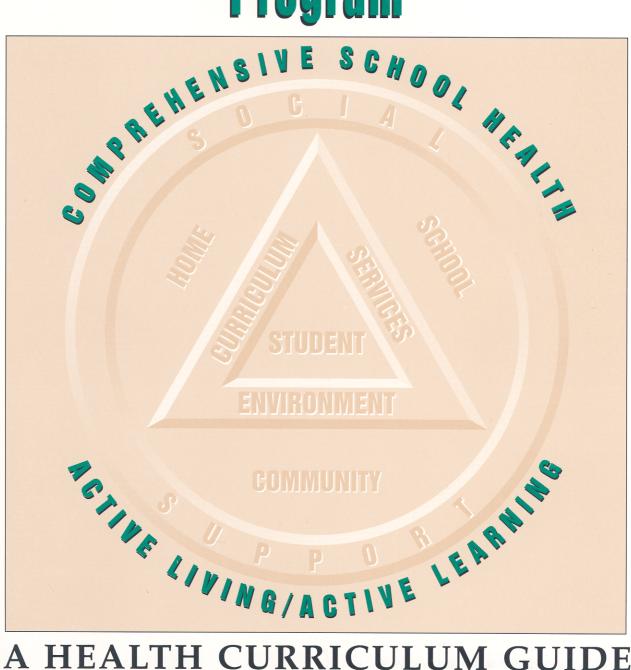
ELEMENTARY

Comprehensive School Health Program



CURRICULUM GUII A HEALTH





GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

Department of Education Division of Program Development

Authorized by the Minister

Table of Contents

Acknowledgements	
Preface	
The Elementary Learner	
Characteristics of the Elementary Learner	
Rationale for Health Education	
Philosophy of Health Education - A Comprehensive Approach	11
Goals of the Program	14
Program Overview	
Mental Health	
Relationships	
Physical Growth and Development	17
Nutrition	17
Self Care	18
Dental Health	18
Active Living	19
Injury Prevention and Safety	20
Drug Education	21
Consumer Health	21
Environmental Health	
Grade Level Objectives	
Scope and Sequence	45
The Teaching and Learning Process	57
Suggested Activities for Health Across the Curriculum	59
Parental Involvement	65
Role of the Teacher	66
Role of Community Resource Personnel in the School	69
Community Cooperation and Contribution	71
Role of School Administration and Staff	72
School Support	73
Role of School District Personnel	75
Evaluation	77
Resources	
Bibliography	87

Acknowledgements

The Department of Education, Newfoundland and Labrador acknowledges the cooperation and the efforts of many individuals who contributed their time, ideas and suggestions during the development stages of this curriculum guide. The contribution of all is greatly appreciated.

Joan Casey, Education Consultant, Division of Program Development, Department of Education; member of the original Health Working Group (K-9); chair of Intermediate Health Working Group; coordinator of the pilot process 1992-1994; editor for the final document.

Linda Coles, Teacher (formerly), Macdonald Drive Elementary School, St. John's; Instructor/Supervisor (formerly), Student Teaching Division, Faculty of Education, Memorial University of Newfoundland, St. John's; member of the original Health Working Group (K-9); Primary-Elementary Health Working Group member; Primary-Elementary Health Working Group chair and coordinator of the pilot process 1991-92; author of the curriculum guide in collaboration with members of the Working Group and pilot teachers.

Special appreciation is given to members of the Primary-Elementary Health Working Group who were the major developers of the program.

During the 1989-1992 development period: **Eugene Parsons**, Teacher, Goulds Elementary School, St. John's; member of the original Health Working Group (K-9).

During 1989-1990 and 1992: **Ethel Heald**, Health Education Consultant, Department of Health, Newfoundland and Labrador; member of the original Health Working Group (K-9), Intermediate Health Working Group member.

In the final development phase during 1992: Gillian Brown, Principal, All-Saints Primary School, Foxtrap; Janet Hogan, Teacher, St. Bonaventure's Boy's Elementary School, St. John's.

Recognition is given to members of the original Health Working Group (K-9) for their contribution during the early development stage:

Sheila Anderson, Education Consultant (formerly), Division of Program Development, Department of Education; Rosemary Fleming, Teacher (formerly), Mobile Central High School, Mobile; Zonya Hiscock, Teacher, Porte de Grave Pentecostal School, Porte de Grave; Thelma Hodder, Principal (formerly), Paradise Elementary School, Paradise; James McGettigan, Program Coordinator (formerly), Roman Catholic School Board for St. John's, St. John's; Harold Stanford, Teacher, Amalgamated Academy, Bay Roberts; Yvette Walton, School of Physical Education and Athletics, Memorial University of Newfoundland, St. John's.

Appreciation is extended to District Personnel who facilitated the pilot process and provided feedback essential to the development of the program:

During the 1991-94 pilot years: Charles Banfield, Program Coordinator, Deer Lake-St. Barbe South Integrated; James Crewe, Program Coordinator, Pentecostal Assemblies Board; Bob Mensinkai, Program Coordinator, Vinland-Strait of Belle Isle Integrated; Christine Gosse, Program Coordinator, Avalon North Integrated.

During the 1992-94 pilot years: Sr. Gladys Bozec, Assistant Superintendent, Appalachia Roman Catholic School Board; Beverley Park, Program Coordinator, Avalon Consolidated School Board; Barry Rowe, Program Coordinator, Western Integrated School Board; Marie-Christine Halliday, Program Coordinator, Roman Catholic School Board for St. John's; Betty Tobin, Program Coordinator, Burin Peninsula Roman Catholic School Board; Gilles Lestage, Program Coordinator, Labrador Roman Cathoilic School Board.

During the 1993-94 pilot year: Rhonda Wicks, Program Coordinator, Avalon Consolidated School Board; Lloyd Walters, Program Coordinator, Western Integrated School Board.

Special appreciation is extended to the teachers who piloted the program. Their valuable comments and suggestions are reflected in this document.

During the 1991-94 pilot years: Arleigh Paddle and John Parsons (principal), Bonne Bay Elementary, Woody Point; Nelson Ball, Hector Earle (principal) and Brenda Parsons, Ridgewood Pentecostal Academy, Stoneville; David Lewis, Donna Budgell, Glenn Snow, Frances Evans, Doug Mills, Peter Hewlin and Nelson Pilgrim (principal), St. Anthony Elementary, St. Anthony; Caryll Rossiter, Bruce Case, Donna Tilley and Elihu Antle (principal), Davis Elementary, Carbonear.







During the 1991-93 pilot years: **Patricia Cooney**, Davis Elementary, Carbonear.

During the 1992-94 pilot years: Melissa Fernandez, St. Stephen's Elementary, Stephenville; Darlene Smith, C.C. Loughlin Elementary, Corner Brook; Anne Brennan, St. Peter's Primary, Mount Pearl; Calvin McNiven, Sacred Heart Elementary, Marystown.

During the 1993-94 pilot year: Michelle Hynes, C.C. Loughlin Elementary, Corner Brook; Leslie Fram, Park Avenue Elementary, Mount Pearl; Danielle Conway, St. Peter's Primary, Mount Pearl; Jane Scalpen, Sacred Heart Elementary, Marystown; J. Beaupré and G. Desjardins, Notre Dame Academy, Labrador City; Pam Matthews and Paul Lambert, Davis Elementary, Carbonear.

During the 1991-92 pilot year: **Peggy Hiscock**, Ridgewood Pentecostal Academy, Stoneville.

During the 1992-93 pilot year: Susan Wright Thomas, Park Avenue Elementary, Mount Pearl; Miriam Saville Main, Notre Dame Academy, Labrador City.

The Department of Education is grateful to the following individuals for their contribution at various stages in the development process:

Helen Lawlor, Director, Public Health Nursing, Department of Health, Newfoundland and Labrador; Joanne McKinnon, Reproductive Health Consultant (formerly), Department of Health, Newfoundland and Labrador; Lynn Vivian-Book, Parent and Child Health Consultant, Department of Health, Newfoundland and Labrador; Lorna Piercey, Child Psychologist, Rehabilitation Centre, Pleasantville, St. John's; Janette Planchat, French Immersion Consultant (formerly), Language Programs Section, Division of Program Development, Department of Education, Newfoundland and Labrador.

The manuscript was prepared for production by the Curriculum and Learning Resources Section, Division of Program Development. Appreciation is extended to **Bernadine Kehoe**, Word Processing Equipment Operator II and **Rosalind Tobin**, Word Processing Equipment Operator II, for word processing and **Joe Vaters**, Graphic Artist, for cover design.

Preface

This elementary curriculum guide has been developed to assist educators in implementing a comprehensive school health program for Newfoundland and Labrador children in grades four through six.

Careful consideration has been given to the developmental characteristics and needs of young people in a society with changing family structures, intensive application of new technologies, changing values, heightened stress conditions and increasing health care costs.

The philosophy of this program reflects an awareness of the interrelationship of the home, school, and community with a focus on the development of knowledge, attitudes and skills which culminate in healthy behaviours.

Grade level objectives have been selected for each of the identified health instruction components. Suggestions are offered for thematic exploration, parent and community involvement, project participation and evaluation techniques suited to individual students in a variety of learning environments.

This program recognizes that education for health is an important contribution to the development of young people; that comprehensive school health is a form of health promotion which combines the efforts of home, school and community.

The Elementary Learner

It is essential that each and every student benefit from the health program as it is so intricately linked to the total development of the child. A health program deals with physical, intellectual, emotional, social and spiritual development and promotes the formation of lifelong behaviours.

Careful consideration must be given to providing a match between the health curriculum and the child's needs. Projects which come out of the program should be geared to the wide range of individual needs and interests of children in a class. Learners should work at a level which challenges their abilities and intellect. Children with special needs may require individualized programs.

The school environment must provide for enrichment as well as remediation for optimal learning while enhancing the self-esteem of students with special needs. In classrooms throughout the Province there are children with special needs who may be classified as exceptional. According to the Province's *Special Education Policy Manual* (1992, p.vii) an exceptional child is one "... whose behavioural, communicative, intellectual, physical, or multiple exceptionalities are such that s/he is considered by the program planning team of a school, to need a special educational program. The term exceptional refers to both disabled and gifted students."

The following scheme highlights the major characteristics of **all** young learners and suggests program implications for the development of a curriculum to meet a wide range of needs and interests. This developmental outline should be considered as a working framework rather than as a definitive statement on the nature of the learner in the elementary grades.

Characteristics of the Elementary Learner

Physical Characteristic:

Growth patterns may be different for girls and boys. Awkwardness may be exhibited but coordination is improving.

Implication

There is a need for understanding and accommodating differences in growth and development.

Physical Characteristic:

There is an inherent need to move.

Implication

There is a need to provide maximum opportunity for sedentary activities to be balanced with movement activities.

Intellectual Characteristic:

Attention span is increasing.

Implication

More complex tasks and varied sequences need to be introduced.

Intellectual Characteristic:

There is a tendency to be curious and to ask many questions.

Implication

There is a need to provide background information and resources as well as promote the development of skills in accessing quality information.

Intellectual Characteristic:

There is an increasing ability to use language and reasoning skills for self-expression.

Implication

There is a need for opportunities for verbal participation that focus on cause and effect, logical reasoning and alternative problem solving.

Intellectual Characteristic:

They are often pre-occupied with thoughts of sexual development.

Implication

There is a need for guidance and knowledge to understand personal growth and development.

Intellectual Characteristic:

They can understand increasingly difficult concepts.

Implication

There is a need for intellectually challenging activities.

Emotional Characteristic:

They are becoming less egocentric.

Implication

There is a need to foster cooperation through group endeavours.

Emotional Characteristic:

They are becoming more independent.

Implication

There is a need to increase individual responsibilities and opportunities for leadership.

Emotional Characteristic:

They become discouraged easily and there is a need to feel successful.

Implication

There is a need to offer encouragement and activities which provide successful experiences.

Emotional Characteristic:

They may begin to display more aggression as they struggle to determine their own identity.

Implications

There is a need to teach awareness and acceptance of individual differences in growth, development and performance.

There is a need to encourage cooperative skills and alternatives to aggressive behaviours.

They enjoy repetition of favoured activities.

Implication

There is a need to provide for some student-selected learning experiences.

Emotional Characteristic:

Behaviour may be affected by puberty.

Implication

There is a need for recognition of differences in personal growth and development patterns.

Emotional Characteristic:

They tend to be competitive but easily upset if losing.

Implication

There is a need to encourage competition in an appropriate way, recognize and discuss feelings about performance and encourage team cooperation and good sportsmanship.

They may become very concerned by issues such as pollution, war, poverty and death and can become frightened and pre-occupied by these.

Implication

There is a need to explore various issues of concern and also to be reassured regarding immediate personal threat and positive steps which individuals can take.

They enjoy competition.

Implication

There is a need to provide individually challenging learning experiences which allow students to generate and choose options which provide opportunities for individual and group needs.

Social Characteristic:

They may develop sex antagonisms.

Implication

There is a need for reassurance that attitudes and opinions often change with personal growth and development.

Social Characteristic:

They seek attention and approval.

Implication

There is a need for recognition and positive reinforcement.

Social Characteristic:

There is a tendency to form cohesive social groups and exclude some peers.

Implications

There is a need to be part of a small group of special friends and to include other peers, periodically.

There is a need to be vigilant about children being marginalized from learning and social activities.

Moral Characteristic:

There is a tendency to choose behaviours in order to avoid censure.

Implications

There is a need to provide life-skills training such as decision-making, problem-solving, and coping.

There is a need to understand that choices have consequences.

Moral Characteristic:

Internal standards of right and wrong are beginning to develop.

Implications

There is a need to understand the emergence of conscience as an important step toward mature growth and development.

There is a need to understand the value of parental guidance and professional counselling.

There is a need to recognize how one's actions affect others.

The Elementary Lea	arner
--------------------	-------

Rationale for Health Education

A health education needs assessment conducted in Newfoundland and Labrador, in 1988, indicated the need for a revision of the health program. Responses from teachers of the health program indicated some degree of satisfaction with health topics within the existing program, but expressed the need for content revision, motivational methodology, and for more of a focus on current social issues, including child abuse, human sexuality, Acquired Immune Deficiency Syndrome (AIDS), outdoor safety and substance abuse. Teachers in small schools and isolated communities expressed the need for relevancy in the health program. Teachers highlighted the need for a program that takes into account the province's cultural, geographic, and climatic conditions.

A submission by Newfoundland Agencies for School Health (NASH) recommended that a comprehensive health program be provided for Newfoundland and Labrador students and that it devote appropriate attention to nutrition, mental health, substance abuse and human sexuality.

Additionally, the results of a number of research studies have indicated a growing concern for health promotion nationally and internationally and, more specifically, have identified the need for better health programs in school systems. While much of this research focused on post-elementary students, it is understood that knowledge, attitudes and behaviours are established at a much earlier age. This clearly points to the need for early intervention and prevention strategies.

The following selected research findings echo the need for relevant health curricula:

- Canadian Youth and Physical Activity: A Report of the Canada Fitness
 Survey (1983) identified children as having lower than expected activity
 patterns. The Active Living concept promotes active healthy lifestyles for
 young Canadians and is outlined in a framework entitled Because They're
 Young: Active Living for Canadian Children and Youth: A Blueprint for
 Action (1989).
- · Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985), indicated some areas of concern for Newfoundland youth as being: nutrition, physical fitness, dental health, alcohol and drugs, self-esteem, relationship with parents, AIDS and sexually transmitted diseases (STDs).

• The *Canada Youth and AIDS Study*, 1988, reported that despite their knowledge about AIDS and STDs, Canadian youth continue to behave sexually in ways that put them at risk.

The report recommended that health programs include:

- information that is current, complete, clear, accurate, and explicit;
- contact with human immune-deficiency virus (HIV) infected people and/or those affected by AIDS;
- identification of the probability of becoming infected with HIV as a result of engaging in low-to-high risk behaviours;
- a range of sexual behaviour options including, but not limited to, abstinence:
- personal skill development, including training in responsible decision making and interpersonal communications; and
- the engendering of compassion for people with HIV infection and AIDS.
- The 1989 report of the Canadian Institute of Child Health, The Health of Canada's Children identified injuries as the leading cause of death among Canada's children. According to 1987 figures, 20,000 Canadian children sustained traffic injuries (Statistics Canada, 1988). Traffic accidents involving child pedestrians cause the highest number of injuries and deaths; traffic accidents involving children on bicycles result in the greatest number of fatalities for children between the ages of 10 and 14.
- The 1992 report entitled *The Health of Canada's Youth* referred to an increase in the numbers of young people who smoke or who have tried smoking. Young female smokers, between the ages of 11 and 15, are increasing in numbers and the age of onset for smoking is lowering.

Research findings reinforce and substantiate the need for adequate and explicit health education and prevention programming at an early age.

Philosophy of Health Education - A

A comprehensive school health program at the elementary level should influence, in a positive way, knowledge, attitudes and behaviours, ultimately leading to an enhanced quality of life for students. Through the involvement of home, school and community,

the comprehensive school health program should relate to every aspect of a child's life

including: the physical, intellectual, emotional, social and moral development.

Basic knowledge and skills, as well as a positive self-concept are necessary if an individual is to make wise health-related decisions. It is important to involve young people in a health program in a meaningful way so as to guide them in the development of healthy lifestyle practices. Through a comprehensive school health program children can become empowered to choose health-enhancing behaviours and

A comprehensive school health program encompasses a wide range of school and community personnel collaborating to enhance the well-being of children. The program deals with a broad spectrum of health topics in an integrated and holistic way. The health instruction component of the program should be coordinated with health services, within a healthful school and community environment.

Comprehensive school health programs achieve their goals through:

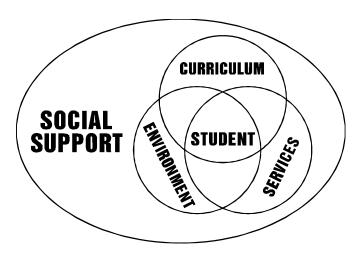
· formal and informal instruction

Comprehensive Approach

· support services

to alter the environments that affect them.

- · a healthy school environment
- · social support of peers, families, school and community



Curriculum and Instruction: Curriculum includes topics such as: physical, mental, emotional and social development; nutrition; safety, substance abuse; family life and consumer education. A variety of teaching methodologies and learning strategies are essential in addressing the many needs and interests of students.

Services: Health education is more than curriculum. It includes health services such as screening, immunization, curriculum enhancement, emergency services, health counselling and continuing care. Community health and school health professionals working with administrators, teachers and students, provide valuable services and support for program goals. Similarly, other community agencies provide numerous resources.

Environment: Commitment to comprehensive school health aims to achieve a school environment that is clean, pleasant, accessible and conducive to and supportive of healthful living. In addition to the provision of instruction, schools must work towards creating and maintaining healthy school environments, as well as coordinating their efforts with those of parents, community agencies and systems that are responsible for providing health and social services to young people. Such an approach requires the development of policies and regulations related to AIDS, nutrition, smoking, quality physical education and recreation, as well as space and building design. Such policies and regulations should promote and reinforce health curricula and services.

These components of comprehensive school health interact with and complement each other resulting in growth and development in knowledge, skills, and behaviours.

Continuous reinforcement and support from a variety of sectors multiplies the positive results in terms of both health and education.

Comprehensive school health should enhance the daily life and future well-being of every student.

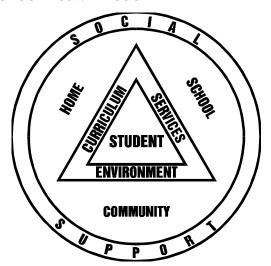
Within the context of health goals for Canada's children, a health program for schools in Newfoundland and Labrador should take into consideration:

- the developmental stages of the learner
- the needs and interests of the young people of Newfoundland and Labrador
- · positive and negative influences of mass technology
- · current research findings
- the environment and culture of the Province

The program should be sequentially developed, interactive and student-centred. It should foster critical and creative thinking and develop decision-making skills in order to promote physical, social and emotional wellness.

The ultimate goal of a comprehensive school health program for the elementary level is to facilitate the development of health attitudes, knowledge and behaviours through an holistic approach to health education, through promotion and through greater interagency collaboration and partnerships and to lay the foundation for the development of healthy, productive and contributing young citizens who are resources to their communities and province.

Comprehensive School Health Model



This model integrates curriculum, services and the environment with home, school, and community efforts in a supportive social climate.

Goals of the Program

To develop a basic understanding of the components of health:

· mental health · relationships

· physical growth and development · nutrition

· self care · dental health

· active living · injury prevention and safety

· drug education · consumer health

· environmental health

To develop a positive self-concept and to exhibit self-efficacy.

To foster an awareness of the role of the school, the home and the community as they relate to all aspects of health.

To develop skills and to promote behaviours for health and injury prevention.

To promote and to reinforce positive attitudes towards health and well-being.

To foster the idea of self-responsibility and capability for health and well-being.

To help acquire a body of knowledge and skills that will lead to sound decision making regarding health and well-being.

To encourage the appropriate selection and use of health information and services.

To promote a holistic view of health as a resource for everyday living.

Program Overview

The health curriculum is based on the physical, intellectual, emotional, social and spiritual needs of the learner and current research in the area of health education with special reference to Newfoundland and Labrador. The design of the program is comprehensive in approach and consists of eleven components:

Mental Health Relationships

Physical Growth and Development Nutrition

Self Care Dental Health

Active Living Injury Prevention and Safety

Drug Education Consumer Health

Environmental Health

Although objectives and topics are listed separately, instructional planning using an integrated approach is encouraged. For example, mental health is basic to understanding and practice related to all other components of the program. Similarly, such skills as decision-making and problem-solving are not merely isolated skills for drug education, but are applicable to each topic addressed.

The comprehensive school health program must be viewed as an integrated, multidimensional life discipline which carries over into all other subjects of the school curriculum. Caution should be taken against teaching concepts separately and in isolation. Combining concepts and objectives across components reflects the reality of life situations and promotes integrated thinking.

Mental Health

Mental Health is basic to a comprehensive health curriculum and relates to every other component of health. In the program, emphasis is placed on self-recognition, decision making and self-efficacy. This component is pivotal in its relationship to self-respect, stress reduction, social pressures and understanding the needs of others.

Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985) indicate that Newfoundland and Labrador youth ranked lower than the norm in self-esteem and a high number did not feel understood by their parents. They also ranked high in the number of those reported as having trouble making decisions. The Mental Health component of this health curriculum takes these areas of concern and examines the emotional well-being of students and their support systems while showing the relationship between emotional health and other aspects of productive living.

The goal of the Mental Health component is to promote positive self-concept and to provide students with the knowledge, skills and experiences which will facilitate the transition into adolescence.

Relationships

The Relationships component examines the influences of family and friends on individual growth and development by exploring such topics as: family units, healthy friendships, peers, stereotyping, rights and responsibilities, respect, and consideration for self and others.

Positive family relationships help to develop responsible, caring adults where each member contributes in a positive way to the well-being of the family. Learning to get along with family members develops skills that will nurture positive relationships and attitudes later in life.

Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985) indicate that compared to their Canadian counterparts, Newfoundland and Labrador youth ranked highest in number of those who felt that parents expected too much of them, and lower in number for those who felt understood by their parents.

Documented research regarding abuse, breakdown in communication and in relationships, makes this component a critical area of study for a comprehensive health program.

Physical Growth and Development

Physical Growth and Development focuses on the total physical development of the body through infancy, childhood and puberty. This component promotes an understanding of the various body systems, their relationships to one another and their overall contribution to health.

The Physical Growth and Development component provides information that is current, complete, accurate, and explicit with respect to the way a young person's body develops and performs and is a necessary prerequisite to self understanding and responsibility for health.

Nutrition

The Nutrition component focuses on the importance of obtaining the appropriate kind and amount of food each day in order to maintain good health and the value of following *Canada's Guidelines for Healthy Eating*.

Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985) indicate that compared with their Canadian counterparts, Newfoundland and Labrador youth ranked lowest among all provinces for all grades, for the consumption of foods from the four food groups, lowest for the consumption of fruits and vegetables, lowest in Canada for milk consumption, and lowest in the consumption of food high in fibre.

To foster self-responsibility for healthy eating, opportunities are provided for increasing children's awareness of food value by examining food supply including some fast foods and locally obtained foods in light of their nutritional value and cultural significance.

Well-nourished children are more alert and attentive and are better able to learn and to benefit from physical activity. It is critical, therefore, that nutritional knowledge is promoted and that young people are encouraged, within their capability, to make responsible decisions regarding food choices.

Self Care

The Self Care component provides children with knowledge about disease-causing bacteria and viruses, allergies, health conditions and the degree to which a person can contribute to his/her own health through immunization, personal hygiene and disease prevention behaviour.

Responsibility for hygiene and grooming increases as a person matures. This component provides opportunities for children to become actively involved with general health maintenance. The focus is on the development and reinforcement of positive attitudes and healthy practices, such as handwashing.

Proper care of the body is critical to a person's general state of health and well-being and, consequently, including this as a component of the health program should increase children's chances of avoiding serious diseases both now and later in life.

Dental Health

Continual advancement in medical technology and careful practice of dental hygiene can help people protect and maintain their teeth and often avoid the discomfort of major dental care procedures or permanent loss of teeth.

To a large extent dental health depends upon the consistent practice of good personal health habits and many dental problems can be avoided through the development of such habits. Children's awareness of proper dental care early in life contributes to the acquisition of life-long healthful habits and attitudes.

According to Doshi (1987) the average five-year-old in the province has six to seven decayed, missing or filled teeth, the average fifteen- to seventeen-year-old has nine to ten decayed, missing or filled teeth, and seventy percent of Newfoundland and Labrador children are going to the dentist once a year.

Design

This component provides children with knowledge about teeth, the care of teeth, and the practices which will assist them in achieving and maintaining good dental health as they grow and assume more responsibility for their own health care.

Active Living

Physical activity affects a person's total well-being. The Active Living component focuses on the development of particular skills, attitudes and behaviours which are compatible with the promotion of active and healthy living. Inherent in active living is the pursuit of pleasurable and satisfying physical activities which become an integral part of a person's daily life.

Children's lives are full of opportunities for acquiring life-long skills and pleasure in active living. The freedom to learn about one's personal potential and life in general, through a variety of experiences with physical activity, is essential at this important developmental stage.

The Canada Fitness Survey (1983) showed that while 70 percent of Canadian youth, age 10-19, claim to be physically active three or more hours per week for at least nine months of the year, they tend to pursue lower intensity activities in which potential fitness benefits are not always realized. The Survey also observed that many youth are not aware of the benefits of physical activity and fitness. In addition, youth who were more active than their peers reported more positive emotional well-being, scored better on more fitness test items, and had lower percentages of body fat.

The objectives of the Active Living component are consistent with the physical growth and development of children, and include posture, relaxation activities, strength, physical work and daily physical activity. Through physical involvement, children are encouraged to acquire attitudes and skills which will increase the likelihood of active living as a lifelong practice.

Injury Prevention and Safety

Injuries are the leading cause of death and a major course of hospitalization for Newfoundland and Labrador children and youth aged 1-24. Each age group presents a different pattern of injuries.

An analysis of injuries conducted by the Newfoundland and Labrador Childhood Injury Prevention Program (1993) identified the following priority injury areas for elementary school-aged children:

- falls (5-9 year olds, particularly playground and sport related);
- bicycle injuries (5-14 year olds)
- all-terrain vehicle injuries (10-14 and 15-19 year olds).

Analysis of emergency room data from the Janeway Child Health Centre confirmed that of the over 10,000 visits to emergency from 1990-1992 for injuries, only 5% were wearing protective gear such as bicycle helments and knee pads.

Underlying this component of the health curriculum is the recognition that growing up can be a risky time in a child's life. To provide children with an understanding of how injuries can be prevented, potential hazards as well as precautions are identified.

To address the need for relevancy in the health curriculum, in terms of the cultural, geographic, and climatic conditions which affect student attitudes and behaviours, injury prevention strategies for all-terrain vehicles, skateboards, roller blades (in-line skates), snowmobiles, boats and guns are examined. Injury Prevention and Safety also takes into account the dangers related to sudden weather changes which occur in Newfoundland and Labrador and which can result in overexposure to the sun or to intense cold conditions. Increasing a child's awareness of these conditions at an early age helps to promote appropriate decision making and injury prevention and safety in this environment.

Design

It is also essential that children learn how to handle emergencies, especially in situations where an adult may not be present. Elementary school children should be able to recognize an emergency, approach it with calm, quick thinking and be able to seek out appropriate help. Educators are encouraged to identify and discuss Neighbourhood Watch and Block Parent programs in their areas. Emergency response skills promote confidence, demonstrate emotional maturity and an awareness of injury prevention and safety.

Drug Education

Drug Education focuses on how the body and different drugs interact and how personal choices about drugs affect the well-being of self and others.

The Drug Education component promotes the development of knowledge and skills that will enable young people to make informed, responsible decisions regarding drugs. Special attention is given to developing and practising communication, refusal, decision-making and problem-solving skills.

The provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985) indicated that Newfoundland youth ranked *highest* in the proportion of smokers and *high* in the number of those reported as having trouble making decisions and feeling pressure from friends to drink alcohol.

The Drug Education component is relevant to the specific needs of children in this province in terms of the impact of drug use, misuse, abuse and chemical dependency. There is an emphasis on identification, prevention, treatment and the legal implications of substance abuse.

Consumer Health

Consumer Health focuses on topics such as advertising of health products, sources of health information, access to health services, medical research and regulations.

The need for careful selection of health products and services is stressed. The component also focuses on building an awareness of how the media, through advertising and promotion, influences our choices of products and services. Developing an awareness at an early age leads to increased understanding so that as potential consumers, children can learn to become more analytical and objective about products and services available in the marketplace.

The concepts addressed in this component can be linked to all the other health components of the program, in particular the section on drugs.

Environmental Health

Environmental Health focuses on the services and activities promoted in the community which assist people in their goal for optimum wellness. Two concerns of community and environmental health agencies are air quality and water quality.

The Environmental Health component of the program introduces children to the potential for reusing, reducing and recycling in this province. It also points to the need for action on the part of children, as well as adults, in addressing such issues as litter and its impact on the environment. Global issues of an environmental nature are also addressed including the depletion of the ozone layer, global warming and the greenhouse effect, and the types of pollution that threaten our ecosystem.

Responsibility for a clean community and ultimately the total environment lies with present community members and future citizens. The Environmental Health component aims to foster an awareness of the role of the school, home and community as they relate to a healthy environment.

The concepts addressed in this unit have natural linkages with topics discussed in the component entitled *Self Care*.

Mental Health

The grade four student will:

- 1. understand that achieving our personal best enhances self-esteem,
- 2. recognize the relationship between emotional/social adjustment and physical well-being,
- 3. understand that boredom may be alleviated through pursuit of self-directed activities,
- 4. recognize the contribution of recreation to emotional well-being,
- 5. identify recreational activities: hobbies, physical activity or aesthetic pursuits,
- 6. understand that television and video games may interfere with social interaction,
- 7. understand the behaviours associated with jealousy and explore ways to modify them,
- 8. identify some of the factors which affect our feelings,
- 9. identify and demonstrate communication skills during group activities, and
- 10. evaluate communication techniques used by self and peers.

Relationships

- 1. understand that family structures differ,
- 2. realize that one's decisions may affect other people,
- 3. understand that every right has a corresponding responsibility,

(Relationships continued)

- 4. understand that adults are responsible for the physical needs of young people,
- 5. understand the nature of physical abuse,
- 6. outline the steps to follow in decision making,
- 7. explain how decisions can have long-term effects,
- 8. become aware of male/female stereotyping,
- 9. identify some advantages of similarities and differences in people,
- 10. identify examples of positive role models and explain their importance, and
- 11. know how to express concern for others in the class.

Physical Growth and Development

- 1. locate and name the major internal body organs such as: heart, lungs, stomach, uterus, kidneys and liver,
- 2. explain the concept of body systems,
- 3. identify the major parts of the digestive system,
- 4. explain the functions of the digestive system,
- 5. identify the major parts of the urinary system,
- 6. explain the functions of the urinary system,
- 7. recognize that individuals vary in growth rate and that puberty brings on many changes, and
- 8. outline the functions and basic parts of the reproductive system.

Nutrition

The grade four student will:

- 1. understand that nutrients are needed in specific amounts for growth and development from infancy to old age,
- 2. understand that a variety of foods provide adequate amounts of these nutrients,
- 3. explain the importance of breastfeeding for infants,
- 4. be aware of the nutritional value of locally obtained foods such as: berries, game and seafoods,
- 5. describe a nutritious lunch or snack,
- 6. be able to select party foods or "treats" that are nutritious,
- 7. explain the importance of fibre in the diet, and
- 8. describe the relationship between nutrition and well-being.

Self Care

- 1. identify some chronic disorders such as allergies and asthma and some communicable diseases such as colds, flus and AIDS,
- 2. identify some ways to prevent the spread of communicable diseases,
- 3. know that the immune system is the body's defence against disease,
- 4. understand the purpose of immunization,
- 5. demonstrate proper handwashing practice, and
- 6. rate personal health habits and practices in relation to caring for oneself.

Dental Health

The grade four student will:

- 1. identify the basic parts of a tooth,
- 2. describe the basics of oral hygiene,
- 3. explain the relationship between brushing and flossing, and tooth decay prevention,
- 4. know the purpose of fluoride in toothpaste,
- 5. know the sources of fluoride: i.e., water supply, supplements, rinses,
- 6. understand the role of nutrition in dental health, and
- 7. propose a regime/schedule to promote basic dental health and oral hygiene.

Active Living

- 1. understand that engaging in sedentary activities may interfere with physical fitness and social development,
- 2. recognize the interrelationship of physical activity, health practices and fitness,
- 3. identify some reasons why strength is important for boys and girls,
- 4. recognize and practice good posture,
- 5. understand how physical exercise relieves stress, and
- 6. propose ways to make active living a part of daily life.

Injury Prevention and Safety

- 1. know first aid procedures for minor cuts, bruises, burns, choking and nosebleeds,
- 2. demonstrate some basic first aid procedures,
- 3. understand that resuscitation is a lifesaving procedure,
- 4. recognize the potential dangers of power lines, fires and explosions,
- 5. know the emergency phone numbers for the community,
- 6. know the safety rules which govern such activities as bicycling, roller-blading, skating, ice-fishing, winter camping, riding all-terrain vehicles, using playground equipment and riding in a car,
- 7. understand that inappropriate clothing may be life threatening in certain weather conditions,
- 8. understand the necessity of obtaining the latest weather forecast prior to outings,
- 9. identify safety measures for prolonged exposure to sunlight,
- 10. examine some potentially dangerous practices in the community and in the school, and
- 11. assess an area of the school for possible injury risks.

Drug Education

- 1. relate the major functions of medicines and the importance of safe use and handling,
- 2. know that the most reliable sources of prescription drugs are doctors, nurses, and pharmacists,
- 3. identify some reasons why people use drugs for non-medicinal purposes,
- 4. recognize that nicotine and caffeine are drugs,
- 5. identify the reasons why people do or do not smoke,
- 6. discuss some of the physiological effects of smoking,
- 7. describe the short term and long term effects of smoking,
- 8. identify a number of activities to do instead of smoking,
- 9. outline the effects of environmental tobacco smoke (ETS),
- 10. suggest ways to protect oneself from environmental tobacco smoke (ETS),
- 11. practise ways to say "no" to drugs.

Consumer Health

The grade four student will:

- 1. recognize the pressures applied through advertising for brand-name health and health-related products,
- 2. analyze advertisements promoting the use of tobacco products,
- 3. identify various sources of health-related information,
- 4. identify some of the factors that influence the selection of health products and services, and
- 5. access the health services in the community.

Environmental Health

- 1. recognize the importance of clean air and water for everyday life,
- 2. recognize the important contribution of sanitation workers,
- 3. understand the responsibility of governments, communities, families and individuals for maintaining an aesthetic and healthful environment,
- 4. describe how air and water pollution can be controlled and/or reduced,
- 5. recognize the potential health hazards of air and water contamination, and
- 6. create a plan to address an environmental (air or water) issue in the home, school or community.

Mental Health

The grade five student will:

- 1. identify personal interests, abilities and strengths,
- 2. understand the basic concept of self-efficacy and some factors which influence it,
- 3. understand the interrelationship of physical and mental health, and general well-being,
- 4. understand that the way we are treated impacts on self-esteem and general emotional well-being, and
- 5. recognize what is realistic in terms of personal achievement.

Relationships

- 1. recognize that a peer is someone in the same age group,
- 2. realize that one's behaviour may be influenced by peers,
- 3. identify some positive and negative peer influences,
- 4. identify reasons why peer pressure is effective,
- 5. describe ways to counteract negative peer pressure,
- 6. understand how male/female stereotyping affects a child's role in some families,
- 7. identify ways of eliminating male/female stereotyping,
- 8. apply the decision-making process to daily activities,

(Relationships continued)

- 9. examine some of the advantages and disadvantages of independent decision making,
- 10. distinguish between secrets, surprises, confidentiality and privacy,
- 11. explain how a person can be influenced by group pressure,
- 12. identify some advantages of group participation,
- 13. outline some personal and peer problems and plan how to deal with them,
- 14. recognize that some behaviours toward children may be classified as abusive, and
- 15. recognize and identify some abusive behaviours.

Physical Growth and Development

- 1. identify the parts and functions of the circulatory system,
- 2. propose ways to maintain a healthy circulatory system,
- 3. identify the parts and functions of the respiratory system,
- 4. propose ways to maintain a healthy respiratory system,
- 5. identify the kinds of changes which occur in males and females during puberty,
- 6. realize that puberty changes may occur earlier with some individuals than others,
- 7. understand the functions of the female reproductive system, and
- 8. understand the functions of the male reproductive system.

Nutrition

The grade five student will:

- 1. explain that nutritional needs vary throughout the lifespan: infants, pre-teen, adult, pregnant women and seniors,
- 2. describe the relationship between food variety, nutrients, and meal planning,
- 3. compare personal eating habits with Canada's Guidelines for Healthy Eating,
- 4. analyze some popular fast foods in terms of nutritional value,
- 5. identify the relationships that exist between certain health problems and nutrition, for example, the effects of high energy food and weight control on the circulatory system,
- 6. understand why certain foods should not be consumed by individuals with allergies, and
- 7. read and interpret basic information on food labels.

Self Care

- 1. identify signs of vision and hearing difficulties,
- 2. realize that certain vision and hearing disorders can be corrected,
- 3. explain the value of wearing glasses or hearing devices,
- 4. understand the need for various types of mechanical devices to assist students with disabilities in functioning independently,
- 5. realize that a disability may not be a handicap,
- 6. explain the difference between virus and bacteria,

(Self Care continued)

- 7. understand that AIDS is caused by a virus that weakens the immune system,
- 8. realize that AIDS is not spread through casual contact,
- 9. understand that AIDS can be prevented but not cured, and
- 10. understand the need for caring and compassion towards people with AIDS and other terminal illnesses.

Dental Health

The grade five student will:

- 1. describe the nature and harmful effects of dental plaque,
- 2. know that dental care for children is free until age 12 in Newfoundland and Labrador,
- 3. realize that misaligned teeth can be corrected if it is necessary or desirable, and
- 4. identify foods that help and hinder dental health.

Active Living

- 1. identify some of the daily physical activities of classmates,
- 2. discuss ways to adapt various physical activities to meet the needs of all students,
- 3. recognize the importance of daily physical activity for general well-being,
- 4. identify activities that increase strength and endurance, and
- 5. prepare a list of ways to promote active living.

Injury Prevention and Safety

- 1. discuss safe practices related to such activities as snowmobiling, hockey, skiing, skateboarding, rollerblading and bicycling,
- 2. describe the importance of proper protection when participating in sports and other recreational activities.
- 3. examine various kinds of protective sport and recreation equipment,
- 4. explain appropriate fire safety procedures for home, school and public buildings,
- 5. recognize the basic types of fire extinguishers and know when it is appropriate to use them,
- 6. demonstrate safety practices related to outdoor activities such as camping and hiking,
- 7. discuss basic hunter safety and wilderness survival,
- 8. describe appropriate clothing for various activities and weather conditions,
- 9. identify some emergency situations which may occur in the community, and
- 10. describe how to react in certain emergency storm situations.

Drug Education

- 1. outline where and how to obtain accurate information regarding medicines,
- 2. understand that food/drink can affect the potency of certain drugs, thus the need to follow prescriptions accurately,
- 3. realize that alcohol is a drug (depressant),
- 4. identify reasons for drinking and not drinking alcohol,
- 5. outline the effects of occasional drinking, regular usage and prolonged usage,
- 6. identify commonly used inhalants,
- 7. develop awareness of the danger of inhalants,
- 8. identify reasons for using and not using mood-altering inhalants,
- 9. identify alternate ways to deal with personal problems,
- 10. demonstrate a variety of refusal skills,
- 11. identify some constructive activities to do instead of using substances, and
- 12. discuss the reasons for laws on drugs and drug abuse.

Consumer Health

The grade five student will:

- 1. discuss the regulations governing the sale of tobacco and alcohol products,
- 2. explain how advertising may affect one's behaviour,
- 3. analyze some advertisements to determine their messages and how they appeal to consumers,
- 4. become aware of the correlation between alcohol and drug use and health care cost, and
- 5. identify some professional and volunteer health groups and agencies in your community.

Environmental Health

- 1. recognize the potential health hazards of the community garbage disposal site,
- 2. describe how litter creates an unpleasant and unsafe community environment,
- 3. discuss the importance of reusing, reducing and recycling waste for environmental health,
- 4. identify existing waste disposal and litter problems, and
- 5. develop a school plan to reduce waste.

Mental Health

The grade six student will:

- 1. distinguish between mental health and mental illness,
- 2. identify services to help people with mental illness,
- 3. identify the various resources available for personal support,
- 4. understand that everyone has basic emotional needs,
- 5. identify different kinds of feelings and understand how they influence behaviour,
- 6. demonstrate appropriate ways to express a variety of emotions,
- 7. outline the steps to follow in dealing appropriately with a personal problem,
- 8. recognize the importance of discussing fears or concerns with someone you can trust,
- 9. understand the nature of stress and its effects on the body, and
- 10. demonstrate some appropriate techniques in response to stressful situations.

Relationships

- 1. describe different kinds of relationships,
- 2. identify situations involving physical, emotional and sexual abuse,
- 3. recognize that some relationships may be abusive and there is a need to develop strategies to deal with them,
- 4. describe ways to express caring,

Grade Six

(Relationships continued)

- 5. identify responsibilities of family members,
- 6. understand that a person may have good friends of both sexes,
- 7. identify alternatives to dating for pre-adolescents and young adolescents,
- 8. identify ways of developing positive relationships with peers,
- 9. understand that the Provincial Human Rights Code protects people against discrimination.
- 10. identify instances which represent a breakdown in communication, and
- 11. demonstrate effective communication skills.

Physical Growth and Development

- 1. outline the major functions of the skeletal system,
- 2. explain the role of muscles and how to build healthy muscles,
- 3. explain the role of the nervous system and how to protect it,
- 4. outline the parts and functions of the endocrine system,
- 5. describe the role of hormones during puberty,
- 6. realize that puberty brings additional responsibilities for your own body,
- 7. understand the developing reproductive systems, and
- 8. realize that physical ability to reproduce occurs before social and emotional maturity.

Nutrition

The grade six student will:

- 1. realize that a balanced diet is desirable and is based on both nutrient and energy value,
- 2. explain the interrelationship of food intake and energy output and the need to keep them in balance,
- 3. propose nutritious food choices for meals,
- 4. describe some common eating disorders and their influence on health,
- 5. explain how the six main categories of food nutrients work in the body (water, proteins, fats, carbohydrates, vitamins, and minerals),
- 6. discuss some current findings on nutrition relative to disease prevention, e.g., heart disease, cancer,
- 7. discuss how food choices are affected by many factors including culture, tradition, religion, food availability, eating patterns and habits, and social influences and customs, and
- 8. realize that there is adequate food to feed the world, but distribution of it is uneven.

Self Care

- 1. discuss how prevention and early detection relate to wellness,
- 2. describe the procedures involved in a medical examination,
- 3. describe the methods of transfer of common communicable diseases,
- 4. discuss the necessity for extending personal hygiene as the body develops and grows,

Grade Six

(Self Care continued)

- 5. explain how AIDS is transmitted, and
- 6. discuss personal responsibility in the prevention of such conditions as AIDS, heart disease and cancer.

Dental Health

The grade six student will:

- 1. identify some of the major factors contributing to tooth decay and gum disease,
- 2. recognize the importance of consistency and proper procedures in caring for teeth,
- 3. recognize that dental information is constantly changing, and
- 4. describe first aid procedures for dental accidents.

Active Living

- 1. discuss the relationship between relaxation and well-being,
- 2. set personal goals for daily physical activity,
- 3. explain how daily physical activity may involve individual or group participation,
- 4. discuss the relationship between food, physical activity and obesity,
- 5. explain the relationship between physical work and heartbeat, and
- 6. explain the significance of a healthy cardio-vascular system.

Injury Prevention and Safety

The grade six student will:

- 1. discuss the importance of safety procedures for the use and operation of allterrain vehicles, dirt bikes, in-line skates, skateboards and snowmobiles,
- 2. describe the procedures for boating and ice safety,
- 3. demonstrate some basic first aid procedures,
- 4. identify injuries which are prevalent in the community and describe ways of preventing them,
- 5. assess an area of the community for injury risk, i.e. home, school, recreational facility, neighbourhood or roadways,
- 6. describe safety practices for using electrical appliances,
- 7. discuss the potential dangers of overexposure to the sun and the use of tanning machines, and
- 8. discuss procedures and responsibilities involved in providing help in life-saving situations.

Drug Education

- 1. evaluate advertising techniques used to convince people to smoke cigarettes and consume alcohol,
- 2. discuss the personal and societal cost of smoking, drinking and other drug use,
- 3. identify alternative uses for money not spent on tobacco and alcohol,
- 4. identify street drugs and their effects on health and well-being,

Grade Six

(Drug Education continued)

- 5. identify alternatives to drug usage,
- 6. recognize the potential for addiction to tobacco and alcoholic beverages,
- 7. practice problem-solving and decision-making skills for preventing substance use and abuse,
- 8. practise refusal skills,
- 9. identify community resources that offer prevention and treatment services for substance abuse, and
- 10. recognize that criminal activity is sometimes related to drug abuse.

Consumer Health

- 1. list some of the contributions made by medical research to the cure of diseases and illnesses,
- 2. discuss some of the current research on health-related topics,
- 3. discuss the effectiveness of some health products in treating illness,
- 4. recognize the need for professional services when health care is required,
- 5. identify Medical Care Plan (MCP) as the health care plan for Newfoundland and Labrador,
- 6. discuss the cost of health care and the factors influencing that cost,
- 7. evaluate advertisements for personal care products, programs and/or services for such factors as effectiveness, appeal, accuracy of information and scientific support, and
- 8. identify examples of male/female stereotyping in advertising.

Environmental Health

- 1. identify projects for neighbourhood improvement,
- 2. explain why insects and rodents may be dangerous to our health,
- 3. discuss the safe use of pesticides,
- 4. describe how natural and man-made changes in the environment may have negative as well as positive implications,
- 5. identify ways to reduce, reuse and recycle in the community,
- 6. explain the greenhouse effect, the ozone layer, and pollution and the implications of these in terms of health, and
- 7. demonstrate ways to conserve energy and/or products in the school setting.

Mental Health

	Grade 4	Grade 5		Grade 6
•	achieving one's personal best	. interests, abilities and strengths	•	mental health and mental illness
	emotional/social adjustment and physical well-being	. self-efficacy	•	resources and services for personal support
	boredom and self-directed activities	physical and mental health and overall well-being	·	basic emotional needs
•	recreation and emotional well-being	negative impacts on self-esteem and		different kinds of feelings
•	recreational activities	emotional well-being		expressing feelings and emotions
•	social interaction and television and video games	. personal achievement	•	handling personal problems
	behaviours associated with jealousy		•	fears and concerns
٠	factors affecting feelings		•	the nature and effects of stress
	communication skills		•	stress reduction activities

Relationships

	Grade 4		Grade 5		Grade 6
	family structures	•	defining peers		many kinds of relationships
•	decisions may affect others	•	influence of peers	•	examples of physical, emotional and sexual abuse
	rights and responsibilities nature of physical abuse		positive and negative peer influences counteracting negative peer pressure		dealing with abusive relationships
	decision making	•	why peer pressure is effective		ways to express caring family responsibilities
	long-term effects of decisions male/female stereotyping	•	male/female sterotyping decision-making process		friends of both sexes
	similarities and differences in people		secrets, surprises, confidentiality and privacy		alternatives to dating positive relationships with peers
	positive role models expressing concern for others		group pressure		Human Rights Code and discrimination
			advantages of group participation dealing with personal and peer problems		breakdown in communication
			prootents		

Physical Growth and Development

	Grade 4		Grade 5		Grade 6
	internal body organs		abusive behaviours		communication skills
	body systems		circulatory system		functions of major bones
•	digestive system	•	respiratory system	•	role of major muscles
	urinary system		physical and emotional changes		role of the nervous system
	individual growth rate		during puberty		role of the endochrine system
•	puberty	•	puberty changes occur at different rates		role of hormones during puberty
	function of reproductive system			•	responsibilities that come with
•	male/female reproductive parts				puberty
					the developing male and female reproductive systems

Nutrition

	Grade 4	Grade 5	Grade 6
	major nutrient groups necessary for growth and development	female reproductive systemmale reproductive system	. physical ability to reproduce before social, emotional maturity
	variety of foods necessary importance of breastfeeding for infants	nutritional needs throughout lifefood variety, nutrients and meal planning	balanced dietenergy balanceeating disorders
	nutritional value of local foods nutritious snack or lunch nutritious "party" foods or "treats"	 food choices and Canada's Guidelines for Healthy Eating popular fast foods and nutritional value 	six categories of food nutrientsnutrition and disease preventionfood likes and dislikes
•	role of fibre in diet	health problems and nutritionhigh- and low-fat foods	. food choices affected by culture,

Self Care

	Grade 4	Grade 5	Grade 6
· · · · · · · · · · · · · · · · · · ·	nutrition and well-being identifying chronic disorders identifying communicable diseases preventing diseases immune system immunization	 weight control food and allergies reading food labels vision and hearing correctable vision and hearing disorders	 religion, etc. distribution of food in the world. prevention and early detection medical examinations transfer of communicable diseases personal hygiene as the body
	handwashing	 glasses and hearing devices other mechanical devices to assist with disabilities disabilities and handicaps virus and bacteria AIDS not caused by casual contact	develops and grows

Dental Health

role of nutrition

	Grade 4		Grade 5		Grade 6
	personal health habits and practices	•	AIDS caused by virus		how AIDS is transmitted
	basic parts of a tooth	•	AIDS cannot be cured		responsibilities in the prevention of
•	oral hygiene		caring and compassion for terminally		AIDS, cancer, and heart disease
•	brushing, flossing, and tooth decay prevention		ill people	٠	factors contributing to dental decay and gum disease
•	fluoride in toothpaste			•	consistency and proper procedures in
	sources of fluoride				

Active Living

	Grade 4	Grade 5	Grade 6
	regime for dental health and oral hygiene	dental plaque free dental care for children	care of the teeth dental information constantly
•	balancing activities such as watching television and video games with physical activity	correcting misaligned teeth foods and dental health	changing first aid for dental accidents
	physical activity, health practices and fitness strength is important for boys and	daily physical activities of classmates	relaxation and well-being personal goals in daily physical activity
	girls good posture		individual and group participation in

Injury Prevention and Safety

	Grade 4		Grade 5		Grade 6
•	exercise and relief of stress	•	adapted activities to meet individual		physical activities
•	active living as part of daily life		needs daily physical activity for well-being	•	relationship between food/exercise/ overweight
	first aid procedures resuscitation	•	activities for strenght and endurance		physical work and heartbeat
•	potential dangers of power lines, fires, and explosions		ways to promote active living safety when snowmobiling, playing		healthy cardiovascular system safety procedures for all-terrain
	emergency phone numbers		hockey, skiing, skateboarding, rollerblading and bicycling	veh	vehicles, dirt bikes, snowmobiles, skateboards, etc.
•	safety rules activities, sports and recreation		protective sports and recreation equipment		boating and ice safety
	wearing appropriate clothing weather forecasts		fire safety procedures at home, school, and in public buildings		basic first aid procedures injuries prevalent in the community
•	protection from the sun	•	fire extinguishers		
•	potentially dangerous practices in the	•	safety procedures in the outdoors		

Drug Education

Grade 4	Grade 5	Grade 6
school and community	. hunter saftey and wilderness survival	. injury risks in the community
injury risks at schoolfunctions of medicines	dressing appropriately for weather conditions and various activities	safety practices and electrical equipment
. reliable drug sources	. emergency situations in the community	. dangers of overexposure to sun and tanning machines
why people use drugsnicotine and caffeine as drugs	. responding in emergency storm situations	 providing help for life-saving situations
 reasons for smoking effects of smoking short term and long term effects of smoking activities instead of smoking 	 emergency situations in the community emergency storm situations obtaining accurate information about medicines food, drinks and potency of drugs 	 advertising cigarettes and alcohol high cost of smoking, drinking, and other drugs alternative uses for money the effects of drug abuse
. effects of environmental tobacco smoke (ETS)	. alcohol as a drug	

Consumer Health

Grade 4		Grade 5		Grade 6
protecting self from ETS		effects of drinking	•	alternatives to drug usage
saying "no" to drugs		common inhalants		potential for addictions
pressures of advertising cigarette advertisements		danger of inhalants dealing with personal problems		problem solving, decision-making and refusal skills
sources of health information		refusal skills	•	community resources - prevention and treatment services
	٠	activities instead of using substances		criminal activity and drug abuse
	•	laws on drug use and abuse		medical research
	٠	regulations for sale of alcohol and tobacco products		
		advertising effects behaviour		
		advertising techniques		
		alcohol and drug use and health care cost		
	•	health agencies in the community		

Environmental Health

selection of goods and services accessing health services litter and the environment reusing, reducing, and recycling waste responsibility for the environment reducing and controlling air and water pollution plantifications of all air of	Grade 4	Grade 5	Grade 6
	 accessing health services importance of clean air and water importance of sanitation workers responsibility for the environment reducing and controlling air and water pollution plan to address an environmental health hazards of air and water 	 litter and the environment reusing, reducing, and recycling waste waste disposal and litter problems 	 professional health care services MCP (Medical Care Plan) factors affecting cost of health care advertising and personal care products stereotyping in advertising neighbourhood improvement projects insects, rodents, and danger to health safe use of pesticides implications of changes in the environment ways to reduce, reuse and recycle the greenhouse effect, the ozone layer, pollution and health

The Teaching and Learning Process

Individual students may be better suited to learning in a particular way, using distinctive modes for thinking, relating and creating. The notion of students having particular learning styles has implications for teaching strategies. Because preferred modes of input and output vary from one individual to another, it is critical that teachers use a range of teaching strategies to effectively meet the needs of individual learners. Sound health instruction should incorporate a variety of teaching methods intended to complement the learning styles of children. This should lead to young learners who are both intrinsically and extrinsically motivated to inquire, infer, and interpret; to think reflectively, critically and creatively; and in the final analysis to make use of the knowledge and skills they have gained by becoming effective decision-makers.

A number of students will require support to meet the objectives of the prescribed curriculum. This support may be in the form of changes in teaching strategies, approaches or materials and may require the support of resource and/or special education teachers. The Department's *Special Education Policy Manual* provides direction in meeting the needs of students who require alternate or modified curriculum objectives.

A student-centred approach which actively engages the young person in the learning process is critical if skills which result in healthy behaviours are to be fostered and developed. Some of the learning strategies that could be incorporated in a comprehensive approach include self-directed learning, co-operative learning, role playing, behavioural rehearsal, peer education and parent involvement. Consideration should be given to allowing students to plan some learning experiences. They could be provided with opportunities to identify topics or areas for further study, contribute information relevant to an issue for study and/or make suggestions for follow-up activities.

Students should also be given the opportunity for self-assessment and be encouraged to evaluate their habits, attitudes, and behaviours with respect to personal health and well-being. This can be accomplished through real-life activities or simulations in which students can become involved in a meaningful way. Activities such as recording eating habits and designing a plan for healthy eating, taking a classmate's pulse, and analyzing advertisements for obvious and hidden messages, help young people apply their understanding of concepts to everyday situations and occurrences.

Implementation

The school environment must be a supportive and non-threatening one in which both the students and the teacher are comfortable. This is critical for the child's cognitive, physical, social and emotional growth.

Within the classroom, teachers need to be sensitive to values which are promoted by family, peers, friends, religious and cultural backgrounds. The health classroom provides numerous opportunities for students to share personal anecdotes, ask explicit questions and make disclosures. The climate of the classroom must be such that students may speak openly while being assured of the confidentiality, trust and respect of their classmates and teacher. The nature of some incidents may warrant professional intervention in which case School Board policy must be followed. (Note: The issue of confidentiality is addressed in the section entitled *Role of the Teacher*.)

It is important, too, that the learning environment of the school be extended to involve the home and the community for health is so intricately related to both. Health education will take on more meaning as partnerships with the home, school, and community develop and grow. Throughout the teaching and learning process instruction should be guided by the goals and objectives of the program. Students must be actively involved and provided with the opportunity to experience success.

Program

Implementation

Learning must be meaningful and appropriate for the child's cultural environment. Learning experiences must be varied and an atmosphere of support must be provided. The active involvement of the whole child: the cognitive, aesthetic, physical and social dimensions, is key in a comprehensive school health program.

Suggested Activities for Health Across the Curriculum

Opportunities for promoting healthy attitudes and behaviours exist in all areas of the curriculum. Virtually every subject area provides opportunities for the enhancement of self-esteem, sound decision making, problem solving, and objective discussion of current events including those related to health and wellness.

More specifically, each subject area offers a unique opportunity for the exploration of mutually relevant topics, or enhancement of the subject area, through the presentation of health-related themes. Health topics and issues should be addressed in every subject area, thus increasing the relevance of the subject as well as the content of the health program.

The integration of health concepts into other subject areas will increase the likelihood of the intended behavioural outcomes of the health program being realized. For example, creating visuals related to safety while considering art principles will reinforce concepts addressed in the health program. Discussing a topic such as pollution in terms of its effects on communities can be related to concepts in social studies. Relating the effects of drugs to chemical imbalance in the body can be connected to science. Cross-curricular connections can contribute to the achievement of learning outcomes.

The following are suggested cross-curriculum activities which utilize different teaching strategies and involve the **home**, **school**, and **community**:

- · Review advertisements from newspapers and magazines to determine their validity by looking at the pros and cons. Advertisements for weight loss programs, smoking and alcohol, can be used for this purpose.
- Design advertisements for personal care products such as toothbrushes, toothpaste, soap and deodorants. Display them in the school and community.
- · Design and produce brochures about health and health-related topics such as: Steps Involved in Decision Making, Block Parent Program, Energy Savers. Display them around the school and community.
- · Design hygiene posters for the school washroom and fountain area.

- · Make a list of safety rules for playground equipment. Post the list in an appropriate place in the school.
- · Make a list of fire drill regulations to be posted in each classroom in the school.
- · Write a report on safe routes of evacuation for home and design a diagram to be displayed in an appropriate place in the house.
- Design bulletin boards on particular health topics such as safety, hygiene and pollution. These may be used in school or other places in the community such as cottage hospitals, dental clinics, shopping malls, general stores, fish plants, craft centres, recreation centres, community centres, arenas, town halls and libraries.
- · Collect health-related cartoons and advertisements from newspapers and magazines. Discuss the attitudes and messages inherent in them.
- · Design cartoons about health topics. Share them with parents and siblings.
- · Make a collage of health concerns such as: Environmental Issues of the Decade, Impact of Drug Abuse, World Food, Effects of Smoking, Positive Relationships, Communicating With Others, Foods From Our Local Environment, Negative and Positive Aspects of Stress and Active Living.
- · Dramatize commercials that promote healthy behaviours and discourage harmful behaviours.
- · Conduct a class debate on a health-related issue. Invite parents and community members.
- Invite a community health agent into the class and conduct a class interview.
 For example, a police officer may be interviewed about bicycle safety, a food inspector about food contamination or an electrician about electrical safety.
- · Visit a health agency such as The Canadian Cancer Society and become familiar with its activities.
- · Write a letter to a health agency making specific inquiries.
- · Collect newspaper or magazine articles on current health issues.

Implementation

- · Write a letter to the municipal, provincial or federal governments regarding environmental health or any other health issue.
- Hold a class forum on health where students can bring up particular concerns.
 Make a list of recommendations coming out of the forum and direct them to the appropriate agencies in the community.
- · Make mobiles addressing health topics such as *Safety Precautions, Nutritional Lunches, Recycling, Active Living* and *Using Medications.*
- Design posters promoting foods that are indigenous to the locality such as: bakeapples, blackberries, raspberries, squashberries, strawberries, blueberries, seafood, moose, rabbit and caribou.
- · Create a cookbook using recipes for locally obtained foods.
- · Invite a local person into the classroom to talk about preserving local foods through bottling, canning, freezing, and drying.
- · Conduct an interview with an older person from the community on how, in the past, people made use of their local environment for food. Make a video of this interview and invite parents to the school to view it.
- · Collect information from parents through an interview or questionnaire on such topics as: *Using The Environment for Food, Ways of Recycling* and *Health Issues I'm concerned About*. Tabulate the information in graph or table form and display.
- · Collect statistics on smokers in the community. Display the information using graphs.
- · Have a Junk-Food Free day or month at school.
- · Create a display to illustrate *Healthy Foods, Winter Safety, Boating Safety, Hunting Safety* or *Disease Prevention.*
- · Construct a diorama on Active Living, Pollution, The Ozone Layer or Communicating with Parents. The diorama could depict a particular scenario by using such items as plasticine, paints, sand, rock, grass and cardboard. The dioramas may be displayed around the school and parents invited to view them.

- · Use simulation games to play out specific health concerns.
- · Dramatize a situation of healthy communication between child and parent or guardian; between child and peer.
- · Dramatize a situation involving decision making.
- · On a field trip to a place such as an entertainment area, arena, park, lake, harbour or wharf, identify areas that could be hazardous to children.
- · Interview a worker in the community such as a mayor, a fisher, a physician, a bank manager, a retailer or a social worker to find out about health concerns such as health care costs, disease prevention, or safety and health at the workplace.
- · Keep a personal journal on what is being learned in the health program and how it is being applied to everyday living.
- · Keep a response journal of concerns that arise in a discussion group.
- · Organize a health fair. Invite other classes, parents, teachers and community members.
- · As a class, plan a nutritious breakfast or lunch.
- · Create a class recipe book of nutritious snacks or meals. It could be used as a student venture to promote enterprising skills and to strengthen the link between the home, school and the community.
- · Research current health-related events such as: *Terry Fox Run, Jump Rope for Heart* or *Participaction*. Collect information on such factors as the age categories for involvement, the duration of the event and the number of people participating. Tabulate the data and report in chart or graph form.
- · Set up a "*Did You Know?*" learning centre. Students write about specific topics on cards or in a booklet form and contribute to the learning centre.
- · Make a slide-tape presentation on topics such as *Brushing and Flossing Teeth*, *Physical Growth and Development, Effective Communication* or *First Aid Techniques*.

- · Make a videotape of *Community Litter*. Invite parents to view the final product. Devise a plan, with the cooperation of parents and teachers, for getting rid of the litter.
- · Have a question box in the classroom and encourage students to anonymously question or comment on health issues or personal concerns.
- · Have an *Active Living Month* at home and at school and keep a record of the activities of family members for the month.
- Develop a timeline and show the changes that have occurred in physical and mental growth over the years.
- · Develop a *Poster Parade* where students make posters relating to a particular theme such as: *Halloween Safety, The Health Habit Alphabet, Active Living* and *Eating for Health*.
- · Write songs or jingles relating to concepts such as fitness, safety, dental care, nutritious eating and a healthy environment. Use them in a variety concert for parents and guardians.
- · Write skits or plays with messages relating to drug abuse, physical or sexual abuse. Some of the negative impacts of homemade alcohol, such as moonshine, could also be alluded to in this type of writing.
- Develop and dramatize a scenario in which a young person responds
 appropriately in a situation that is potentially harmful. Some examples are:
 going into a secluded area, responding to a stranger who asks for help, or
 inappropriate touching by an adult.
- Do a class simulation of what it would feel like to be HIV positive and living with AIDS. Students may want to discuss the feelings they had during the simulation.
- · Invite a person who is HIV infected or who has AIDS to speak with the class about living with HIV.
- · Write a booklet about *My Family and the Community*, indicating the family's role in the community in terms of issues such as safety, the environment, support systems and child protection.
- · Write an *All About Me* booklet indicating relationships with pets, peers, family and friends. A biographical sketch could be included in showing development from birth.

Parental Involvement

The involvement of parents or guardians is recognized as a crucial component for the successful implementation of school health education. Parents and teachers working together can be mutually supportive of their respective goals, values and expectations for comprehensive school health programs.

Parents or guardians may have concerns about sensitive issues, family values, religious beliefs, community morals or any number of issues which are addressed in a comprehensive school health program. It is important, therefore, that they be adequately informed about the program and that they have sufficient opportunity to become familiar with the philosophy, goals, content and methodology of the program.

One of the most effective ways to involve parents or guardians is through meetings. A successful meeting is achieved by thoughtful planning and a positive attitude. Notice of a meeting should be given well in advance. The teacher should plan to include in the meeting key persons such as the principal, program coordinator, school board member, and other community agency representatives.

The meeting should inform parents about the basic rationale and objectives for comprehensive school health, include a brief outline of the contents of the program and a sample of some of the student learning activities. Ample opportunity should be provided for parents to ask questions. Open discussion during the meeting is an opportunity to learn about parental concerns and feelings about this approach to health. Further opportunities to involve parents would include home and school presentations, parent-teacher interviews, school newsletter and displays of student projects. Ongoing dialogue will keep the school health program highly visible.

Through closer liaison with the school on health education, parents can see the benefits of supporting the health curriculum, providing a nurturing environment and ensuring that the home and school work together for the care and protection of their children.

Role of the Teacher

Teachers of comprehensive school health programs must become ambassadors for the program and promoters of its benefits to student well-being. The teacher should continuously aim to maintain open communication among the school and its professionals, the home and the health and community sector. Comprehensive school health is not the sole responsibility of the teacher, but does require his/her constant support and willingness to extend involvement beyond the classroom into the school and the community.

The intent of this program is to place students at the centre and to actively involve and engage them in the learning process and the attainment of the program goals. The skill and ability of the teacher to direct and facilitate this process is critical to the success of a comprehensive school health program. Research reports that teachers who are effective in creating and setting the climate for such learning demonstrate the following characteristics:

- · a positive view of others,
- · view others as potentially friendly and worthy in their own right,
- · hold a favourable view of democratic classroom procedures, and
- see students as persons who are capable of doing things for themselves.

The element of trust is crucial to building good relationships in a positive classroom atmosphere. A key factor in building and maintaining trusting relationships is confidentiality.

The teacher should discuss the issue of privacy and confidentiality with students early in the program. Throughout the year, students should be reminded from time to time of the need to respect the rights of others and to keep class discussions related to matters that might affect their own and others sense of self-worth confidential.

The following guidelines may assist with maintaining confidentiality:

Concerns and issues raised by students through journal writings or use
of the question box should remain confidential. They should not be shared
with other teachers or outside agencies unless the sharing becomes part of
a necessary process for following up on disclosures.

- Teachers should provide factual information if required and assist students in dealing with concerns or problems. If the student requires more help and expertise than can be provided by the teacher, the teacher should talk to the student and suggest the involvement of a third party, such as a guidance counsellor. It is not appropriate to break the bond of confidentiality without the consent of the student. In contradiction to the above and in extreme cases, confidentiality must be weighed in the balance when the welfare of the student or others is in jeopardy.
- The teacher must be aware of his or her legal responsibility to report suspected incidence of physical and/or sexual child abuse. (Child Welfare Act: Section 38).
- 38.(1)Where a person has information that a child has been, is or may be in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment or has been, is or may be otherwise in need of protection, the person shall immediately report the matter to the director, a social worker or a peace officer.
- (2) Where a person makes a report under subsection (1), the person shall report all the information in his or her possession.
- (3) Where a report is made to a peace officer under subsection (1), the peace officer shall, as soon as possible after receiving the report, inform the director or a social worker.
- (4) This section applies, notwithstanding the provisions of another act, to a person referred to in subsection (5) who, in the course of his or her professional duties has reasonable grounds to suspect that a child has been, is or may be in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment, or has been, is or may be otherwise in need of protection.
- (5) Subsection (4) applies to every person who performs professional or official duties with respect to a child, including,
 - (a) a health care professional;
 - (b) a teacher, school principal, social worker, family counsellor, member of the clergy, rabbi, operator or employee of a day care centre and a youth and recreation worker

- (c) a peace officer; and
- (d) a solicitor.
- (6) This section applies notwithstanding that the information is confidential or privileged, and an action does not lie against the informant unless the making of the report is done maliciously or without reasonable cause.
- (7) A person shall not interfere with or harass a person who gives information under this section.
- (8) A person who contravenes this section is guilty of an offence and is liable on summary conviction, to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 6 months or to both a fine and imprisonment.
- (9) Notwithstanding section 8 of the Summary Proceedings Act, an information or complaint under this section may be laid or made within 3 years from the day when the contravention occurred.

(Also refer to the Department of Education Policy entitled *Provincial Policy and Guidelines on Child Abuse.*)

Role of Community Resource Personnel in the School

Community resource personnel can play a vital role in the delivery of services which can enhance the school health program for the elementary grades.

In addition to traditional health professionals, there are many individuals and groups who can provide students and schools with expertise and resources in a variety of areas. Some of these resource personnel include the police, the Cancer Society, the Red Cross, St. John Ambulance, the Coast Guard as well as many other organizations and community service groups.

A comprehensive approach to health education requires the coordination and utilization of a variety of resources in order to bring together the home, school and community with the student at the centre. The resources are essential for a holistic approach to health.

Some of the health professionals who may interact, with the school system, as resource personnel include: the public health nurse, nursing assistant, health educator, nutritionist, dental hygienist, physician, social worker, occupational therapist, physiotherapist and speech language pathologist.

The public health nurse is key to the delivery of health promotion and health services in the school and may often be the entry point into the health care system for the student, family and teacher. The primary roles of the public health nurse in the school system include:

Coordinator: involves student, family, school personnel and community in accessing required health services.

Consultant: provides information regarding health issues and appropriate community resources.

Care/Service Provider: uses clinical skills to assess student's health in order to provide appropriate interventions. Assists the student and family in accepting responsibility for health.

Advocate: helps the student and family become aware of issues which affect their health and promotes the development of needed resources.

Educator: provides information, inservice education, expertise, and resource materials to assist the classroom teacher who is the primary educator in the implementation of the health program. The public health nurse may provide educational sessions in the classroom when professional or technical expertise is required and as well, formal presentations to parent groups and school board personnel.

Community Cooperation and Contribution

Communities have a variety of resources which can assist schools in implementing comprehensive school health programs. Local health, safety, service, protection and law enforcement agencies have education programs. The community makes other contributions to the health curriculum, including natural resources, culture, tradition, and people. The school's health program is a means for the school and community to achieve mutual goals.

When planning the health program, teachers should consider all aspects of the community and, through it, examine issues relating to safety, health, well-being and culture. The school health program provides for more meaningful experiences when links are made with the student, home and the community.

Role of School Administration and Staff

If the health program is to be comprehensive, and if it is to enable children to engage in behaviours that enhance personal and community well-being, it must have the support of administrative personnel. The school's key administrator, the principal, should be familiar with the philosophy, goals and objectives of the program, and the approaches and methodologies used in the delivery of the program. Support of the school administrator is one of the most important elements in the success of the program and without this support in developing an appropriate plan for implementation, success may not be possible.

It is important that the program be given adequate time in the overall curriculum. In addition, policies and conditions in the school should support the program. For example, the nutrition component would be relevant and meaningful if delivered in an environment that has a sound nutrition policy accompanied by appropriate practices related to providing food and eating facilities for students and staff.

Positive attitudes and support of staff members towards health initiatives for children will also contribute to the success of the program. Teachers should be given an overview of the program. Teachers who are aware of the program and its approach are better able to respond to student surveys and questionnaires and to react to sensitive questions posed by students.

Because this program promotes collaboration among those who provide services to students, it is important that the guidance counsellor be aware of the philosophy and goals of the program. This would allow promotion of services and assistance to students at the classroom level as well as facilitate the involvement of the guidance counsellor when the need for services to students has been identified.

With respect to small schools and multi-grade classrooms, careful consideration will need to be given to the delivery of certain components of the program. Cooperation of service and consolidation of ideas and activities are critical to the success of comprehensive school health. Components of the program, such as nutrition and active living, can be introduced and addressed over two or three grade levels.

School Support

It is recognized that the health of students is not solely the responsibility of the school, but that this responsibility is shared with the home and the community.

The school can promote comprehensive school health in the following ways:

 By providing a curriculum that is relevant, developmentally appropriate, resource-based, and taught by well-prepared, caring teachers. Certain values which should be demonstrated and promoted in every classroom situation are:

Respect - for ourselves and for each other as valuable, worth-

while human beings;

Responsibility - to ourselves and to others to learn and grow to our

full potential;

Reason - to base personal decisions on all available information;

that a decision based on accurate knowledge and thoughtfulness will be better than one based on igno-

rance.

· By ensuring that the **environment** of the school is safe, clean, smoke-free, and has appropriate safety procedures and health-related policies in place.

- · By providing for an environment which is supportive of the health curriculum as it relates to such areas as nutrition, physical education, growth and development, safety and environmental health.
- · By maintaining an element of trust and confidentiality.
- · By considering the issue of environmental pollutants and their impact on the health of students and school staff.
- · By establishing and maintaining **services** relevant to the needs of students and supportive of the goals of comprehensive school health.
- · By routinely practising safety procedures (regular fire drills, bus monitors, safety patrols, etc.).

- · By making available the services of guidance counsellors, public health nurses, peer counsellors, and other community agencies as the need arises.
- By establishing a coordinating committee for health to ensure consistency and maximum support for the intended curriculum. It is desirable to include representation from each of the grade levels and other key people such as the principal, the public health nurse, the guidance counsellor, the physical education teacher, a representative from the Home and School Association, and from other health/safety agencies. The purpose of the committee would be to promote the goals of comprehensive school health for the enhancement of student well-being.
- By utilizing the wide variety of resources available within the school and in the community at large. Resource-based learning involves employing human and material resources to the fullest extent possible in the design of learning experiences that are varied and that meet the needs of all students. Three models of resource-based learning are: the Succeed model, the Effective model, and the Cooperative model. (See Learning to Learn: Policies and Guidelines for the Implementation of Resource-Based Learning in Newfoundland and Labrador Schools, pp. 5-16.)
- · By accessing resources which are available through local, provincial and national agencies, and government departments.
- · By acknowledging awareness days/weeks/months which are promoted through national health/safety agencies.

Role of School District Personnel

The school district provides a link between the Department of Education and the school. School board personnel are vital facilitators in the implementation of the program. It is through their efforts that the school receives assistance and support in the delivery of programs. Because comprehensive school health involves health services, the local community and the school environment, school district personnel can assist by facilitating the collaboration, consultation and networking that needs to occur for effective implementation. For remote and/or small rural schools not having access to a full-range of services, facilities and resources, school district personnel can assist with the coordination, acquisition, and distribution of these. The school district can facilitate the transition period, as new professional staff take on roles related to the implementation of comprehensive school health.

Program coordinators, for example, play an important role when assisting teachers with the implementation of the health program. They may provide assistance with professional development, coordination of resources, and make provision for the continuous monitoring and assessment of the program at the school/district level.

In the initial stages of the implementation process, school district personnel must ensure that schools develop and adopt policies which support comprehensive health programs. Schools cannot advocate a comprehensive program while condoning practices which do not support and promote healthy lifestyles for students and educators.

Program

Evaluation

Student evaluation is an essential component of the teaching-learning process and must be an integral part of a quality comprehensive school health program.

Evaluation enables us to give a clear indication of a student's progress as well as the level of development, whether it be cognitive, affective or psychomotor. It is, essentially, a process of determining to what extent the program objectives are realized.

Since children may be auditory, kinesthetic or visual learners or any combination of these, it is critical to use different methods of evaluation to obtain a valid assessment. The evaluation procedures must be modified to accommodate children with special needs.

Student evaluation has three main dimensions: pre-instructional, formative, and summative.

Pre-instructional evaluation is used to determine where students are in relation to the program objectives and will be of assistance in planning for instruction and facilitating learning.

Formative evaluation is used to improve and enhance the progress of students and to determine the degree of mastery of a given task. Evaluation of learning difficulties is a component of formative evaluation and in this regard it assumes the level of diagnostic evaluation.

Summative evaluation assesses student achievement after instruction. It is general in scope and gives information about the effectiveness of instruction. It may be used for diagnosis as well as for placement.

A variety of evaluation techniques is recommended for the health program and the techniques used should be based on the learning objectives and program goals.

A comprehensive evaluation may include:

Diagnostics: to determine the entry level, a pre-instructional method could be used to assist with planning instructional approaches and learning activities.

Assignments: to determine application of knowledge since decision making and appropriate behaviours are promoted in this program.

- Self-directed Projects: to determine independent work habits, initiative, self-motivation, individualization, sustained interest.
- **Dramatization:** to determine level of awareness and application of knowledge, attitudes and behaviours in a protective setting.
- Observation: to determine application of knowledge, attitudes and behaviour on a daily, on-going or cyclical basis. This is perhaps the most effective source of evaluation for the affective domain.
- Anecdotal Reporting: to record teacher observations of student behaviour and achievement of objectives.
- Checklist: to determine either achievement or non-achievement of the desired objectives. This method may also be used by students to check their positive behaviour changes.
- Criterion-referenced Test: to determine achievement of objectives with specific criteria such as achievement level and time.
- **Self-Evaluation**: to provide students with the opportunity to rate their own achievement.
- **Peer Evaluation:** to provide students with the opportunity to analyze and evaluate peer behaviour.
- Parent Evaluation: to provide feedback on attitudes, behaviours and application of knowledge outside of the school setting.

Because this program places emphasis on both content and process, approaches to evaluation will require variety and creativity. However, evaluation of health must be consistent with the Department of Education and School Board policies.

(See the Department of Education document The Evaluation of Students in the Classroom: A Handbook and Policy Guide).

Program Resources

The following resources are available from the Department of Education:

Grade 4

Authorized

Young Canada Health 1 (Student Book)/En bonne santé 1 (Manuel de l'élève)

Young Canada Health 1 (Teacher's Resource Book)/En bonne santé 1 (Guide d'enseignment)

Videos

Just for Me/Écoute ton coeur. Agency for Instructional Technology (AIT) and Health Canada Drug Prevention (6 video) series with facilitator's guide, teacher's guide and peer helper handbook.

Grade 5

Authorized

Young Canada Health 2 (Student Book)/En bonne santé 2 (Manuel de l'élève)

Young Canada Health 2 (Teacher's Resource Book)/En bonne santé 2 (Guide d'enseignment)

Videos

Your Choice, Our Chance/Tes choix, ta santé. Agency for Instructional Technology (AIT) and Health Canada Drug Prevention (10 video) series with teacher's guide.

Grade 6

Authorized

Young Canada Health 3 (Student Book)/En bonne santé 3 (Manuel de l'élève)

Young Canada Health 3 (Teacher's Resource Book)/En bonne santé 3 (Guide d'enseignment)

Videos

Your Choice, Our Chance/Tes choix, ta santé. Agency for Instructional Technology (AIT) and Health Canada Drug Prevention (10 video) series with teacher's guide.

Recommended Resources

Print

- Active Living Kit, Canada 125 Edition. Available from: Focus on Active Living Secretariat, Suite 312, 1600 James Naismith Drive, Gloucester, ON, K1B 5N4.
- Cahiers d'activités en écologie par Marcel Cyr et Roger Forget ISBN 2-7613-0094-8. Éditions du Renouveau Pédagogique, 8925, boul. Saint-Laurent, Montréal, Québec, H2N 1M5.
- Collection À la une. Titre: Pluies acides. ISBN 86313-369X. Éditions Saint-Loup, 306 est, rue Saint-Zotique, Montréal, Québec, H2S 1L6.
- Collection Le monde qui nous entoure. Titres: La couche ozone, la forêt tropicale, les pluies acides. Les Éditions Héritage Inc., 300 rue Arran, Saint-Lambert, Québec, J4R 1K5.
- Collection Regarde autour de toi. Titre: L'énergie. ISBN 2-8034-1769-3. Les Éditions de la Chenlière Inc., 215, rue Jean-Talon Est, Montréal, Québec, H2R 1S9.
- Elmer, The Safety Elephant (K-4 series), Newfoundland Safety Council, P. O. Box 5123, St. John's, NF.
- 50 Trucs faciles pour sauver la planète par John Javna. ISBN 2-7625-5966-9. Les Éditions Héritage Inc., 300 rue Arran, Saint-Lambert, Québec, J4R 1K5.
- La classe verte par Adrienne Mason. ISBN 2-89310-072-4. Les Éditions de la Chenelière Inc., 215, rue Jean-Talon Est, Montréal, Québec, H2R 1S9.
- Learning About AIDS/Je me renseigne sur le sida, 1990. A grade 5 and 6 student booklet and teacher's guide. Available from: AIDS Education and Awareness Program, Canadian Public Health Association, 1565 Carling, Suite 400, Ottawa, ON, K1Z 8R1.
- Learn Not To Burn, Level 2 for grades 4 and 5 and Level 3 for grade 6. Available from: Canadian Association of Fire Chiefs, Ottawa, ON.

- Peer Assisted Learning (PAL) Smoking Prevention Program/PEP: Un programme de prévention de l'usage du tabac (Grades 6-8). Available from: PAL, Education and Training Unit, Health Programs and Services Branch, Health Canada, ON, K1A 1B4.
- School Bus Monitor Program. Available from: Newfoundland Safety Council, P.O. Box 5123, St. John's, NF.
- The Canadian Active Living Challenge: Program 2/Le défi: Canadien, vie active: 2e programme. Available from: Fitness Canada/Health Canada.
- The Secret of the Silver Horse. Booklet and poster, in English and French, about child sexual abuse. Available free from: Communications and Public Affairs, Department of Justice Canada, Ottawa, ON, K1A 0H8.

Videos

- A Conservation with Magic. Grades 4-6. A discussion of AIDS. This video is available without discussion of the condom (order no. v2584V) and with discussion of the condom (order no. v258VC) from: Visual Education Centre.
- Active Kids: Any place, Any time/Amis actifs toujours, partout with audio tape and teacher's guide. Available from: Canadian Association for Health, Physical Education and Recreation/L'association canadienne pour la santé, l'éducation physique et le loisir.
- Fertilization and Birth. Grades 3-6. An introduction to human and animal reproduction. Available from: McIntyre Media Limited.
- Mr. Finley's Pharmacy. Grade 4. Choose Grades 5 and 6. Available from: Canadian Association of Chiefs of Police.
- Safety's Gone to the Head. Bicycle Safety for Grades 4-6. Available from: Kenetic, Inc.
- The Changing Program. Set of instructional materials on growth and development at puberty. Available (free of charge and one per school) from: Always Changing Program, Proctor and Gamble, P.O. Box 7027, Thornhill, ON, L3T 6R3.

Teacher References

- Child Abuse Pamphlet. Produced cooperatively by: Government of Newfoundland and Labrador, Department of Education, Newfoundland Teacher's Association and Newfoundland and Labrador School Trustees' Association, 1988.
- Child Welfare Act, Department of Social Services, Government of Newfoundland and Labrador.
- 100 Ways to Enhance Self-Concept in the Classroom: A Handbook for Teachers and Parents by Caulfield and Wells. Available from: Prentice-Hall Canada Inc., 1870 Birchmount Road, Scarborough, ON, M1P 2J7.
- Interdisciplinary Teaching in the Middle Grades by Gordon F. Vars. Available from: National Middle School Association, Columbus OH 43229-6292.
- Health and Welfare Canada Ready or Not, provides children with alternatives to drug and alcohol use. It is a six-part parent education program for parents of children between the ages of eight and twelve. It is a National Drug Strategy initiative of the Education and Training Working Group and Health and Welfare Canada.

Community Resources

The community is a key source of information and support for educators involved in the implementation of a Comprehensive School Health program. Within each community, as well as at the provincial and federal levels, there are many health-related agencies which have the common goal of promoting healthy lifestyles for young people. The following is a list of resources which is not, by any means, conclusive:

Human Resources

Senior Citizens Royal Newfoundland Constabulary (RNC)

Peer Educators Royal Canadian Mounted Police (RCMP)

Public Health Nurses Dental Hygienists

Health Educators Ski Patrols

Nutritionists Aerobic Leaders

Swimming Instructors Orienteering Leaders

Firefighters Community Council Leaders

Forest Rangers Home and School President

Parents Plant Workers

Health Agencies

Canadian Cancer Society

Canadian Heart Foundation

Canadian Mental Health Association

Canadian Red Cross

Department of Health/Regional Health

Department of Social Services

The Hub

Department of Municipal and Provincial Affairs, Community Recreation, Sport and Fitness

Heart and Stroke Foundation

Newfoundland Lung Association

Association of School Administrators

Newfoundland and Labrador AIDS Committee

Epilepsy Newfoundland and Labrador

St. John Ambulance

Newfoundland and Labrador School Milk Foundation

Newfoundland and Labrador School Boards Association

Newfoundland Federation of Home and School

Newfoundland Safety Council

Memorial University, School of Physical Education and Athletics

Early Childhood Training Centres

Newfoundland Agencies for School Health (NASH)

Bibliography

- Cameron, H., Mutter, G., and Hamilton, N. "Comprehensive School Health: Back to the Basics in the 90's". *Health Promotion*, 29, 4 (1991): pp. 2-5.
- Canadian Education Association (1994). "Building Student Self-esteem: Creating a Positive School Climate". Toronto.
- Canadian Institute of Child Health (1989). *The Health of Canada's Children: A CICH Profile*. Ottawa.
- Connell, D.B., Turner, R.R., and Mason, E.F. *School Health Education Evaluation, Final Report, Vol. 1* (1985). Washington, DC: Centres for Disease Control and Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services.
- Department of Education (1987). *Report of the Small Schools Study Project*. St. John's, NF: Jesperson Printing.
- Department of Education (1990). Learning to Learn: Policy Statements on Resource-Based Learning and Its Implementation in Newfoundland and Labrador Schools. St. John's, NF: Government Printing Services.
- Division of Evaluation and Research (1990). *The Evaluation of Students in the Classroom: A Handbook and Policy Guide*. St. John's, NF: Department of Education.
- Division of Student Support Services (revised 1992). *Special Education Policy Manual*. St. John's, NF: Department of Education, Newfoundland and Labrador.
- Doshi, Sharat. (1987). Workshop Presentation, Department of Health, Government of Newfoundland and Labrador.
- Fitness Canada (1983). Canadian Youth and Physical Activity: A Report of the Canadian Fitness Survey. Ottawa, ON: Minister of Supply and Services.
- Fitness Canada (1989). Because They're Young: Active Living for Canadian Children and Youth: Blueprint for Action. Ottawa, ON: Minister of Supply and Services.

- Health and Welfare Canada (1986). *Achieving Health for All: A Framework for Health Promotion*. Ottawa, ON: Minister of Supply and Services.
- Health and Welfare Canada (1987). *The Active Health Report Perspectives on Canada's Health Promotion Survey 1985*. Ottawa, ON: Minister of Supply and Services.
- Health and Welfare Canada (1988). *Mental Health for Canadians: Striking a Balance*. Ottawa, ON: Minister of Supply and Services.
- Health and Welfare Canada (1990). *National Alcohol and Other Drugs Survey Highlights Report: Action on Drug Abuse*. Ottawa, ON: Minister of Supply and Services.
- King, A.J.C., Beazley, R.P., Warren, W.K., Hankins, C.A., Robertson, A.S., & Radford, J.L. (1988). *Canada Youth and AIDS Study*. Kingston, ON: Queen's University, Social Program Evaluation Group.
- King, A.J.C., Beazley, R.P., Warren, W.K., Hankins, C.A., Robertson, A.S., & Radford, J.L. (1988). *Canada Youth and AIDS Study: Newfoundland Report*. Kingston, ON: Queen's University, Social Program Evaluation Group.
- King, A.J.C., Coles, B. (1992). *The Health of Canada's Youth*. Ottawa, ON: Health and Welfare Canada.
- King, A.J.C., Robertson, A.S., & Warren, W.K. (1985). *Canada Health Attitudes and Behaviours Survey: 9, 12, and 15 Year Olds*, 1984-85. Kingston, ON: Queen's University, Social Program Evaluation Group.
- King, A.J.C., Robertson, A.S., & Warren, W.K. (1985). *Canada Health Attitudes and Behaviours Survey:* 9, 12, and 15 Year Olds, 1984-85: Newfoundland Report. Kingston, ON: Queen's University, Social Program Evaluation Group.
- Murray, Sandra (1986). Recommendations/Issues from Workshops on The Canada Health Attitudes and Behaviours Survey: 9, 12, and 15 Year Olds. Ottawa, ON: Health and Welfare Canada, Health Promotion Directorate.
- Mutter, G., Ashworth, C., and Cameron, H. "Canada: Perspectives in School Health". *Journal of School Health*, 60, 7 (1990): pp. 308-312.

- Nader, Philip. "The Concept of `Comprehensiveness' in the Design and Implementation of School Health Programs". *Journal of School Health*, 60, 4 (1990): pp. 133-138.
- Pigg, R. Morgan Jr., Reed, Tom, & Williamson, Mark, A. (Eds.) (1985). Results of the School Health Education Evaluation [Special Issue]. *Journal of School Health*, 55, C8.
- Siggner, Andrew J., (1988). *Canada's Health Promotion Survey, Technical Report: Special Study on Youth.* Ottawa, ON: National Health and Welfare, Health Promotion Directorate (with the assistance of Barbara Anderson Target Groups Data Bases Project, Statistics Canada).