Towards A Comprehensive School Health Program

Comprehensive School Health

Home Curriculum Services

Student Environment Support

Community Active Living / Active Learning

A Health Curriculum Guide

Government of Newfoundland and Labrador

Department of Education
Division of Program Development

Authorized by the Minister
Towards A Comprehensive School Health Program

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Preface

This Primary Health Curriculum Guide has been developed to assist educators in implementing a comprehensive school health program for primary children in Newfoundland and Labrador.

Careful consideration has been given to the developmental characteristics and needs of young children in a society with changing family structures, intensive application of new technologies, changing values, 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 attitudes, knowledge and skills which culminate in healthy behaviours.

Grade level outcomes have been developed for the following components: Active Living, Consumer Health, Dental Health, Drug Education, Environmental Health, Injury Prevention and Safety, Mental Health, Nutrition, Physical Growth and Development, Relationships, and Self Care. Suggestions are offered for various ways of integrating these components of the Primary Health Program across the curriculum, including: thematic exploration, parent and community involvement, and project participation.

The Primary Health Program acknowledges the importance of the combined effort of the home, school and community in the achievement of outcomes in comprehensive school health.
The Primary Learner

A health program deals with intellectual, social, emotional, physical, spiritual and moral development, and promotes the development of lifelong behaviours.

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

Careful consideration must be given to providing a match between the health curriculum and the needs of primary children. Experiences provided with the primary program should be geared to the developmental needs and the wide range of individual needs and interests of children in a class. Children with special needs may require individualized programs.

The learning 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.”

While there may exist in groups of primary children many individual differences there will also be many common characteristics. Following is an outline of these characteristics and the implications for teaching and learning.
Characteristics of the Primary Learner

**Intellectual Characteristics**

- Attention span is usually short.
- Short and long term memory is improving but may lapse periodically.
- Ability to concentrate varies.
- Work is becoming more directed with meaning and purpose.
- Certain amount of repetition is enjoyed and provides sense of security.
- They want to be always involved.
- They may be discouraged when tasks are difficult to master.
- They are easily motivated and enjoy discovery and exploration.
- They enjoy music and rhythmic activities.
- They are imaginative and love dramatics.
- There is a general lack of fear for safety and poor appreciation of potential danger.
- Their ability to reason is improving.
- They often ask, “Why?”.
- They like to talk.

**Implications for Teaching**

- There is a need to change activities and tasks often.
- There is a need for continuity and building on previous experiences.
- There is a need for flexibility in duration and type of activity.
- New skills and mastery should be encouraged and opportunity provided for mastery.
- Routine is necessary with favourite activities being repeated.
- There is a need for a variety of student-centred activities.
- There is a need for step-by-step teaching and to allow for approximations of the task.
- There is a need for a variety of learning experiences.
- There is a need to provide activities that incorporate music and rhythm.
- There is a need to provide for experiences in self-expression.
- There is a need to introduce the concept of self responsibility for health and safety through experiences with predicting danger in situations.
- There is a need to encourage participation in group activities.
- There is a need to make learning meaningful.
- There is a need to allow for small group discussions and for conversation during certain activities.

**Social Characteristics**

- Social awareness is developing and they are beginning to understand and enjoy taking turns in games and conversation.
- They enjoy approval of peers and adults.
- They enjoy fun and participation in games with definite rules.

**Implications for Teaching**

- It is necessary to use partner and small group activities to teach cooperation, responsibility, consideration and empathy.
- It is necessary to provide learning experiences that allow for personal expression and positive reinforcement.
- It is necessary to provide learning centres and encourage active participation in games and other activities.

**Emotional Characteristics**

- Children are easily confused and enjoy repetition.
- Children demonstrate varying degrees of control over emotions.
- They are becoming less egocentric, ready for working in groups but not necessarily for common goals.
- They are gradually becoming more independent and enjoy success.
- They are very creative, curious, and imaginative.
- They enjoy risk and may not recognize danger.
- They experience difficulty with waiting.
**Implications for Teaching**

- There is a need for activities of short duration, simple directions and repetition of enjoyable activities.
- There is a need to foster an awareness of the significance of emotions and the development of socially acceptable ways of expressing emotions without unreasonable conformity.
- There is a need to encourage consideration of others.
- There is a need for learning experiences that are appropriately challenging for individual ability levels.
- There is a need for opportunities to apply and extend their creativity.
- There is a need for challenging experiences with appropriate safety awareness.
- There is a need for advance preparation of activities appropriate for independent involvement.

**Physical Characteristics**

- Children mature at different rates in terms of:
  - body fat
  - muscle size and strength
  - posture
  - heart and lungs in proportion to body size
- Gross motor skills are more developed than fine motor skills.
- They are usually far-sighted; quick or accurate focusing may be difficult; spatial judgement may be difficult but improves with age.
- Physical capabilities are unaffected by gender differences.
- The human body has an inherent need to move.
- Children enjoy new experiences and learn by doing.

**Implications for Teaching**

- There is a need to promote understanding of the concept of physical growth and development.
- There is a need to provide many large muscle activities combined with a variety of activities designed to enhance fine motor development.
- There is a need for attention to selection and arrangement of the physical environment.
- The same activities are appropriate for boys and girls.
- There is a need to provide activities that allow for movement.
There is a need for opportunities to interact physically with a variety of learning resources.

**Spiritual and Moral Characteristics**

- They tend to conform in order to avoid disapproval.
- They have developed a concept of right-wrong which may or may not be justified.
- They tend to enjoy discussing moral issues that emerge from their own experience.
- They tend to have an uninhibited sense of curiosity, excitement and wonder.

**Implications for Teaching**

- There is a need to promote understanding of the reasons for appropriate behaviours and actions.
- It is necessary to recognize basic emotions: love, anger, fear, guilt; how to deal appropriately with the feelings and understand situations which may evoke the feelings.
- It is also necessary to differentiate between appropriate and inappropriate reactions.
- There is a need to nurture a child’s spiritual development by providing opportunities to see, touch, taste, hear, and feel the presence of God in their relationships with nature and with other people.
- There is a need to provide quiet time for reflection.
Rationale for Health Education

A health education needs assessment conducted in Newfoundland and Labrador, in 1988, indicated the need for a revision of the current health program. Responses from teachers of the health program indicated some degree of satisfaction with health topics within the existing program, but identified 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 which ultimately affect student attitudes and behaviours.

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

Additionally, the results of a number of research studies indicated a growing concern for health promotion nationally and, more specifically, identified the need for better health programs in school systems. While much of the 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 curriculum

- Canadian Youth and Physical Activity: A Report of the Canadian 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

While much of the research focused on post-elementary students, it is understood that knowledge, attitudes and behaviours are established at a much earlier age.

- Provincial findings of the Canada Health Attitudes and Behaviour Survey (1985) indicated some areas of concern for Newfoundland youth as being: nutrition, fitness, dental, alcohol and drugs, self-esteem, relationship with parents, AIDS and sexually transmitted diseases (STDs).
- The Canadian 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 AIDS or HIV infection.
- 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 numbers 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 number of young people who smoke or who have tried smoking.
Research findings reinforce and substantiate the need for health education and prevention programming at an early age.

Traditionally, education relative to these findings has been promoted at the intermediate and high school levels. However, this has proven, for many students, to be “too little, too late”. Consequently, it is justifiably recommended that adequate and explicit health education be vigorously promoted in preparation for healthier puberty and adolescence. Davis et al. in *Health Promotion, “Comprehensive School Health”* recommends planned sequential health instruction from pre-kindergarten to Grade 12 that is based on students’ needs and integrates all dimensions of health within a range of health topics. Such curricula should incorporate activities to develop decision-making skills and opportunities to develop and demonstrate knowledge, attitudes and practices.

According to Connell, Turner and Mason in the School Health Education Evaluation (SHEE), exposure to comprehensive health education produces positive gains in knowledge, attitudes, and practices and repeated exposure leads to greater gains. L.J. Kolbe, in *Taking It Easy: Dealing With Stress*, contends that health services improve children’s short-term health as well as their cognitive performance and their level of educational achievement. These positive gains cannot wait until adolescence. They must begin with the primary-elementary child. For as Colin Yarham writes in *Health Education for the School-Aged Child*, “The decisions people learn to make, and the behaviours they adopt during childhood and youth have a profound effect on their health as adults ... and ... if we are to move towards the World Health Organization goal of “Health for All by the Year 2000” then a well-planned, sequentially-developed health curriculum for the 6-14 year old children ... must be provided”.

*For as Colin Yarham writes in Health Education for the School-Aged Child, “The decisions people learn to make, and the behaviours they adopt during childhood and youth have a profound effect on their health as adults.”*
A comprehensive school health program at the primary 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 intellectual, emotional, social, physical, spiritual 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 children 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 to alter the environments that affect them.

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.

The goals of primary level comprehensive school health programs are achieved through
- direct and indirect instruction
- experiential learning
- independent study
- interactive instruction
- a healthy school environment
- support services
- social support of peers, families, school and community
A comprehensive school health model integrates curriculum, services and the environment with home, school, and community efforts in a supportive social climate (figure 1).

Figure 1: Comprehensive School Health Model

Curriculum and Instruction

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

Services

Health education is more than curriculum, and should include 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. Injury prevention should be promoted as an integral part of all school activities as well as the total curriculum.

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 children. Such an approach requires the development of policies and regulations related to AIDS, nutrition, dental, hygiene, smoking, quality physical education and recreation, as well as space and building design.

Within the context of health goals for Canada’s children, a comprehensive school health program for schools in Newfoundland and Labrador should take into consideration:
- the developmental stages of the learner
- the needs and interests of our Province’s children
- positive and negative media influences
- 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 primary level is to facilitate the development of health attitudes, knowledge and behaviours through a holistic approach to health education, through promotion, greater inter-agency collaboration and partnerships. This approach will help
lay the foundation for the development of healthy, productive and contributing young citizens who are resources to their communities and province.
Goals of the Program

The goals of a primary health program for children in schools in Newfoundland and Labrador are:

- to develop a basic understanding of
  - active living
  - consumer health
  - dental health
  - drug education
  - environmental health
  - injury prevention and safety
  - mental health
  - nutrition
  - physical growth and development
  - relationships
  - self care

- 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
The primary health curriculum is based on the intellectual, emotional, social, physical, spiritual and moral 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:

- Active Living
- Consumer Health
- Dental Health
- Drug Education
- Environmental Health
- Injury Prevention and Safety
- Mental Health
- Nutrition
- Physical Growth and Development
- Relationships
- Self Care

Although the primary health outcomes 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 health program as well as other areas of the primary curriculum. Similarly, such skills as decision making and problem-solving are not merely isolated skills for drug education and primary health but are applicable to each component of the health program as well as other subject areas including language arts, mathematics and science.

The comprehensive school health program must be an integrated, multi-dimensional life discipline which carries over into all other subjects of the school curriculum. Combining concepts and objectives across health components and other subject areas reflects the reality of life situations and promotes integrated thinking.
Active Living

Physical activity affects a child’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 are an integral part of a child’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 learning outcomes for the Active Living component are consistent with the physical growth and development of children, and include rest, fresh air, and daily physical activity in the primary grades. Through physical involvement, children are encouraged to acquire attitudes and skills which will increase the likelihood of active living as a lifelong practice.

Consumer Health

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

The need for careful selection of health products and services is stressed. This 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.
Dental Health

Continual advancement in medical technology and careful practice of dental hygiene can help children protect and maintain their 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.

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.

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 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.
Environmental Health

There is an emphasis on identification, prevention, treatment and the legal implications of substance abuse.

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 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.

Injury Prevention and Safety

Injuries are the leading cause of death and a major cause of hospitalization for Newfoundland and Labrador children. An analysis of injuries conducted by the Newfoundland and Labrador Childhood Injury Prevention Program (1993) identified the following priority injury areas for primary school-aged children:
- falls (5-9 year olds, particularly playground and sport related)
- bicycle injuries (5-14 year olds)

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

It is also essential that children learn how to handle emergencies, especially in situations where an adult may not be present. Primary school children should be able to recognize an emergency, approach it with 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.

**Mental Health**

Mental Health is basic to a comprehensive health curriculum at the primary level. Emphasis is placed on self-recognition, personal feelings, self-esteem, decision making and self-efficacy.

Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985) indicated 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 a primary health curriculum takes these areas of concern and focuses on the emotional well-being of children and their support.
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) indicated 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 children are encouraged, within their capability, to make responsible decisions regarding food choices.
Physical Growth and Development

Physical Growth and Development focuses on the total physical development of the body through infancy, and childhood. 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. It is a necessary prerequisite to self understanding and responsibility for health.

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) indicated 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.

The ever-increasing concern for abuse, breakdown in communication and in relationships, makes this component a critical area of study for a comprehensive health program.
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.
The Key Stage Outcomes for primary health are statements which identify what students are expected to know and be able to do by the end of grade three. They are as follows:

By the end of grade three, it is expected that students will:

- apply knowledge and practise skills which foster emotional well-being
- demonstrate an ability to apply nutritional knowledge and decision-making skills to personal eating habits and food choices
- through active involvement develop attitudes, skills, and behaviours which contribute to active healthy lifestyles
- demonstrate skills and behaviours which contribute to physical, emotional, and social growth and development
- understand the potential effects of substance use and the importance of being able to make decisions regarding what constitutes appropriate and inappropriate use of substances
- demonstrate skills and behaviours which enhance personal safety, the safety of others, and the protection of the environment
- demonstrate knowledge, skills, and behaviours which contribute to achieving and maintaining dental health
- demonstrate knowledge, skills, and behaviours that contribute to prevention of and control of conditions which affect optimum levels of wellness
- demonstrate knowledge, skills, and behaviours which contribute to reasoned decision making with respect to health-related products and services.
## Active Living

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Outcomes</th>
</tr>
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</table>
| **Grade One** | It is expected that the child will:  
  - identify daily activities which affect personal health and well-being  
  - understand why it is important to go outdoors during recess and lunch time  
  - understand that adequate rest is important for fitness and well-being |
| **Grade Two** |  
  - understand that movement affects the body in certain ways  
  - appreciate that physical activity helps to keep the body fit and healthy and contributes to total well-being  
  - identify some physical activities of classmates  
  - recognize the need for daily physical education or activity |
| **Grade Three** |  
  - know how good sitting, standing and walking posture contributes to total well-being  
  - know that appropriate physical activity contributes to good circulation, coordination and flexibility  
  - know that daily physical activity contributes to wellness  
  - identify daily physical activities which have contributed to their general state of health |

* Refer to *Early Beginnings Kindergarten Guide for Kindergarten level outcomes.*
## Consumer Health

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>· understand that advertising has different purposes</td>
</tr>
<tr>
<td></td>
<td>· understand that some advertising is directed at children, especially at Christmas, Easter, and Halloween</td>
</tr>
</tbody>
</table>

| Grade Two       | · identify some pros and cons of advertising certain food items |
|                 | · understand that a variety of media is used for advertising |

| Grade Three     | · know the importance of cleanliness in food handling |
|                 | · understand the need for food packaging and preserving regulations |
|                 | · understand that the responsibility for a community's health should be shared by everyone |
|                 | · identify appropriate behaviours when selecting food and drug products in a store |
## Dental Health

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· understand the importance of teeth in eating, speaking, appearance, using certain musical instruments</td>
</tr>
<tr>
<td></td>
<td>· know the purpose of brushing and flossing teeth</td>
</tr>
<tr>
<td></td>
<td>· demonstrate thorough brushing and flossing</td>
</tr>
<tr>
<td></td>
<td>· know that brushing should be followed by rinsing the mouth with water</td>
</tr>
<tr>
<td></td>
<td>· demonstrate the proper care of the toothbrush and toothpaste</td>
</tr>
<tr>
<td></td>
<td>· know that the dentist helps you take care of your teeth</td>
</tr>
<tr>
<td></td>
<td>· know what a tooth cavity is</td>
</tr>
<tr>
<td></td>
<td>· know that regular dental examinations are necessary for early detection of cavities</td>
</tr>
<tr>
<td></td>
<td>· know that teeth erupt individually and sequentially</td>
</tr>
<tr>
<td></td>
<td>· identify personal goals for dental care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Two</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· understand the difference between primary and permanent teeth</td>
</tr>
<tr>
<td></td>
<td>· understand the role of fluoride in dental health</td>
</tr>
<tr>
<td></td>
<td>· understand that some children receive fluoride treatments to protect their teeth</td>
</tr>
<tr>
<td></td>
<td>· know that good nutrition is necessary for healthy teeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Three</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· understand the need for brushing and flossing teeth</td>
</tr>
<tr>
<td></td>
<td>· demonstrate the proper way to brush and floss teeth</td>
</tr>
<tr>
<td></td>
<td>· recognize that cleaning the teeth helps to prevent cavities and gum disease and also makes one feel and look better</td>
</tr>
<tr>
<td></td>
<td>· understand the reason for using a mouth guard in certain spots</td>
</tr>
<tr>
<td></td>
<td>· identify some behaviours that may cause dental accidents</td>
</tr>
<tr>
<td></td>
<td>· identify the four types of teeth: incisors, canines, premolars, and molars</td>
</tr>
<tr>
<td></td>
<td>· know the purpose of the four types of teeth</td>
</tr>
</tbody>
</table>
### Drug Education

#### Grade One

It is expected that the child will:
- understand that medicine is a special substance taken to treat illness and that there are sometimes alternatives to medicine
- know why medicine must have a safe place for storage in the home
- understand that medicine is administered to make us feel better
- understand that medicine must only be taken in directed amounts and under careful supervision of an adult they can trust
- understand that visiting a doctor or nurse may cause some anxiety and that some healing may involve some discomfort
- recognize that some people need medicine permanently or temporarily in order to be healthy
- understand that unknown substances, especially from strangers, should never be taken without a parent's or teacher's approval
- understand that hazardous products such as other people's medication should be avoided
- understand that other people's smoking can endanger one's health

#### Grade Two

- understand that medicines contain drugs
- identify dangerous substances around the home
- know how to respond when offered candy or unknown substances by other children or adults
- know when it is safe to accept food or candy from others
- identify certain situations when children need to take medication while in school

#### Grade Three

- identify common over-the-counter drugs
- understand that some over-the-counter drugs have many questionable value but sometimes are necessary to relieve symptoms of minor ailments
- know how the pharmacist can help when choosing over-the-counter medication
- realize that people sometimes use drugs for non-medicinal purposes
- identify ways that drugs are administered: oral, injections.
- recognize that some drugs may have unpleasant or dangerous side effects
- understand the need for safe handling of medicines
- know that certain combinations of drugs may be life threatening
### Environmental Health

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• recognize that each of us must help to keep our school environment clean and safe</td>
</tr>
<tr>
<td></td>
<td>• understand the importance of cooperating with maintenance personnel in keeping the school clean</td>
</tr>
<tr>
<td></td>
<td>• accept responsibility for tidying personal workspace</td>
</tr>
</tbody>
</table>

| Grade Two | • understand that each person has a responsibility for making one's home a better place to live by keeping it safe, free from too much noise, clean, neat and attractive. |
|           | • know that litter can spoil the environment |
|           | • identify ways to reduce litter |

| Grade Three | • know what constitutes a neighbourhood |
|             | • identify reasons why a neighbourhood is important |
|             | • understand that some things are important to some people in a neighbourhood but not important to others |
|             | • understand that a clean, quiet, safe, uncrowded neighbourhood makes for better living |
|             | • understand that a neighbourhood where people care for each other and where the air and water are clean makes for a better neighbourhood |
|             | • understand the need for everyone to help keep the neighbourhood a healthy, happy place to live |
|             | • identify ways to improve one aspect of your neighbourhood |
## Injury Prevention and Safety

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- identify potential hazards around the home</td>
</tr>
<tr>
<td></td>
<td>- understand that some products around the home are poisonous and should be avoided by children</td>
</tr>
<tr>
<td></td>
<td>- know safe areas to play around school</td>
</tr>
<tr>
<td></td>
<td>- demonstrate appropriate behaviour for a fire drill</td>
</tr>
<tr>
<td></td>
<td>- know the pedestrian rules</td>
</tr>
<tr>
<td></td>
<td>- demonstrate courtesy and care while boarding or dismounting a bus</td>
</tr>
<tr>
<td></td>
<td>- demonstrate appropriate behaviour while riding buses</td>
</tr>
<tr>
<td></td>
<td>- know why it is important to use a seatbelt</td>
</tr>
<tr>
<td></td>
<td>- know what to do when approached by a stranger</td>
</tr>
<tr>
<td></td>
<td>- understand the need for Halloween safety</td>
</tr>
</tbody>
</table>

| Grade Two | - identify some potential fire hazards around the home such as: matches, fireplaces, space heaters, candles |
|           | - demonstrate the appropriate use of playground equipment |
|           | - identify places in your community that may be dangerous for play such as: streets, wharves, water, icepans, cliffs |
|           | - assess personal practices with respect to bicycle, all-terrain vehicles, snowmobiles, or boats |
|           | - identify safety helpers in the community such as: bus monitors, pedestrian crosswalk monitors, police, volunteer brigades, etc. |
|           | - understand that some activities may require a parent's permission |

| Grade Three | - be able to develop a fire escape procedure for the home |
|            | - know how to contact the fire department in case of an emergency |
|            | - know safe bicycle practices |
|            | - understand water safety with respect to swimming and boating |
|            | - understand the need for wearing proper protective equipment for skating, swimming, boating, bike riding, and snowmobiling |
|            | - recognize the need for appropriate clothing for the weather conditions in the community |
### Mental Health

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· recognize that each person is special and unique</td>
</tr>
<tr>
<td></td>
<td>· identify and talk about feelings of happiness, sadness, and loneliness</td>
</tr>
<tr>
<td></td>
<td>· discuss situations which evoke comfortable, reassuring feelings</td>
</tr>
<tr>
<td></td>
<td>· discuss situations which may evoke uncomfortable feelings and what a person can do about them</td>
</tr>
</tbody>
</table>

| Grade Two | · identify personal strengths |
|           | · understand that having good friends can contribute to your happiness |
|           | · identify some qualities of best friends |
|           | · identify situations in which fear and anxiety may be experienced |
|           | · identify some age-appropriate coping skills |
|           | · identify people in the school who can assist with personal problems |
|           | · understand the need for being responsible |

| Grade Three | · recognize that hobbies contribute considerably to knowledge, skill and well-being |
|             | · understand that choice of hobby is not dependent on whether you are male or female |
|             | · understand that personal recognition makes us feel good |
|             | · understand the importance of respect for self and others |
|             | · understand how to cope with anger and frustration |
|             | · recognize that some problems can be solved more easily in a group |
|             | · understand that decisions have consequences |
### Nutrition

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• understand that food is required for life</td>
</tr>
<tr>
<td></td>
<td>• know that different types of food are needed to keep healthy</td>
</tr>
<tr>
<td></td>
<td>• know that foods are classified into four basic groups</td>
</tr>
<tr>
<td></td>
<td>• be able to select healthy snacks that belong in the food groups</td>
</tr>
<tr>
<td></td>
<td>• understand that eating appropriately can increase feelings of well being</td>
</tr>
<tr>
<td></td>
<td>• understand that foods may be categorized as “stop”, “caution”, and “go” foods</td>
</tr>
<tr>
<td></td>
<td>• understand that breakfast provides a healthy start to every day</td>
</tr>
</tbody>
</table>

| Grade Two | • develop a plan for a meal including foods from each of the food groups |
|           | • identify different ways of serving the same food |
|           | • develop an awareness of the variety of foods available |
|           | • know that good eating habits contribute to one’s wellness |
|           | • identify community projects which encourage food sharing |

| Grade Three | • learn that foods contain nutrients |
|             | • understand that food gives the body strength and energy to do things |
|             | • know how to plan a well-balanced meal by choosing at least one food item from each of the food groups |
|             | • understand that their own food habits are related to those of their family and to the environment |
|             | • identify some foods that are grown and some that are manufactured |
|             | • learn that many foods can be prepared at home rather than be purchased ready made |
|             | • identify healthy snacks that can be prepared at home |
## Physical Growth and Development

<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• know that the body changes continually in structure and overall appearance</td>
</tr>
<tr>
<td></td>
<td>• identify body parts such as ears, nose, mouth, eyes, penis, vagina, navel, elbows, shoulders, back, knees, ankles</td>
</tr>
<tr>
<td></td>
<td>• identify signs of growth such as: losing teeth, shoe size</td>
</tr>
<tr>
<td></td>
<td>• know the five senses</td>
</tr>
<tr>
<td></td>
<td>• know the purposes of the senses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Two</th>
<th>adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• understand that the senses are unique to each person</td>
</tr>
<tr>
<td></td>
<td>• identify particular foods or objects using the senses of smell, touch, and taste</td>
</tr>
<tr>
<td></td>
<td>• identify certain sounds and objects using the sense of hearing or seeing</td>
</tr>
<tr>
<td></td>
<td>• understand the function of the brain as it relates to the senses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Three</th>
<th>adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• identify the main external parts of the eye</td>
</tr>
<tr>
<td></td>
<td>• identify the external parts of the ear</td>
</tr>
<tr>
<td></td>
<td>• recognize the importance of reproduction as the beginning of new life</td>
</tr>
<tr>
<td></td>
<td>• understand that living things reproduce the same kind</td>
</tr>
<tr>
<td></td>
<td>• identify seeds and eggs, as the source of life in plants, animals and humans</td>
</tr>
<tr>
<td></td>
<td>• understand that fertilization is essential to new life</td>
</tr>
<tr>
<td></td>
<td>• compare the length of time needed for the human species to mature with that of a plant and an animal</td>
</tr>
</tbody>
</table>
### Relationships

#### Grade One

It is expected that the child will:
- know that there are different kinds of family units
- know that mothers and fathers care for their young
- know that babies grow inside the female of the species
- understand the need for love and acceptance for all family members
- know that helping with household chores contributes to family well-being
- learn how to show consideration and respect for others
- learn to accept and understand peers who have special needs
- understand the difference between appropriate and abusive behaviour toward children
- demonstrate skills related to saying “No” to inappropriate touches
- understand the importance of positive touch

#### Grade Two

- identify behaviours which promote friendship
- identify some qualities of best friends
- understand how to contribute to the happiness of others
- understand the need for being responsible
- know why it is important to practise good sportsmanship
- understand when to use a firm "no"
- discuss the importance of positive touch
- describe feelings related to confusing types of touching
- discuss feelings related to uncomfortable situations related to touch

#### Grade Three

- understand the role of a family as a group which provides love and care for its members
- understand that everyone has a responsibility to self and others as members of a family
- understand the contribution that a pet can make to a family and the responsibilities associated with it
- understand the need for protection programs such as Neighbourhood Watch Program, Block Parent or similar protection plans
- understand the need for outside intervention when incidents of violence or abuse occur with the home
- identify trusted adults who can provide assistance in abusive situations
- make connections between feelings related to touches and skills for personal safety
- define child abuse
- understand the reasons why to tell, who to tell, and how to tell
<table>
<thead>
<tr>
<th>Grade One</th>
<th>It is expected that the child will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· understand the need for personal cleanliness</td>
</tr>
<tr>
<td></td>
<td>· practise washing hands before eating and after using the bathroom</td>
</tr>
<tr>
<td></td>
<td>· practise using tissues while coughing or sneezing</td>
</tr>
<tr>
<td></td>
<td>· know appropriate precautions for personal allergies</td>
</tr>
<tr>
<td></td>
<td>· understand why personal items such as toothbrushes, combs, unwashed cutlery and dishes should not be shared</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Grade Two</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· know why it is important to protect the eyes</td>
</tr>
<tr>
<td></td>
<td>· know how eye injuries may be prevented</td>
</tr>
<tr>
<td></td>
<td>· know that it is important to go for help when eyes are injured</td>
</tr>
<tr>
<td></td>
<td>· know why it is important to protect the ears</td>
</tr>
<tr>
<td></td>
<td>· know why children have hearing and vision examinations</td>
</tr>
<tr>
<td></td>
<td>· understand that loud noises can damage the ears</td>
</tr>
<tr>
<td></td>
<td>· understand that the common cold can affect the eyes and ears</td>
</tr>
<tr>
<td></td>
<td>· understand the need for protection in the sun and how to protect the body against sunburn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade Three</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· explain some effects of sleep on health</td>
</tr>
<tr>
<td></td>
<td>· understand the importance of regular sleep patterns</td>
</tr>
<tr>
<td></td>
<td>· accept some responsibility for regular bathing and grooming</td>
</tr>
<tr>
<td></td>
<td>· know why overexposure to the sun is harmful to the skin</td>
</tr>
</tbody>
</table>
Individual students may be better suited to learning in a particular way, using distinctive modes for learning, 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 which complement the learning styles and meet the needs of individual learners.

To achieve the outcomes of the prescribed curriculum some students will need support which may necessitate changes in teaching strategies, approaches or materials and may require the support of resource and/or special education teachers. The provincial Special Education Policy Manual provides direction for meeting the needs of students who require alternate or modified programs.

A student-centred approach which actively engages children 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 experiential learning, self-directed learning, co-operative learning, role playing, behavioural rehearsal, peer education and parent involvement. Consideration should also be given to allowing students to become involved in the planning. They could, for example be provided with opportunities to contribute information relevant to an issue 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 meaningful ways. Activities such as recording eating habits, designing a plan for healthy eating, conducting a survey of the number of hours spent watching television and analyzing advertisements for obvious and hidden messages, help children apply their understanding of concepts to everyday experiences.

Teachers need to be sensitive to values which are promoted by family, peers, friends, religious and cultural
backgrounds. The 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.)

The school environment must be supportive and non-threatening. It is necessary that it be extended to include 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 learning outcomes of the program. Students must be actively involved and provided with the opportunity to experience success. Learning experiences must be varied and an atmosphere of support provided. The active involvement of the whole child (the intellectual, physical, social, emotional, spiritual and moral dimensions) is key in a comprehensive school health program.
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. The integration of health concepts into other subject areas will increase the likelihood of the intended behavioural outcomes of the health program. Discussing a topic such as pollution in terms of its effects on communities can be related to concepts in science and social studies. Reasoned decision making with respect to health-related products and services can be connected to media literacy in language arts. Cross-curricular connections can contribute to meaningful achievement of the 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 foods, smoking and alcohol, can be used for this purpose.

- Design advertisements for personal care products such as toothbrushes, toothpaste, and soap. 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.

- 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 places such as schools, 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, Impact of Drug Abuse, World Food, Effects of Smoking, Positive Relationships, Communicating With Others, Foods from Our Local Environment, 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.

· 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 people in the past 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. Record the information in graph or table form and display.

· Collect statistics on smokers in the neighbourhood. Display the information using graphs.

· Have a Junk-Food Free day or month at school.
- Have a Healthy Foods Party for some special occasion during the year.

- 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 and 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.
Towards A Comprehensive School Health Program

- 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 Participation. Collect information on such factors as the age categories for involvement, the duration of the event and the number of people participating. Record the data 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 excessive television viewing, physical or sexual abuse, or poor eating habits.

- 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.

- 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.

- Develop a brochure on the proper care of pets.

- Invite a person from the animal shelter into the school and conduct an interview on caring for and protecting animals.

- Start a Health Behaviour Contract for: fitness, nutrition, or environmental health. This contract could include a goal, lifeskills and a record of the behaviour. Students can write letters to their parents or guardians advising them of special projects ongoing in health and of how they can become involved.

- Make use of dental kits. Have students use these kits after eating at school.
· Use special months (e.g., nutrition month) for field trips related to the issue or topic.

· Set up a simulated restaurant in the school to practice selecting and ordering items from the menu.

· Have students sample a food they do not normally eat and discuss their reactions. **Be aware of children with allergies.**

· Develop a school project for reducing, reusing, and recycling. Involve the community in this project.

· Make a collage of feeling words.

· Make a colour portrayal of feelings.

· Role play these scenarios with their outcomes: You lost a friend’s toy; your friend offers you a cigarette; someone you do not know offers you candy; you are home alone and someone comes to the door or telephones; you copy your homework; you know a classmate cheated.

· Develop a Code of Conduct for the classroom, the school, the bus, the playground, or a concert.

· Make a list of “things that bother you”. Then make a list of “things that make you feel good”.

· Make a collage of things you are good at, things you like to do, special talents you have.
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 well-planned meetings. 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.

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 colleagues, with 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. 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 confidential, class discussions related to matters that might affect their own and others sense of self-worth.

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

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

In addition to the traditional health professionals, there are many individuals and groups who can provide
Personnel in the School

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, 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 Collaboration

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 for children. 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, the home and the community.

Role of School Administration and Staff

A comprehensive health program which enables children to engage in behaviours that enhance personal and community well-being, must have the support of administrative personnel. The school’s principal, should be familiar with the philosophy, the learning outcomes of the program, and the approaches and methodologies used in the delivery of the program. Support of the principal is one of the most important elements in the success of the program.

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 is 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/age 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.

- By demonstrating and promoting respect, responsibility and reason in every classroom situation.

- 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 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 routinely practising safety procedures (e.g., regular fire drills, bus monitors, safety patrols).

• By making available the services of guidance counsellors, public health nurses, 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.

• By using resource-based learning which 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. (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.
The school district provides a link between the Department of Education and the school. It is through their efforts that the school receives assistance and support in the implementation and 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 must occur for effective implementation. For schools that do not have 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.
Assessment and evaluation are essential if teachers are to provide curriculum and instruction that is both age-appropriate and individually appropriate. It is an essential component of the teaching-learning process and must be an integral part of a quality comprehensive school health program.

While assessment and evaluation form part of one process and the terms are used together to reflect the integrated nature of the process, they have specific functions. Assessment is the process of gathering evidence of what children can do and how they do it. Evaluation is the process of interpreting that evidence and making judgements and decisions based on that evidence. It is the teacher’s comprehensive response to the uniqueness of the child.

In the context of the classroom, teachers carry out both parts of the process, often simultaneously. For example, a teacher’s anecdotal notes from observations and interaction with the child (assessment) provide the basis for a decision (evaluation) concerning the child’s understanding and further instructional procedures.

Most assessment of achievement in health takes place through naturally occurring classroom events. It is an interactive and collaborative process in which information is collected in natural classroom instructional encounters (individual, small group, and whole group). If the assessment is to be meaningful, the evidence collected from the children must be authentic. Generally authentic evidence includes:

- is selected based on learning outcomes and learning experiences
- reflects the regular conditions of the classroom, and
- indicates growth in children’s learning using real work samples.

Authentic evidence provides valuable information for diagnosing learning difficulties, determining the nature and cause of difficulties and deciding the necessary procedures to overcome or remediate the difficulties. Should the teacher decide that the problem cannot be addressed in the classroom, the collected evidence should...
provides a valid basis for seeking the assistance of the specialist.

Evaluation is carried out in a constructive manner so that children view it as a learning experience building a foundation for self-evaluation. It should provide a rich view of progress, achievement, and effort.

Purpose of Assessment and Evaluation in Health

Assessment and evaluation should support and enhance the child’s learning and provide information about all aspects of the teaching-learning process. It must be used to

- gather evidence of achievement of learning outcomes in the three domains of learning-cognitive, affective, and psychomotor.
- direct the teacher’s instructional decisions
- provide feedback to the child
- help the child develop and value the practice of assessing and evaluating his or her own learning
- describe the child’s growth and development in all areas of the program
- provide a basis for communicating progress to the child, parents/guardians and to school personnel, and
- promote lifelong learning.

Collecting Assessment Evidence

Observation is the most direct method of becoming familiar with what children think, know, and are able to do. Through this process the primary teacher can get to know all children as unique individuals. Primary teachers who observe children as they play, talk, work and relate to one another and to adults, are able to determine progress in all categories of development. According to child development specialists, one of the most accurate ways to learn about children is to observe them in daily activities.

Observation can be defined as, the storing of information from what is seen, what is heard and what is told. As teachers attend to children and learning situations they store what is relevant and important. They also record a selection of these observations so as to more easily
reflect upon and analyze them. These recorded observations are then used for evaluation purposes. Ways to record teacher observations include: anecdotal records, checklists, and rating scales. Most of the information can be collected as part of the daily classroom routine. However, on occasion, teachers may structure a specific task to observe the process children use and the products they create. Observations of children are interpreted in the context of their learning.

The things children make, do or create are vital pieces of evidence that can be assessed. Looking at samples of children’s products reveal patterns of growth and changes over time. These samples, complemented by the teacher’s observation records, are effective in determining personal growth and development.

Organizing the Assessment Evidence

Teachers have different ways of organizing information for assessment and evaluation purposes. It is necessary to devise a recording system that is comprehensive and consistent to ensure that meaningful and sufficient evidence is available to make valid decisions and judgements. A variety of techniques should be used to record data including: anecdotal notes, checklists, rating scales, and work samples.

The assessment portfolio is a method of organizing and storing the evaluation evidence for each child. It is compiled over an extended period of time and is comprised of a child’s work samples, teacher observation and conference notes, checklists, rating scales, self-evaluations and other evidence that is relevant for decision-making. It enables the teacher to analyze the child’s growth and overall learning progress during that time period. The work sample is a major component of this file. There are guidelines which should be followed in order to use assessment portfolios effectively. They include:

- dating all items
- adding items consistently
- collecting a variety of work samples
· attaching comments to sample work that need special emphasis
· looking for patterns of growth from the evidence, and
· refraining from comparing a child’s work with that of other students.

Analyzing Information

The teacher is continually acting as a researcher, questioning, analyzing and discovering information about the child and his/her learning. Careful analysis of the assessment evidence must take place before it is shared with a parent or guardian. In analyzing the information about the child, the teacher needs to consider the development of the child in light of learning outcomes and expectations for that child. The teacher should synthesize the progress of the child in terms of strengths, weaknesses and patterns, and then plan instructional approaches to support the child’s needs.

Summative Evaluation

A summative evaluation is intended to describe what the child can do. The teacher’s judgements are based on the information collected through a comprehensive assessment process. While summative evaluation is ongoing, as the teacher is continually making judgements and decisions, it is the part of the process that occurs to prepare reports on the child. This evaluation is made based on a range of assessment evidence from a variety of sources, including
· observation records
· conference notes
· sample work
· audio cassettes, and
· video recording.
Communicating with Parents

For a thorough assessment of the child’s learning and development, teachers must provide opportunities for parents/guardians to share their knowledge about the child. By sharing what they know, teachers may achieve a better understanding of the child. The primary teacher recognizes that the parents are the child’s first and most important teachers and invites them to be partners in the teaching-learning process. Open communication with the parents/guardians about the child is essential throughout the year.

Indications of growth and development are shared with students and parents/guardians through a variety of methods:

- notes
- telephone calls
- sending home sample work
- informal conversations
- classroom visitations
- conference, and
- report cards.

The nature, variety and frequency of these contacts will be determined as need arises.

For more details on assessment and evaluation refer to Department of Education documents: The Evaluation of Students in the Classroom, the Primary-Elementary Levels Handbook, and Early Beginnings - Kindergarten Curriculum Guide.
Program Resources

The following resources are available from the Department of Education.

Grades 1, 2 and 3

Authorized
Towards a Comprehensive School Health Program: A Primary Health Curriculum Guide

Grade 1
- Teacher’s Resource Guide
- Super Who?
- Super Healthy
- Super Fit, Super Fed
- Super Safety
- Head to Toe Video Series

Grade 2
- Teacher’s Resource Guide
- Signs and Sounds and Safety
- Body Talk
- The Special Book
- Taking Care of Your World
- Head to Toe Video Series

Grade 3
- Teacher’s Resource Guide
- Healthy You, Healthy Me (1 per teacher)
- Just for Me Video

Recommended

Grades 1 and 2
Learn Not to Burn Curriculum - Level 1, National Fire Prevention Association (1994). Available from:
Provincial Fire Commissioner
P.O. Box 8700, Building 901
Pleasantville, St. John’s, NF, A1B 4J6
Phone: (709) 726-1050
Fax: (709) 729-2524

Grade 3
Boatwise Kit (1994). Available from:
Canadian Power and Sail Squadrons
26 Golden Gate Court
Scarborough, ON
M1P 3A5

Learn Not to Burn Curriculum - Level 1, National Fire Prevention Association (1994). Available from:
Provincial Fire Commissioner
P.O. Box 8700, Building 901
Pleasantville, St. John’s, NF, A1B 4J6
Phone: (709) 726-1050
Fax: (709) 729-2524
Recommended Resources

Active Living Kit, Canada 125 Edition, Focus on Active Living Secretariat, Suite 312, 1600 James Naismith Drive, Gloucester, ON, K1B 5N4


Child Welfare Act, Department of Social Services, Government of Newfoundland and Labrador

Elmer, The Safety Elephant series available for (K-4) classes from Newfoundland Safety Council, P.O. Box 5123, St. John’s, NF.

Health and Welfare Canada Just For Me, video and print materials for primary. A shared project AIT and Health and Welfare Canada.


Home Safety With Radar (Kid’s Care) video and print for primary. Available from Consumer and Corporate Affairs, Canada. Kid’s Care National Program, 50 Victoria Street, Hull, PQ, K1A 0C9.

Learn Not To Burn, grades K-2, 3-5, and 6-8. Available from the Provincial Fire Commissioner, P.O. Box 8700, Building 901, Pleasantville, St. John’s, NF, A1B 4J6.

Officer Ugg Kit, available from: Provincial Poison Control Centre, Dr. C.A. Janeway Child Health Care Centre, 50 Newfoundland Drive, Pleasantville, St. John’s, NF, A1A 1R8.

School Bus Monitor Program, available from: Newfoundland Safety Council, P.O. Box 5123, St. John’s, NF.

The Secret of the Silver Horse (booklet and poster, in English and French, regarding child sexual abuse); available free from Communications and Public Affairs, Department of Justice Canada, Ottawa, ON, K1A 0H8.
Community Resources

The community is a key source of information and support for the educators involved in the implementation of a Comprehensive School Health Program. Within each community, within the province and at the federal level, there are many health-related agencies which have a common goal of developing healthy lifestyles.

The following is a list of resources which is not, by any means, conclusive:

**Human Resources**
- Senior Citizens
- Peer Educators
- Public Health Nurses
- Health Educators
- Nutritionists
- Swimming Instructors
- Firefighters
- Forest Rangers
- Parents/Guardians

**Health Agencies**
- Canadian Cancer Society
- Canadian Heart Foundation
- Canadian Mental Health Association
- Canadian Red Cross
- Department of Health/Regional Health
- Department of Education
- Department of Social Services
- The HUB
- Department of Municipal and Provincial Affairs, Community Recreation, Sport & Fitness
- Heart and Stroke Foundation
- Newfoundland Lung Association
- Association of School Administrators
- Newfoundland and Labrador AIDS Committee
- Epilepsy Newfoundland and Labrador
- St. John’s Ambulance
- Newfoundland and Labrador School Milk Foundation
- Newfoundland and Labrador School Trustees Association
- Newfoundland Federation of Home and School
- Newfoundland Safety Council
- M.U.N., School of Physical Education and Athletics and Faculty of Education
- Early Childhood Training Centres
- Newfoundland Agencies for School Health (NASH)
- Royal Newfoundland Constabulary (RNC)
- Royal Canadian Mounted Police (RCMP)
- Dental Hygienists
- Ski Patrols
- Aerobic Leaders
- Orienteering Leaders
- Community Council Leaders
- Home and School President
- Plant Workers
Bibliography


Promotion Directorate (with the assistance of Barbara Anderson Target Groups Data Bases Project, Statistics Canada).