Health Education

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Acknowledgements

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- other educators and community members

in the development of the Grade 9 Health Education Curriculum.

Introduction

Health education is a Required Area of Study in Saskatchewan's Core Curriculum. The provincial requirement for Grade 9 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 program, will support youth in developing a solid foundation for attaining and maintaining a balanced life.

This curriculum provides the intended learning outcomes that Grade 9 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
- direction for connecting health education 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.

> *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)

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.

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.

Building Lifelong Learners

Related to the following Goals of Education:
- *Basic Skills*
- *Life-long Learning*
- *Self Concept Development*
- *Positive Lifestyle*

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

Building a Sense of Self and Community

Related to the following Goals of Education:
- *Understanding & Relating to Others*
- *Self Concept Development*
- *Positive Lifestyle*
- *Spiritual Development*

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, maintain, and promote balance within the physical, mental, emotional, and spiritual aspects of humanness.

Building Engaged Citizens

Related to the following Goals of Education:
- *Understanding and Relating to Others*
- *Positive Lifestyle*
- *Career and Consumer Decisions*
- *Membership in Society*
- *Growing with Change*

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

Cross-curricular Competencies

The Cross-curricular Competencies are four interrelated areas containing understandings, values, skills, and processes that are considered important for learning in all areas of study. These competencies reflect the Common Essential Learnings and are intended to be addressed in each area of study at each grade level.

Developing Thinking

This competency addresses how people make sense of the world around them. Understanding develops by building on what is already known, and by initiating and engaging in contextual thinking, creative thinking, and critical reasoning through cultural, experiential, and inquiry processes. Health education is taught and learned through an inquiry process that recognizes the knowledge that students already possess, and teaches them to self-reflect and purposefully seek, evaluate, and use historical, contemporary, and evolving information.

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

Developing Identity and Interdependence

This competency concerns 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.

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

Developing Literacies

This competency concerns a variety of ways, including the use of technology, to interpret the world and express understanding of it 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, and as they make healthy decisions and apply them in daily life.

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

Developing Social Responsibility

This competency concerns 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 the Cross-curricular Competencies and the 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 that 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, maintain, and promote a healthy mind, body, heart, and spirit. Young people can acquire the understandings, skills, and confidences needed, for example, to evaluate healthy food policies; 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 promote the health of self, family, community, and environment.
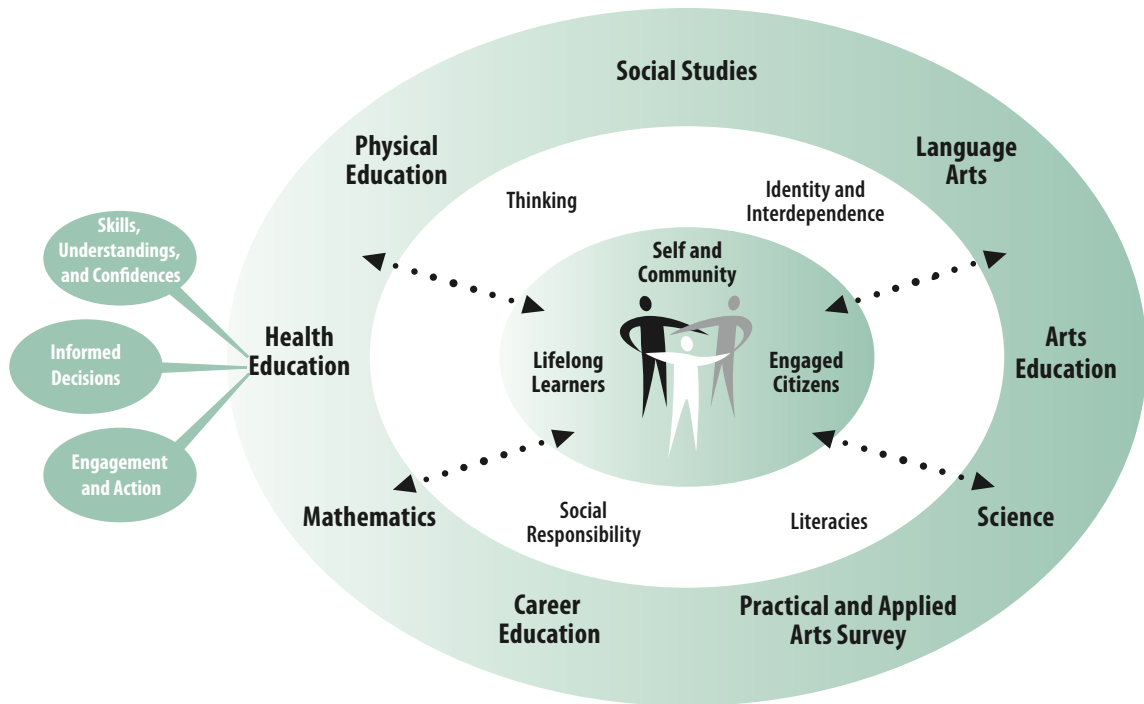
An Effective Health Education Program

An effective health education program:

- is a comprehensive school health approach
- educates the 'whole person' through holistic learning
- focuses on achieving health literacy
- builds inquiring habits of mind
- responds to/addresses 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 at-risk, help or refer young people to health services, support the reintegration of students into regular school life, and

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

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?

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)

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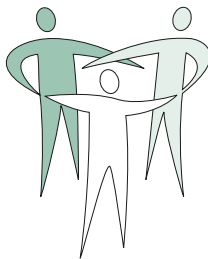
Teaching and Learning
(e.g., provincial health education curricula; holistic development of the mind, body, heart, and spirit; setting goals; powerful instructional strategies; culturally appropriate resources)

Health and other Support Services
(e.g., child protection services, referrals, guidance services, psychological counseling)

What an Effective Health Education Program *Is*	What an Effective Health Education Program *Is Not*
Teaching and Learning	**Teaching and Learning**
Health education program: • 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".	Health education: • 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).
Deep understanding and application of health information: • 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.	Isolated health knowledge and comprehension: • 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.
Assessment: • Knowing and negotiating what, why, and how students are learning and how students will know when they have achieved outcomes. • Participating in the planning and criteria for assessment. • Demonstrating and documenting proof of learning. • Being guided by assessment for learning.	Assessment: • 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.
Resource-based Learning: • 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.	Resources: • 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.

What an Effective Health Education Program *Is*	What an Effective Health Education Program *Is Not*
Health and Other Support Services	**Health and Other Support Services**
• 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).	• Limited early identification or treatment services provided for children and youth. • Intervention efforts are not supported by prevention efforts necessary for identified students.
Social Supports	**Social Supports**
• 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.	• 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.
Healthy Physical Environment	**Healthy Physical Environment**
• 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.	• 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.
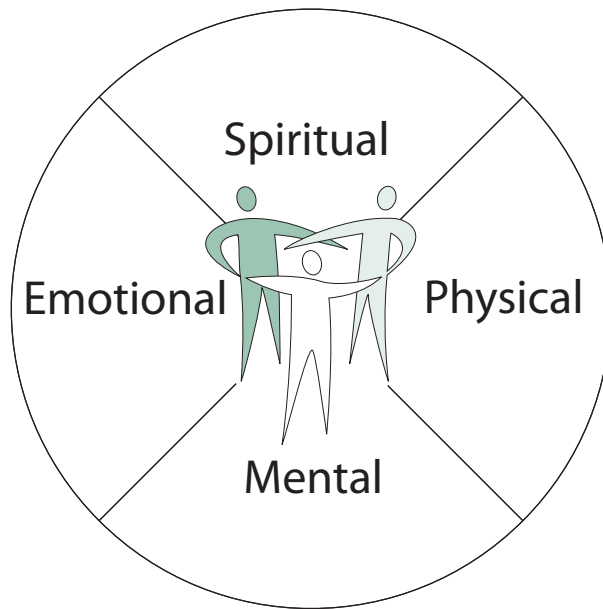
Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders.
(Association of Supervision and Curriculum Development, 2008)

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.

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)

Health Literacy

Health literacy refers to individuals' abilities to access and interpret information and 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 Canadian Council on Learning, 2007).

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills, and confidence (self-efficacy) necessary to take action to improve health (Public Health Agency of Canada, 2008, p. 9).

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 <u>one</u> 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).
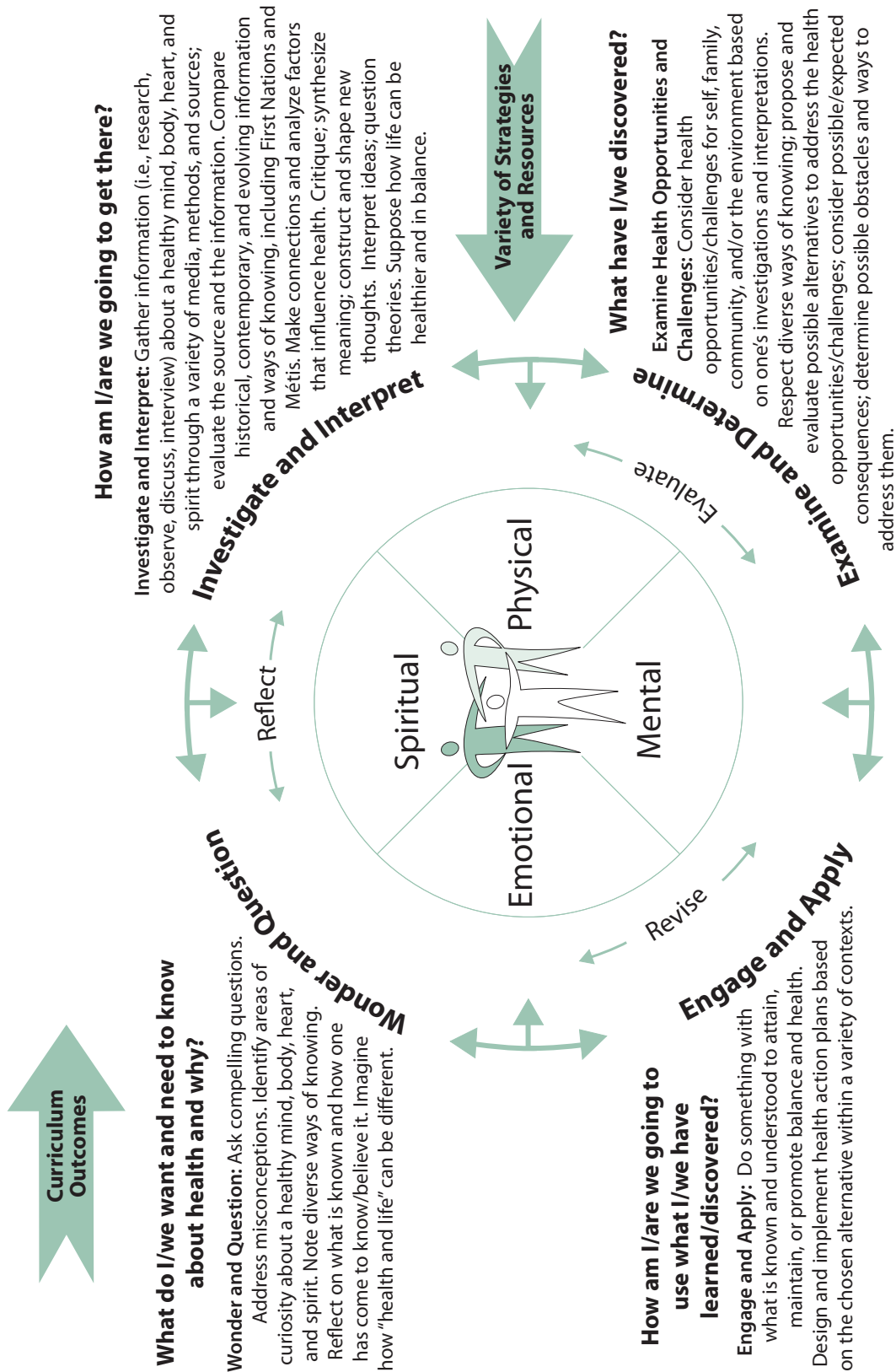
Examples of concrete strategies to help students develop decision-making skills include:

- 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; 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)

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. The best questions point to and highlight the big ideas.
(Wiggins & McTighe, 2005, p. 106)

Inquiry for Healthy Decision Making

Curriculum Outcomes

Variety of Strategies and Resources

How am I/are we going to get there?

Investigate and Interpret: Gather information (i.e., research, observe, discuss, interview) about a healthy mind, body, heart, and spirit through a variety of media, methods, and sources; evaluate the source and the information. Compare historical, contemporary, and evolving information and ways of knowing, including First Nations and Métis. Make connections and analyze factors that influence health. Critique; synthesize meaning; construct and shape new thoughts. Interpret ideas; question theories. Suppose how life can be healthier and in balance.

Investigate and Interpret

What have I/we discovered?

Examine Health Opportunities and Challenges: Consider health opportunities/challenges for self, family, community, and/or the environment based on one's investigations and interpretations. Respect diverse ways of knowing; propose and evaluate possible alternatives to address the health opportunities/challenges; consider possible/expected consequences; determine possible obstacles and ways to address them.

Examine and Determine

Evaluate

Physical

Spiritual

Mental

Emotional

Reflect

Revise

What do I/we want and need to know about health and why?

Wonder and Question: Ask compelling questions. Address misconceptions. Identify areas of curiosity about a healthy mind, body, heart, and spirit. Note diverse ways of knowing. Reflect on what is known and how one has come to know/believe it. Imagine how "health and life" can be different.

Wonder and Question

How am I/are we going to use what I/we have learned/discovered?

Engage and Apply: Do something with what is known and understood to attain, maintain, or promote balance and health. Design and implement health action plans based on the chosen alternative within a variety of contexts.

Engage and Apply

- 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).

Questions for Deeper Understanding

Questions provide students the initial direction for uncovering deeper understanding. Guiding questions may help students grasp the important disciplinary ideas surrounding a health focus or context and related themes or topics. The questions provide a framework, purpose, and direction for learning and the connection to their 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 9 Health Education include:

- What builds strong and healthy communities?
- How does a community's well-being impact the well-being of an individual and vice versa?
- What are the community's responsibility to the health of the individual and the individual's responsibility to the health of the community?
- What motivates individuals, families, or communities to become and stay healthy?
- How does labeling and stereotyping influence how we look at and understand our communities and the world?
- How can negative cycles of intergenerational behaviours be interrupted?

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.

Questions to Support Deeper Understanding:

º *Cause genuine and relevant inquiry into the key ideas and core content.*
º *Provide for thoughtful, lively discussion, sustained inquiry, and new understanding as well as more questions.*
º *Require students to consider alternatives, weigh evidence, support their ideas, and justify their answers.*
º *Stimulate thought, provoke inquiry and spark more questions - not just pat answers.*
º *Spark meaningful connections with prior learning and personal experiences.*
º *Naturally recur, creating opportunities for transfer to other situations and subjects.*
    (Adapted from Wiggins & McTighe, 2005, p. 110)

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. 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.

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:

- 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 9 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 24). 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 different topics addressed within the units of study (e.g., non-curable infections/diseases, healthy food policies, addictions). See the online materials for additional planning suggestions.

Grade 9 students will build on their learning experiences in Grade 8 which emphasize the support of others. The outcomes in Grade 9 focus on students gaining the understandings, skills, and confidences to promote healthy communities.

Health Education 9

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

Outcomes	Indicators
USC 9.1 Develop informed conclusions about the importance of leadership skills and health promotion in healthy decision making.	a. Evaluate and respond to a variety of sources of, and information about, leadership skills. b. Examine local decisions that promote health. c. Examine health-enhancing behaviours that have increased due to the positive influence of health promotion (e.g., designated drivers – SGI, increase in physical activity – *in motion*). d. Investigate and analyze examples of health promotion in one's community. e. Assess the leadership skills needed/used in health promotion and related decision making. f. Examine how the determinants of health (e.g., education, income and social status, physical environments, biology and genetics) are interconnected and need to be addressed when promoting the health of self, family, community, and environment. g. Assess how the strategies of health promotion (i.e., strengthen community action, develop personal skills, create supportive environments, reorient health services, build healthy public policy) impact decision making and the health of self, family, community, and the environment.

Outcomes	Indicators
USC 9.2 Analyze how the well-being of self, family, community, and the environment is enhanced by a comprehensive, community approach to safety.	a. Evaluate and respond to a variety of sources of, and information about, safety in the community. b. Use the appropriate language with which to talk about comprehensive health approaches to safety (e.g., determinants of health, environments). c. Investigate internal and external signals of danger in familiar and unfamiliar situations in the community. d. Assess and communicate effective strategies to respond to signals of danger in familiar and unfamiliar situations. e. Examine situations when personal safety may be in jeopardy. f. Examine safe/unsafe practices in the community that endanger/enhance the well-being of young people and analyze why these practices occur. g. Investigate the safety promotions/strategies in the community. h. Investigate examples of comprehensive safety approaches.

USC 9.2 (continued)

i. Assess how assertiveness skills (see Grade 7) can help to protect self, others, and the environment.
j. Examine how unsafe situations affect the physical, mental, emotional, and spiritual well-being of self and others.
k. Explore how safe environments support the building of a sense of self and connections to others.
l. Analyze safety promotions/strategies that involve multiple partners, environments, and supports.
m. Determine the overlap/alignment of the safety approaches in the community.
n. Propose how existing community safety promotions/ strategies could be more comprehensive.

Outcomes	Indicators
USC 9.3 Interpret, critique, and question the stigma associated with individuals, families, and communities living with/affected by non-curable infections/diseases, including HIV/AIDS and Hepatitis C and for those who advocate for them.	a. Evaluate and respond to sources of, and information about, the provincial, national, and international impact of HIV/AIDS and Hepatitis C. b. Recognize and question community prejudices. c. Examine stigmas associated with non-curable infections/ diseases, including HIV/AIDS and Hepatitis C. d. Examine the impact of the stigmas associated with HIV/ AIDS and Hepatitis C on the individual, the family, and the community. e. Identify and question stigmas often attached to people who advocate for those infected with HIV and Hepatitis C. f. Determine the effects of stigmas of association with/ advocacy for those living with/affected by HIV/AIDS and/or Hepatitis C. g. Analyze how some non-curable infections, including HIV and Hepatitis C infection, are linked to risky behaviours, not to particular groups of people, and examine the stigma associated with risky behaviours (e.g., intravenous drug use, unprotected sex). h. Determine that risky behaviours are often more prevalent in vulnerable/marginalized populations and discuss why these populations may be more at risk. i. Examine health promotion strategies that reinforce and/or address the stigma associated with HIV/AIDS.

Outcomes

Indicators

USC 9.4 Analyze the norms and expectations (e.g., community, cultural) **associated with romantic relationships as a means to effectively plan for related health promotion.**

a. Evaluate and respond to a variety of sources of, and information about, romantic relationships.
b. Compare why and how people became involved in romantic relationships in the past and become involved in the present.
c. Categorize similarities and differences that exist among cultural norms and expectations regarding romantic relationships.
d. Interpret how community and cultural norms might influence the personal standards (introduced in Grade 6) and the limits one sets for dating relationships.
e. Determine how community and cultural norms might influence the strategies of personal commitment (introduced in Grade 7) required to set limits in healthy dating relationships.
f. Assess individual, family, and community expectations for dating.
g. Assess why some young people choose not to become involved in romantic relationships.
h. Examine how family, cultural, and community expectations influence decisions of setting limits and agreeing to them early in romantic relationships.
i. Analyze "relationship violence" in the context of family and community norms.
j. Analyze how the following might assist in planning to promote health:
   • appraise the assertiveness skills needed to set limits early in dating relationships (see Grade 7)
   • examine how community norms might influence the support strategies (see Grade 8) available for healthy dating relationships
   • analyze the support strategies needed by someone who has experienced relationship violence
   • identify and practise the leadership skills needed to promote healthy dating relationships.

Outcomes	Indicators
USC 9.5 Evaluate a variety of healthy food policies and plan to participate in the development, revision, and/or implementation of a healthy food policy (e.g., fundraising, feasts, canteen sales, extra-curricular events) **in the community** (e.g., home, school, arena, youth center)**.**	a. Evaluate and respond to a variety of sources of, and information about, healthy food policies. b. Compare examples of healthy food policies. c. Investigate and document principles of healthy food policies (i.e., one principle is the policy should be based on Canada's Food Guide). d. Establish criteria (from Canada's Food Guide) for healthy food policies. e. Investigate how Canada's Food Guide has changed over time, speculate on the reasons for the changes, and determine possible effects on healthy food policies. f. Analyze the influences on the development and implementation of healthy food policies. g. Determine the leadership skills that can be used in promoting a healthy food policy. h. Examine the existing food policies in the school and/or community. i. Analyze the existing community/school food policies based on Canada's Food Guide and other reputable sources. j. Determine and examine the actions/priorities that will bring about the greatest improvement to new and/or existing food policies.

Outcomes	Indicators
USC 9.6 Analyze the health, economic, and social supports and challenges of addictions (e.g., tobacco, shopping, alcohol, gambling, Internet, drugs) **on self, family, community, and the environment.**	a. Evaluate personal knowledge in terms of what is known and what needs to be learned about addictions. b. Determine situations where youth may feel pressured/tempted to smoke, chew tobacco, drink, gamble, or use drugs. c. Evaluate and respond to sources of, and information about, addictions. d. Determine and practise the communication skills necessary to clarify personal standards regarding addictions. e. Examine possible consequences of addictions on the health of self, family, and community. f. Investigate how addictions affect the well-being of the environment. g. Distinguish between the responsible and irresponsible use of traditional, prescription, and over-the-counter drugs (including tobacco). h. Assess family and community norms and expectations regarding addictions.

USC 9.6 (continued)

   i. Assess community supports and services related to addictions.

   j. Evaluate laws pertaining to tobacco use, alcohol use, drug use, and gambling.

   k. Explore and describe the strengths within own family and cultural heritage, and of the struggles and challenges family and ancestors have faced related to addictions.

Outcomes	Indicators
USC 9.7 Analyze tragic death and suicide as distressing community issues and appraise what supports and health promotions exist in the community to address these issues.	a. Evaluate and respond to a variety of sources of, and information about, tragic death and suicide. b. Express insights regarding community beliefs about suicide. c. Investigate and articulate warning signs of suicide (e.g., repeated expressions of hopelessness, helplessness, or desperation; behaviour that is out of character, such as recklessness in someone who is normally careful; signs of depression - sleeplessness, social withdrawal, loss of appetite, loss of interest in usual activities; a sudden and unexpected change to a cheerful attitude; giving away prized possessions to friends and family, making a will; making remarks related to death and dying; or an expressed intent to commit suicide). d. Analyze the factors that may increase the risk for suicide (e.g., having a serious physical or mental illness, feelings of guilt, victim of abuse, abusing alcohol or drugs, experiencing a major loss, such as the death of a loved one, breakups/divorce, unemployment, isolation). e. Discuss the impact of suicide and tragic death on the well-being of the individual, family, and community. f. Investigate and communicate Saskatchewan and Canadian trends in teen suicide and tragic death. g. Investigate local and provincial health promotions to reduce tragic death (e.g., work safety promotions, traffic safety promotions) and suicide (e.g., part of curriculum). h. Recognize strategies to prevent or reduce the risk of a suicide attempt (e.g., getting help from a trusted adult). i. Examine ways to support self if contemplating suicide (e.g., call a crisis telephone support line, draw on the support of family and friends, set up frequent appointments with a mental health professional and request telephone support between appointments, get involved in self-help groups, talk every day to at least one person you trust about how you are feeling, seek help from the emergency department of a local health center/hospital, talk to someone who has 'been there'). j. Communicate a list of community and/or provincial agencies or organizations that provide support for those considering suicide or coping with the tragic death of a friend or family member.

USC 9.7 (continued)	k. Illustrate the healing (i.e., mental, emotional, spiritual) that is necessary for self, family, and community when a tragic death or suicide occurs.

Outcomes	**Indicators**
USC 9.8 Assess the ways self, family, and community facilitate healthy living for people with chronic illness.	a. Evaluate and respond to a variety of sources of, and information about, chronic illness. b. Explore personal thoughts, feelings, and questions about chronic illnesses. c. Discuss the causes, symptoms, treatment, and prognosis of student-identified chronic illnesses (including physical and mental illnesses). d. Analyze and question the stereotypes associated with people infected with/affected by chronic illness. e. Examine the similarities and the differences between an acute and chronic illness. f. Investigate how people affected by chronic diseases are the same/different from others. g. Examine the disabilities associated with particular chronic illnesses (e.g., arthritis, visual/hearing impairments, multiple sclerosis, Parkinson's). h. Investigate agencies, organizations, and other sources of support for people who live with chronic illness. i. Examine the challenges that exist in the community for people who are infected with/affected by chronic illness and propose possible solutions. j. Examine the needs of individuals and families living with chronic illness. k. Appraise the in/formal community supports (grade 8) and health promotions and services for individuals and families living with chronic illness.

Outcomes	**Indicators**

USC 9.9 Develop and demonstrate the personal insight, motivation, and skills necessary to enhance and promote sexual health and avoid health-compromising sexual attitudes and behaviours.	a. Examine personal attitudes about sexual health.
	b. Acquire knowledge that is appropriate for students' levels of development, and directly relevant to their own sexual health needs including:
	  • an informed understanding of sexuality
	  • prevention of sexual health problems, including pregnancy and sexually transmitted infections (STIs)
	  • enhancement of sexual health.
	c. Analyze abstinence as the healthiest and safest sexual choice for young people.
	d. Discuss sexual health choices that reduce the risk of health-compromising consequences.
	e. Assess how to raise, discuss, and negotiate sexual health issues with partners.

USC 9.9 (continued)

f. Evaluate the potential outcomes of sexual health attitudes and behaviours.
g. Determine how attitudes and behaviours may interfere with or enhance sexual health.
h. Clarify personal standards (see Grade 6) that influence sexual health decisions.
i. Examine the strategies of personal commitment (see Grade 7) that are required to commit to one's standards/decisions related to healthy sexual behaviour.
j. Articulate the influence of alcohol and other drugs on sexual attitudes and behaviours.
k. Determine the personal benefits of taking action to enhance sexual health and prevent/reduce sexual health problems.
l. Use self-knowledge and understandings to promote sexual health with family, friends, partners, and community.
m. Determine the behaviours and local resources/supports that can help to attain positive sexual health outcomes.
n. Establish a common and informed understanding of differences that exist in relation to sexuality and determine what differences are respected and protected in Canadian Human Rights legislation.

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

Perspective: Promote Health

Outcomes

Indicators

DM 9.10 Assess the role of health promotion in making healthy decisions related to comprehensive approaches to safety, non-curable infection/diseases, romantic relationships, healthy food policies, addictions, tragic death and suicide, chronic illness, and sexual health.

a. Discuss the role of health promotion in decision making.
b. Review the determinants of health and the health action policies as important aspects of health promotion.
c. Examine the health promotion needed in the local community.
d. Generate strategies/alternatives to promote health in their community.
e. Establish criteria and use them to evaluate strategies/alternatives.

Outcomes

DM 9.11 Analyze the health opportunities and challenges and establish personal health promotion goal statements related to comprehensive approaches to safety, non-curable infections/diseases, romantic relationships, addictions, tragic death and suicide, chronic illness, and sexual health.

Indicators

a. Assess personal skills for the purposes of promoting health.
b. Discuss processes used to set goals and make decisions that promote health.
c. Create a health promotion goal statement that addresses health challenges and/or embraces health opportunities.
d. Evaluate goal statements to ensure they are clear, specific, measurable, and achievable.

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

Perspective: Promote Health

Outcomes

AP 9.12 Design, implement, and evaluate three eight-day action plans that demonstrate responsible health promotion related to comprehensive approaches to safety, non-curable infections/diseases, romantic relationships, healthy food policies, addictions, tragic death and suicide, chronic illness, and sexual health.

Indicators

a. Discuss the elements of effective action planning for health promotion.
b. Plan the required steps to complete the health promotion action plans.
c. Distinguish and use criteria to assess the design elements of health promotion action plans.
d. Develop and use criteria to evaluate the implementation of health promotion action plans.
e. Recognize and establish the supports necessary to implement the health promotion action plans.
f. Apply the steps necessary to achieve self-selected health-enhancing goals.

Outcome Organization and Planning

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

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 9 is "promoting health". Students design and carry out three action plans (see outcome 9.12) that place them in the position of promoting health in their school and community.

Health promotion is not limited to specific health opportunities, challenges, or behaviours. In Grade 9, students develop the understanding that many leading causes of death, disease, and disability can be significantly reduced by preventing behaviours that are initiated during youth and fostered by social and political policies and conditions.

> *Population health promotion works on the factors that affect the health of entire populations. It involves citizens in ways that help them to take control and improve their own health. The focus is on preventing people from becoming sick or injured. It looks at the "big picture" and tries to work on the reasons that some things don't happen. Sometimes there are barriers to making healthy choices - people are too tired after a day of work to attend a meeting at the school or a prenatal class; it is hard for parents to go to the gym or meet to learn how to cook if there is no babysitting; some families can't afford the equipment or fees to send their children to gymnastics or hockey; people can't attend or become involved in community activities because they don't have a car or other means of transportation.*
> *(Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan)*

Perspective	How the Outcomes Relate to the Perspective
Promoting Health	Promoting health, wellness, and safety in the community (9.1, 9.2, 9.5, 9.10, 9.11, 9.12) Facilitating healthy living for people living with/ stigmatized by chronic illness and non-curable infections (9.4, 9.8, 9.10, 9.11, 9.12) Addressing and responding to community health issues (i.e., Addictions, Tragic Death and Suicide, Effects of Residential Schools) (9.6, 9.7, 9.10. 9.11, 9.12) Analyzing norms, expectations, and personal insight in relationships (9.4, 9.9, 9.10, 9.11, 9.12)

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 9 Health Education should focus on the opportunities to examine strategies of promoting healthy choices and decisions.

The following pages illustrate initial stages of a framework for planning in Grade 9. A completed version is available in the online support materials at the Ministry of Education website.

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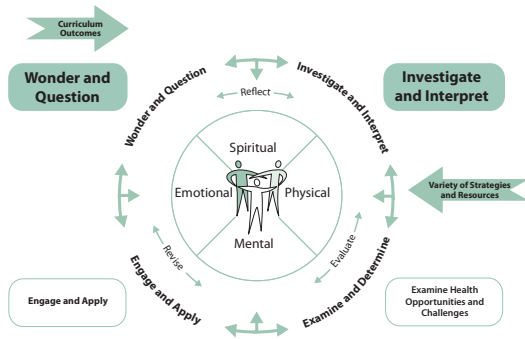
Goal #1: Develop the understanding, skills, and confidences necessary to take action to improve health.

Outcome USC 9.1: Develop informed conclusions about the importance of leadership skills and health promotion in healthy decision making.

Outcome USC 9.2: Analyze how the well-being of self, family, community, and the environment is enhanced by a comprehensive, community approach to safety.

Learning Activities

Ask students what they know and wonder about health promotion. Encourage the discussion to include:

- Health promotion is local, provincial, and national
- Health promotions that target youth
- Health promotion increases healthy behaviours and reduces health-compromising behaviours
- Health promotion strategies.

Invite students to independently create a list of health-enhancing behaviours that have increased in the general population, in part due to health promotion (e.g., designated drivers –SGI and MADD/SADD, physical activity – *in motion* and PARTICIPACTION). Pair students to share and collate their ideas into one list. Create a class list of behaviours that can be added to throughout the year.

Investigate school and community examples of formal and informal health promotions. Students will need to gather and access a variety of sources, including human resources. When students have gathered the information, arrange for students to work in groups to organize and question their findings. Groups should be prepared to share their thoughts.

Health and health promotion is about creating communities where it is easy for people to live, learn, and play in healthy ways. The health of the individual, family, and community is determined by a number of factors. Health Canada has identified 12 determinants of health (see www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants):

 What makes a person or community healthy or unhealthy?
- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture.

(Refer to Ministry of Education website for additional ideas)

Planning Framework

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

Outcome 9.10: Assess the role of health promotion in making healthy decisions related to comprehensive approaches to safety in the community.

Outcome 9.11: Analyze the health opportunities and challenges and establish health promotion goals related to comprehensive approaches to safety in the community.

Learning Activities

Ask students to identify the 'key' community environments in which students live, work, learn, and play (e.g., school, rink, arcade, home, youth center). Prepare a list of the common youth environments. Divide students into groups of four or five and provide the following task:

- Choose a youth environment
- Independently and then collaboratively create a representation of what depicts the image or vision of a healthy environment
- Compare the image/vision to the reality of the identified environment.

Connect the group activity to the following discussion by using the concept of the building block to share examples of strategies to promote health that address specific determinants of health. Provide students with small paper or cardboard cubes, or cardboard boxes (e.g., shoe boxes), and divide the students into 12 pairs/groups. Each group is going to identify the 'What', 'Who', and 'How' of health promotion.

Complete the first example together as a class.

WHO?

WHAT?   HOW?

Example: To address the determinant of **Physical Environment**, students may choose to **Build Healthy Public Policy** by working with their town council, health district, and recreation board to create a skateboarding park policy that requires users to wear a helmet.

Who: Community
What: Physical Environment
How: Build Health Public Policy

(Refer to Ministry of Education website for additional ideas)

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

Outcome 9.12 Design, implement, and evaluate three eight-day action plans that demonstrate responsible health promotion related to comprehensive approaches to safety in the community.

Learning Activities

Ask students to create a building block that identifies an initial draft of 'who', 'what', and the 'how' of their action plans. From the building blocks, ask students to establish steps that ensure the 'who', 'what', and 'how' of the action plans are thoroughly planned (see previous grades for planning steps). Ask students if there are other elements that will assist in their planning and documentation of achieving the goal (e.g., when, where, why).

Draw students' attention back to their personal goal statements identified earlier.

(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 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.

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%

                                   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 9 Health Education.

Holistic Rubric for "Investigate and Interpret"					
		Level 4	**Level 3**	**Level 2**	**Level 1**
Investigate and Interpret	Evaluate health information	Independently gathers and evaluates health information, according to self-developed criteria. Independently and effectively sorts data.	Gathers and evaluates information according to self-developed criteria to make informed decisions; has little difficulty sorting the data.	Collects and sorts a limited amount of health information but shows limited understanding of its usefulness or validity; needs support knowing how to proceed and requires significant assistance.	Gathers sources of health information but requires assistance sometimes; 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 multiple perspectives and ways of knowing.	Understands that all information is provided from a particular perspective or way of knowing. Questions the source and the information.	Demonstrates an awareness and initial understanding of strategies that are used to inform, persuade, and emphasize certain perspectives.	Demonstrates limited awareness that all information is provided from a particular perspective.
	Make connections	Makes robust connections among prior knowledge, current context, and what is being learned in order to synthesize ideas and shape new thoughts.	Makes direct connections to what is known and what is being learned and begins to shape new thoughts as a result.	Makes limited connections between what is known and what is being learned but has difficulty interpreting and shaping new thoughts as a result of the connections.	Requires regular assistance to make basic connections between what they know 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 health opportunity or challenge and meet a personal goal related to the health understandings, skills, and confidences acquired. 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 9 Health Education

Name: _____ **Date:** _____

WHO?
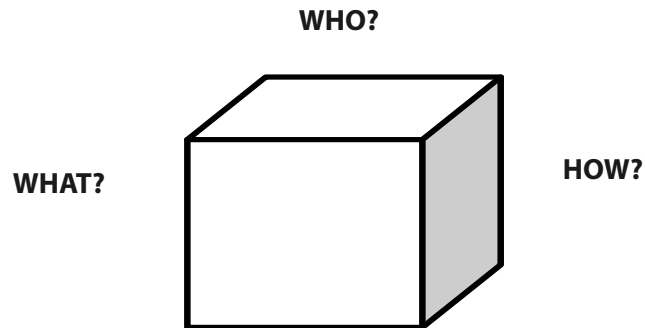
WHAT?   **HOW?**

Challenge Statement:

Goal Statement:

Elements of an Effective Health Promotion Action Plan (Student-generated):

**Who:**

What:

How:

Why:

When:

Where:

Additional assessment and evaluation materials can be found online at 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).
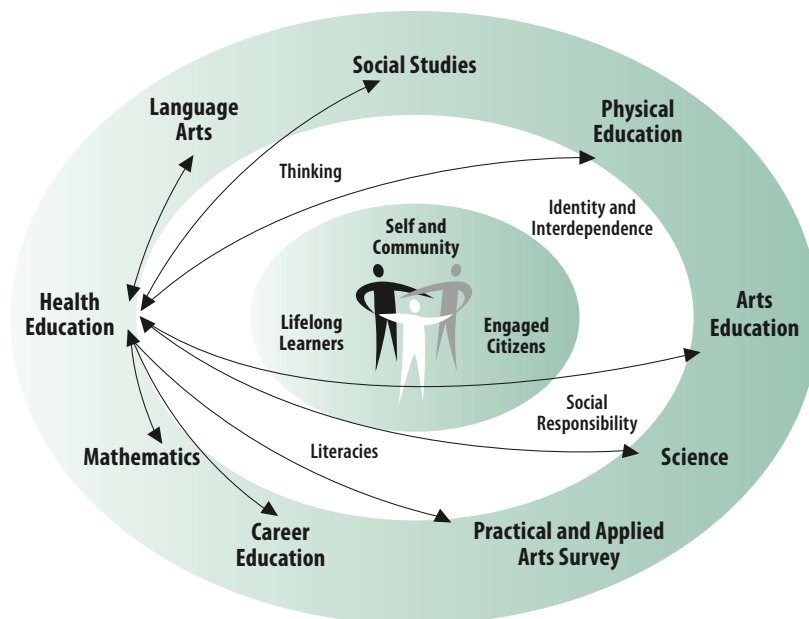
See the Ministry of Education website for suggestions regarding opportunities where topics, concepts, and outcomes for different areas of study might be integrated with health education.

Glossary

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.

Determinants of Health are what determines health (e.g., income, education, health services).

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.

Stigma is any mark of infamy or disgrace; reproachful characteristic.

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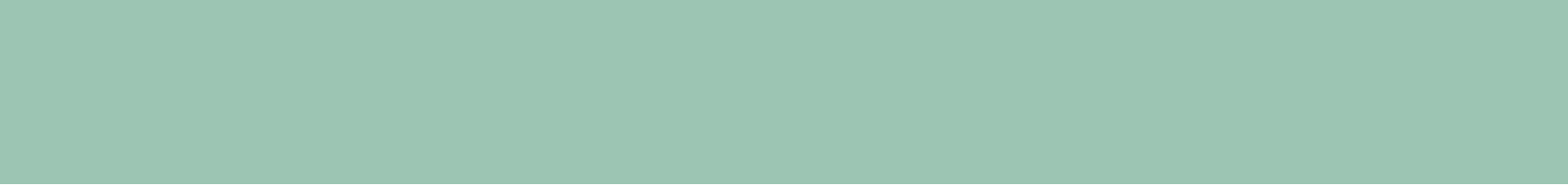
Feedback Form

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 9 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

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