



Health Education

8

Health Education 8

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in the development of the Grade 8 Health Education Curriculum.

Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 8 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 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 8 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 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 promote the attainment and maintenance of 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 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 different literacies effectively and contextually as they represent ideas and health information in multiple, flexible ways, as they identify and access supports to healthy living, 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.*

Developing Social Responsibility

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

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.*

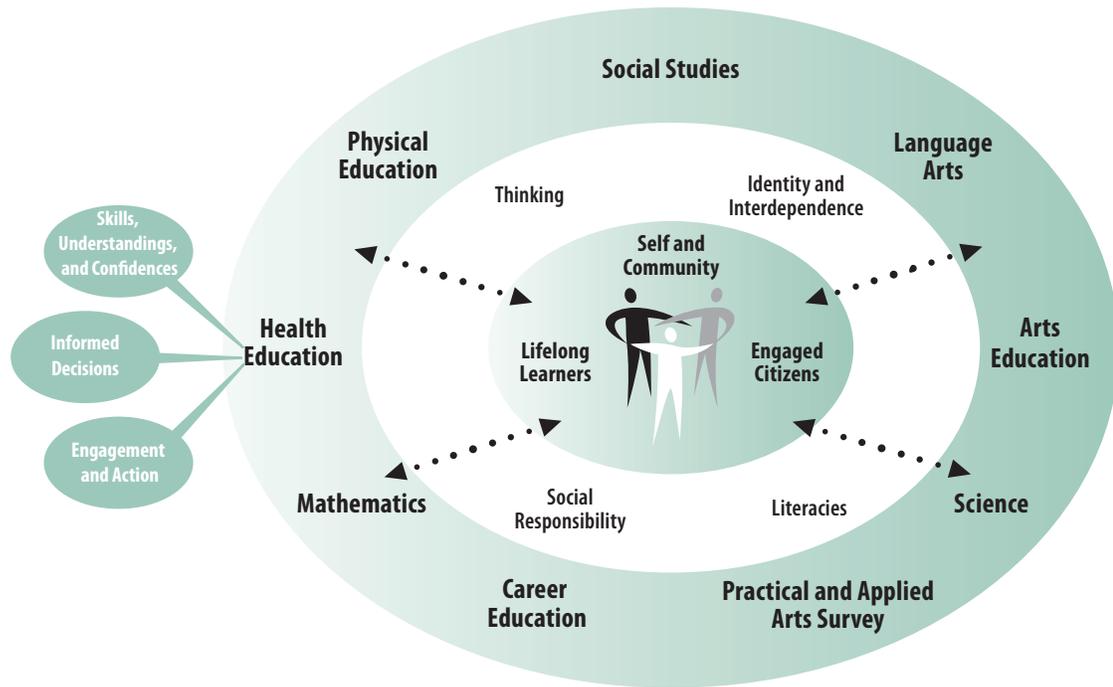
(National Children's Alliance, 2004)

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 establish effective strategies of support; to negotiate and make healthy decisions about sexual and reproductive health; to question the norms and trends that influence decision making; to communicate effectively in relationships; and to take action to support 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)

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

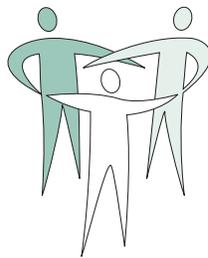
This curriculum invites and challenges educators to think about health education in relation to the needs and interests of their students. How can learning and health education be more purposeful, engaging, and authentic? How can it help youth become more competent and confident in accessing and using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

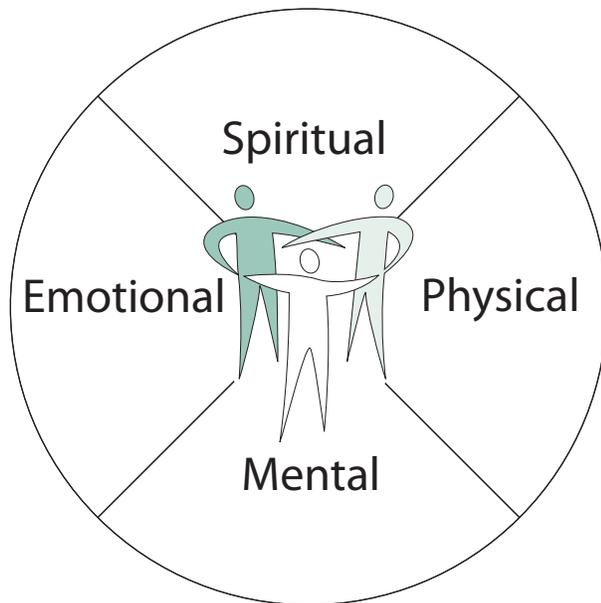
What an Effective Health Education Program <i>Is</i>	What an Effective Health Education Program <i>Is Not</i>
<p>Teaching and Learning</p> <p>Health education program:</p> <ul style="list-style-type: none"> • Teaching health education for the required amount of time (i.e., 100 minutes/week). • Focusing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

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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.



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)

Holistic learning provides opportunities for students to learn how to build relationships, to share and celebrate successes, to give and receive, 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, or sufficient listening and cognitive skills to understand the information and the instructions received (Adapted from the Canadian Council on Learning, 2007).

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)

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 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)

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 information. Students need to go beyond data and information accumulation and move toward the generation of useful and applicable knowledge – a process supported by inquiry learning.

Through the process of inquiry, individuals generate much of their understanding of the natural and constructed worlds. Inquiry implies a “need or want to know” premise. Inquiry is not so much seeking the right answer – because often there is not one answer – but rather seeking appropriate resolutions to questions and issues. For educators, inquiry implies emphasis on the development of inquiry skills and the nurturing of inquiring attitudes or habits of mind that will enable 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; Graulich & 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).

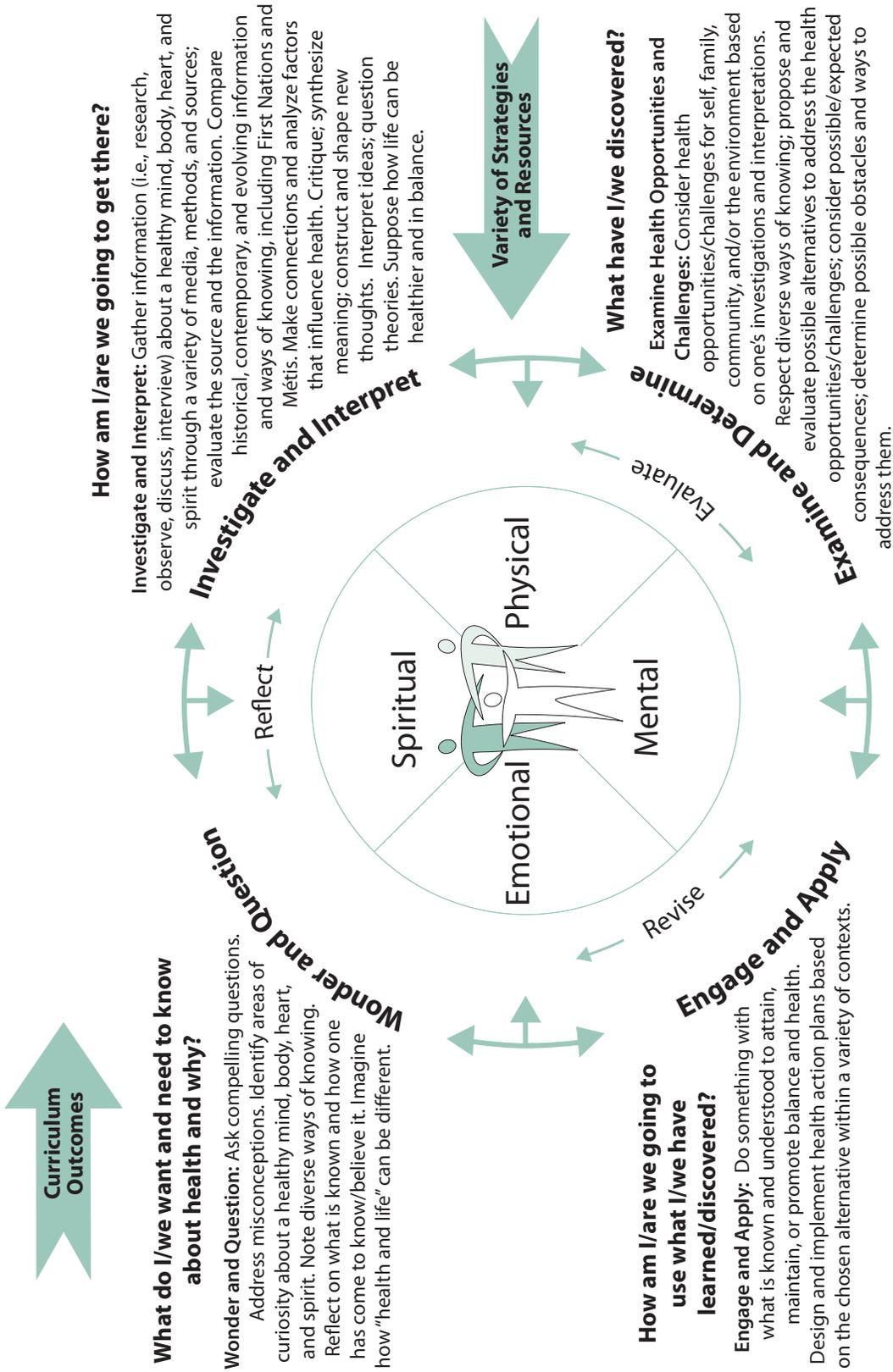
Inquiry is not to be thought of in terms of isolated projects, undertaken occasionally on an individual basis as part of a traditional transmissionary pedagogy. Nor is it a method to be implemented according to a preformulated script.

(Galileo Educational Network, 2008)

Guiding questions stimulate thought, provoke inquiry, and spark more questions – not just pat answers.

(Wiggins & McTighe, 2005, p. 106)

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.

Examples of questions to support deeper understanding in Grade 8 Health Education include:

- When is it necessary to question the status quo?
- How do your personal relationships and experiences shape your view of others?
- How are people transformed through their relationships with others?
- How does what others think about you affect how you think about yourself?
- What are the factors that create an imbalance of power within a culture/society?
- When is it important to offer/provide support even if it is not requested nor appreciated?

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)

The Canadian Guidelines for Sexual Health Education state that "Effective sexual health education maintains an open and nondiscriminatory dialogue that respects individual beliefs. It is sensitive to the diverse needs of individuals irrespective of their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities, and religious background".

(Public Health Agency of Canada, 2008, p. 10)

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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 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 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 three action plans. These action plans focus on the topics addressed within the different units of study (e.g., supports for non-curable infections/diseases, sustainability, body image satisfaction). See the online materials for additional planning suggestions.

Grade 8 students will build on their learning experiences from Grade 7 which emphasize the commitment to personal standards. The outcomes in Grade 8 focus on students gaining the understandings, skills, and confidences to support others in their efforts to attain or maintain health.

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

Perspective: Supporting Others

Outcomes

USC 8.1 Analyze and establish effective strategies of support for purposes of helping others increase health-enhancing behaviours.

Indicators

- a. Locate and evaluate, according to student-generated criteria, both sources of and information about support strategies.
- b. Describe the benefits one receives from helping others.
- c. Examine the functions of support persons and networks.
- d. Compare informal and formal community supports and how to access them.
- e. Compare past and present examples (including traditional First Nations and Métis cultures) of how people support/ supported the health of others.
- f. Determine the traits and skills of an effective support person.
- g. Assess personal aptitudes for supporting others.
- h. Analyze personal preferences for receiving support.
- i. Recognize times and situations in which others might appreciate help.
- j. Discuss concepts such as learned dependence and empowerment or “helping others to help themselves”.
- k. Distinguish between help that supports greater independence and that which creates dependence.

Outcomes

USC 8.2 Analyze how personal prejudices/biases, and habits of mind shape assumptions about family identities, structures, roles, and responsibilities.

Indicators

- a. Describe a variety of family structures (e.g., nuclear, mixed, childless, foster, same-sex, single parent, extended).
- b. Examine family member roles and how they are established.
- c. Analyze gender roles that exist in many families.
- d. Examine the family responsibilities associated with family roles.
- e. Explore the expectations that parents/caregivers and children/youth have of one another.
- f. Analyze personal beliefs about family structures, roles, and responsibilities.
- g. Examine the prejudices/biases that exist in the community.
- h. Investigate how the differences that exist in families are respected and protected in Canadian human rights legislation.
- i. Examine how prejudices/biases are learned attitudes and behaviours.
- j. Recognize, name, and challenge instances of inequity, bias, intolerance, and discrimination related to family identities, structures, roles, and responsibilities.

USC 8.2 (continued)

- k. Reflect on personal prejudices and their influences on assumptions about families.
- l. Analyze how stereotyping and social constructions (e.g., gender, “poor bashing”, white privilege) affect the well-being of self, family, and community.
- m. Question examples of injustice towards families in own communities.

Outcomes

USC 8.3 Investigate and analyze the impact of in/formal supports and services (including testing/diagnostic services) **available to individuals, families, and communities infected with/affected by non-curable infections/diseases** (including HIV and Hepatitis C).

Indicators

- a. Locate and evaluate, according to student-generated criteria, both sources of and information about the supports needed/wanted by individuals, families, and communities infected with/affected by non-curable infections/diseases (including HIV and Hepatitis C).
- b. Describe the effects of non-curable infections/diseases, including HIV and Hepatitis on families and communities.
- c. Explore the consequences of having/not having supports (both formal and informal) for self, family, and community.
- d. Recognize that some non-curable infections, including HIV, are linked to risky behaviours and not to particular groups of people, and use this knowledge to determine when people should be tested for HIV.
- e. Explore the recommended follow-up procedures and supports for those who test positive for the HI virus.
- f. Describe how misinformation and/or lack of understanding may influence the kinds of supports available to people infected with/affected by non-curable infections.
- g. Investigate and critique the kinds of supports needed to mitigate some of the behaviours associated with acquiring non-curable infections/diseases (e.g., needle exchanges, safer sex practices).
- h. Examine the types of informal and formal community supports available for people infected and/or affected by non-curable infections/diseases, including HIV/AIDS and Hepatitis C.
- i. Investigate sources of and information about testing for HIV/AIDS and Hepatitis C.
- j. Consider the impact that education has on the kinds of supports available in communities for people infected with/affected by non-curable infections.
- k. Discuss HIV testing as a support service.

Health Education 8

Outcomes

USC 8.4 Demonstrate an understanding of the impact of violence (including but not limited to emotional abuse, physical abuse, sexual abuse, spiritual abuse, and neglect) **on the well-being of and the supports needed for self, family, and community.**

Indicators

- a. Locate and evaluate, according to student-generated criteria, both sources of and information about violence and abuse in families and communities.
- b. Discuss common definitions of “abuse” and “violence” and develop informed personal definitions of both.
- c. Assess the impact of physical, emotional, spiritual, and sexual abuse on families and communities.
- d. Determine that age does not protect one from abuse (e.g., parental, spousal, child, elder abuse).
- e. Discuss the factors that are known to contribute to abuse (e.g., stress, exposure to violence, addictions, mental health issues, poverty).
- f. Discuss the “cycle of abuse”.
- g. Demonstrate ways to support those who may be experiencing abuse or living with an abusive family member.
- h. Examine why victims of abuse sometimes keep the abuse a secret, and analyze the impact that these “secrets” have on self, family, and community.
- i. Determine that a victim of violence/abuse is never at fault or to blame for the abuse.
- j. Examine threats to personal safety and well-being at home, school, or in the community.
- k. Research sources of support for and ways of protecting oneself and others from abuse.
- l. Examine historical factors that may contribute to the disharmony within individuals, families, and communities.
- m. Investigate sources of help for young people who behave in violent ways.
- n. Investigate sources of help for an abused child, an abused peer, an abused parent/spouse, an abused grandparent/elder, or a family who has a mixture of violent behaviours.

Outcomes

USC 8.5 Assess how body image satisfaction/dissatisfaction and over-reliance on appearance as a source of identity and self-esteem affects the quality of life of self and family.

Indicators

- a. Locate and evaluate, according to student-generated criteria, both sources of and information about healthy weights, body image, and self-esteem.
- b. Investigate and evaluate common adolescent and adult eating and exercise habits.
- c. Determine reasons for specific eating and/or exercise habits/patterns (e.g., time, access, preferences, allergies).
- d. Evaluate personal habits and practices that influence body image satisfaction (e.g., clothing, tanning, piercings).
- e. Discuss body image to include one’s feelings, attitudes, and perceptions towards his/her body and physical appearance.

USC 8.5 (continued)

- f. Investigate the motivations for and the consequences of being satisfied or dissatisfied with how we look.
- g. Explore the different attitudes and behaviours related to self-perception (e.g., body image satisfaction, body image investment, body image behaviour, body image perception) and how difficulties in one or all of these areas creates disturbances in body image.
- h. Understand the pressures/influences that promote unrealistic images of desirable body shape and weight.
- i. Analyze the relationships between self-esteem and body image.
- j. Analyze techniques used by industries (e.g., plastic surgery, weight loss products, diets) and the mass media to influence judgement and values about the way we look.

Outcomes

USC 8.6 Examine and assess the concept of sustainability from many perspectives, and develop an understanding of its implications for the well-being of self, others, and the environment.

Indicators

- a. Locate and evaluate, according to student-generated criteria, both sources of and information about sustainability.
- b. Investigate the connections between the health of the environment and the health of people.
- c. Examine and appreciate the ways natural environments meet physical, aesthetic, and spiritual needs.
- d. Examine practices and activities that pose a threat to the environment and to the health of people.
- e. Question family and community norms and expectations regarding caring for the environment.
- f. Analyze rules, regulations, and laws related to environmental health and the health of individuals.
- g. Analyze how one's behaviour related to the concept of sustainability, might affect the well-being of others and other things.
- h. Consider the kinds of changes needed to protect the environment and the health of people.
- i. Evaluate three or more examples of perceptions on what is believed to be healthy/sustainable for the environment (i.e., examine local and provincial perspectives).
- j. Investigate past and present practices that focus/focused on sustainability for the health of people and the environment.
- k. Investigate social action groups/networks that exist to protect the environment and to support people in achieving optimal health.
- l. Discuss contributions of traditional First Nations and Métis people to environmental health.

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Outcomes

USC 8.7 Assess the social, cultural, and environmental influences on and supports for sexual health knowledge, attitudes, behaviours, and decisions.

Indicators

- a. Compare the perceived and actual sexual attitudes/norms in the community.
- b. Locate and evaluate, according to student-generated criteria, both sources of and information about sexual health.
- c. Examine influences that shape community norms about sexual health.
- d. Compare sexual attitudes/norms of adults to those of youth in the community.
- e. Determine the possible consequences of not knowing and questioning community attitudes/norms.
- f. Examine how the social, cultural, and environmental influences may determine people's knowledge and access to sexual health information.
- g. Examine and develop an understanding of influences on responsible sexual health decisions (e.g., family, culture, social, religion).
- h. Appraise the strategies of personal commitment (see grade 7) that are required to commit to one's standards and to respond to the social, cultural, and environmental influences.
- i. Analyze ways to support others and their dignity in decisions related to sexual health.
- j. Analyze sexual health supports and services in the community.
- k. Determine how access to sexual health supports and services influence personal and community sexual health.

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

Perspective: Supporting Others

Outcomes

DM 8.8 Appraise the role of “support” in making healthy decisions related to family roles and responsibilities, non-curable infections/diseases, violence and abuse, body image, sustainability, and sexual health.

Indicators

- a. Review the kinds of support that one may need when making healthy decisions.
- b. Critique the various kinds of support.
- c. Discuss ways to determine when support is needed.
- d. Distinguish between wanting and needing support.
- e. Examine the implications or consequences of support strategies.
- f. Recognize the kinds of support that may be needed at various stages/steps when making decisions.
- g. Describe the influencing factors on providing and receiving support.

Outcomes

DM 8.9 Analyze the health opportunities and challenges, and establish “support others” personal goal statements, related to family roles and responsibilities, non-curable infections/diseases, violence and abuse, body image, sustainability, and sexual health.

Indicators

- a. Assess current skills and abilities to be a support person.
- b. Examine possible health opportunities and health challenges related to each unit of study.
- c. Discuss and evaluate various alternatives to address health opportunities/challenges.
- d. Examine factors that affect the support one may give or receive.
- e. Design a personal goal statement that supports others in each unit of study.
- f. Determine strategies for meeting individual “support” goals.
- g. Predict the consequences of such strategies.
- h. Establish multiple and authentic supports in planning for healthy decision making.

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

Perspective: Supporting Others

Outcomes

AP 8.10 Design, implement, and evaluate *three seven-day action plans* that establish multiple supports for responsible health action related to family roles and responsibilities, non-curable infections/diseases, violence and abuse, body image, sustainability, and sexual health.

Indicators

- a. Determine the elements of effective “support” action plans (e.g., who, what, where, when, how, why).
- b. Plan the required steps to complete action plans that support others.
- c. Identify criteria and use them to assess the design elements of “supporting others” action plans.
- d. Distinguish, with others, criteria to evaluate the implementation of “supporting others” action plans.
- e. Identify and use criteria to evaluate growth in one’s ability to establish supports for health.

Outcome Organization and Planning

- Combine outcomes associated with Goal #1 for unit planning (see p. 25).
- Outcomes associated with Goal #2 are addressed in **each** unit.
- Outcome associated with Goal #3 is addressed in **three** units.

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 8 is “supporting others”. Students design and carry out three action plans (see outcome 8.10) that place them in the position of supporting others as they address health opportunities and/or challenges.

A support system is a network of individuals or groups of people in your life who help you make healthy choices, meet your needs, and support you in planning and achieving your goals. Unfortunately, some people do not have strong support systems.

Friends and peers as supports are generally underrated and underused as a resource, even though there is growing evidence to show that they can make a huge difference in the everyday lives of young people. Students themselves have rated friends and peers as the single biggest influence on their behaviour (http://www.nottinghamcity.gov.uk/sitemap/peer_support_strategies).

Peers are becoming increasingly important in students’ social world. Learning to negotiate the pressures within their social world and to support each other in the negotiations is essential at this age. Grade 8 Health Education should begin by helping students learn to provide support for and access support from each other as ways to reinforce students’ commitment to personal standards (see outcome USC 8.1).

The table on the following page shows how the Grade 8 perspective relates to the curriculum outcomes.

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.

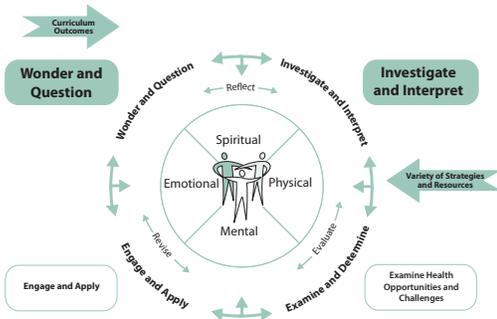
Health Education 8

Perspective	How the Outcomes Relate to the Perspective
Supporting Others	<p>Analyzing and establishing strategies of support and related impact (8.1, 8.3, 8.8, 8.9, 8.10).</p> <p>Exploring the impact of prejudices/biases and violence on the wellbeing of family roles, responsibilities, and identities (8.2, 8.4, 8.8, 8.9, 8.10).</p> <p>Analyzing how the quality of life of self, family, and community is influenced by body image satisfaction/dissatisfaction and sexual health knowledge (8.5, 8.7, 8.8, 8.9, 8.10).</p> <p>Exploring how the environment affects the health of self, family, and community (8.6, 8.7, 8.8, 8.9, 8.10).</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 propel themselves to “walk the talk”. Grade 8 Health Education should focus on the opportunities to examine strategies to support others in their healthy choices and decisions.

The following pages illustrate initial stages of a framework for planning in Grade 8. A more complete 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 8.1: Analyze and establish effective strategies of support for purposes of helping others increase health-enhancing behaviours.

Outcome USC 8.3: Investigate and analyze the impact of in/formal supports and services (including testing/diagnostic services) available to individuals, families, and communities infected with/affected by non-curable infections/diseases (including HIV and Hepatitis C).

Learning Activities

Begin with reading the following:

Ashton reached out his hand and banged on the alarm clock. Why should he even bother to get out of bed? School would be boring. The teachers probably liked it better when he didn't show up. Sometimes he hung out with a few others after school, but he didn't feel he had any "real" friends. Lately, things hadn't been too great at home. Ever since Mom had been diagnosed six months ago and his mom's partner had been busy working and taking care of Ashton's younger sister and their cousin, things seemed to be going downhill. At night, it seemed like there was either lots of yelling or silence ... and he didn't know what was worse. Ashton threw off the covers and dragged himself out of bed. He convinced himself to go to school ... but continued to assume that no one cared if he stayed in bed all day. Maybe all year ...

Ask the students to ponder and then respond in small groups to the following questions:

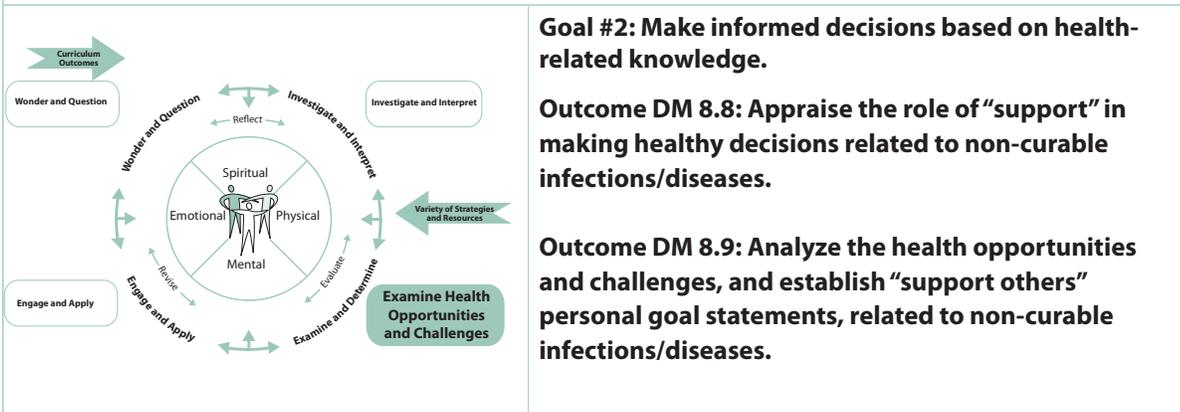
- Do you know of someone who has felt that way?
- What kinds of relationships does Ashton have with others?
- What supports does Ashton need and why?
- Who can provide what he needs?
- What is a support system (i.e., group of people to whom you feel connected)?
- How do you create a support system?

Lead the discussion to include student insight into strategies for asking for, receiving, and providing help and advice. Distribute the "Who Could Support Me" handout (available in the support materials on the Ministry of Education website). Tell students that who they can turn to for support may depend on the particular situation or problem and that it is helpful to think ahead to when the situation/context provides an opportunity to discuss their issues.

Divide the students into four groups. Ask each group to generate questions about support strategies. Respond to their lists of questions by having each of the groups gather and evaluate, according to student-generated criteria, sources of and information about support strategies. Review the specific criteria used in Grade 7 to evaluate sources and information. Work with students to revise the criteria. Each group will represent what they have learned about support strategies. Synthesize their learnings on chart paper that can be referred to throughout the year.

(Refer to Ministry of Education website for additional ideas)

Planning Framework



Learning Activities

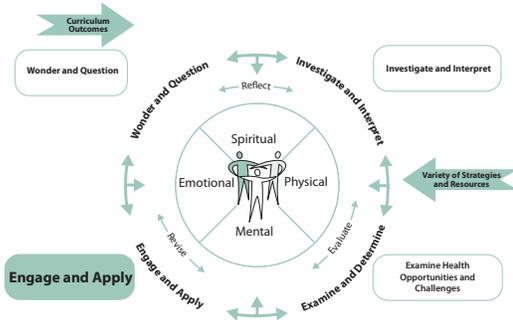
It is important for students to examine some of the support networks and strategies available. Request students to consider their skill levels as support people, the effects various support strategies have on people, and the consequences of such strategies. Continue by having students determine the support strategies that they can demonstrate and the skills they need to acquire. Conclude with exploring alternatives and consequences to reveal that some people respond to certain support strategies while others respond to quite different demonstrations of support.

Review with students some of the ways in which they can demonstrate support to others (e.g., role modeling, listening, encouraging). Practise support strategies through role play. Investigate possible implications of different support strategies and judge which support strategies are most effective in certain situations. Connect what is understood about support strategies to thoughts on dependence and interdependence. Ponder the following questions:

- Do people who want support always need support? Do people who need support always want support?
- Why are some people reluctant to ask for help?
- Why are some people reluctant to provide support?
- What can you do if the kind of support being requested challenges your personal standards?
- What determines the kinds and level of support needed (e.g., education levels, genetics, personal health practices and coping skills, physical environment, income and social status)

(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 8.10: Design, implement, and evaluate *three seven-day action plans* that establish multiple supports for responsible health action related to non-curable infections/diseases.

Learning Activities

Invite students to revise and share their goal statements. Using the goal statement, "I will help my friend select a DVD, electronic news brief, or a movie to use in initiating a conversation with his/her parents/caregivers about HIV/AIDS". In pairs, have students appraise whether this goal statement is specific, measurable, and possible to attain. Is the goal specific enough to answer the questions identified below?

- What will be changed?
- How much will it change?
- When will it change?

In pairs, have students assess each other's goal statements. Review and refine the elements of effective "supporting others" action plans (e.g., organizers of who, what, where, when, why, how).

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

Assessment and Evaluation of Student Learning

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

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 and inform instructional practices and:

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

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

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

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

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

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

The assessment and evaluation strategies used in health education must support teachers in designing instruction that will best help students achieve the learning outcomes for the grade. The 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 student 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%
	100%

Teacher B

Outcomes related to Goal #1	35%
Outcomes related to Goal #2	30%
Outcome related to Goal #3	35%
	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 in Grade 8 Health Education.

Health Education 8

Holistic Rubric for “Investigate and Interpret”					
		Level 4	Level 3	Level 2	Level 1
Investigate and Interpret	Evaluate health information	Independently locates and evaluates health information, according to self-developed criteria.	Gathers and evaluates information according to student-developed criteria to make informed decisions but may have some difficulty sorting the data.	Collects and sorts a limited amount of health information but does not use effective criteria to ascertain its usefulness or validity; has difficulty knowing how to proceed.	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	Challenges “common sense” thinking of self and others based on understanding of perspectives and ways of knowing.	Understands that all information is provided from a particular perspective or way of knowing.	Is aware of common strategies used to inform, persuade, and emphasize certain perspectives.	Demonstrates limited awareness that information is provided from a particular perspective.
	Make connections	Makes strong connections among prior knowledge, current context, and what is being learned in order to synthesize meaning and shape new thoughts.	Makes direct connections to what is known and what is being learned and shapes new, but often basic thoughts, as a result.	Makes connections to what is known and what is learned but has difficulty interpreting and shaping new thoughts as a result of the connections.	Requires regular assistance to make basic connections between what s/he knows and what is being learned.

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 supporting others in each unit of study. The following is one example of how to document students’ planning for action. This example also demonstrates how students could plan to work through the “engage and apply” stage of the inquiry process in health education.

Planning for Action in Grade 8 Health Education

Name: _____ **Date:** _____

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

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

- 1.
- 2.
- 3.

Possible “road blocks” to achieving my goal include:

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 “supporting others” 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:

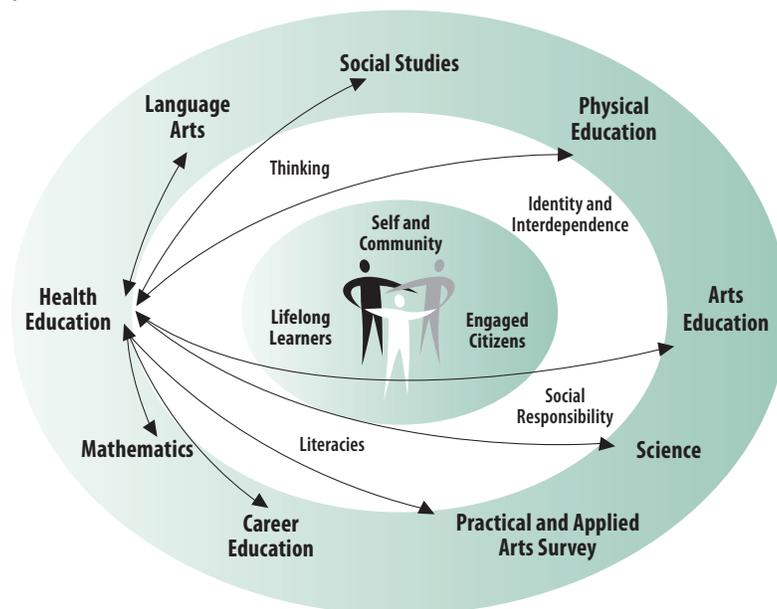
Evaluation Date and Comments:

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 develop in a holistic manner, with the physical, emotional, mental, and spiritual dimensions being balanced.

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



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

Abuse is a pattern of behaviour in which coercion/violence is used to gain power or maintain control.

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.

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.

Gender is a set of perceived behavioural norms associated particularly with males and females.

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.

Poor Bashing occurs when people who are poor are stereotyped, ignored, blamed, patronized, pitied, and falsely accused because they are poor.

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 8 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
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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: _____

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

Please return the completed feedback form to:

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