



Health Education

7

Health Education 7

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Table of Contents

Acknowledgements	iii
Introduction.....	1
Core Curriculum	1
Broad Areas of Learning	2
Building Lifelong Learners.....	2
Building a Sense of Self and Community.....	2
Building Engaged Citizens.....	2
Cross-curricular Competencies	3
Developing Thinking	3
Developing Identity and Interdependence.....	3
Developing Literacies	3
Developing Social Responsibility.....	4
Aim and Goals of K-12 Health Education	4
An Effective Health Education Program	5
Comprehensive School Health (CSH)	5
Holistic Learning.....	9
Health Literacy	9
Inquiry for Healthy Decision Making.....	10
Questions for Deeper Understanding	13
Responding to Community Perceptions and Norms.....	13
Outcomes and Indicators	15
Teaching and Learning the Grade Perspective.....	22
Planning Framework.....	23
Assessment and Evaluation of Student Learning.....	26
Connections with Other Areas of Study.....	30
Glossary	31
References.....	32
Feedback Form.....	35

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in the development of the Grade 7 Health Education Curriculum.

Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 7 Health Education is **100 minutes of instruction per week for the entire school year** (*Core Curriculum: Principles, Time Allocations, and Credit Policy*, August 2007). Health education, as a part of a comprehensive school health program, will support youth in developing a solid foundation for attaining and maintaining a balanced life.

This curriculum provides the learning outcomes that Grade 7 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
- connection 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 to learn in health education. Throughout their learning, students also gain understanding, skills, and confidences to apply knowledge to address health challenges.

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 make a commitment to attain and maintain balance within the physical, mental, emotional, and spiritual aspects of humanness.

Related to the following Goals of Education:

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

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.

Related to the following Goals of Education:

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

Cross-curricular Competencies

The Cross-curricular Competencies are four interrelated areas containing understandings, values, skills, and processes 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 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 identify and access supports to healthy living, and as they make healthy decisions and apply them in daily life.

- *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.

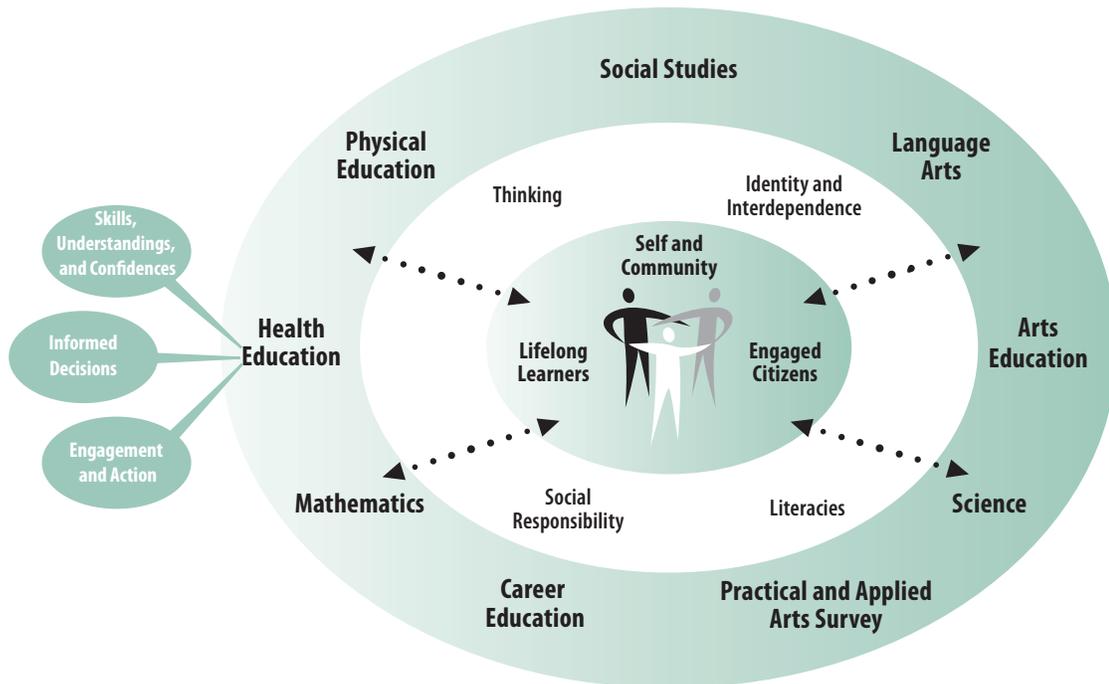
(National Children's Alliance, 2004)

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 commit to personal safety practices; to make healthy decisions about personal food choices; to effectively manage peer pressure; to communicate effectively in relationships; and to commit to improving 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 problems require a comprehensive approach involving collaboration among young people, families, schools, agencies, communities, and governments. The school staff can identify children and youth

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)

Health Education 7

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)

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

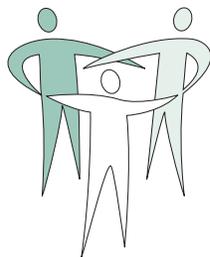
This curriculum invites and challenges educators to think about health education in relation to the needs and interests of their students. How can learning and health education be more purposeful, engaging, and authentic? How can it help youth become more competent and confident in accessing and using 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, 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 strategies, culturally appropriate resources)

Health and other Support Services

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

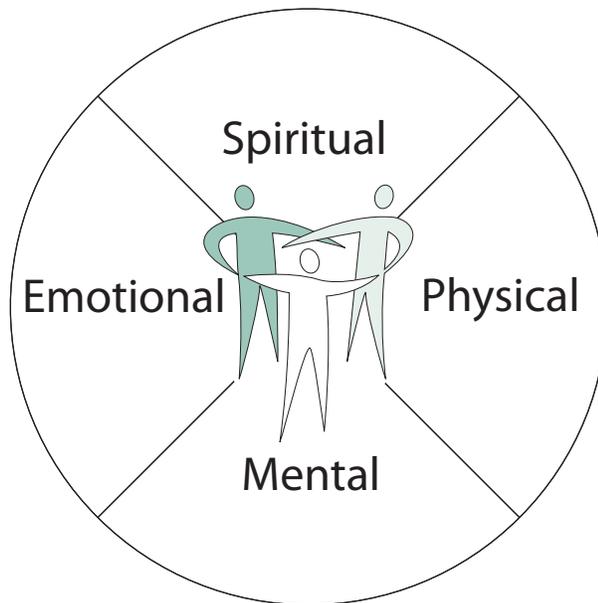
What an Effective Health Education Program <i>Is</i>	What an Effective Health Education Program <i>Is Not</i>
<p>Teaching and Learning</p> <p>Health education program:</p> <ul style="list-style-type: none"> • Teaching health education for the required amount of time (i.e., 100 minutes/week). • Focusing 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>Teaching and Learning</p> <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 students' assumptions about the world and their 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>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 know it/can do 'it'. • 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. • 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.

Health Education 7

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.



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. Educating the whole person means supporting the development of a student who is healthy, knowledgeable, motivated, and engaged.

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 ability to read and act upon health information (such as the appropriate use of prescription medications), the proper skills to communicate health needs and challenges,

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)

or sufficient listening and cognitive skills to understand the information and the instructions received (Adapted from 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 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 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

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)

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 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).

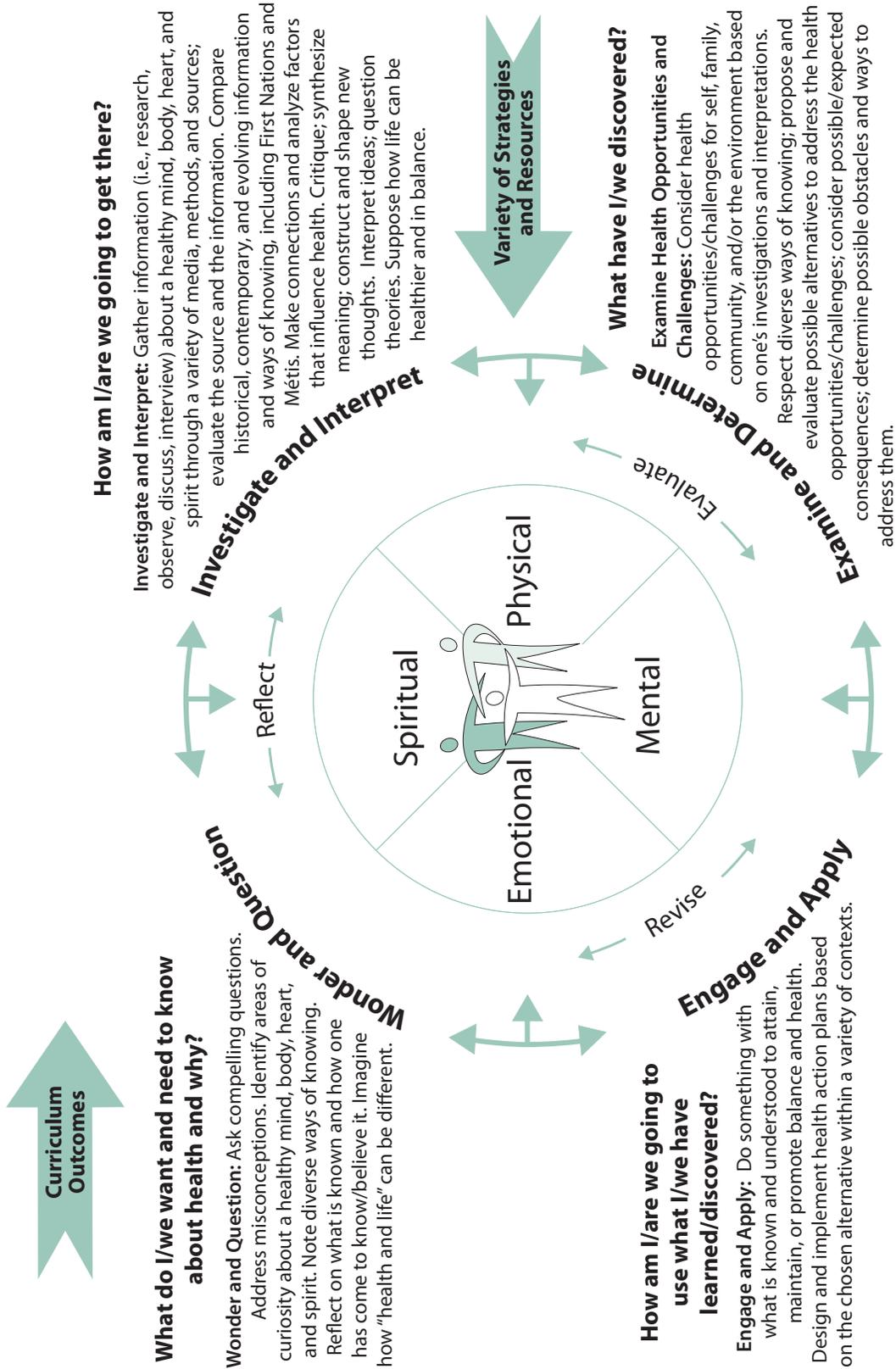
Examples of concrete strategies to help students develop decision-making skills include:

- 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.

Life challenges and tests us in many ways. Success often requires us to demonstrate determination and courage to commit to our personal standards and to follow through with achieving our goals.

Examples of questions to support deeper understanding about “committing self” in Grade 7 Health Education include:

- What do you believe about intuition, dreams, and fate?
- How can conflict lead to positive change?
- How can we work to better understand the various points of view?
- How does a person's point of view affect his/her relationships?
- How do decisions, commitment, actions, and consequences vary depending on the various perspectives of the people involved?
- How does a person's commitment, decisions, and actions change his/her life?

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

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 vital, ongoing rethinking of ideas, assumptions, and prior lessons.*
- *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)

decide to become sexually active now or in the future need information about effective protection against pregnancy and sexually transmitted infections.

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).

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.

For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability
(Canadian Human Rights Act, 1985, 3.1)

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 7 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 22). 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 three action plans. These action plans focus on the topics addressed within the different units of study (e.g., HIV/AIDS education, interpersonal skills, first aid). See the online materials for additional planning suggestions.

Grade 7 students will build on their learning experiences from Grade 6 which emphasize the affirmation of personal standards. The outcomes in Grade 7 focus on students gaining the understandings, skills, and confidences to *commit to personal standards* related to holistic well-being.

Health Education 7

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

Perspective: Commit Self

Outcomes

USC 7.1 Establish and use strategies to commit to and act upon personal standards (see grade 6) for various aspects of daily living over which an individual has control.

Indicators

- a. Locate sources of and evaluate information (including text, multimedia, web-based, human) according to specific criteria, about personal commitment.
- b. Investigate the concept of 'resiliency' and determine its importance in personal commitment.
- c. Analyze when personal standards (see Grade 6) may be reinforced or challenged.
- d. Examine factors (both positive and negative) that influence one's commitment to personal standards.
- e. Express insights into the connections between commitment to personal standards and healthy decision making.
- f. Analyze possible discrepancies between what people say they commit to and what people actually "show they commit to".
- g. Develop and apply strategies that parallel one's actions with personal standards.
- h. Justify the kinds of supports needed to commit to personal standards.
- i. Express insights into the understanding of the concept of "inner self" and demonstrate understanding of, and appreciation for, own inner resources.
- j. Describe and practise strategies that support self to act in accordance with own understanding of human values and virtues.

Outcomes

USC 7.2 Examine critically and use purposefully blood-borne pathogen information/education, including HIV and Hepatitis C, for the purpose of committing to behaviours that do not put one at risk of infection or co-infection.

Indicators

- a. Locate sources and evaluate information, according to specific criteria, about behaviours that do/do not put one at risk of HIV and/or Hepatitis C infection.
- b. Distinguish between primary and secondary sources of HIV/AIDS information, and of expert and non-expert sources.
- c. Examine the role of and determine the influence of technology (e.g., radio, print, television, Internet, cell phones, personal listening devices) in gathering, processing, and using HIV/AIDS and Hepatitis C information.
- d. Examine personal knowledge in terms of what is already known about HIV and Hepatitis C.
- e. Ask questions that lead to deeper understanding of HIV/AIDS and Hepatitis C (e.g., How do decisions, commitment, and actions related to HIV/AIDS vary depending on peoples' perceptions?).

USC 7.2 (continued)

- f. Analyze implications of/of not evaluating sources of and information about blood-borne infections.
- g. Examine knowledge related to blood borne pathogens, including HIV/AIDS and Hepatitis C:
 - transmission of HIV and Hepatitis C
 - signs and symptoms of HIV and Hepatitis C infections
 - body's immune system and its destruction by the HI virus
 - AID syndrome caused by HIV infection.
- h. Describe the formal and/or informal HIV/AIDS and Hepatitis C resources/supports in one's community.
- i. Determine behaviours that may increase and those that may decrease the risk of blood-borne infections (e.g., tattoo, piercing).

Outcomes

USC 7.3 Commit to personal safety practices while acquiring basic first aid knowledge and skills.

Indicators

- a. Locate sources and evaluate information, according to specific criteria, about safety practices and first aid skills.
- b. Develop and appraise individual capabilities and assess individual limitations with respect to safety practices and first aid.
- c. Examine possible situations at home and at school that may require basic first aid.
- d. Analyze how personal safety practices help to keep self and others safe.
- e. Assess the consequences of practising/not practising personal safety.
- f. Demonstrate the ability to “think ahead” and assess/weigh the impact of actions on the safety of self and others.
- g. Prioritize basic first aid skills to acquire (according to needs and interests of self and of community).
- h. Examine the roles of a variety of first aid experts within the community and the kinds of available first aid supports.
- i. Develop and apply basic first aid strategies.

Outcomes

USC 7.4 Demonstrate a personalized and coherent understanding of the importance of nurturing harmony in relationships (with self, others, and the environment), and apply effective strategies to re/establish harmony when conflict arises.

Indicators

- a. Express insights into what makes a relationship harmonious.
- b. Locate sources and evaluate information, according to specific criteria, about relationships and conflict.
- c. Create an informed personal definition of conflict.
- d. Analyze potential sources of conflict.
- e. Examine how disagreements are not the same as conflicts.
- f. Conclude that a certain degree of disagreement in relationships is normal.
- g. Propose why some disagreements lead to conflict and some do not.
- h. Examine feelings associated with conflict.

Health Education 7

USC 7.4 (continued)

- i. Analyze personal strategies for dealing with conflict (e.g., reduce/avoid barriers to communicating clearly and constructively).
- j. Analyze the connections between self-esteem and personal conflict management strategies.
- k. Assess the impact of conflict on the health (i.e., physical, mental, emotional, spiritual) of self and others.
- l. Reduce/avoid barriers to communicating clearly and constructively.
- m. Examine the causes and effects of abuse in relationships and develop personal commitment to non-violent and helpful behaviours.
- n. Demonstrate and adapt strategies of conflict management in a range of contexts.
- o. Examine what is meant by negotiation, mediation, anger management, compromise, consensus building, and other means of resolving/managing conflict.
- p. Demonstrate the basics of two or three strategies for re-establishing harmony and for resolving/managing conflict.

Outcomes

USC 7.5 Evaluate personal food choices and needs by applying accurate and current nutritional knowledge (e.g., content labels).

Indicators

- a. Determine how and where to access healthy eating information.
- b. Locate sources and evaluate information, according to specific criteria, about healthy eating.
- c. Examine the consequences of/of not evaluating information about healthy eating.
- d. Analyze persuasion, propaganda, and other techniques (e.g., loaded words, unsubstantiated claims) used by individuals or organizations to influence judgement about what foods are healthy and what foods to purchase.
- e. Apply guidelines for healthy eating as presented in Canada's Food Guide.
- f. Track and analyze personal food consumption for one week (based on Canada's Food Guide).
- g. Analyze food labels for personal food choices for sodium, sugar, fat, and calorie content among similar products.
- h. Prepare a three-day family food menu by applying nutritional knowledge to make nutritious selections (based on Canada's Food Guide) using a variety of given family food budgets and/or situations.
- i. Analyze changes to Canada's Food Guide through the decades and hypothesize why particular changes were made.

Outcomes

USC 7.6 Demonstrate interpersonal skills, including assertiveness skills, to effectively and skillfully manage peer pressure (e.g., alcohol and drugs, exclusionary behaviours, family expectations, academic pressures, rules/laws).

Indicators

- a. Locate sources and evaluate information, according to specific criteria, about interpersonal skills.
- b. Analyze peer norms and trends and reflect on the consequences of following and/or resisting them.
- c. Compare the traits of a friend and those of a valued peer group member.
- d. Examine how peer pressure may be positive or negative.
- e. Examine similarities and differences in the peer pressures faced by different genders, socio-economic backgrounds, family structures, sexual orientations, ages, and cultures.
- f. Express insights in response to the statement that resisting peer pressure takes personal commitment, skill, and practice.
- g. Distinguish what is meant by “harassment” and demonstrate ways to respond to and/or prevent it.
- h. Demonstrate the ability to stand up for others, practise inclusionary behaviours, and refrain from any form of ridicule.
- i. Describe and practise a minimum of five strategies to resist peer pressure (e.g., demonstrate physical confidence, say no and leave, provide a reason or an excuse, offer an alternative, use humour).
- j. Define the terms passive, assertive, and aggressive and describe related behaviours.
- k. Analyze the traits of assertive people for the purpose of designing and delivering assertive messages.
- l. Assess the importance of avoiding negative peer pressure/attachment for the sake of belonging.

Outcomes

USC 7.7 Investigate and express an understanding of possible discrepancies in morals (e.g., beliefs, ethics, virtues, understanding of right/wrong) **that may determine and/or affect the commitment to the well-being of self, family, community, and the environment.**

Indicators

- a. Locate sources and evaluate information, according to specific criteria, about morality.
- b. Explore and discuss moral maxims, stories, parables, and guiding visions of many cultures.
- c. Analyze how one’s identity, and moral code is created through contact with others who are the same and/or different.
- d. Investigate possible relationships and/or tensions among values (e.g., values of integrity and honesty).
- e. Appraise virtues as the quality of doing what is right and avoiding what is wrong.
- f. Express an understanding of how norms, trends, and values in society influence self, others, and relationships.
- g. Explore the source and rationale of social precepts/principles (e.g., prohibitions, rules, rights, norms in everyday life).
- h. Distinguish between rights, needs, whims, privileges, and responsibilities.

Health Education 7

USC 7.7 (continued)

- i. Question assumptions and stereotypes in relation to different customs, beliefs, attitudes, and opinions.
- j. Explore, question, and appreciate a wide range of human values, virtues, and abilities that support “the common or greater good” within the contexts of daily life.
- k. Determine situations when one may be required to assert personal beliefs in the face of opposition.

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

Perspective: Commit Self

Outcomes

DM 7.8 Examine and demonstrate personal commitment in making health decisions related to blood-borne pathogen information, safety practices, harmonious relationships, food choices, interpersonal skills, and morality .

Indicators

- a. Determine the benefits of using a decision-making process.
- b. Review decision-making processes (Grade 6) and recognize types of decision making.
- c. Decide on ways to build personal commitment into the decision-making process.
- d. Recognize the role of personal commitment in making decisions.
- e. Examine when personal commitment might be supported and/or threatened.

Outcomes

DM 7.9 Examine health opportunities and challenges to establish personal commitment goal statements related to blood-borne pathogen information, safety practices, harmonious relationships, food choices, interpersonal skills, and morality.

Indicators

- a. Propose health opportunities and challenges related to each unit of study.
- b. Examine factors that affect one’s commitment related to personal goals.
- c. Determine strategies of commitment necessary to meet individual goals.
- d. Predict the consequences of such strategies.
- e. Establish personal commitment goals for each unit of study.
- f. Revise goal statements as necessary.

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

Perspective: Commit Self

Outcomes

AP 7.10 Design, implement, and evaluate *three six-day action plans* that demonstrate personal commitment to responsible health action related to blood-borne pathogen information, safety practices, harmonious relationships, food choices, interpersonal skills, and morality.

Indicators

- a. Determine, with support, the elements of a well-designed action plan.
- b. Design action plans that feature personal commitment.
- c. Establish the kinds of supports needed to implement the action plan.
- d. Determine specific criteria to evaluate the design elements of action plans.
- e. Develop, with guidance, criteria to assess one’s commitment to personal standards.
- f. Assess and revise the action plans as necessary.

Outcome Organization and Planning

- ☑ Combine outcomes associated with Goal #1 for planning (see p. 23).
- ☑ Outcomes associated with Goal #2 are addressed in **each** unit of study.
- ☑ Outcome associated with Goal #3 is addressed in **three** different units of study.
(Note: Requires three action plans.)

Teaching and Learning the Grade Perspective

The provincial health education curricula incorporate specific perspectives 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 7 is “committing self”. Students design and carry out three action plans (see outcome 7.10) that place students in a position of demonstrating commitment to their personal standards. Grade 7 Health Education focuses on the commitment necessary to live in congruence with one’s personal values and beliefs.

The table below identifies how the Grade 7 perspective relates to the curriculum outcomes and provides a specific focus in an Inquiry for Healthy Decision Making which allows for a gradual progression towards independent decision making and collaborative health promotion.

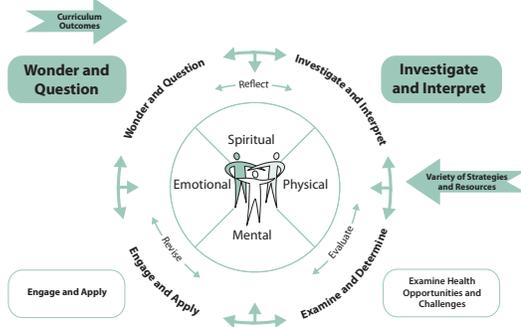
For more information regarding the perspectives, see the Ministry of Education website.

Perspective	How the Outcomes Relate to the Perspective
Commit Self	Committing to and acting upon personal standards (7.1, 7.2, 7.8, 7.9, 7.10) Assessing and committing to individual safety and first aid skills (7.3, 7.8, 7.9, 7.10) Managing conflict, responding to peer pressure, and recognizing discrepancies as strategies to nurture harmony in relationships (7.4, 7.6, 7.7, 7.8, 7.9, 7.10) Evaluating personal health choices (e.g., food choices) (7.5, 7.8, 7.9, 7.10)

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 7 Health Education should focus on the opportunities to examine strategies of commitment and analyze the consequences of thinking, acting, and living in congruence.

The following pages illustrate initial stages of a framework for planning in Grade 7. A more complete version is available in the online support materials at the Ministry of Education website.

Planning Framework



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

Outcome USC 7.1: Establish and use strategies to commit to and act upon personal standards (see grade 6) for various aspects of daily living over which an individual has control.

Outcome USC 7.2: Examine critically and use purposefully blood-borne pathogen information/education, including HIV and Hepatitis C, for the purpose of committing to behaviours that do not put one at risk of infection or co-infection.

Learning Activities

Review the perspective of “personal standards” from grade 6 and invite students to reflect on what they understand about establishing personal standards. Ask that individual reflections be recorded on recipe cards for later reference. Reflections might include:

- Personal standards are often categorized into categories such as beauty and aesthetics, family, knowledge, power, wealth, and freedom.
- Personal standards are the values and beliefs that guide our decisions.

Brainstorm examples of situations when one’s personal standards may be challenged (e.g., if a person values safety, that personal standard may be at risk when she or he babysits for a neighbour and needs a ride home from the adult who has been drinking alcohol). Discuss possible challenges related to such situations.

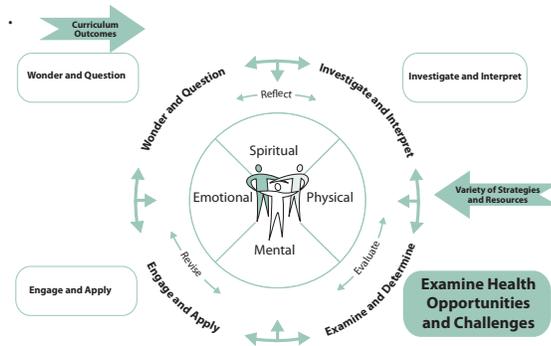
Review the basic elements of a talking circle and then use the circle to discuss how one knows if/when personal standards are being supported or challenged. Note the physical, mental, and emotional signals that occur in such situations and examine possible consequences of acknowledging or ignoring these signals. Propose to students that people need to learn and practise realistic strategies to commit to personal standards.

Inform students that the perspective for Grade 7 is “commit self”. Share a story, article, or news item that illustrates a person’s commitment to his/her personal standards. Invite students to ask and explore questions such as:

1. What do I admire most in the people in the story/article?
2. How were their personal standards reflected in their actions?
3. How can a person’s commitment, decisions, and actions change his/her life?

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

Planning Framework



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

Outcome DM 7.8: Examine and demonstrate personal commitment in making health decisions related to blood-borne pathogen information.

Outcome DM 7.9: Examine health opportunities and challenges to establish personal commitment goal statements related to blood-borne pathogen information.

Learning Activities

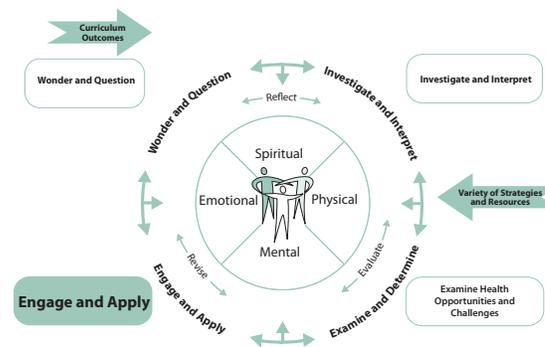
Inform students that they will be concentrating on employing the skills of personal commitment in making healthy decisions and committing to behaviours that reduce the risk of infection. Ask students to identify and analyze personal commitment. Provide students with a number of different resources that identify 'types' of decision makers. A starter list includes:

Impulsive Decider	One who takes the first alternative that is presented. "She acts before she thinks."
Fatalistic Decider	One who leaves the resolution of the decision up to fate. "What will be, will be."
Compliant Decider	One who goes along with someone else's plan rather than making a personal decision, especially when the plan does not agree with one's beliefs. "Whatever the rest of you decide."
Intuitive Decider	One who decides based on what is felt, but cannot verbalize why. "It just feels right."
Play-it-Safe Decider	One who almost always picks the alternative with the perceived lowest level. "I like A but B will be easier."
Delaying Decider	One who delays thought and action on a challenge or issue. "I'll think about it later."

Divide the students into groups of four. Ask that each group identify the possible processes that each type of decision maker would use and the consequences of "being" each of the "types" of decision maker on the list. Have each group share their discoveries and their reflections with the large group. Connect students' findings to what they understand about personal commitment. Illustrate the opportunities and challenges that each "type of decider" might experience in relation to committing to personal standards.

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

Planning Framework



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

Outcome AP 7.10: Design, implement, and evaluate *three six-day action plans* that demonstrate personal commitment to responsible health action related to blood-borne pathogen information.

Learning Activities

Brainstorm the elements of effective action planning. Synthesize the list into five or six key elements of a well-designed action plan.

Select one of the earlier developed goal statements and design an outline of the actions necessary to meet the goal. For easy reference, post the lists of ways of maintaining personal commitment and the ways to build support into action plans.

(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 strategies also help students 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 7 Health Education.

Health Education 7

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.

Planning for Action in Grade 7 Health Education

Name: _____ **Date:** _____

What: In order to address the health opportunity and/or the health challenge, and/or develop strategies for _____, my personal goal is to begin to _____ by _____.

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

- 1.
- 2.
- 3.

When: I will commit to _____ every day for _____ (time period).

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 'commit self' 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:

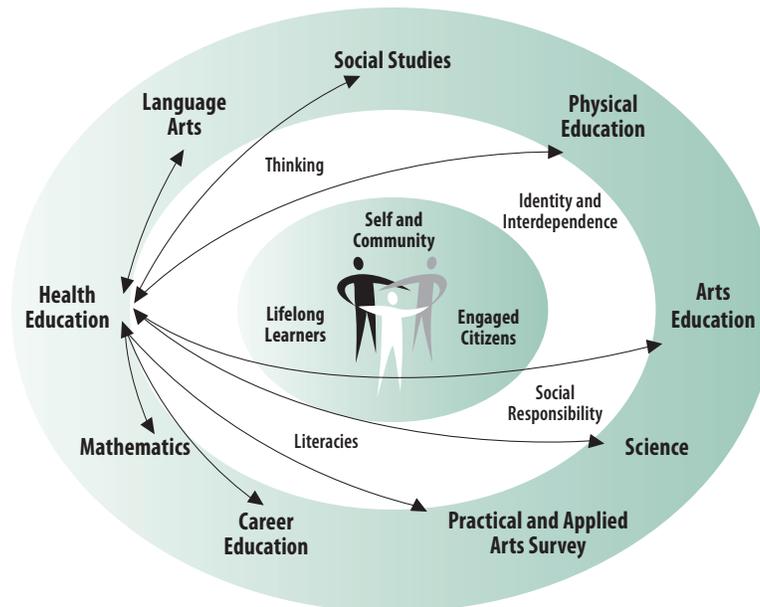
Evaluation Date and Comments:

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 language skills and strategies and deepen the breadth and depth of their language learning.

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.

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.

Co-Infection is the simultaneous infection by two or more disease-causing organisms.

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.

Harassment is to irritate or torment repeatedly.

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.

Moral Maxims are fundamental principles, general truths, or rules of conduct.

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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 7 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

Health Education 7

5. Explain which aspects you found to be:

Most useful:

Least useful:

6. Additional comments:

7. Optional:

Name: _____

School: _____

Phone: _____ Fax: _____

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

Please return the completed feedback form to:

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