

2010  
Saskatchewan Curriculum

# Health Education

# 5



Health Education 5

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## Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 5 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 students in developing a solid foundation for attaining and maintaining a balanced life.

This curriculum provides the learning outcomes that Grade 5 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 5 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 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 (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 students achieve knowledge, skills, and attitudes related to these Broad Areas of Learning.

### Lifelong Learners

Students 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 students 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

Students in Grade 5 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, the learners' sense of self is supported by learning about and from various worldviews and by working towards mental, emotional, physical, and spiritual balance.

## Engaged Citizens

Students demonstrate confidence, courage, and commitment in shaping positive change. In Elementary Level health education, students 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. Students' 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 individuals already possess, and teaches students 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, students 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. Students work toward common goals to address mutual health opportunities/challenges and to accomplish shared health goals.

## **K-12 Aim and Goals of Health Education**

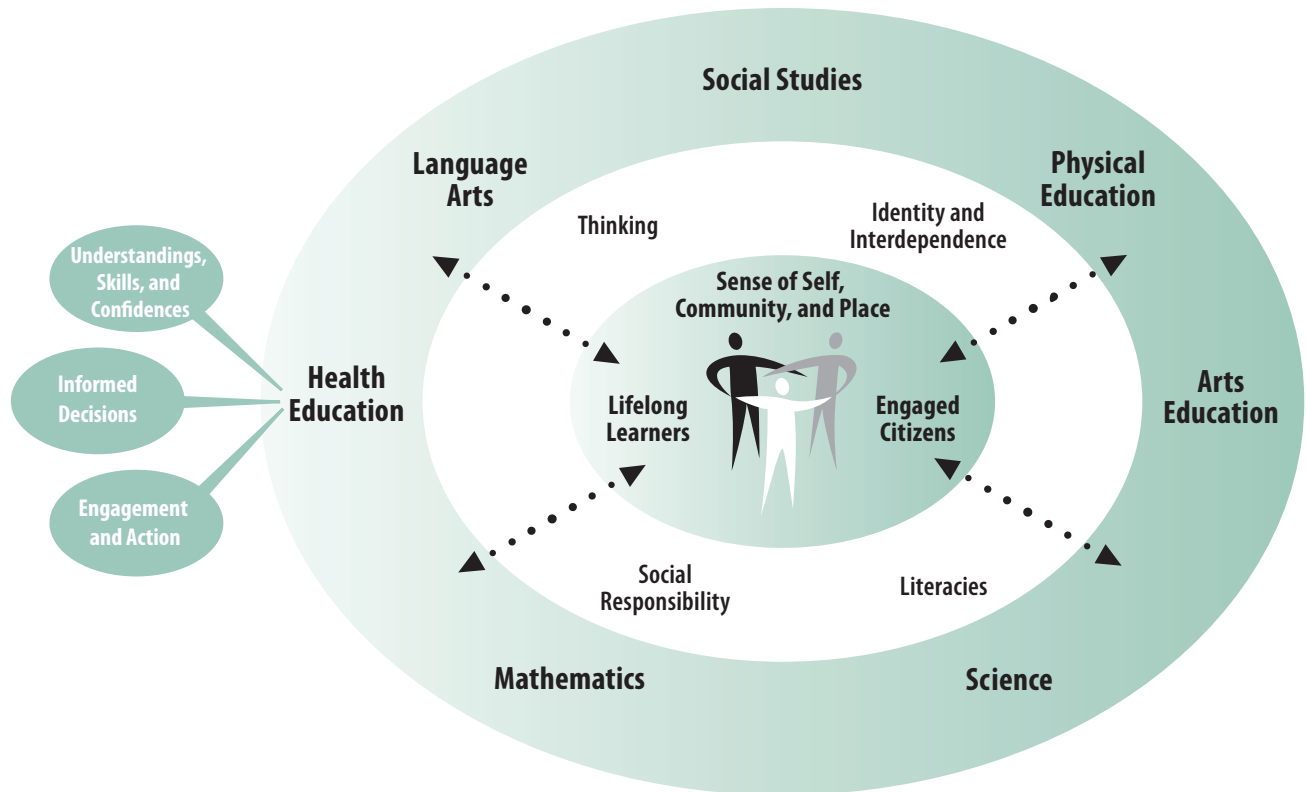
The K-12 **aim** of the Saskatchewan health education curricula is to develop confident and competent students who understand, appreciate, and apply health knowledge, skills, and strategies throughout life.

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 person's development. Throughout this curriculum, opportunities are provided for learners to attain and maintain a healthy mind, body, and spirit. Students can acquire the understandings, skills, and confidences needed, for example, to make informed decisions related to personal eating practices, changes of puberty, the impact of illness/disease, identity and well-being, violence, peer pressure, and self-regulation.

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



## An Effective Health Education Program

An effective health education program supports students' 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 person'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 and youth.

*... 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

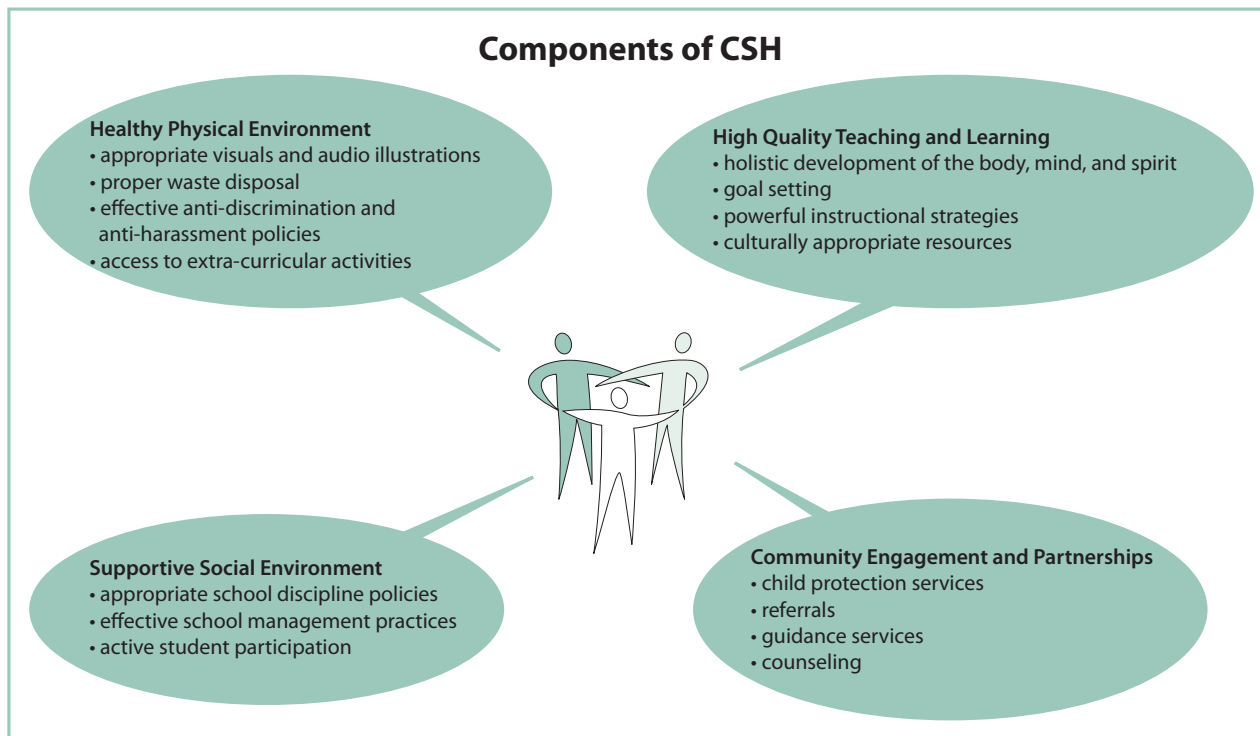


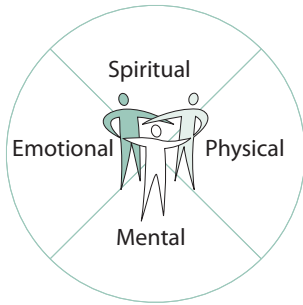
Table 1. Effective/Ineffective Health Education Programs

<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 students 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 students’ 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 students 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 students 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 students are learning and how students will know when they have achieved outcomes.</li> <li>• Involving students in the planning and criteria for assessment.</li> <li>• Demonstrating and documenting proof of student 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 students’ 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 students to see “themselves”.</li> <li>• Accessing resources that help students 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 students 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 students 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 students.</li> <li>• Intervention efforts are not supported by prevention efforts necessary for identified students.</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 students.</li> <li>• Students 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 person supports the development of a learner who is healthy, knowledgeable, motivated, and engaged.

Holistic learning provides opportunities for students 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. Students 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 students' daily lives. Whether they know it or not, Grade 5 students are already making decisions. The intent of Inquiry for Healthy Decision Making (see Figure 3) is to build on the learner's inherent 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 students with opportunities to practise and rehearse decision-making skills (Elias, Branden-Muller, & Sayette, 1991)
- having students work in pairs or small groups on relevant decision problems (Campbell & Laskey, 1991)
- utilizing concrete situations and decision problems that reflect students' interests and have relevance to their daily lives (Campbell & Laskey, 1991; Graumlich & Baron, 1991)
- encouraging students to search for new information when making decisions and helping them to avoid overestimating their knowledge and capabilities (Fischhoff, Crowell, & Kipke, 1999)
- helping students understand how personal choices affect others (Kuther & Higgins-D'Alessandro, 2000)
- teaching students about how personal emotions may influence one's thoughts, feelings, and behaviour (Fischhoff et al., 1999)
- assisting students to recognize personal biases (Baron & Brown, 1991; Campbell & Laskey, 1991).

**Inquiry learning** provides students 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 students' interests.

The inquiry process provides opportunities for students 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. Students 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 students 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). Students who are engaged in inquiry:

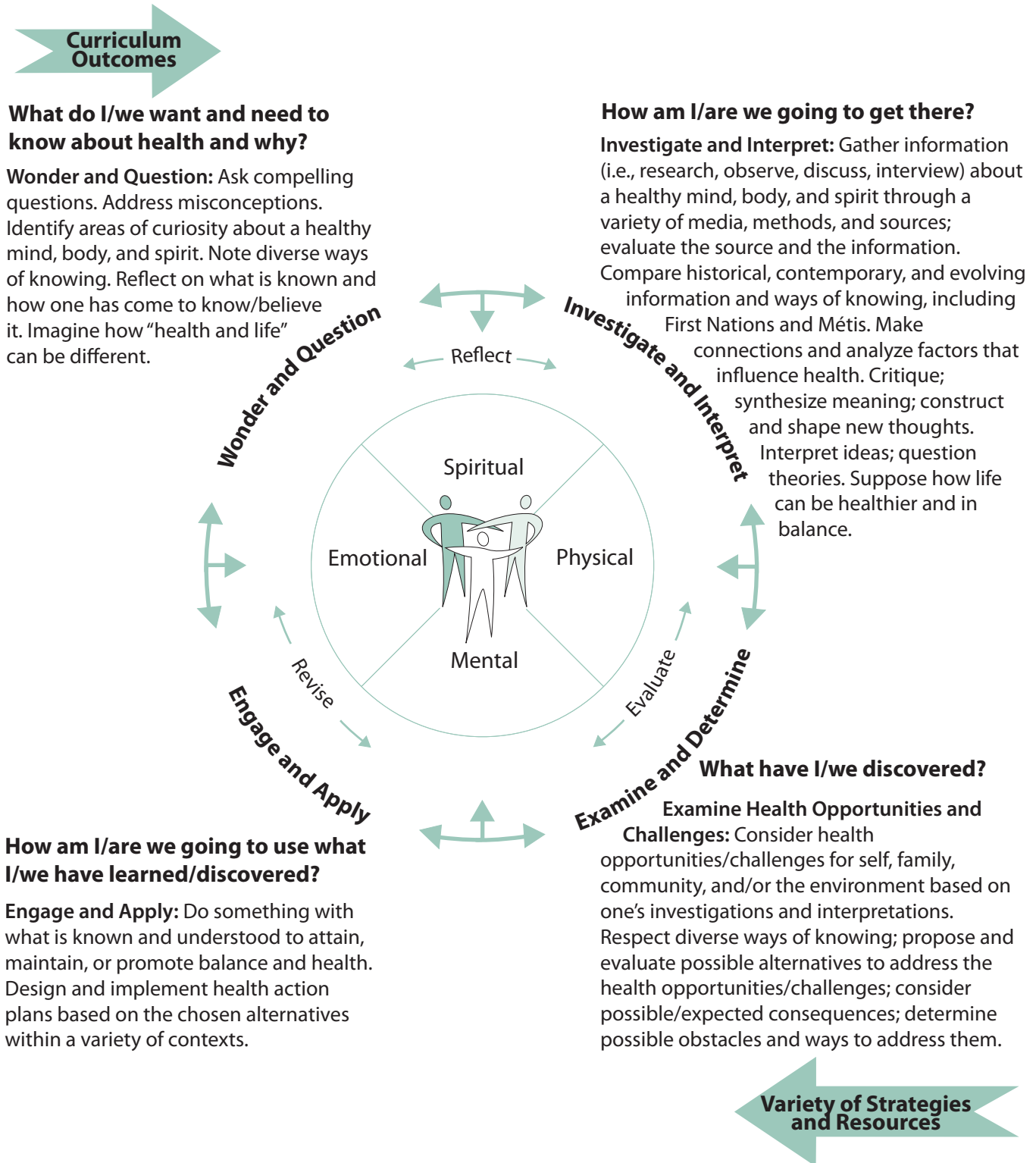
- construct deep knowledge and deep understanding rather than passively receive information
- are directly involved and engaged in the discovery of new knowledge
- encounter alternative perspectives and differing ideas that transform prior knowledge and experience into deep understandings
- transfer 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 5, Inquiry for Healthy Decision Making (Figure 3) is a recursive approach to teaching and learning that requires teachers and students to wonder and question about what students want/need to know about health and why. To explore particular areas of curiosity, students investigate and interpret a variety of visual, oral, written, digital, and multimedia texts. These investigations lead to the consideration of health opportunities and challenges and the application of what is now known and understood.

Figure 3. Inquiry for Healthy Decision Making

## Inquiry for Healthy Decision Making



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## Questions for Deeper Understanding

Questions provide students the initial direction for developing deeper understanding. Guiding questions may help students 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 students' experiences and life beyond the school. They also invite and encourage students 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 5 students gain a deep understanding of complex ideas (e.g., What are challenges to holistic well-being?) if they encounter them only once? Providing opportunities for students to think again about ideas promotes critical and creative thinking.

Building on what students already know is important when asking questions and discovering possible answers. Examples of questions to support deeper understanding in Grade 5 Health Education include:

- Can someone have a disease but still be considered healthy?
- How is “diversity in thought” necessary for community well-being?
- How do my thoughts, feelings, and actions influence my peers?

Students 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. Students 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 5 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 students’ understanding in at least two units of study. These applications focus on making informed decisions related to personal eating practices, changes of puberty, the impact of illness/disease, identity and well-being, violence, peer pressure, and self-regulation.

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**Goal #1: Develop the understanding, skills, and confidences necessary to take action to improve health.**  
**Perspective: Facing Obstacles and Embracing Opportunities to Holistic Well-being**

**Outcomes**

**USC5.1 Analyze personal eating practices.**

**Indicators**

- a. Investigate a variety of information about foods and beverages (e.g., print resources, media, nutritionists, elders).
- b. Examine information and promotions created to influence eating practices.
- c. Explain the importance of reading and understanding food labels including serving size, calories, and nutritional values (e.g., fat, sodium, and sugars) for making healthy food choices.
- d. Investigate a variety of information about healthy eating practices (e.g., five small meals/day, cultural foods and traditions, vegetarianism).
- e. Evaluate how particular practices and diets (e.g., cultural diets, vegetarian diet, diabetes diet) require planning to ensure a healthy, balanced diet.
- f. Record and analyze personal food consumption for five days (including servings, time, and location).
- g. Observe and record factors (e.g., cultural, environmental) that influence personal eating practices.
- h. Examine own and others' experiences with processed and non-processed foods.
- i. Investigate and compare the health benefits of consuming processed versus non-processed foods.
- j. Examine how eating practices have changed (e.g., traditional First Nations peoples eating practices, "fast-food" era).
- k. Explain how changes in our bodies sometimes affect our eating habits (e.g., increased appetite during growth spurts, "fuel" for exercise).

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## Outcomes

**USC5.2 Understand the responsibilities associated with the physical, social, spiritual, and emotional changes of puberty.**

## Indicators

- a. Identify local, provincial, and national sources of information about puberty.
- b. Discuss criteria that can be used to decide if a source is reliable.
- c. Identify and use correct and respectful language and terminology in relation to sexual anatomy and gender identity as it relates to changes of puberty.
- d. Determine that puberty is a natural process that often occurs at different rates.
- e. Describe physical changes, both primary (e.g., reproductive organs and systems) and secondary (e.g., growth of body hair, changes in body shape) that occur during puberty.
- f. Explain the process of menstruation and spermatogenesis.
- g. Examine social, emotional, and spiritual changes that occur during puberty (i.e., sexual attractions, insecurities, moodiness, form own ideas, morals and values; rely less on parents/caregivers for knowledge about life and about deep questions like 'Who am I?', 'Why am I here?', or 'What is the meaning of life?').
- h. Examine strategies for managing the social, emotional, physical, and spiritual changes associated with puberty (e.g., asking questions, engaging in physical activity, having sexual attraction to others).
- i. Describe personal responsibilities and determine the increasing importance of balanced health practices (e.g., bathe frequently, use deodorant and other sanitary products, respect private spaces, keep personal matters appropriately private, respect differences) associated with physical, social, spiritual, and emotional changes during puberty (e.g., body odour, menstruation, erections, emissions, peer pressure, social etiquette, insecurity, cultural roles and responsibilities).
- j. Discuss with a significant and trusted adult the expected changes (i.e., physical, social, spiritual, and emotional) of and responsibilities associated with puberty (e.g., rites of passage, special teaching about roles of women in some First Nations and Métis cultures).

**USC5.3 Analyze how infectious diseases (including HIV and Hepatitis C) and non-infectious illnesses/diseases challenge holistic well-being.**

- a. Identify examples of local, provincial, and national health sources regarding illness/disease.
- b. Discuss criteria that can be used to identify if a health source is reliable.
- c. Investigate various sources of information about illness and disease (including cancers, diabetes, depression, and heart disease).

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## Outcomes

### USC5.3 continued

### USC5.4 Analyze the connections between personal identity and personal well-being, and establish strategies to develop and support a positive self-image.

## Indicators

- d. Distinguish between infectious and non-infectious, and illness and disease.
  - e. Demonstrate an understanding of ways in which the body protects itself from illness and disease (e.g., intact skin, understanding portals/openings of entry such as eyes and mouth, immune system).
  - f. Investigate and articulate how the physical, mental, emotional, and spiritual well-being of self, family, and community is affected by illness and disease.
  - g. Ask questions and seek answers for deeper understanding:
    - Where do new diseases come from?
    - Why do people die from a disease when some people can be cured?
    - Why are some diseases more common in adults than in children and vice versa?
    - Can a person have a disease and still be healthy?
  - h. Describe the challenges of illness and disease to attaining or maintaining holistic well-being.
- a. Investigate knowledge and information about self-image.
  - b. Discuss criteria that can be used to determine if a health source is reliable.
  - c. Describe the qualities that are important in a person, regardless of their gender, culture, appearance, sexual orientation, abilities, and/or language.
  - d. Define stereotyping (i.e., a set of characteristics or a fixed idea considered to represent a particular kind of person), prejudice (i.e., preconceived negative or hostile views toward a person or group of persons based on ignorance and stereotyping), and discrimination (i.e., unfair treatment of a person or group on the basis of prejudice).
  - e. Ask questions and seek answers for deeper understanding:
    - How does prejudice develop?
    - Why do some people have realistic self-images while other people have distorted self-images?
    - Why are some stereotypes more common than others?
    - How is “diversity in thought” necessary for community well-being?

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## Outcomes

### USC5.4 continued

## Indicators

- f. Express insights of the effects of stereotyping and discrimination on self and others.
- g. Reflect on self-image as “the way you see yourself as a result of what you believe about your appearance, abilities, and character”.
- h. Discuss the influence of self and others (e.g., family expectations, family values and beliefs, culture, religion) on one’s self-image.
- i. Explore and describe what one can think, say, and do to develop and/or support a positive self-image in both self and others (e.g., recognize and refrain from derogatory comments related to any aspect of one’s self-image, challenge stereotypes, bias, and discrimination that are based on appearance and/or self-image).
- j. Identify and practise strategies for expressing feelings associated with the physical and emotional changes of puberty (e.g., family meeting, writing in a journal).
- k. Identify misunderstandings and/or misconceptions related to messages in the media that may misinform the public about identities (e.g., portrayal of violence, ethnic, gender, and racial bias).
- l. Discuss how privilege, lack of privilege, and/or unexamined privilege (e.g., levels of education, wealth, access to resources) distort our views of others, limit our potential, and impact our own and others’ identities.

### USC5.5 Analyze the impact of violence and the cycle of abuse on the holistic well-being of self, family, and community.

- a. Review qualities of healthy relationships (e.g., respect, honesty, reliability).
- b. Determine that abuse is used to gain or maintain power and control over another person(s).
- c. Investigate the different types of abuse (e.g., physical, sexual, emotional, mental, spiritual, economic).
- d. Ask questions and seek answers for deeper understanding:
  - What do the experts believe about violence being inherited or learned?
  - How is the “cycle of abuse” stopped?
  - Why is abuse more common in some communities than in others?
  - How are family/community norms about violence/abuse established and challenged?



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## Outcomes

### USC5.5 continued

## Indicators

- e. Recognize warning signals of unhealthy/abusive relationships (e.g., name calling, blaming, swearing, acting jealous/possessive, destroying possessions, lying, humiliating).
- f. Determine that a victim of abuse is never responsible/to blame for violent and abusive behaviours of others.
- g. Examine and begin to question school and community norms regarding violence and abuse.
- h. Analyze threats to personal safety at school, home, or in the community, and know sources of support or help.
- i. Explain how to access local violence and abuse prevention services and supports.
- j. Discuss possible challenges and solutions to accessing local supports and services.
- k. Examine the possible short and long-term consequences (i.e., physical, mental, emotional, and spiritual) of violence and/or abuse on self and others.

### USC5.6 Assess peer influence and demonstrate a readiness to prevent and/or avoid potentially dangerous situations involving peer pressure (including lying, substance use, and bullying).

- a. Discuss why peers pressure each other.
- b. Ask questions and seek answers for deeper understanding:
  - Why is peer pressure often more prevalent during adolescence than during any other time in one's life?
  - How and why does peer pressure change as one gets older?
  - Why can peer pressure be so powerful?
  - How do my thoughts, feelings, and actions influence my peers?
- c. Examine the different levels of pressure (i.e., internal, indirect, direct).
- d. Describe indicators of positive and negative peer pressure (e.g., positive - encourage healthy behaviours, negative - encourage unhealthy behaviours).
- e. Discuss examples of positive and negative peer influence on personal decision making.
- f. Generate and practise possible strategies to avoid/reduce the risk of potentially dangerous/unhealthy/unsafe situations involving peer pressure (e.g., prepare a mental script, listen to your "gut", plan for possible pressure situations, use possible parental controls as an excuse).

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## Outcomes

**USC5.7 Assess the importance of self-regulation and taking responsibility for one's actions.**

## Indicators

- a. Identify strategies for being calm and quiet/silent (e.g., deep breath, imagery, relax muscles, self-talk, smudging, reflection).
- b. Practise, in a variety of authentic contexts, being calm, quiet/silent, content, and free from extraneous external distractions.
- c. Recognize and describe varying levels of intensity of personal feelings.
- d. Reflect on examples when one did and did not “own” personal thoughts, words, and actions (e.g., lied to avoid consequences).
- e. Demonstrate the skills and confidences to admit “wrongdoing”, apologize when wrong, and recognize ways to rectify mistakes or wrongdoing.
- f. Determine the automatic regulation that is often beyond our awareness (e.g., hungry – we seek food, fear – we prepare to fight or flee).
- g. Compare scenarios where individuals do/do not self-regulate and the impact on self and others.
- h. Examine the influences on self-regulation, including that which comes from adults in the environment.
- i. Determine that all choices/decisions have consequences.
- j. Analyze the rights that go along with personal responsibilities.

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

**Perspective: Facing Obstacles and Embracing Opportunities to Holistic Well-being**

## Outcomes

**DM5.1 Analyze possible obstacles and envision solutions to addressing health challenges related to personal eating practices, changes of puberty, impact of illness/disease, identity and well-being, violence, peer pressure, and self-regulation.**

## Indicators

- a. Identify common barriers to adolescent well-being (e.g., peer pressure, time).
- b. Determine health challenges and opportunities.
- c. Question why particular health opportunities and challenges exist.
- d. Recognize why health opportunities may not be embraced.
- e. Determine that people respond to health challenges and opportunities in various ways.
- f. Analyze positive and negative consequences of people's responses to health challenges and opportunities.
- g. Formulate healthy strategies for addressing possible health challenges and/or embracing possible health opportunities.
- h. Create a class goal statement to address identified health challenges and/or embrace particular health opportunities.

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

**Perspective: Facing Obstacles and Embracing Opportunities to Holistic Well-being**

**Outcomes**

**AP5.1 Design and implement, with guidance, two five-day action plans that embrace health opportunities or address health challenges related to personal eating practices, changes of puberty, impact of illness/disease, identity and well-being, violence, peer pressure, and self-regulation.**

**Indicators**

- a. Identify the elements of effective action plans, including what will be done (e.g., goal), who will be involved, where it will take place, when it will take place, and why this action is being taken.
- b. Identify the supports needed to carry out the action plan.
- c. Carry out, with guidance, the steps identified in the design of the action plan.
- d. Reflect on if the goal was achieved 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
Grade 2	Discovering Connections Between Self and Wellness
Grade 3	Investigating Health Knowledge and Information
Grade 4	Sharing What It Means to Be Healthy
<b>Grade 5</b>	<b>Facing Obstacles and Embracing Opportunities to Holistic Well-being</b>

These perspectives exist as a continuum and the perspective for Grade 5 is “facing obstacles and embracing opportunities to holistic well-being”. Students extend their understanding of health-related concepts, by facing health obstacles and embracing health opportunities 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 5 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 5 students be guided in self-assessment and self-evaluation? These are just a few questions that health educators must reflect upon when planning for student 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 student 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 5: Facing Obstacles and Embracing Opportunities to Holistic Well-being</b>	
<b>What Should Students 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>                      DM5.1 Analyze possible obstacles and envision solutions to addressing health challenges related to ...</p>	
<p><b>Goal #3: Apply Decisions</b>                      AP5.1 Design and implement, with guidance, two five-day action plans that embrace health opportunities or address health challenges 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 Student 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 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

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

- 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 the following page for an example of a rating scale that can be used to assess Grade 5 students’ understanding and application related to action planning in health education.

Table 2. Sample Action Plan Rating Scale

Sample Grade 5 Action Planning Rating Scale			
Student’s Name:		Date:	
Exceeding Expectations	Meeting Expectations	Beginning to Meet Expectations	Not Yet Meeting Expectations
4	3	2	1
Rating	Criteria		
4 3 2 1	Analyzes possible health opportunities and/or challenges.		
Comments			
4 3 2 1	Develops healthy strategies for responding to health opportunities and/or challenges.		
Comments			
4 3 2 1	Identifies the elements of an effective action plan and the supports that may be required.		
Comments			
4 3 2 1	Implements action plan, with guidance, and revises particular steps as required.		
Comments			
4 3 2 1	Reflects on personal goal and if it was achieved.		
Comments			
Additional Comments:			

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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

**Action planning** is the application of health knowledge and skills to real-life health challenges. The teacher's role is to facilitate student action based upon student-identified health issues.

**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.

**Habits of Mind** are particular thinking dispositions that foster critical and creative thinking.

**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.

**Infectious** means communicable/contagious by infection from one person to another or from one part of the body to another (e.g., HIV/AIDS).

**Menstruation** is the monthly blood flow as a shedding of the uterine lining through the vagina.

**Non-infectious** defines infections that arise from inside the body as a result of numerous possible factors including heredity, diet, and exercise (viral infections versus bacterial infections).

**Privilege** is often unearned opportunities based on age, gender, culture, sexual orientation, ability, and/or language.

**Processed foods** are foods that have been changed from raw ingredients into other "foods" that are marketable and often have a long shelf life.

**Spermatogenesis** is the three phase process of sperm production in the testes.

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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 5 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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