits, choices, actions). b. Communicate observations of what "healthy" and "unhealthy" looks like, sounds like, and feels like. c. Ask questions and seek answers about healthy/unhealthy behaviours and opportunities. d. Recognize that making healthy choices can be difficult at times. e. Illustrate the importance of basic daily behaviours (e.g., washing hands, brushing teeth, eating fruits and vegetables, wearing sun screen and sun protective clothing, being physically active, playing, drinking water, respecting other living things) for good health. f. Determine the daily healthy behaviours that can be performed individually and those that may need support (e.g., washing hands on own, applying sun screen with support, smudging with support). g. Recognize daily opportunities for demonstrating healthy behaviours (e.g., drinking water as a thirst quencher, walking on the sidewalk, flossing teeth, helping others). h. Discuss a variety of healthy behaviours over which one has control (e.g., brushing teeth, being active, engaging in quiet time, seeking shade). i. Consider opportunities to access support for healthy behaviours (e.g., recess time provides opportunities to play and be physically active, a trusted peer walks with you to school which provides safety and friendship). j. Examine factors influencing own healthy choices (e.g., allergies, cultural traditions, money, family habits, fear).
USC1.2 Determine, with support, the importance of the brain, heart, and lungs and examine behaviours that keep these organs healthy.	a. Use common and accurate language to talk about the brain, heart, and lungs (e.g., heart beat, blood, oxygen, breath, thoughts). b. Identify where the heart, brain, and lungs are located. c. Recognize that the heart is a "pump" about the size of a clenched fist. d. Feel and describe the sensation of one's heart beat (i.e., chest, neck, wrist) while standing still and after physical activity.

Outcomes	Indicators
USC1.2 continued	e. Establish that blood is pumped through the body by the heart. f. Identify that people have two lungs. g. Illustrate the sensation of lungs filling with air (i.e., hold rib cage and take deep breaths). h. Describe the function of the lungs to breathe air/oxygen. i. Determine that blood carries "food" and oxygen for the body. j. Reflect on the connection between lungs and voice (i.e., breathe to make sounds, words, and songs – recognizing that many First Nations cultures have teachings about the "gift of breath"). k. Realize that the brain is the part of ourselves that helps us manage personal thoughts, feelings, and actions. l. Describe what happens if one or more of our brain, heart, and lungs is/are not healthy.
USC1.3 Analyze, with support, feelings and behaviours that are important for nurturing healthy relationships at school.	a. Use common and respectful language to talk about feelings (e.g., happy, angry, scared), actions (e.g., smiling, crying, crossing arms), and relationships (e.g., friendships, cooperation, communication). b. Illustrate what particular feelings sound like, feel like, and look like. c. Recognize that individuals make choices about how to express feelings (e.g., anger - raise voice level and/or take time out, happiness - smile and/or hug). d. Observe and communicate observations about how the school staff and students treat each other (e.g., help each other, respect personal space). e. Recognize that people have numerous kinds of relationships (e.g., family, friends, trusted adults, neighbours, teammates). f. Illustrate what being a good friend looks like, sounds like, and feels like (e.g., sharing, caring, cooperating, listening, supporting). g. Identify healthy ways to respond to someone who is not yet a friend. h. Identify and discuss helpful/hurtful words and behaviours in relationships (e.g., not/saying thank you, not/taking turns). i. Represent a basic understanding of own "needs" and those of others (e.g., right to privacy). j. Recognize and role play healthy ways to express feelings (e.g., using "I" messages, naming the feeling, illustrations, dance, movement).

Outcomes	Indicators
USC1.3 continued	k. Investigate the relationship skills that make the classroom a healthy place for learning (e.g., cooperation, participation, paying attention, sharing). l. Investigate how people communicate in ways other than speaking (e.g., gestures, facial expressions, drawings, written words). m. Examine how own behaviours may "influence" how others think and feel, but recognize that one "owns" personal thoughts and feelings.
USC1.4 Determine and practise safe pedestrian/ street behaviours and examine related safety challenges in the community.	a. Use common and respectful language to talk about pedestrian/ street safety (e.g., danger, risk, stop, look, and listen). b. Examine what is meant by danger (i.e., harmful consequences). c. Observe and identify safe/unsafe practices in own family and community (e.g., crossing at corners or crosswalks as opposed to crossing wherever one wants to). d. Recognize possible street dangers (e.g., stray animals, traffic, strangers, gang behaviours, isolated areas, dangerous items including needles). e. Discuss what is meant by "risk" (i.e., a state of uncertainty where some of the possibilities involve a loss, danger, or harm). f. Recognize and respond to pedestrian safety signs and representations. g. Identify possible factors that make situations safe/unsafe (e.g., light/dark, fatigue, time of day, age, temperature/weather). h. Describe additional expectations for pedestrian safety (e.g., know parents'/caregivers' telephone number or other ways to make contact; always let a trusted adult know where you are going and the 'path' you are taking; walk with a buddy; follow established bussing, walking, and biking routes; cross at pedestrian crossings, "Point, Pause, Proceed" at cross walks/corners). i. Identify and practise ways to exercise avoidance, caution, and/ or refusal in potentially dangerous situations (e.g., seek out a safe adult, say no, walk away, "be a tree" around strange dogs [fold your branches – hands, watch your roots grow – feet, count in your head until the dog goes away or help comes], stay away from animals if they are feeding or with their young).

Outcomes	Indicators
USC1.5 Explore the association between a healthy sense of "self" and one's positive connection with others and the environment.	a. Use common and respectful language to talk about self and others (e.g., appearance, abilities, gender, behaviours, culture). b. Recognize "self" as an individual who has particular physical and inherited attributes (e.g., height, freckles) and particular experiences that may or may not be similar to those of others (e.g., traditions). c. Identify factors that influence one's sense of self (e.g., gender, culture). d. Examine similarities and differences in people (i.e., gender, age, appearance, abilities, culture, language) and understand that differences do not make one person or group superior to another. e. Begin to understand that every person has value that is not dependent upon her/his appearance, physical characteristics, or behaviours. f. Recognize a personal connection to other living things (e.g., gardening - food, love and affection - pets). g. Examine stories, traditions, and celebrations of others that foster a sense of self and a connection to others and the environment. h. Explore and represent one's many accomplishments in various authentic activities (e.g., "I can …"). i. Illustrate behaviours (e.g., compliments, acknowledgements, asking for more information) that embrace the uniqueness of others. j. Illustrate thoughts and behaviours that show a healthy connection to the environment.

Goal #2: Make informed decisions based on health-related knowledge.

Perspective: Building on What I Already Know

Outcomes	Indicators
DM1.1 Examine initial steps (i.e., Stop, Think, Do) for making basic choices regarding healthy behaviours; healthy brain, heart, and lungs; healthy relationships; pedestrian/street safety; and a healthy sense of self.	a. Recall routine daily choices and discuss how these choices were made. b. Examine and record simple ways self and others make routine healthy choices. c. Discuss similarities in the ways people make healthy choices. d. Recognize the importance of thinking before acting. e. Build on what is already known to critique choices made by characters in literature. f. Build on what is already known to justify steps for making routine basic health choices (i.e., stop, think, do).

Goal #3: Apply decisions that will improve personal health and/or the health of others.

Perspective: Building on What I Already Know

Outcomes	Indicators
AP1.1 Apply the steps of Stop, Think, and Do (with guidance) to develop healthy behaviours related to a healthy brain, heart, and lungs; healthy relationships; pedestrian/ street safety; and a healthy sense of self.	a. Review the healthy choices over which individuals have control. b. Practise the steps of "stop, think, and do" in a variety of situations and contexts. c. Select and apply routine healthy choices. d. Reflect on personal choices in order to guide further application.

Teaching and Learning the Grade Perspective

The provincial health education curricula incorporate a specific perspective through which health understandings, skills, and confidences are developed/acquired. Each year, students gain understandings, skills, and confidences from a different perspective:

Kindergarten	Wondering About Health
Grade 1	**Building on What is Already Known**
Grade 2	Discovering Connections Between Self and Wellness
Grade 3	Investigating Health Knowledge and Information
Grade 4	Sharing What It Means to Be Healthy
Grade 5	Facing Obstacles and Embracing Opportunities to Holistic Well-being

These perspectives exist as a continuum and the perspective for Grade 1 is "building on what is already known". Students extend their understanding of health-related concepts, by building on what they already know, so that they can make and implement decisions to adopt healthy behaviours. To truly understand a concept, students must uncover key problems, issues, questions, and arguments behind the knowledge claims. The outcomes inspire questions derived from prior knowledge (Goal #1), examination of past and present health "claims" (Goal #2), and the use of past and present knowledge to improve the health of self and others (Goal #3).

Teachers … are particularly beset by the temptation to tell what they know … Yet no amount of information, whether of theory or fact, in itself improves insight and judgement or increases ability to act wisely.

(Wiggins & McTighe, 2005, p. 227)

Planning

How will Grade 1 children be guided to build on what they already know about health and rethink their understanding of what makes them healthy? How will the teacher determine evidence of understanding? How does the inquiry process for healthy decision making guide one's planning in health education? How will Grade 1 children be guided in self-assessment and self-evaluation? These are just a few questions that health educators must reflect upon when planning for children's learning and understanding.

Planning Framework

The planning framework delays the selection of teaching and instructional strategies until the last phase of the planning process. This may challenge traditional planning processes, but makes sense when teaching for deep understanding. Teaching decisions should be made based on what learning/understanding is required, what results are desired, and what kind of assessment will provide evidence of children learning. Figure 4 provides such a template for planning.

Table 2. Sample Template for Planning

Planning Framework Grade 1: Building on What I Already Know	
What Should Children Know, Understand, And Be Able To Do?	
Goal #1: Understandings, Skills, and Confidences Health Education Outcome(s): **Goal #2: Decision Making** DM1.1 Examine initial steps (i.e., Stop, Think, Do) for making basic choices regarding ... **Goal #3: Apply Decisions** AP1.1 Apply the steps of Stop, Think, and Do, (with guidance) to develop healthy behaviours related to ...	
Connections to Other Areas of Study: Outcomes to Integrate from Other Areas of Study:	
Questions for Deep Understanding:	
Knowledge and Understandings:	Skills:
Evidence of Children's Understanding:	
Performance Indicators:	Other Evidence:
Learning Plan:	
Learning Experiences and Activities:	

Assessment and Evaluation of Student Learning

Assessment and evaluation require thoughtful planning and implementation to support the learning process and to inform teaching. All assessment and evaluation of student achievement must be based on the outcomes in the provincial curriculum.

Assessment involves the systematic collection of information about student learning with respect to:

- achievement of provincial curricula outcomes
- effectiveness of teaching strategies employed
- student self-reflection on learning.

Assessment and evaluation are essential in determining student achievement of the outcomes related to all three K-12 goals of the health education program.

Evaluation compares assessment information against criteria based on curriculum outcomes for the purpose of communicating to students, teachers, parents/caregivers, and others about student progress and to make informed decisions about the teaching and learning process. Reporting of student achievement must be based on the achievement of curriculum outcomes.

There are three interrelated purposes of assessment. Each type of assessment, systematically implemented, contributes to an overall picture of an individual student's achievement.

Assessment for learning involves the use of information about student progress to support and improve student learning, inform instructional practices, and:

- is teacher-driven for student, teacher, and parent use
- occurs throughout the teaching and learning process, using a variety of tools
- engages teachers in providing differentiated instruction, feedback to students to enhance their learning, and information to parents in support of learning.

Assessment as learning actively involves student reflection on learning and monitoring of her/his own progress and:

- supports students in critically analyzing learning related to curricular outcomes
- is student-driven with teacher guidance
- occurs throughout the learning process.

Assessment of learning involves teachers' use of evidence of student learning to make judgements about student achievement and:

- provides opportunity to report evidence of achievement related to curricular outcomes

- occurs at the end of a learning cycle using a variety of tools
- provides the foundation for discussions on placement or promotion.

The assessment and evaluation strategies used in health education must support teachers in designing instruction that will best help students achieve the learning outcomes for the grade. The students also grow as responsible, self-confident, health literate individuals who seek out opportunities to support their own well-being and the well-being of others. Assessment and evaluation strategies must measure student learning and progress, provide students with feedback to apply their new learnings, guide the planning and instructional practices of teachers, and provide a valid means to document and communicate student learning.

Evaluation is based on the outcomes – what a student knows, understands, and is able to do by the end of the grade. The determination of a summative value for health education, when required for reporting purposes, should be a progressive process, building as students demonstrate their learnings.

See Table 3 for an example of a rubric that can be used to assess Grade 1 children's understanding and application of the steps of Stop, Think, and Do related to all three goals of health education.

Table 3. Sample Rubric

Stop, Think, Do Grade 1				
	Exceeding Expectations	**Meeting Expectations**	**Beginning to Meet Expectations**	**Not Yet Meeting Expectations**
Understands	Has a significant understanding of the sequential steps of "stop, think, and do" when making choices.	Has a good understanding and application of the sequential steps of "stop, think, and do" when making choices.	Understands the basic ideas of "stop, think, and do" when making choices. Does not recognize nor use the sequence of steps unless guided to do so.	Comprehends little of the steps of "stop, think, and do" for making choices. Does not recognize the importance of "stopping" and "thinking" before "doing".
Uses	Feels confident using "stop, think, and do" when making choices in a variety of contexts. Knows when to use the steps.	Uses, with teacher support, the steps of "stop, think, and do" when making choices. Identifies when to use the steps.	Uses, with prompting and support, the steps of "stop, think, and do" when making choices.	Requires repeated modelling of the steps of "stop, think, and do" and continuous coaching on when and how to use them.
Reflects	Regularly reflects on personal choices that are made and can provide evidence of why particular choices are successful.	Reflects on personal ability to "stop, think, and do" when supported to do so.	Reflects, with prompting and support, on using "stop, think, and do" when making choices.	Beginning to recognize, but with little to no reflection on, personal choices that are made.

Connections with Other Areas of Study

Although some learning outcomes or subject area knowledge may be better achieved through discipline-specific instruction, deeper understanding may be attained through the integration of the disciplines. Some outcomes for each area of study complement each other and offer opportunities for subject-area integration. Integrating health education with other areas of study can help students apply their health knowledge and understandings in a variety of contexts.

By using a particular context and identifying a common theme to use as an organizer, the outcomes from more than one subject area can be achieved and students can make connections. Integrated, interdisciplinary instruction in a thematic unit, however, must be more than just a series of activities. An integrated unit must facilitate children's learning of the related disciplines and their understanding of the conceptual connections. The unit must address each individual subject area's outcomes and ensure that in-depth learning occurs. If deep understanding is to occur, the unit cannot be based on superficial or arbitrarily connected activities (Brophy & Alleman, 1991). Futher, the outcomes and activities of one area of study must not be obscured by the outcomes or activities of another area of study (Education Review Office, 1996, p. 13).

Glossary

Anti-oppressive refers to challenging/changing the social dynamic in which certain ways of being in this world – including certain ways of identifying or being identified – are normalized or privileged while other ways are disadvantaged or marginalized.

Confidences are one's belief in self and personal abilities.

Dimensions of Health are the physical, mental, emotional, and spiritual dimensions. These four dimensions are interconnected, interdependent, and constantly interacting with each other:

Emotional Dimension includes factors related to "feeling".

Mental Dimension includes factors related to "thinking".

Physical Dimension deals with the functional operation of the body.

Spiritual Dimension refers to the values, beliefs, and commitments at the core of one's person.

Eurocentric is viewing the world from a European perspective.

Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make informed health decisions.

Identity is the individual characteristics and abilities by which a person is known.

References

Baron, J. & Brown, R.V. (1991). Toward improved instruction in teaching decision making to adolescents: A conceptual framework and pilot program. In J. Baron & R.V. Brown (Eds.), *Teaching Decision Making to Adolescents* (pp. 95-122). Hillsdale, NJ: Lawrence Erlbaum Associates.

Begoray, D., Poureslami, I. & Rootman, I. (2007). Health and learning: Building healthy schools. *Development of Measures of Health Literacy for Canadian Schools*. Retrieved September 2009, from http://www.ctf-fce.ca/e/publications/health_learning/default.asp?doc=Issue2&noid=4.

Brophy, J. & Alleman, J. (1991). A caveat: Curriculum integration isn't always a good idea. *Educational Leadership*, 49, 66.

Campbell, V.N. & Laskey, K.B. (1991). Institutional strategy for teaching decision making in schools. In J. Baron & R.V. Brown (Eds.), *Teaching Decision Making to Adolescents* (pp. 297-308). Hillsdale, NJ: Lawrence Erlbaum Associates.

Canadian Council on Learning. (2007). Health literacy in Canada: Initial results from the international adult literacy and skills survey: Summary (IALSS). Retrieved October 2009, from http://www.ccl-cca.ca/CCL/Reports/Other+Reports/HealthLiteracy.htm.

Carter, W. (2006). Educating the whole child means addressing health and social issues. Retrieved June 28, 2009, from http://www.ctf-fce.ca/e/publications/health_learning/Issue1/Issue1_Article1_EN.pdf.

Education Review Office. (1996). *Science in schools: Implementing the 1995 science curriculum (5)*. Wellington: Crown Copyright.

Elias, M.J., Branden-Muller, L.R., & Sayette, M.A. (1991). Teaching the foundations of social decision making and problem solving in the elementary school. In J. Baron & R.V. Brown (Eds.), *Teaching Decision Making to Adolescents* (161-185). Hillsdale, NJ: Lawrence Erlbaum Associates.

Fischhoff, B., Crowell, N.A., & Kipke, M. (1999). *Adolescent decision making: Implications for prevention programs: Summary of a workshop.* Washington, DC: National Academy Press.

Galileo Educational Network. (2008). What is inquiry? Retrieved October 2009, from http://www.galileo.org/inquiry-what.html.

Graumlich, G. & Baron, J. (1991). Teaching decision making in the city: Two experiences. In J. Baron & R. V. Braun (Eds.), *Teaching decision making to adolescents* (147-160). Hillsdale, NJ: Lawrence Erlbaum Associates.

Harmonies Way. (2008). *Teaching story curriculum*. Retrieved September 2009, from http://www.harmoniesway.com/.

Kuhlthau, C. C., Maniotes, L.K., & Caspari, A.K. (2007). *Guided inquiry: A framework for learning through school libraries in 21st century schools*. Westport, CN: Libraries Unlimited.

Kuther, T. L. & Higgins-D'Alessandro, A. (2000). Bridging the gap between moral reasoning and adolescent engagement in risky behavior. *Journal of Adolescence*, 23, 409-422.

Mills, H. & Donnelly, A. (2001). *From the ground up: Creating a culture of inquiry.* Portsmouth, NH: Heinemann Educational Books, Ltd.

Public Health Agency of Canada. (2009). Healthy child development: Definition. Retrieved November 2009, from http://cbpp-pcpe.phac-aspc.gc.ca/topic/determinants/15/page/1.

Saskatchewan Ministry of Education. (2009). *Core curriculum: Principles, time allocations, and credit policy*. Regina, SK: Government of Saskatchewan.

Wiggins, G. & McTighe, J. (2005). *Understanding by design* (2nd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.

Feedback Form

The Ministry of Education welcomes your response to this curriculum and invites you to complete and return this feedback form.

Grade 1 Health Education Curriculum

1. Please indicate your role in the learning community:

   ☐ parent ☐ teacher ☐ resource teacher

   ☐ guidance counsellor ☐ school administrator ☐ school board trustee

   ☐ teacher librarian ☐ school community council member

   ☐ other _____

   What was your purpose for looking at or using this curriculum?

2. a) Please indicate which format(s) of the curriculum you used:

   ☐ print

   ☐ online

   b) Please indicate which format(s) of the curriculum you prefer:

   ☐ print

   ☐ online

4. Please respond to each of the following statements by circling the applicable number.

The curriculum content is:	Strongly Agree	Agree	Disagree	Strongly Disagree
appropriate for its intended purpose	1	2	3	4
suitable for your use	1	2	3	4
clear and well organized	1	2	3	4
visually appealing	1	2	3	4
informative	1	2	3	4

5. Explain which aspects you found to be:

   Most useful:

   Least useful:

6. Additional comments:

7. Optional:

   Name: _____

   School: _____

   Phone: _____ Fax: _____

Thank you for taking the time to provide this valuable feedback.

Please return the completed feedback form to:

Executive Director
Curriculum and E-Learning Branch
Ministry of Education
2220 College Avenue
Regina SK S4P 4V9
Fax: 306-787-2223