



Health Education

6

Health Education 6

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in the development of the Grade 6 Health Education Curriculum.

Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 6 Health Education is **80 minutes of instruction per week for the entire school year** (*Core Curriculum: Principles, Time Allocations, and Credit Policy*, August 2007). Health education, as part of a comprehensive school health education program, will support youth in developing a solid foundation for attaining and maintaining a balanced life.

This curriculum provides the learning outcomes that Grade 6 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 and be able to do in order to achieve the learning outcomes. The learning experiences for students will support student achievement of the provincial Goals of Education expressed through the Broad Areas of Learning (described on the following page).

The Health education curriculum provides:

- direction for supporting student achievement of the Broad Areas of Learning
- the K-12 aim and goals of health education in Saskatchewan
- support for student development related to the Common Essential Learnings as expressed through the Cross-curricular Competencies
- characteristics of an effective health education program
- research-based learning outcomes and indicators
- 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. Additional curriculum support materials are available on the 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 various components and initiatives, Core Curriculum supports student achievement of the Goals of Education for Saskatchewan. For information regarding Core Curriculum, please refer to *Core Curriculum: Principles, Time Allocations, and Credit Policy* (August 2007) found on the Ministry of Education website.

Adolescence is a time of changing social roles, relationships, experiences and expectations. It is a time for developing skills for healthy adulthood and of experimentation in activities that may be beneficial or harmful to health. Lifelong behaviour patterns, which can become protective factors against or long-term risk factors for many chronic health conditions may be established or strengthened.

(Canadian Institute for Health Information, 2005, p. 15)

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.

Related to the following Goals of Education:

- *Basic Skills*
- *Life-long Learning*
- *Self Concept Development*
- *Positive Lifestyle*

Building Lifelong Learners

Students who are engaged in constructing and applying knowledge naturally build the skills and abilities necessary for health and well-being. Throughout their learning, students gain understanding and confidences to apply knowledge to address health challenges.

Related to the following Goals of Education:

- *Understanding & Relating to Others*
- *Self Concept Development*
- *Positive Lifestyle*
- *Spiritual Development*

Building a Sense of Self and Community

Students who possess a positive personal identity are able to establish and maintain meaningful relationships with others. Students benefit when deeper understanding results from learning about, with, and from others. In health education, students learn that through relationships, they can affirm personal standards related to the attainment and maintenance of the physical, mental, emotional, and spiritual aspects of humanness.

Related to the following Goals of Education:

- *Understanding & Relating to Others*
- *Positive Lifestyle*
- *Career and Consumer Decisions*
- *Membership in Society*
- *Growing with Change*

Building Engaged Citizens

Students who build a capacity for active involvement, an ethical sense of personal agency, and connections to the health of self, family, community, and the environment will contribute to the sustainability of local and global communities. Making positive and informed decisions in health education broadens students' understanding of, and responsibility for, stewardship of the natural environment and of the health of communities.

Cross-curricular Competencies

The Cross-curricular Competencies are four interrelated areas containing understandings, values, skills, and processes that 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 make sense of the world around them. 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 inquiry processes. Health education is taught and learned through an inquiry process that recognizes the knowledge that students already possess, and teaches them to self-reflect and purposefully seek, evaluate, and use historical, contemporary, and evolving information.

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

Developing Identity and Interdependence

This competency addresses the ability to act autonomously in an interdependent world. It requires the learner to be aware of the natural environment, of social and cultural norms and expectations, and of the possibilities for individual and group accomplishments. It assumes the possession of a healthy self-concept and the ability to live in harmony with others and with the natural and constructed worlds. Health education requires students to examine and demonstrate responsible and respectful behaviours in a variety of contexts, to positively influence the factors that affect relationships, and to develop a strong sense of identity in relation to their connection with others.

- *understanding, valuing, and caring for oneself*
- *understanding, valuing, and respecting human diversity and human rights and responsibilities*
- *understanding and valuing social and environmental interdependence and sustainability.*

Developing Literacies

This competency addresses a variety of ways, including the use of technology, to interpret the world and express understanding through words, numbers, images, sounds, and movements in various situations. Multiple literacies involve a continuum of interrelated skills, strategies, and knowledge that contribute to the development of an individual's ability to participate in a variety of roles and settings in the home, school, and community. Health education requires students to use various literacies effectively and contextually as they represent ideas and health information in multiple, flexible ways, as they apply them in daily life, as they identify and access supports to healthy living, and as they make healthy decisions.

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

- using moral reasoning processes
- engaging in communitarian thinking and dialogue
- contributing to the well-being of self, others, and the natural world.

Developing Social Responsibility

This competency addresses how people contribute to their physical, social, and cultural environments. It requires the ability to participate with others in accomplishing shared or common goals. Health education supports students in applying decisions for individual, family, community, and environmental health and wellness. Students work toward common goals to improve the health of self, others, and the environment.

Aim and Goals of K-12 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 goal of adolescence is to become an independent, autonomous individual connected with others in positive, fulfilling ways. The developmental tasks are to:

- achieve independence
- adjust to sexual maturation
- establish cooperative relationships with peers
- prepare for a vocation
- establish intimate relationships
- develop a core set of values and beliefs
- establish a personal identity
- prepare for adult social roles.

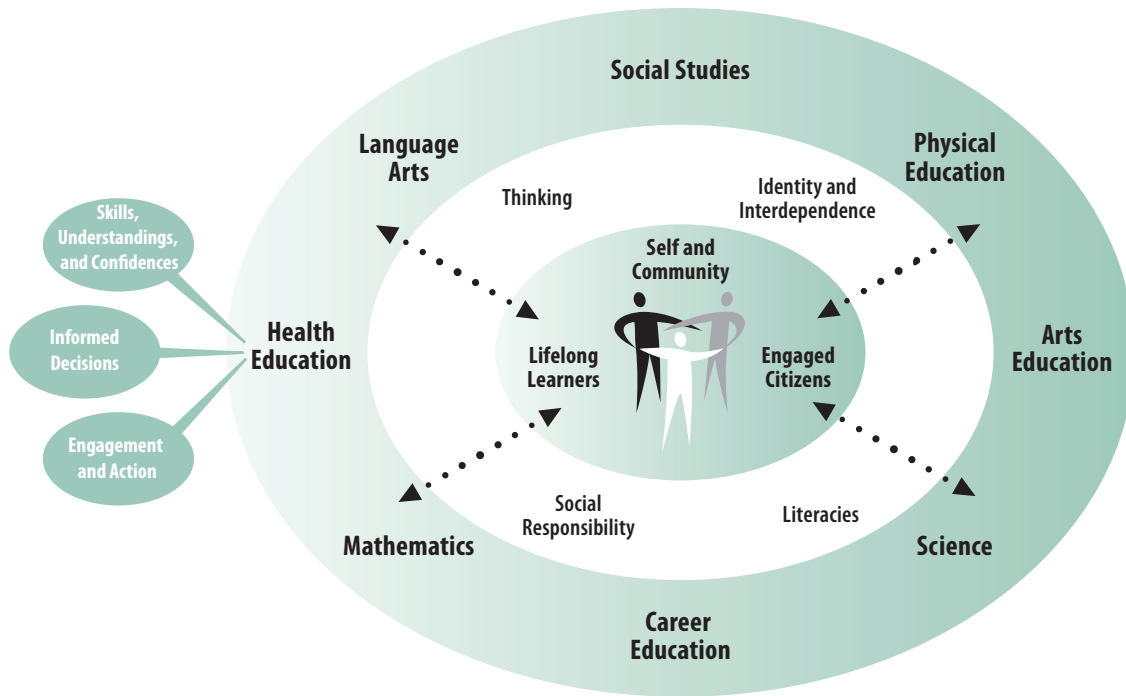
(National Children's Alliance, 2004)

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.**

These goals, while reflecting what is important in health education, also provide “throughlines” to and from Cross-curricular Competencies and Broad Areas of Learning. Teachers need to ensure that the “throughlines” from each subject area are considered when planning and teaching.

Health education contributes to fostering improved health, while recognizing there are many factors that promote health at every stage of a young person's development. Throughout this curriculum, opportunities are provided for students to attain and maintain a healthy mind, body, heart, and spirit. Young people can acquire the understandings, skills, and confidences needed, for example, to analyze influences on body image; to negotiate and make healthy decisions; to question the norms and trends that influence decision making; to maintain healthy relationships; and to take action to improve the health of self, family, community, and environment.



An Effective Health Education Program

An effective health education program supports student achievement of curriculum outcomes through:

- embracing a comprehensive school health approach
- educating the ‘whole person’ through holistic learning
- focusing on achieving health literacy
- building inquiring habits of mind
- responding to/addressing community perceptions/norms.

Comprehensive School Health (CSH)

The health and well-being of Canadians is linked to a number of factors, including health services; social, economic, cultural, and physical environments; and interactions between individual biology and behaviour. As health educators, we need to acknowledge and respond to this range of individual and collective factors that affect well-being. A comprehensive school health approach includes a wide range of school personnel and community members collaborating to enhance the well-being of all students. Health and social well-being require a comprehensive approach involving collaboration among young people, families, schools, agencies, communities, and

An effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve education and health.
(World Health Organization, 2009)

Adolescence can also be a time of experimentation in activities that are potentially harmful, such as taking drugs, drinking alcohol, smoking and engaging in risky sexual behaviours. For most, these experiences may be exciting and challenging, but not ultimately damaging. Others, however, go beyond experimentation, which may lead to behaviours that may be harmful to their health in adolescence and later life. Research suggests that supportive relationships in different settings, such as with families and peers and in schools and communities, may lessen the potential harm of risky activities and encourage health-enhancing behaviours among adolescents.

(Canadian Institute for Health Information, 2005, p. 22)

governments. The school staff can identify children and youth at-risk, help or refer young people to health services, support the reintegration of students into regular school life, and promote students' overall health and wellness. Healthier schools are effective schools, and considerations of health and social development should be part of school improvement planning (Canadian Association for School Health, 2007).

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 students 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

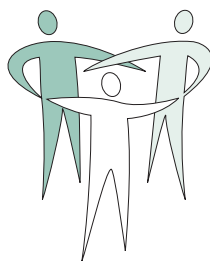
This curriculum invites and challenges educators to think about health education in relation to the needs and interests of their students. How can learning and health education be more purposeful, engaging, and authentic? How can it help youth become more competent and confident in accessing and using health-related information, more knowledgeable about a healthy self, family, community, and environment, and more engaged in reducing health-compromising behaviours and in increasing health-enhancing behaviours?

Healthy Physical Environment

(e.g., appropriate ventilation, proper waste disposal, effective discrimination and harassment policies, access to extra-curricular activities)

Social Supports

(e.g., appropriate school discipline policies, effective school management practices, opportunities for active student participation)



Teaching and Learning

(e.g., provincial health education curricula, holistic development of the mind, body, heart, and spirit, setting goals, powerful instructional and learning strategies, culturally appropriate resources)

Health and other Support Services

(e.g., child protection services, referrals, guidance services, psychological counseling)

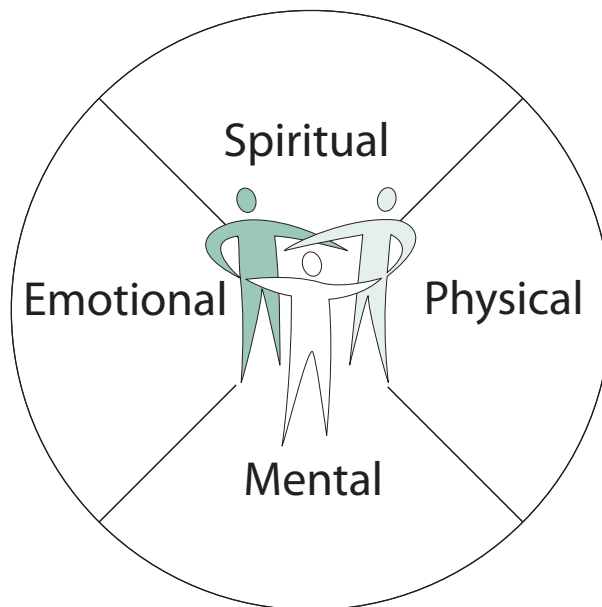
What an Effective Health Education Program <i>Is</i>	What an Effective Health Education Program <i>Is Not</i>
Teaching and Learning	Teaching and Learning
<p>Health education program:</p> <ul style="list-style-type: none"> Teaching health education for the required amount of time (i.e., 80 minutes/week). Focusing on all the outcomes in the provincial health education curriculum. Addressing all dimensions of health (i.e., physical, mental, emotional, spiritual). Establishing cross-curricular learning opportunities to strengthen health understandings and skills. Supporting informal learning opportunities and connections to students' lives. Using anti-oppressive and developmentally appropriate learning strategies to allow all youth to see "themselves". 	<p>Health education:</p> <ul style="list-style-type: none"> Treating health education as less important than other Required Areas of Study. Teaching health education that does not adequately focus on all provincial health education outcomes. Focusing solely/primarily on 'physical' health. Teaching health education in isolation, without connections to students' daily lives. Promoting only one way of knowing (e.g., ethnocentrism).
<p>Deep understanding and application of health information:</p> <ul style="list-style-type: none"> Creating and critiquing knowledge, not just "having" it. Fostering life skills such as health literacy, problem solving, self-efficacy, and social responsibility. Applying health-related understandings. Engaging in inquiry-based decision making. Reflecting on learning. Questioning personal assumptions about the world and one's place in it. 	<p>Isolated health knowledge and comprehension:</p> <ul style="list-style-type: none"> Answering literal recall questions. Memorizing a series of health-related facts. Doing a series of isolated health activities. Completing low level thinking tasks or factual worksheets. Lacking authentic opportunities to apply health-related understandings, skills, and confidences. Accepting a eurocentric view of the world.
<p>Authentic assessment:</p> <ul style="list-style-type: none"> Knowing and negotiating what, why, and how students are learning and how students will know when they have achieved outcomes. Participating in the planning and criteria for assessment. Demonstrating and documenting proof of learning. Being guided by assessment for learning. 	<p>Assessment:</p> <ul style="list-style-type: none"> Having only teacher awareness of the outcomes and reasons for learning or doing something. Not recognizing how they or other people learn. Using written quizzes and tests that assess solely basic knowledge of health facts. Using assessment criteria determined solely by the teacher.
<p>Resource-based Learning:</p> <ul style="list-style-type: none"> Accessing and using a variety of appropriate media and health resources. Arranging for guest speakers to align presentations with provincial health education curriculum outcomes to be achieved. Using current and appropriate Saskatchewan and Canadian data and information in relation to curriculum outcomes. Using contemporary technologies and processes to learn and to document understanding. Providing anti-oppressive and developmentally appropriate resources that allow all children and youth to see 'themselves'. Accessing resources that help students make informed personal choices. 	<p>Resources:</p> <ul style="list-style-type: none"> Using only one or two resource(s) as the basis for health education. Having a guest speaker present the same information to numerous grade levels rather than targeting grade level curriculum outcomes. Using a 'packaged or canned' resource as a primary resource with no perceived relation to the provincial curriculum. Inviting 'one-shot wonders' to present with no pre- or post-learning connected to grade level curriculum outcomes. Accessing and accepting isolated information at face value. Using resources aimed at persuading students that they must live a certain way regardless of current research or life situations.

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What an Effective Health Education Program <i>Is</i>	What an Effective Health Education Program <i>Is Not</i>
<p>Health and Other Support Services</p> <ul style="list-style-type: none"> • 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). 	<p>Health and Other Support Services</p> <ul style="list-style-type: none"> • Limited early identification or treatment services provided for children and youth. • Intervention efforts are not supported by prevention efforts necessary for identified students.
<p>Social Supports</p> <ul style="list-style-type: none"> • Participating, contributing, and making connections to family, community, and society. • Informal (i.e., peers, families, school staff, community norms) and formal (i.e., school policies) supports promote health and well-being both in and out of the school (e.g., role modeling, school discipline policies, parent participation, peer support groups). • Healthy behaviours are expected and supported by the school community. 	<p>Social Supports</p> <ul style="list-style-type: none"> • Parental participation is limited to fundraising efforts. • Absence of development, implementation, and/or evaluation of school discipline policies. • School staff behaviours contradict the expected behaviours of students. • Students and community members are unaware of behaviour expectations within the school.
<p>Healthy Physical Environment</p> <ul style="list-style-type: none"> • A clean, safe, health-promoting environment helps prevent injuries and diseases, and enables healthier choices. • Safety procedures are communicated and practised. • Hygiene standards are communicated and monitored. • Food and nutrition policies are developed, implemented, and evaluated. • Smoke-free school policies are developed, implemented, and evaluated. • Opportunities and support exist for daily physical activity. • Environments are free from bullying and harassment. 	<p>Healthy Physical Environment</p> <ul style="list-style-type: none"> • Absence of development, implementation, and/or evaluation of nutrition and physical activity policies. • Safety procedures (e.g., fire drills, tornado drills) are not communicated nor practised. • Facilities and equipment for physical activity are not available during less structured times (e.g., recess, noon hour). • Inadequate student supervision before, between, and after classes.

Holistic Learning

Holistic learning is based on the principle of interconnectedness; a student is viewed as a whole person with body, mind, heart, 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 means supporting the development of a student 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 skills and abilities to read and act upon health information (such as the appropriate use of prescription medications), the proper skills to communicate health needs and challenges, or sufficient listening and cognitive skills to

Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders.

(Association of Supervision and Curriculum Development, 2008)

Young people's emotional health reflects their awareness of their own emotions or feelings, their thinking or psychology, and how these influence their overall health, attitudes, and well-being. Canadians should be concerned about emotional health. Research has shown that many adolescents who experience mental health problems continue to have these problems in adulthood; as a result, early recognition of the signs of emotional health difficulties is critical.

(Public Health Agency of Canada, 2008)

understand the information and the instructions received (Adapted from the Canadian Council on Learning, 2007).

Numerous 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.

Researchers and policy makers in the health and education fields consider health literacy as a critical pathway linking education to health outcomes, as a causal factor in health disparities between different population groups, and as a predictor of overall population health (Canadian Council on Learning, 2007).

Inquiry for Healthy Decision Making

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 content and outcomes.

Inquiry builds on students' inherent sense of curiosity and wonder, drawing on their diverse backgrounds, interests, and experiences. The inquiry process provides opportunities for students to become active participants while in a collaborative search for meaning and understanding. While memorizing facts and information may be necessary in some cases, 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 data and information accumulation and move toward the generation of useful and applicable knowledge and/or to address health challenges and/or embrace health opportunities – 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

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)

the development of inquiry skills and the nurturing of inquiring attitudes or habits of mind that will enable youth to continue the quest for knowledge beyond the classroom and throughout life.

Health education is taught, learned, and evaluated using an inquiry approach to healthy decision making. Students who are engaged in inquiry:

- construct knowledge and deep understanding rather than passively receive information
- are directly involved in the discovery and construction 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 learning and mastery of curriculum understandings and skills
(adapted from Kuhlthau & Todd, 2008, p. 1).

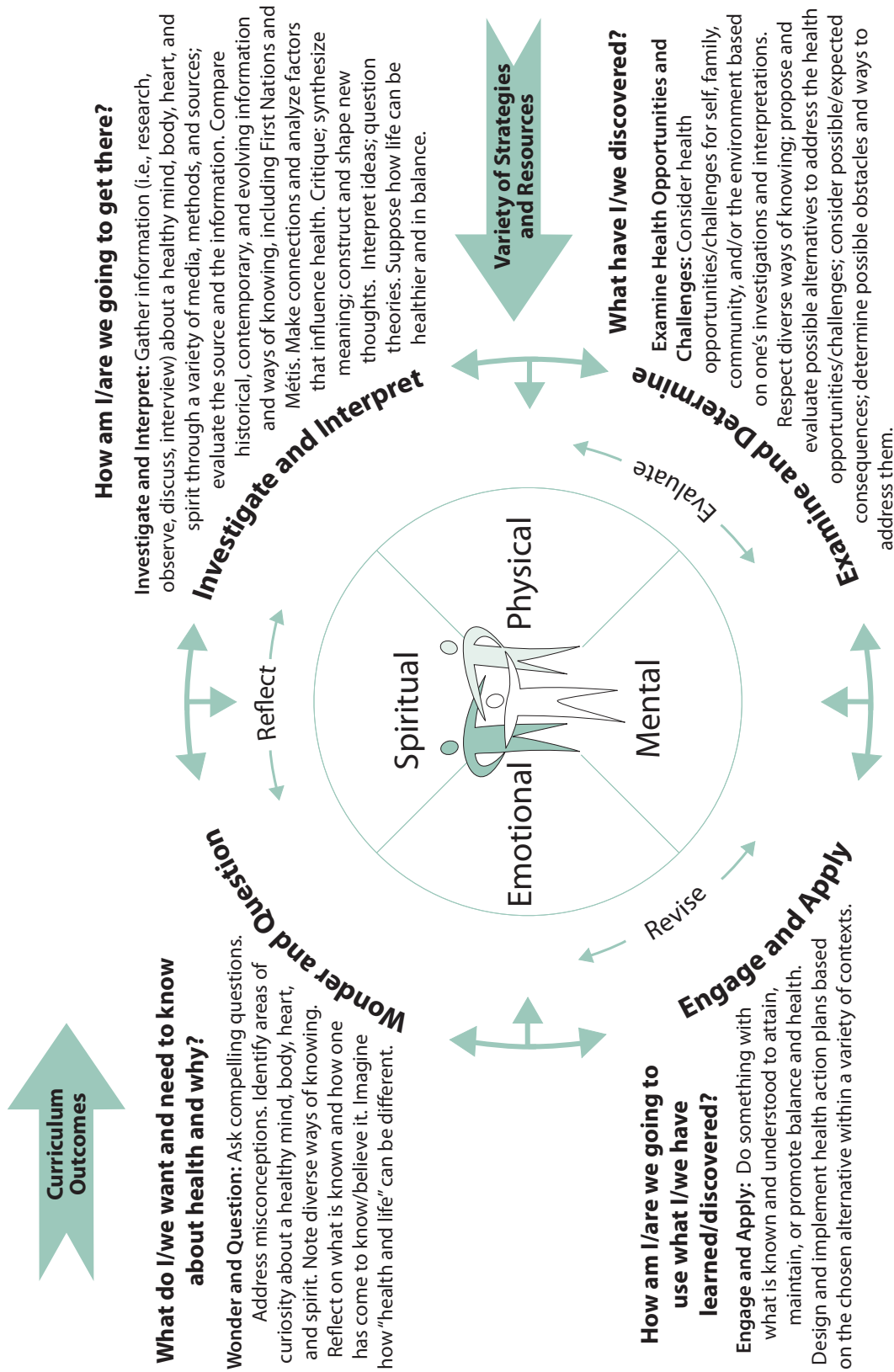
Examples of concrete strategies to help students develop decision-making skills include:

- 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 young people's interests and have relevance to their daily lives (Campbell & Laskey, 1991; Graumlich & Baron, 1991)
- examining information about the actual number of young people engaging in risky behaviours to counteract media messages (Fischhoff, Crowell, & Kipke, 1999)
- encouraging young people to search for new information when making decisions and helping students to avoid overestimating their knowledge and capabilities (Fischhoff et al., 1999)
- helping young people understand how personal choices affect others (Kuther & Higgins-D'Alessandro, 2000)
- teaching young people about how personal emotions may influence one's thoughts, feelings, and behaviour (Fischhoff et al., 1999)
- assisting young people to recognize personal biases (Baron & Brown, 1991; Campbell & Laskey, 1991).

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)

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 for Healthy Decision Making



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.

Personal standards define the expectations we have for ourselves and others. The decisions we make are a reflection of our personal standards. Examples of questions to support deeper understanding of establishing personal standards in Grade 6 Health Education include:

- How do we define who we are?
- How do media shape our view of ourselves and the world?
- How and why do we develop personal values and beliefs?
- How do our personal beliefs and values influence our behaviour?
- What does it mean to 'grow up'?
- In a culture where we are bombarded with 'others' trying to define us, how do we affirm personal standards and make decisions for ourselves?

Responding to Community Perceptions and Norms

All topics/understandings in the provincial health education curriculum are necessary for the well-being of students. Depending upon community norms and perceptions, some topics such as human sexuality and/or death, dying, and grieving may be perceived as controversial for some people while accepted without question by others. If controversy does arise, it can be seen as an opportunity to investigate, consider, and critically examine different perspectives/perceptions regarding various health education topics/understandings.

Sexual health is a major part of personal health and healthy living. Human sexuality research emphasizes abstinence from all sexual activity involving risk as the best and healthiest decision for adolescents. Research also indicates that students who decide to become sexually active now or in the future need information about effective protection against pregnancy and sexually transmitted infections.

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.*
- *Require students to consider alternatives, weigh evidence, support their ideas, and justify their answers.*
- *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 situations and subjects.*

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

Substance abuse prevention that emphasizes abstinence from substance use and abuse is the only safe, healthy, and legal decision for adolescents. Individuals who decide to use substances now or in the future need information about the harms associated with substance use/abuse and strategies to reduce these associated harms (e.g., designated drivers).

Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

(Canadian Charter of Rights and Freedoms, 1982, 15.1)

HIV/AIDS education deals with the personal and sometimes sensitive issues of interpersonal relationships, sex, drugs, and death. Students come to Saskatchewan classrooms from diverse backgrounds and bring with them a range of values and ideas about these topics. Students may live in traditional families or non-traditional families. Some may be hesitant to share ideas and join discussions. It is important to respect the diversity of students' backgrounds, needs, and interests.

The topic of homosexuality may arise during discussions about HIV/AIDS. In accordance with Saskatchewan's Common Essential Learnings (e.g., Personal and Social Development), educators must remind students that all people deserve respect, and that classroom discussions are to be free of stereotyping and prejudice. Within HIV/AIDS education, it is important to focus on prevention, transmission, support, and treatment rather than focusing on particular groups of people. With HIV/AIDS, it does not matter who you are; it matters what you do.

Some students may have friends or family members who are HIV positive, are dying, or have died of AIDS. For those students, information on supporting friends or family who are living with AIDS, death, and dying may be of importance. Appropriate resource people and community agencies can support both teachers and students.

It is recommended that the school work with the School Community Council and the local community to determine and address potentially controversial topics. A variety of approaches are suggested for reflection, discussion, and presentation of such topics (which may make a difference to their acceptability).

See the Ministry of Education website for related support materials.

Outcomes and Indicators

Outcomes are statements of what students are *expected to know 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 (educational and subject-related)
- 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 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 6 Health Education are organized around the three K-12 health education goals. Multiple outcomes can be used when planning (see Teaching and Learning the Grade Perspective, page 23). When students have achieved the understandings, skills, and confidences identified in outcomes associated with goal #1, students then achieve the outcomes associated with goal #2 for each unit of study. The “action” outcome related to goal #3 requires two action plans. These action plans focus on the topics addressed within the different units of study (e.g., personal standards, healthy relationships, HIV/AIDS education). See the online materials for additional planning suggestions.

Grade 6 students will build on their learning experiences in grade 5 which emphasize facing obstacles and embracing opportunities to holistic well-being. The outcomes in grade 6 focus on students gaining the understandings, skills, and confidences to *affirm personal standards* related to holistic wellbeing.

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

Perspective: Affirm Personal Standards

Outcomes

USC 6.1 Analyze the factors that influence the development of personal standards and identity, and determine the impact on healthy decision making (including cultural norms, societal norms, family values, peer pressures, mass media, traditional knowledge, white privilege, legacy of colonization, and heterosexual privilege).

Indicators

- a. Describe values one appreciates in self and in others and explain why.
- b. Propose why people behave the way they do (e.g., personal beliefs, societal norms).
- c. Identify sources of, and evaluate information about, personal beliefs and values.
- d. Communicate an informed personal definition of personal standards (e.g., core personal values that are reflected in how you treat yourself, how you treat others, what and how you speak, your behaviours).
- e. Uncover personal standards by exploring questions such as:
 - What are the standards that I will expect myself to live by at all times?
 - What are my standards for dealing with challenges/problems?
 - What are the boundaries for the attitudes and actions that I will accept for myself, my peers, my family, and my community? What standards are part of my cultural heritage?
- f. Consider how and why personal values may change (e.g., norms, trends, values/priorities, relationships, critical events).
- g. Investigate (including through drama, dance, music, and/or visual art) the factors that have the most influence on personal standards.
- h. Describe healthy attitudes and behaviours that affirm personal standards.
- i. Define identity as being related to who we feel we are and how we define ourselves.
- j. Examine the connections between affirming personal standards and developing identity.
- k. Explore when personal standards may be reinforced or challenged.
- l. Analyze events or factors that cause people to make decisions that reflect or conflict with their personal standards.
- m. Discuss factors that affect the identities of people as a result of colonization.
- n. Determine how decision making is influenced by personal standards.

Outcomes

USC 6.2 Appraise the importance of establishing/maintaining healthy relationships with people from diverse backgrounds who may or may not express differing values, beliefs, standards, and/or perspectives (i.e., people of various ages, cultures, socio-economic status, faiths, family structures, sexual orientations, and cognitive/physical abilities).

Indicators

- a. Conclude the importance of respecting facts, evidence, and views of others when engaging in discussions.
- b. Ask compelling questions to initiate insights as to how people are the same, how people are different, and how individuals are unique.
- c. Shape new thoughts about oneself as an individual who has a unique heritage and particular influences on beliefs, standards, and/or perspectives.
- d. Identify sources of, and evaluate information about, diversity.
- e. Articulate a comprehensive understanding of prejudice, stereotype, and bias.
- f. Discuss and question stereotypes and biases that exist in the school and community.
- g. Explore stereotypes and beliefs (including but not limited to those related to age, culture, religion, family structures, and sexual orientations), both past and present, that might limit the number and kinds of healthy relationships.
- h. Investigate (including through drama, dance, music, and/or visual art) what the community would be like if everyone was exactly the same.
- i. Examine the characteristics of healthy relationships.
- j. Propose how the community would be different if stereotypes and biases did not exist.
- k. Explore and articulate an understanding of socio-economic class, gender, and culture as attributes of identity that are ascribed to groups of people and the ways that preconceptions about people based on these designations can be false, limiting, and harmful.

Outcomes

USC 6.3 Demonstrate an understanding of how non-curable infections, including HIV and Hepatitis C infection, are transmitted and how these infections influence the health (i.e., physical, mental, emotional, spiritual) **and the identities of self, family, and community.**

Indicators

- a. Identify sources of, and evaluate information about, non-curable infections, including HIV and Hepatitis C.
- b. Discuss standard precautions/strategies to prevent the transmission of infectious diseases (e.g., washing hands, personal protective measures such as not sharing personal items, immunization, insect precautions, needle safety, avoiding other's body fluids, condoms, sexual abstinence).
- c. Describe ways that non-curable infectious diseases, including Hepatitis C and AIDS, are transmitted and explain ways to avoid and/or reduce the risk of infection/co-infection.
- d. Perceive how beliefs in the myths and assumptions related to the transmission of non-curable infections, including HIV/AIDS and Hepatitis C, affect the health and the identities of the individual, family, and community.

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USC 6.3 (continued)

- e. Analyze how non-curable infections, including HIV, affect more people than they infect.
- f. Examine how thoughts and feelings about HIV infection might reinforce or challenge personal standards.
- g. Analyze the emotional, spiritual, and social aspects of well-being that influence and are influenced by non-curable infections, including HIV/AIDS and Hepatitis C.
- h. Form a personal response, in ways that affirm own personal standards, to some of the health challenges facing families and communities in regards to AIDS.
- i. Predict what might happen if only one aspect of health (i.e., only the physical) is addressed when a person/community is infected/affected with a non-curable infection.
- j. Investigate and communicate what can happen when a holistic approach (body, mind, heart, and spirit) to management of non-curable infections is/is not adopted.

Outcomes

USC 6.4 Assess and demonstrate strategies used to identify and make healthy decisions in stressful situations.

Indicators

- a. Identify sources of, and evaluate information related to, anxiety and stress.
- b. Inventory the kinds of situations that may create anxiety for grade 6 students (e.g., family break-up, moving, getting/ unable to afford braces/glasses, public speaking, body image, academic pressure, foster care, death, economic status).
- c. Analyze physical, mental, and emotional responses (both positive and negative) to stress (e.g., heightened alertness, motivation, 'fight or flight', illness, withdrawal, difficulty concentrating, difficulty eating and/or sleeping).
- d. Examine stressors for which one can plan and/or over which one has control.
- e. Interview people of various ages and cultures in the community to determine and evaluate common ways of managing stress (e.g., physical activity, dancing, deep breathing, self-talk, smudging, meditation, listening to music).
- f. Propose healthy (e.g., exercise, sleep, self-talk, deep breathing, communicating) and unhealthy ways (e.g., substance abuse, aggression, withdrawal) of managing stress and compare related short-term and long-term consequences (i.e., physical, mental, emotional, spiritual).
- g. Practise healthy ways of adjusting/responding to stress.
- h. Determine when anxiety is "normal" and when professional help may be required.

USC 6.4 (continued)

- i. Comprehend that stress can be healthy or unhealthy; it is how one responds to/manages stress that affects health.
- j. Examine how stress may influence (both positively and negatively) personal standards and decisions.

Outcomes

USC 6.5 Analyze the influences (e.g., cultural, social) **on perceptions of and personal standards related to body image, and the resulting impact on the identities and the well-being of self, family, and community.**

Indicators

- a. Identify sources of, and evaluate information about, influences on body image.
- b. Discuss stereotypes based on appearances and the importance of not judging self nor others based on appearances.
- c. Conclude that there is a wide and acceptable healthy range in body type.
- d. Investigate the connections among how we look, how we feel, and how we behave.
- e. Illustrate how personal standards influence the kinds of decisions made in relation to personal appearance.
- f. Investigate how one's identity is influenced by own and other's perceptions related to appearance.
- g. Express insights about the influences on perceptions of body image.
- h. Propose reasons (including that the cosmetic and diet product industries are assured of growth and profits) why the mass media might portray an "ideal" look that is difficult to achieve and maintain and the impact this has on health and well-being.
- i. Critique strategies used by advertisers and others within mass media to influence perceptions about appearance and articulate the related impact on the health (i.e., physical, social, emotional, spiritual) of self, family, and community.
- j. Compare the strategies used by the cosmetic and diet industries to those of the tobacco industry.
- k. Examine how the health of a community can be affected (both positively and negatively) by people's perceptions of body image.
- l. Examine personal standards related to body image that enhance the health of self, family, and community.

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Outcomes

USC 6.6 Develop and demonstrate the knowledge, skills, and personal standards necessary for establishing and supporting safe practices and environments related to various community activities.

Indicators

- a. Examine safety risks for common/local adolescent activities (e.g., based on needs and interests of community).
- b. Reflect on and communicate personal and family attitudes towards safety.
- c. Represent a personalized, thoughtful, and coherent understanding of the importance of a healthy attitude toward personal safety.
- d. Investigate and analyze the intent of the rules, regulations, and laws related to safety practices for common and local adolescent activities.
- e. Evaluate the rights and responsibilities associated with rules, regulations, and laws related to a variety of safety practices to create healthy and safe community environments (e.g., tobacco legislation, personal protective equipment).
- f. Examine the possible physical, social, and emotional consequences of not understanding and/or not following safety rules, regulations, and laws.
- g. Determine when safety and personal standards about individual responsibility for safety and accident prevention may be challenged.
- h. Affirm personal standards with respect to individual rights and responsibilities for creating and supporting safe environments.
- i. Defend the statement “community safety is everyone’s responsibility”.

Outcomes

USC 6.7 Assess how health promotions and advertising (related to but not limited to tobacco, alcohol, diabetes, and HIV) influence personal standards and behaviours and determine how and why certain groups of consumers (e.g., youth as ‘replacement’ smokers) are targeted.

Indicators

- a. Identify and evaluate local, provincial, and national health promotions.
- b. Identify sources of, and evaluate information related to, the marketing strategies used by a variety of industries and agencies to target youth.
- c. Examine and categorize the advertising and related promotions in the school and community (e.g., target audience, product promotion).
- d. Analyze the marketing and promotional vehicles/strategies used by companies and industries (including the tobacco industry) to encourage young people to use/buy their products and/or to challenge young people’s personal standards.
- e. Compare the strategies used by industries and agencies that encourage health-enhancing behaviours to those that encourage health-compromising behaviours.

USC 6.7 (continued)

- f. Investigate the influence of health promotions and advertising on youth attitudes and behaviours.
- g. Determine why young people are a valuable market for numerous industries and manufacturers.
- h. Analyze the perceived and the “hidden” purposes as to why manufacturers and industries (e.g., tobacco, diet plans, clothing) advertise.
- i. Analyze the impact of tobacco control legislation on tobacco industry messaging.
- j. Propose and investigate other legislation that would target health-compromising messaging.

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

Perspective: Affirm Personal Standards

Outcomes

DM 6.8 Assess the role of personal standards in decision making related to healthy relationships, non-curable infections, stress management, body image, safety, and health promotions.

Indicators

- a. Distinguish similarities and differences in a variety of decision-making models.
- b. Select an effective decision-making model to use.
- c. Examine the factors that influence decision-making (both positive and negative).
- d. Decide which factors have the greatest influence on one’s personal standards.
- e. Recognize when personal standards might be at risk.
- f. Investigate strategies and decisions to affirm personal standards.

Outcomes

DM 6.9 Examine health opportunities and challenges to establish personal goal statements related to healthy relationships, non-curable infections, stress management, body image, safety, and health promotions.

Indicators

- a. Identify and recognize health opportunities and/or challenges related to each unit of study.
- b. Evaluate, based on specific criteria, strategies for embracing the health opportunities and/or addressing the health challenges related to each unit of study.
- c. Construct personal goals, related to affirming standards, in each unit of study.
- d. Revise personal goals as necessary.

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

Perspective: Affirm Personal Standards

Outcomes

AP 6.10 Design and implement (with guidance) two six-day action plans that reflect affirmation of personal standards related to decision making, relationships, non-curable infections, stress management, body image, safety, and health promotions.

Indicators

- a. Develop, with guidance, criteria to assess action plans that affirm personal standards.
- b. Describe the elements of a well-designed action plan.
- c. Examine the traits and skills of a support person who can/will support individual action plans.
- d. Use specific criteria to evaluate the design elements of the action plans.
- e. Carry out action plans in ways that affirm personal standards.
- f. Assess and revise action plans as necessary.

Outcome Organization and Planning

- Combine outcomes associated with Goal #1 for unit planning (see p. 24).
- Outcomes associated with Goal #2 are addressed in **each** unit of study.
- Outcome associated with Goal #3 is completed in **two** different units of study (Note: Requires two action plans).

Teaching and Learning the Grade Perspective

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

Grade 6	Affirming Personal Standards
Grade 7	Committing Self
Grade 8	Supporting Others
Grade 9	Promoting Health.

These perspectives exist as a continuum and the perspective for grade 6 is “affirming personal standards”. Students design and carry out two action plans (see outcome 6.10) that affirm personal standards for making healthy and responsible decisions. Grade 6 health education focuses on identifying and establishing personal principles and values.

The table below identifies how the Grade 6 perspective provides a specific focus in the Inquiry for Health Decision Making and allows for a gradual progression towards independent decision-making and collaborative health promotion.

For more information regarding the perspectives, see the Ministry of Education website.

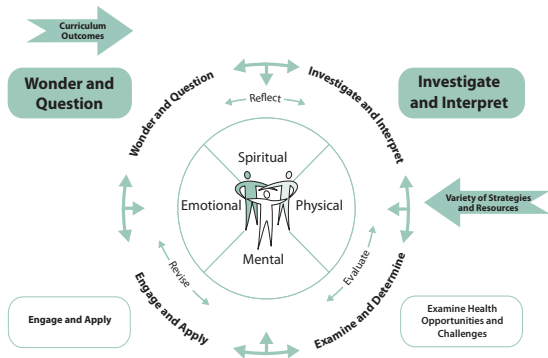
Perspective	How the Outcomes Relate to the Perspective
Affirm Standards	<p>Considering the influencing factors (i.e., mental, physical, spiritual, social, emotional) and perceptions on personal standards and identities (6.1, 6.3, 6.5, 6.8, 6.9, 6.10)</p> <p>Participating safely in stressful situations/environments and in popular adolescent activities (6.2, 6.4, 6.8, 6.9, 6.10)</p> <p>Establishing and nurturing healthy relationships (6.6, 6.8, 6.9, 6.10)</p> <p>Assessing the impact of health promotions and advertising on personal standards (6.5, 6.7, 6.8, 6.9, 6.10)</p>

Moving towards what we believe involves making a decision and crossing an emotional threshold. Students may initially be uncomfortable and then become comfortable, congruent with, and passionate about choices and decisions, and willing to ‘walk the talk’. Grade 6 Health Education should focus on the opportunities to examine choices and decisions and how students are influenced by personal standards.

The following pages illustrate initial stages of a framework for planning in Grade 6.

A completed version is available in the online support materials on the Ministry of Education website.

Planning Framework



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

Outcome USC 6.1: Analyze the influencing factors on the development of personal standards and identity, and determine the impact on healthy decision making (including cultural norms, societal norms, family values, peer pressures, mass media, traditional knowledge, white privilege, legacy of colonization, and heterosexual privilege).

Outcome USC 6.5: Analyze influence on perceptions of and personal standards related to body image, and the resulting impact on the identities and the well-being of self, family, and community.

Learning Activities

Provide each student with a personal value inventory. When students have completed the inventories, begin a class discussion by asking students how personal values play a crucial role in decision making. Using a Think-Pair-Square activity, have students define “personal values”. Continue the discussion by investigating, with students, how personal values are formed and from where they originate. Ensure that students understand that one’s values are a personal inventory of what is considered most important in life. We all have values, but unless we take the time to think about our values, we can easily overlook them when we make decisions.

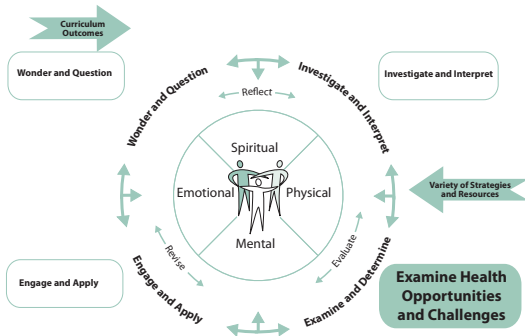
Questions to explore:

1. What is important to you and do you feel content about this being important to you?
2. How would you feel knowing if people you respect knew that this was important to you?
3. Would you continue to value ____ if others made fun of you for it?
4. What are the boundaries for the attitudes and actions that you will accept for yourself, your peers, your family, and your community?
5. How are particular standards part of your cultural heritage?

Ask students to list some of the decisions made every day. In pairs, have students discuss decisions regularly made that have to do with a healthy body image. In small groups of four, ask students to analyze how personal values influence the decisions students make.

(Refer to Ministry of Education website for additional ideas.)

Planning Framework



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

Outcome DM 6.8: Assess the role of personal standards in decision making related to body image.

Outcome DM 6.9: Examine health opportunities and challenges to establish personal goal statements related to body image.

Learning Activities

Use a talking circle to explore the topic of decision making. Record student ideas.

Continue by asking pairs of students to discuss how they would choose a decision-making process from the numerous models that exist. Create a class list of criteria. Introduce possible additional criteria:

- identify a positive outcome
- evaluate options and consequences.

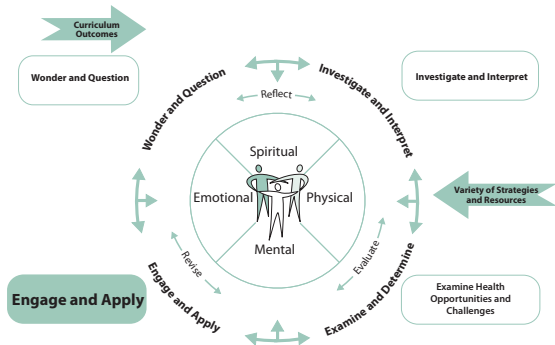
Provide students with a beginning list of websites that present decision-making models. Ask pairs of students to locate and evaluate decision-making models, and to choose two of them. Remind students to use the criteria discussed previously to evaluate the models in order to make their selections.

Share decision-making models. Students will discuss strengths and weakness of each model, and identify models that may be used in the class action plan, and adapt, if necessary, to ensure all important criteria are addressed.

(Refer to Ministry of Education website for additional ideas.)

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Planning Framework



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

Outcome AP 6.10: Design and implement (with guidance) two six-day action plans that reflect affirmation of personal standards related to body image.

Learning Activities

Select one of the student goal statements related to personal standards, as defined earlier. Develop a class action plan to meet that goal.

Ask students what they know about action planning. Ask the same partners to create a graphic organizer of the “steps” that need to be followed to plan effectively. Share graphic organizers and create a class representation of the important elements of effective planning. Include any of the following elements that may have been missed:

- what is going to be done (i.e., goal statement)
- how the goal will be attained (i.e., process used)
- when the plan will begin and the expected timeline
- how to monitor progress.

(Refer to Ministry of Education website for additional ideas.)

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

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

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 use in their action plans, guide the planning and instructional practices of teachers, and provide a valid means to document and communicate student learning.

A percentage, mark, or letter grade is a summative value used to indicate a relative measure of students' performance compared to an established set of criteria. Evaluation is based on the outcomes – what a student knows and is able to do by the end of the grade. The determination of a final mark for health education, when required for reporting purposes, should be a progressive process, building as students demonstrate their learnings.

Assessment and evaluation in health education must be reflective of the three goals and, specifically, the outcomes. The outcomes may be weighted as follows:

Teacher A

Outcomes related to Goal #1	40%
Outcomes related to Goal #2	25%
Outcome related to Goal #3	35%
	<hr/>
	100%

Teacher B

Outcomes related to Goal #1	35%
Outcomes related to Goal #2	30%
Outcome related to Goal #3	35%
	<hr/>
	100%

See the following page for an example of a holistic rubric to determine to what level students understand and are able to embrace and work through the “investigate and interpret” stage of the inquiry process related to Goal #1 in Grade 6 Health Education.

Holistic Rubric for “Investigate and Interpret”					
		Level 4	Level 3	Level 2	Level 1
Investigate and Interpret	Evaluate health information	Independently locates a variety of sources and evaluates the related information, according to specific criteria. Able to effectively sort data.	Gathers and evaluates information according to selected criteria to make informed decisions but may have some difficulty sorting the data.	Identifies and sorts information from a limited amount of health sources but not certain of the usefulness of the information; has difficulty knowing how to proceed and requires significant assistance.	Identifies sources of health information but requires constant assistance, wanders from source to source without determining what will be most helpful.
	Understand points of view	Initiates and challenges thinking of self and others based on understanding of differing viewpoints and ways of knowing.	Understands that information is provided from a particular viewpoint or way of knowing.	Is aware of identified strategies used to inform, persuade, and emphasize certain viewpoints.	Demonstrates little to no awareness that information is provided from a particular point of view.
	Make connections	Makes robust connections among prior knowledge, current context, and what is being learned in order to shape new thoughts.	Makes connections to what is known and what is being learned and begins to shape new thoughts as a result.	Makes limited connections between prior knowledge and what is being learned, and has difficulty thinking in ‘new ways’ as a result of the connections.	Requires assistance to identify and make basic connections between prior knowledge and new learning.

How do Students Plan for Action?

The third goal for K-12 health education is to apply decisions that will improve personal health and/or the health of others. This means that students will ‘act’ on what they have learned to address a personal challenge and meet a personal goal related to the health understandings, skills, and confidences acquired. The following page shows one example of how to document students’ planning for action. This example also demonstrates how students can plan to work through the “engage and apply” stage of the inquiry process in health education.

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Planning for Action in Grade 6 Health Education

Name: _____ **Date:** _____

What: In order to address the health opportunity or the health challenge and affirm my personal standards about _____, my personal goal is to begin to _____ by _____.

How: To meet my goal, I am going to _____.

When: I will commit to _____ every day for six days.

I will begin _____ on _____ (date).

I will evaluate _____ on _____ (date).

Between the start date and the evaluation date, I will check with my support person(s) on (check-in dates):

-
-
-

Where: I will carry out my action plan in such locations as _____.

Who: I have asked for the support of _____ and _____ (i.e., name of one or two people who are willing to fulfill the role of support person/people).

Signatures:

Student signature: _____

Support person(s) signature: _____

Check-in Dates and Comments:

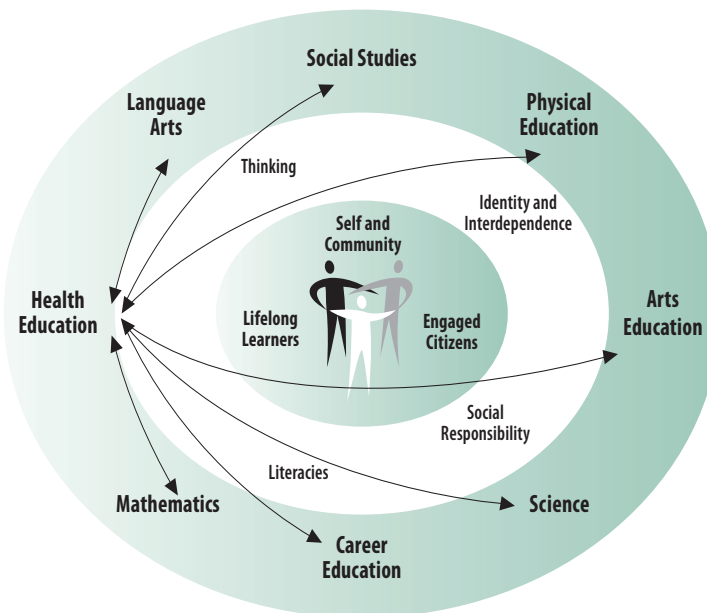
Evaluation Date and Comments:

Additional planning materials can be found online on the Ministry of Education website.

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 another area 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 students' 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). 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).



See the Ministry of Education website for suggestions regarding opportunities where topics, concepts, and outcomes for different areas of study might be integrated with health education.

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.

Bias describes a preference to a particular perspective or ideology.

Bloodborne Pathogens are micro-organisms found in blood that are “pathogenic” – meaning they do, or are capable of, causing or producing disease.

Comprehensive School Health is an integrated approach that gives students numerous opportunities to observe, practise, and develop positive health attitudes and behaviours.

Colonization refers to when the European powers and their American and Canadian successors asserted sovereignty over the continent. Prior to colonization, Canada was populated by Indigenous nations who had their own cultures, economics, social systems, laws, and governance structures.

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.

Ethnocentrism is the tendency to view the world primarily from the perspective of one's own culture. Ethnocentrism often entails the belief that one's race or ethnicity is superior.

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.

Heterosexual Privilege is the unearned and often unchallenged advantage based solely as a result of one's heterosexual orientation.

Personal Standards are based on our values and determine the expectations we have for self and others.

Prejudice means to prejudge before becoming aware of the facts (e.g., preconceived opinion).

Stereotypes are generalized, fixed, commonly held notions/images of a person or group, based on oversimplifications of some observed or imagined characteristic of appearance and/or behaviour.

Traditional Knowledge refers to the matured, long-standing traditions, wisdom, teachings, and practices of certain regional, Indigenous, or local communities.

White Privilege is a social construct which describes advantages experienced by “white people” beyond what is commonly experienced by “non-white people” in the same political, social, and economic spaces (e.g., shop without being followed/watched). It differs from racism or prejudice in that the person benefitting from the white privilege does not necessarily have racist beliefs or prejudices.

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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.

Document Title: **Health Education Grade 6 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

3. How does this curriculum address the needs of your learning community or organization? Please explain.

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

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

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5. Explain which aspects you found to be:

Most useful:

Least useful:

6. Additional comments:

7. Optional:

Name: _____

School: _____

Phone: _____ Fax: _____

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

Please return the completed feedback form to:

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Curriculum and E-Learning Branch
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