

2010  
Saskatchewan Curriculum

# Health Education

# 2



Health Education 2

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- other educators and community members

in the development of the Grade 2 Health Education Curriculum.



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## Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 2 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 2 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 2 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.

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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](http://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 (CEs)* (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 students achieve knowledge, skills, and attitudes related to these Broad Areas of Learning.

### Lifelong Learners

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.

*Related to the following Goals of Education:*

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



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## Sense of Self, Community, and Place

Children in Grade 2 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, others, and diversity 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.

## 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.

## 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.

## 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.

*Related to the following Goals of Education:*

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

*Related to the following Goals of Education:*

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

*K-12 Goals for Developing Thinking:*

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

*K-12 Goals for Developing Identity and Interdependence:*

- *understanding, valuing, and caring for oneself*
- *understanding, 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*

*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)

## **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**

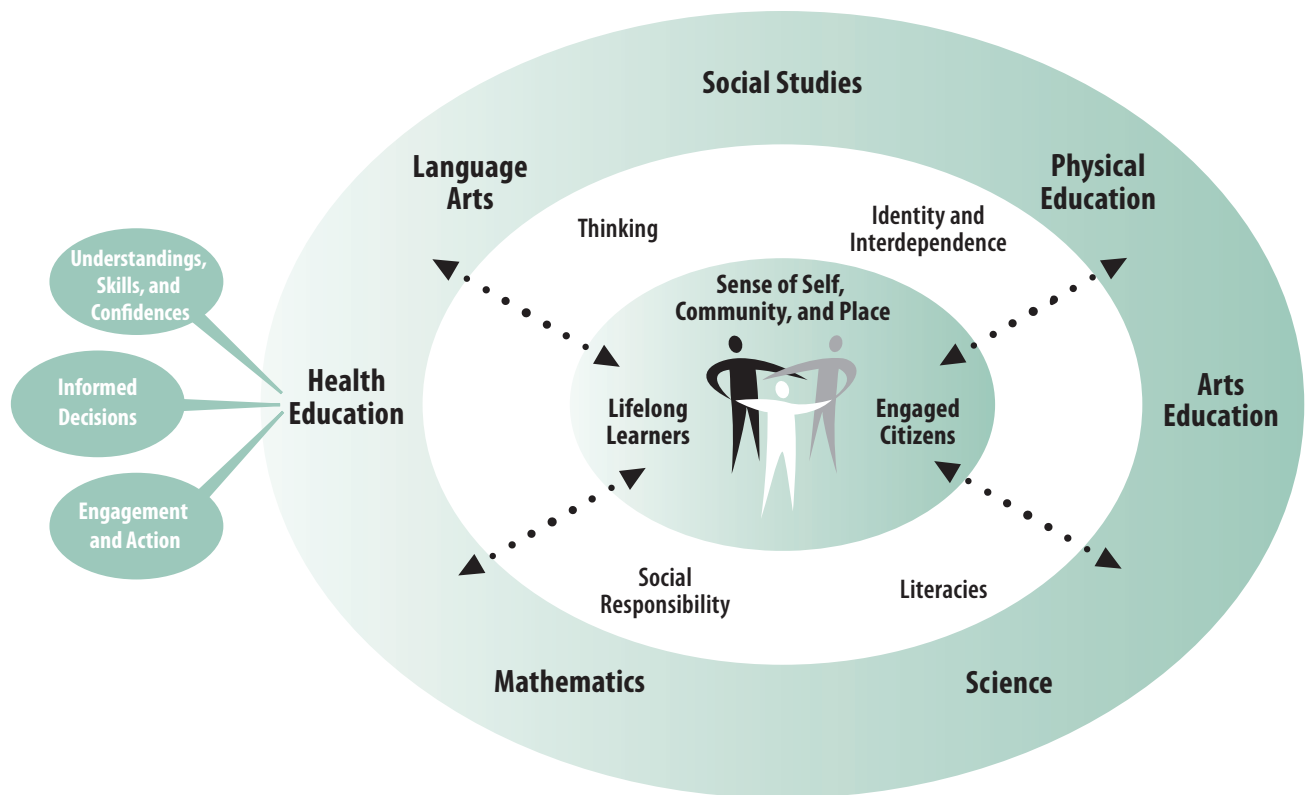
The K-12 **aim** of the Saskatchewan health education curricula is to develop confident and competent students who understand, appreciate, and apply health knowledge, skills, and strategies throughout life.

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 establish ways to show respect, determine safe practices and behaviours, demonstrate how, why, and when to ask for help and advice, and to act upon health-related understandings, skills, and confidences.

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

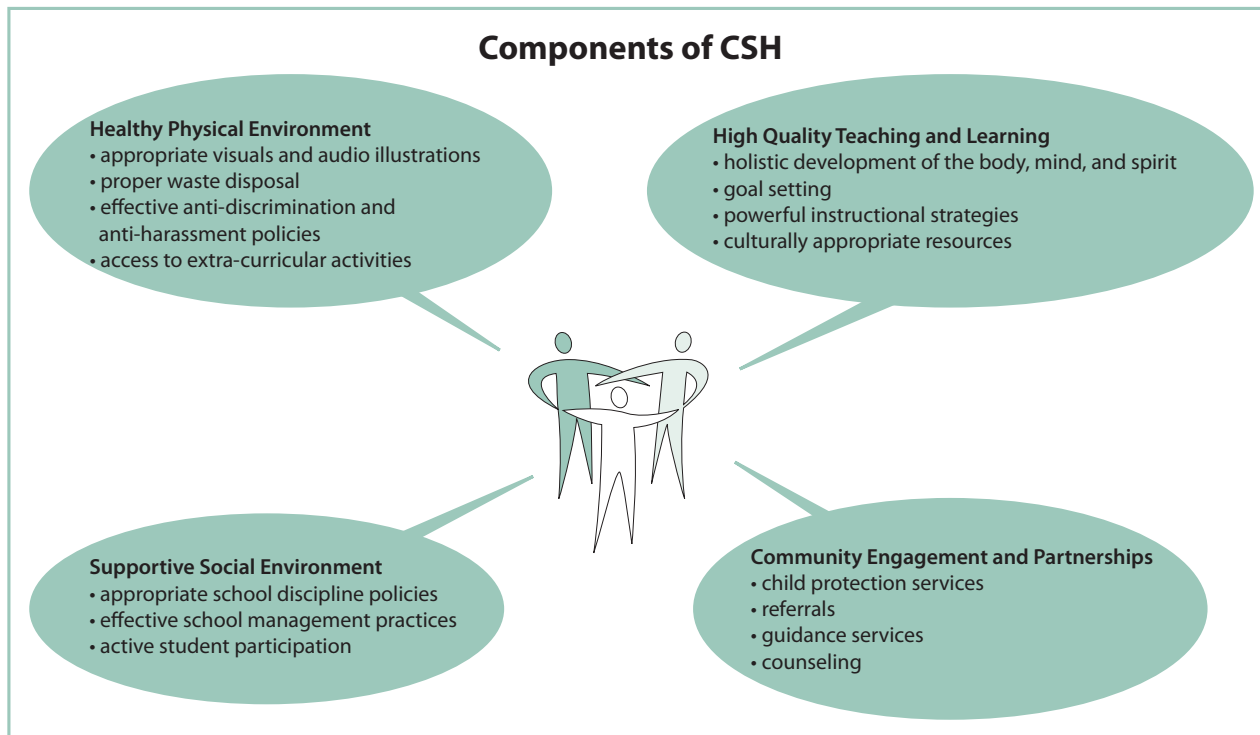


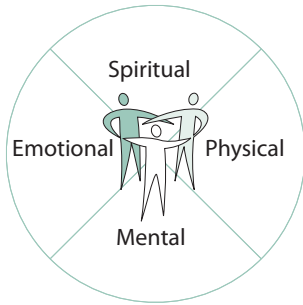
Table 1. Effective/Ineffective Health Education Programs

<b>What an Effective Health Education Program Is</b>	<b>What an Effective Health Education Program Is Not</b>
<p style="text-align: center;"><b>High Quality Teaching and Learning</b></p> <p>Health Education Program</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Teaching health education for the required amount of time (i.e., 80 minutes/week).</li> <li>• Focusing on all the outcomes in the provincial health education curriculum.</li> <li>• Addressing all dimensions of health (i.e., physical, mental, emotional, spiritual).</li> <li>• Establishing cross-curricular learning opportunities, where possible, to strengthen health understandings and skills.</li> <li>• Supporting informal learning opportunities and connections to children’s lives.</li> <li>• Using anti-oppressive and developmentally appropriate learning strategies to allow all children to see “themselves” and their families.</li> </ul>	<p style="text-align: center;"><b>Teaching and Learning</b></p> <p>Health Education</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Treating health education as less important than other Required Areas of Study.</li> <li>• Teaching health education that does not adequately focus on all provincial health education outcomes.</li> <li>• Focusing solely/primarily on one dimension (i.e., physical) of health.</li> <li>• Teaching health education in isolation, without connections to children’s daily lives.</li> <li>• Promoting only one way of knowing (e.g., ethnocentrism).</li> </ul>
<p>Deep Understanding of Health Information</p> <p><i>The children are:</i></p> <ul style="list-style-type: none"> <li>• Engaging in opportunities to develop life skills such as health literacy, problem solving, self-efficacy, and social responsibility.</li> <li>• Creating and critiquing knowledge, not just “having” it.</li> <li>• Applying health-related understandings.</li> <li>• Engaging in inquiry-based decision making.</li> <li>• Reflecting on learning.</li> <li>• Questioning personal assumptions about the world and one’s place in it.</li> </ul>	<p>Isolated Health Knowledge and Comprehension</p> <p><i>The children are:</i></p> <ul style="list-style-type: none"> <li>• Answering literal recall questions.</li> <li>• Memorizing a series of health-related facts.</li> <li>• Doing a series of isolated health activities.</li> <li>• Completing low level thinking tasks or factual worksheets.</li> <li>• Lacking authentic opportunities to apply health-related understandings, skills, and confidences.</li> <li>• Accepting a eurocentric view of the world.</li> </ul>
<p>Authentic Assessment</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Knowing and negotiating what, why, and how children are learning and how children will know when they have achieved outcomes.</li> <li>• Involving children in the planning and criteria for assessment.</li> <li>• Demonstrating and documenting proof of children’s learning.</li> <li>• Being guided by assessment for learning and supporting assessment as learning.</li> </ul>	<p>Assessment</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Having only teacher awareness of the outcomes and reasons for learning or doing something.</li> <li>• Not supporting children’s recognition of how they or other people learn.</li> <li>• Using written quizzes and tests that assess solely basic knowledge of health facts.</li> <li>• Using assessment criteria determined solely by the teacher.</li> </ul>

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

What an Effective Health Education Program Is	What an Effective Health Education Program Is Not
<p>Resource-based Learning</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Accessing and using a variety of appropriate media and health resources.</li> <li>• Arranging for guest speakers to align presentations with provincial health education curriculum outcomes to be achieved.</li> <li>• Using current and appropriate Saskatchewan and Canadian data and information in relation to curriculum outcomes.</li> <li>• Using contemporary technologies and processes to learn and to document understanding.</li> <li>• Providing anti-oppressive and developmentally appropriate resources that allow all children to see “themselves”.</li> <li>• Accessing resources that help children make informed personal choices.</li> </ul>	<p>Resources</p> <p><i>The teacher is:</i></p> <ul style="list-style-type: none"> <li>• Using only one or two resource(s) as the basis for health education.</li> <li>• Having a guest speaker present the same information to numerous grade levels rather than targeting grade level curriculum outcomes.</li> <li>• Using a ‘packaged or canned’ resource as a primary resource with no perceived relation to the provincial health education curriculum.</li> <li>• Inviting ‘one-shot wonders’ to present with no pre- or post-learning connected to grade level curriculum outcomes.</li> <li>• Accessing and accepting isolated information at face value.</li> <li>• Using resources aimed at persuading children that they must live a certain way regardless of current research or life situations.</li> </ul>
<p><b>Community Engagement and Partnerships</b></p> <ul style="list-style-type: none"> <li>• 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).</li> </ul>	<p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li>• Limited early identification or treatment services provided for children.</li> <li>• Intervention efforts are not supported by prevention efforts necessary for identified children.</li> </ul>
<p><b>Supportive Social Environment</b></p> <ul style="list-style-type: none"> <li>• Participating, contributing, and making connections to family, community, and society.</li> <li>• 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).</li> <li>• Healthy behaviours are expected and supported by the school community.</li> </ul>	<p><b>Social Environment</b></p> <ul style="list-style-type: none"> <li>• Parental participation is limited to fundraising efforts.</li> <li>• Absence of development, implementation, and/or evaluation of school discipline policies.</li> <li>• School staff behaviours contradict the expected behaviours of children.</li> <li>• Children and other community members are unaware of behaviour expectations within the school.</li> </ul>
<p><b>Healthy Physical Environment</b></p> <ul style="list-style-type: none"> <li>• A clean, safe, health-promoting environment helps prevent injuries and diseases, and enables healthier choices.</li> <li>• Safety procedures are communicated and practised.</li> <li>• Hygiene standards are communicated and monitored.</li> <li>• Healthy eating policies are developed, implemented, and evaluated.</li> <li>• Smoke-free school policies are developed, implemented, and evaluated.</li> <li>• Opportunities and support exist for daily physical activity.</li> <li>• Environments are free from bullying and harassment.</li> </ul>	<p><b>Physical Environment</b></p> <ul style="list-style-type: none"> <li>• Absence of development, implementation, and/or evaluation of nutrition and physical activity policies.</li> <li>• Safety procedures (e.g., fire drills, tornado drills) are not communicated or practised.</li> <li>• Facilities and equipment for physical activity are not available during less structured times (e.g., recess, noon hour).</li> <li>• Inadequate student supervision before, between, and after classes.</li> </ul>

## 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.

## 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.**

## Inquiry for Healthy Decision Making

Making decisions is a part of all children's daily lives. Whether they know it or not, Grade 2 students are already making decisions. The intent of Inquiry for Healthy Decision Making (see Figure 3) 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.

*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)

*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 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)

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*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.*

*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)

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.

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.



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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)

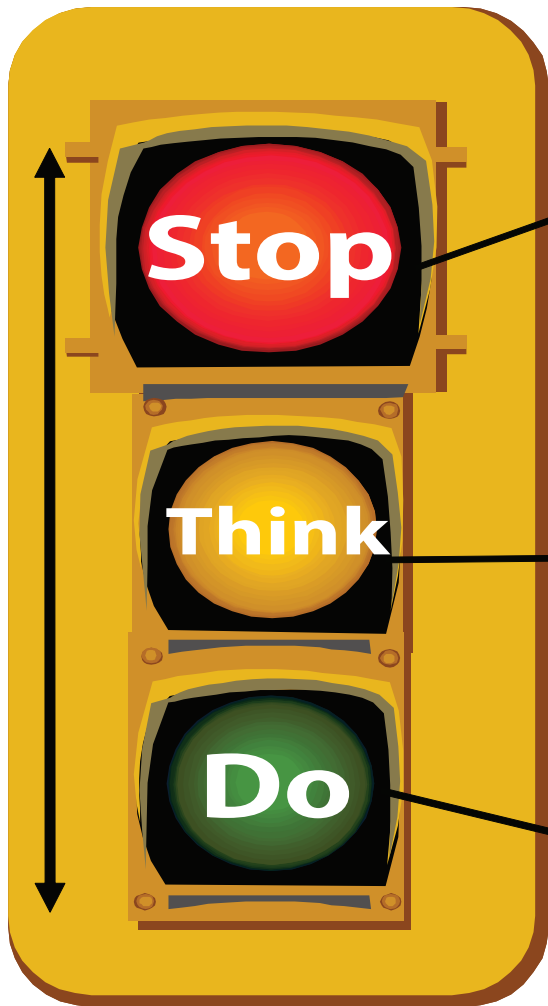
In Grade 2, the inquiry process is represented as a traffic light (see Figure 3).

- 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** something that enhances personal health and safety with what they know and understand.

As children explore, wonder, and inquire in Grade 2, there will be opportunities for them to make healthy decisions that are consciously supported by others. The traffic light (Figure 3. Inquiry for Healthy Decision Making) can be used by either an individual or group of children as part of the healthy decision-making process.

Figure 3. Inquiry for Healthy Decision Making

**Curriculum Outcomes**



**Wonder and Question:**

- Ask compelling questions
- Identify areas of curiosity
- Note diverse ways of knowing
- Reflect on what is known
- Imagine how things can be different

**Investigate and Interpret:**

- Gather information
- Compare ideas
- Make connections
- Construct and shape new thoughts

**Engage and Apply:**

- Do something with what is learned
- Make and demonstrate healthy choices
- Communicate



**Variety of Strategies and Resources**

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## 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 their own 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 2 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 2 Health Education include:

- How am I connected to my own health and well-being?
- Who is one's "self"?
- How can asking for help and advice support us in making healthy connections?

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)

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*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 2 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 decision making 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 connections related to thoughts-feelings-actions, healthy snacking, affects of illness/disease, respect, safety, and diversity.

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

**Perspective: Discovering Connections Between Self and Wellness**

**Outcomes**

**USC2.1 Demonstrate a basic understanding of how thoughts, feelings, and actions influence health and well-being.**

**Indicators**

- a. Develop a common understanding and use of respectful language to talk about thoughts, feelings, and actions (e.g., emotions, ideas, behaviours, choices, reactions, control).
- b. Examine daily habits/routines that are healthy/unhealthy (e.g., eating breakfast/skipping breakfast, recycling/littering).
- c. Investigate and illustrate how particular thoughts (e.g., "I am good at ...", "I can't do ... as good as she can.") make one feel.
- d. Examine various ways to appropriately share thoughts, feelings, and actions.
- e. Provide examples of how one can help others to understand self by sharing thoughts and feelings.
- f. Discuss the basic "cause-effect" relationship among thoughts, feelings, and actions (e.g., If I think I am smart, I will feel "content/confident" and I will try to learn. If I think I am "dumb", I will feel sad/frustrated and I may not participate in class.).
- g. Determine that people are responsible for personal thoughts, feelings, and actions.

**USC2.2 Determine how healthy snacking practices influence personal health.**

- a. Develop a common understanding and use of respectful language used to talk about snacking (e.g., diet, food, preferences, likes/dislikes, energy, healthy/unhealthy, sugar, portions).
- b. Investigate the role food and water play in being healthy (e.g., food - energy; vitamins - growth; water - 2/3 of one's body composition, regulates body temperature, eliminates waste).
- c. Discuss how to determine if a snack is healthy/unhealthy (e.g., reflect on what is known, gather information).
- d. Examine, sample, and describe (i.e., taste, look, smell, feel, sound) a variety of healthy snacks.
- e. Investigate benefits of healthy snacking (including but not limited to growth and development, increased concentration, healthy weight, improved oral health).
- f. Illustrate how healthy snacking provides sustained energy throughout the day.
- g. Examine why people choose particular snacks (e.g., culture, cost, preference, availability, media).

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## Outcomes

### USC2.2 continued

### USC2.3 Develop an understanding of how health may be affected by illness and disease.

### USC2.4 Examine social and personal meanings of “respect” and establish ways to show respect for self, persons, living things, possessions, and the environment.

## Indicators

- h. Recognize a variety of snacking patterns (e.g., three meals/day with a few snacks, times of day/night for snacking).
  - i. Examine personal preferences for snacking (e.g., class survey).
- 
- a. Develop a common understanding and use of respectful language to talk about illness and disease (e.g., germs, medicine, vaccinations, symptoms, treatment, contagious, infections).
  - b. Describe what being sick looks like, sounds like, and feels like (e.g., fatigue, loss of appetite, aches, absent from school and activities, sad).
  - c. Describe how particular illnesses may be transmitted (e.g., air – coughing and sneezing, direct contact – kissing; feces – animal and human; blood products – touching a used needle).
  - d. Identify personal health habits that may help to prevent getting sick (e.g., wash hands, cover mouth when coughing/sneezing, immunizations, do not share personal items, tell a trusted adult if you find a needle, exercise, sleep/rest, healthy diet).
  - e. Investigate the signs and symptoms of common childhood illnesses (e.g., influenza, colds, chicken pox, ear infections, asthma).
  - f. Differentiate between serious and non-serious illnesses and diseases (e.g., based on short/long term and the risk to health).
  - g. Establish that certain serious infections (including HIV and Hepatitis C) are transmitted through blood products (e.g., finding a contaminated needle).
  - h. Compare how a “healthy day” may differ from a “sick day”.
  - i. Examine how to take care of self and others when sick (e.g., rest, fluids, medications as intended).
- 
- a. Develop a common understanding and use of respectful language to talk about “respect” (e.g., tone of voice, manners, behaviours).
  - b. Realize a range of culturally sensitive ways to show respect (e.g., handshake, eye contact) and begin to develop the abilities to act on this realization including:
    - recognize and avoid exclusionary behaviours
    - identify ways to show genuine kindness and gratitude.
  - c. Determine how to show respect for own and other’s material possessions (e.g., ask before borrowing, put away when done using).

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## Outcomes

### USC2.4 continued

## Indicators

- d. Illustrate what respect looks like, sounds like, and feels like (e.g., take turns, listen without interrupting, ask for and provide help, smile, use people's names, disagree politely, adapt tone of voice, avoid "name calling" and unkind criticism of others).
- e. Understand, practise, and share basic interpersonal skills (e.g., asking for a turn, offering assistance, saying please and thank you) when supported to do so.
- f. Discuss the importance of respect within relationships (e.g., safety, recognition of gifts and talents).
- g. Describe how people (e.g., characters in a story) demonstrate or do not demonstrate respect for each other, personal gifts, material possessions, and/or the environment.
- h. Explore ways of reducing pollution (e.g., air, water) to maintain a healthy environment (e.g., reduce, reuse, repair, recycle).
- i. Discuss basic individual responsibilities for showing respect (e.g., recognize mistakes, 'fix' the mistake).
- j. Discuss and provide examples of treating others as one would like to be treated.

### USC2.5 Recognize potential safety risks in community "play areas" and determine safe practices/behaviours to identify, assess, and reduce the risks.

- a. Develop a common understanding and use of respectful language to talk about "risks" (e.g., identify, assess, avoid, reduce, consequence).
- b. Examine expected behaviours and general safety rules in community "play areas" (e.g., parks, playground, school yard).
- c. Inventory personal habits with respect to safety in community play areas.
- d. Demonstrate healthy behaviours (e.g., taking turns, wearing a seatbelt, asking for help) that favour the safety of self and others.
- e. Explore possible healthy risks (e.g., making new friends, trying new foods) and unhealthy risks (e.g., riding your bike without a helmet, playing in traffic areas, touching discarded needles, approaching stray animals).
- f. Discuss how safety rules/guidelines are established to reduce risks.
- g. Investigate ways to identify, assess, and reduce the risk of potentially dangerous and/or possible unsupervised situations in community "play areas".
- h. Examine the importance of "reporting" versus being a "tattle" when identifying safety concerns.
- i. Share the importance of practising safe behaviours in community "play areas" (i.e., one's safety depends on the safety behaviours of others) and the possible consequences of using/not using safety knowledge and skills.

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## Outcomes

**USC2.6 Examine how communities benefit from the diversity of their individual community members.**

## Indicators

- a. Investigate what it means to be special and unique (e.g., families, interests, talents, culture, gifts, faith, feelings, desires, learning styles, confidences, appearances).
- b. Develop an awareness of “community” as a group of people who interact, work, and play together; face challenges and solve problems together; and help each other.
- c. Develop awareness of differences in routines, practices, and/or preferences among people.
- d. Understand and respect (see USC2.4) individual preferences, including those related to traditions, dress, and play.
- e. Understand that different does not mean “better” or “worse”.
- f. Explore personal understanding of “self” as an individual with particular physical and inherited attributes (e.g., age, sex/gender, culture/ethnicity, abilities).
- g. Discuss that people do not choose the attributes of identity but rather are born with them (e.g., skin colour, sex), born into them (e.g., culture/ethnic group), or acquire them (e.g., learning of gender roles).
- h. Participate in experiences where being treated as a unique and valued member of the class with particular abilities and personal qualities are recognized and appreciated.
- i. Propose what the local community would be like if everyone was the same.

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

### Perspective: Discovering Connections Between Self and Wellness

## Outcomes

**DM2.1 Demonstrate how, why, and when to ask for help and/or advice when discovering healthy connections related to thoughts-feelings-actions, healthy snacking, affects of illness/disease, respect, safety, and diversity.**

## Indicators

- a. Examine the concepts of “advice” and “help” and develop the abilities to ask for both.
- b. Determine safety supports (e.g., teachers, peers, elder, bus driver, significant and trusted adults) in the community.
- c. Illustrate how, when, and why to access assistance (e.g., go to playground monitor, disrespecting another’s possessions).
- d. Identify behaviours that require specific kinds of support (e.g., healthy food choices require the food to be accessible and affordable).
- e. Practise asking for help in appropriate situations and recognize possible consequences of not asking for help.



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

**Perspective: Discovering Connections Between Self and Wellness**

**Outcomes**

**AP2.1 Act upon health-related understandings, skills, and confidences to make healthy connections related to personal thoughts-feelings-actions, healthy snacking, affects of illness/disease, respect, safety, and diversity.**

**Indicators**

- a. Ask questions and explore possible answers regarding the steps needed to take action (e.g., What will be done? Who will do it? When will it happen? Where will it take place? How will it be done?).
- b. Demonstrate, with guidance, asking for help with the action to be taken.
- c. Document the action that was taken.
- d. Reflect on the action (e.g., What did I do well? What did I learn? How could I be better?) in order to guide future application.

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## 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
<b>Grade 2</b>	<b>Discovering Connections Between Self and Wellness</b>
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 2 is “discovering connections between self and wellness”. 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).

### Planning

How will Grade 2 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 2 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.

*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)

Figure 4. Sample Template for Planning

<b>Planning Framework</b> <b>Grade 2: Discovering Connections Between Self and Wellness</b>	
<b>What Should Children Know, Understand, And Be Able To Do?</b>	
<p><b>Goal #1: Understandings, Skills, and Confidences</b>                      Health Education Outcome(s):</p>	
<p><b>Goal #2: Decision Making</b>                      DM2.1 Demonstrate how, why, and when to ask for help and/or advice when discovering healthy connections related to ...</p>	
<p><b>Goal #3: Apply Decisions</b>                      AP2.1 Act upon health-related understandings, skills, and confidences to make healthy connections related to ...</p>	
<p>Connections to Other Areas of Study:</p>  <p>Outcomes to Integrate from Other Areas of Study:</p>	
<p>Questions for Deep Understanding:</p>	
<p>Knowledge and Understandings:</p>	<p>Skills:</p>
<b>Evidence of Children’s Understanding:</b>	
<p>Performance Indicators:</p>	<p>Other Evidence:</p>
<b>Learning Plan:</b>	
<p>Learning Experiences and Activities:</p>	

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## 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.

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

**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 below for an example of a rubric that can be used to assess Grade 2 children's understanding and application related to goal #2 of health education.

Table 2. Sample Rubric

Grade 2 Goal #2				
	Exceeding Expectations	Meeting Expectations	Beginning to Meet Expectations	Not Yet Meeting Expectations
Understands	Has a significant understanding of who to ask for help, when to ask for help, and why to ask for assistance.	Has a reasonable understanding of who are safety supports in the community. When encouraged, recognizes possible consequences of asking/ not asking for help.	Understands the basic steps necessary to take action. Partial consideration of when and who to ask for assistance.	Understands little of the steps necessary to take action. Does not recognize when or who to ask for assistance with the action to be taken.
Uses	Feels confident asking for help with the action to be taken. Determines the appropriate safety support(s) and identifies the behaviour to be supported.	Regularly asks, with teacher support, for help in appropriate situations. Considers behaviours that require specific kinds of support.	Demonstrates, with prompting and support, the ability to ask for help and advice. Requires prompts to ask questions and explore answers about the action to be taken.	Requires repeated modelling of asking questions and exploring answers regarding the steps to take action. Continuous coaching is needed on when and how to ask.
Reflects	Purposefully reflects on personal choices of support and can provide evidence of why particular choices are successful.	Reflects logically on what was done well, what was learned, and what could be done differently next time.	Reflects, with prompting and support, on asking questions of one's actions. Questions are vague and their foci are sometimes unrelated to action.	Beginning to recognize, but with little to no reflection, what was learned.

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## 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). Further, 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).

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## 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.

**Determinants of Health** are conditions in which people are born, grow, play, live, work, and age that influence health inequities (e.g., healthy child development, biology/genetics, culture).

**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.

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## Feedback Form

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

### Grade 2 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:

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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:

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