

# WELLNESS CURRICULA TO IMPROVE THE HEALTH OF CHILDREN AND YOUTH

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A REVIEW AND SYNTHESIS OF RELATED  
LITERATURE

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## EXECUTIVE SUMMARY

Providing children and youth with the knowledge and skills needed to support health through schools is one logical approach to combating the looming threats to their physical and mental well-being associated with poor quality food choices, sedentary lifestyles, stress and social isolation. Characteristics of the school environment make it particularly well-suited to promoting health in young people. Developing meaningful curricula targeted at behaviours related to wellness such as health, physical education and life skills has the potential to significantly impact children and youth now and into the future.

Alberta Education is committed to promoting health and wellness of Alberta students through the provision of the Health and Life Skills Kindergarten to Grade 9, Career and Life Management, and Physical Education Kindergarten to Grade 12 programs of study.

Alberta Education is currently considering options for enhancing health and learning outcomes of students and is exploring opportunities to develop new wellness-related curriculum. This literature review is a component of this exploratory process that will inform curriculum development and was undertaken to:

- provide a comprehensive review of literature related to wellness and wellness-related definitions
- identify two to three recommended definitions for wellness for Alberta schools in the context of Kindergarten to Grade 12 programs of study
- offer a comprehensive description of wellness and wellness-related curricula that have been implemented in Canada and other countries including the United States, Australia, New Zealand, the United Kingdom, Hong Kong and other jurisdictions, with a particular focus on high school wellness and wellness-related programs
- provide recommendations and conclusions regarding wellness programs of study that will inform future curriculum development and implementation strategies.

A progressive development design methodology was employed in the development of this review, which involved a comprehensive analysis of published, peer-reviewed research literature focused on the health of children and youth and health promotion in schools, as well as informant interviews with specialists working in these areas.

Key findings of the review include the following.

- A recognition that the health and wellness of children and youth is currently under serious threat due to declining physical activity levels, suboptimal eating habits, stress and mental illness.
- The understanding that health, physical education and wellness-related curricula offered in schools promote health in young people.

- Realization of the fact that there is no universally agreed upon definition of what “wellness” describes or how it is attained. As a result, Alberta Education will have to either adopt an existing definition or develop its own definition of “wellness” prior to initiating development of a targeted wellness curriculum.
- Awareness, in general, that current health and physical education programs at all grade levels are not aligned with the factors identified by the World Health Organization (WHO) as correlates of successful health promotion in schools.<sup>1</sup>
  - Analysis by the WHO clearly indicates that there is a relationship between the duration and intensity of programming on the subsequent outcomes.<sup>1</sup>
  - In the case of health and physical education in Alberta schools, the recommended instructional times are relatively low.
    - This is likely to decrease the long-term impact of this program of studies on children and youth and detract from the goal of laying a foundation for a lifetime of active living.
    - Mandating more substantial time allocations toward the formal program of studies in health and physical education would help to remedy this situation.
- Wellness-related curricula are not significant contributors to graduation requirements in any jurisdiction.
  - The contribution of credits from physical education to the total required for high school graduation is small.
    - Only four Canadian provinces (British Columbia, Alberta, Newfoundland-Labrador and Nova Scotia) require students to obtain credit in a secondary level physical education course in order to graduate.
    - Three provinces (Saskatchewan, Manitoba and Ontario) allow students to achieve graduation credits from either health or physical education or coursework that combines the two areas of study.
    - Three provinces (Quebec, New Brunswick and Prince Edward Island) have no graduation requirements whatsoever related to physical education.
  - A majority of provinces have no graduation requirements related to health education.
    - Students in Saskatchewan, Manitoba and Ontario require that students achieve one to two credits in total from health and physical education combined.
    - The remaining seven provinces have no graduation requirements related to health education.
  - Half of the provinces in Canada require students to enrol in curricula that address career development or life skills. However, the total instructional time dedicated to these programs is generally quite low, a situation that effectively limits the potential influence these curricula exert on student’s lives.
- Opportunities exist for Alberta to expand and enhance the delivery of wellness-related curricula at the high school level. Even slight increases to the graduation requirements for credit in health, physical education, career development and life skills programs would motivate students to participate longer.

- Restructuring the way in which these programs are offered could also prove beneficial in terms of expanding the lifetime reach and benefits on health and wellness. The modular framework employed in other provinces and jurisdictions would allow for the provision of a broader range of wellness-related courses that could be targeted toward specific types of students.
- Offering higher-level content related to health, wellness and physical education would support students interested in careers or advanced study in these curricular areas.
  - Labour market estimates and recent experience suggest that Alberta will experience a profound shortage of health and physical education practitioners over the course of the next two decades unless action is taken.
  - Providing students in high school with opportunities to glean high level knowledge and personal experiences in areas related to wellness could help to stimulate growth in these professions.
- Drawing upon innovative strategies for curriculum design and implementation developed in Alberta and around the world will provide schools with the opportunity to impact the health of students in profound and long-lasting ways.

## DEFINITIONS

This review utilizes a number of terms related to health promotion, nutrition, physical activity and wellness. The following definitions are provided to clarify the meaning of these terms.

- **Comprehensive School Health<sup>2</sup>:** An integrated approach to health promotion that gives students numerous opportunities to observe and learn positive health attitudes and behaviours. It aims to reinforce health consistently on many levels and in many ways. The Comprehensive School Health framework combines four main elements of instruction, support services, social support and a healthy environment.
- **Coordinated School Health<sup>3</sup>:** The Coordinated School Health Model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, solve the nation's most serious health and social problems. Families, health care professionals, the media, religious organizations, community organizations that serve youth, and young people also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people. The eight interactive components of the Coordinated School Health Model are health education, physical education, parent/community involvement, nutrition services, health services, psychological and counselling services, safe and healthy school environments, and health promotion for staff.
- **Daily Physical Activity (DPA)<sup>4</sup>:** In Alberta, DPA is a school-based initiative that is separate from the program of studies for physical education. The DPA Initiative mandates that all students in grades 1 to 9 be physically active for a minimum of 30 minutes daily through activities that are organized by the school.
- **Health<sup>5</sup>:** Health is a capacity or resource for everyday living that enables people to pursue goals, acquire skills and education, grow, and satisfy personal aspirations.
- **Health Promoting Schools<sup>6</sup>:** A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. Health promoting schools focus on building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice and sustainable development. They work to influence health-related behaviours, knowledge, beliefs, skills, attitudes, values and support.
- **Physical Activity<sup>7</sup>:** Movement of the body that expends energy such as participation in physical education, including all dimensions of the program, community events and leisure activities.
- **Physical Education<sup>7</sup>:** physical education is a school subject designed to help children and youth develop the skills, knowledge and attitudes necessary for participating in active, healthy living.
- **Physical Fitness<sup>8</sup>:** Physical fitness is a set of attributes a person has in regard to a person's ability to perform physical activities that require aerobic fitness, endurance, strength, or flexibility and is determined by a combination of regular activity and genetically inherited ability.



- **Wellness:** There is no single agreed upon definition of wellness. The following definition is offered as an example that encompasses elements of a majority of other existing definitions. Wellness is the optimal state of health of individuals and groups. The two focal concerns are realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of an individual's role expectations in the family, community, place of worship, workplace and other settings.

## A. INTRODUCTION

The health of children and youth is of paramount importance to all societies. Healthy children lay the foundation for a strong, vibrant future.

Historically, Canadian children and youth have enjoyed good health. Over the past century, once common childhood diseases that led to disability or early death have been eradicated. Conditions such as smallpox, rickets and polio, which once claimed many young people, are no longer a threat, and strong public health initiatives have significantly reduced infant and childhood mortality levels in Canada.<sup>9</sup>

Despite the significant advances in health promotion for children and youth, new challenges threaten the well-being of younger Canadians. The number of overweight and obese children in Alberta and the nation has reached epidemic levels.<sup>10</sup> At the same time, the available evidence indicates that significant numbers of young people experience mental health issues such as anxiety and depression.<sup>11</sup> Estimates suggest that, left unchecked, these concerns will drive the prevalence of chronic diseases such as type 2 diabetes, cancer and heart disease to previously unheard of levels.<sup>12</sup>

Supporting children and youth with the skills, knowledge and confidence to develop healthy, active lifestyles is essential if the trend toward overweight, obesity and the early onset of chronic disease is to be halted. Schools, by design and purpose, can play a key role in providing this type of support.

## B. PURPOSE

Young people are the future of Alberta and the health of children and youth is an issue of importance to all. Alberta Education is committed to promoting health and wellness in Alberta students through the provision of health, life skills and physical education curricula.

Alberta Education is currently considering options for enhancing the health and wellness of Alberta students and is exploring opportunities to develop new wellness-related curriculum. This literature review is a component of this exploratory process that will inform curriculum development and was undertaken to:

- provide a comprehensive review of literature related to wellness and wellness-related definitions
- identify two to three recommended definitions for wellness for Alberta schools in the context of Kindergarten to Grade 12 programs of study

- offer a comprehensive description of wellness and wellness-related curricula that have been implemented in Canada and other countries including the United States, Australia, New Zealand, the United Kingdom, Hong Kong and other jurisdictions, with a particular focus on high school wellness and wellness-related programs
- provide recommendations and conclusions regarding wellness programs of study that will inform future curriculum development and implementation strategies.

## C. APPROACH

A progressive development design methodology was employed in the development of this literature review. Specifically, each round of data collection, analysis and decision-making informed subsequent rounds of the process. The data collection process was wide-ranging and included the following.

- A comprehensive review of published, peer-reviewed research literature focused on the health of children and youth and health promotion in schools. Databases, including ERIC, Medline, PsycINFO, Physical Education Index and Sport Discus databases, were searched to identify relevant works. Key search words or phrases included “wellness and children or youth,” “health and children or youth,” “comprehensive school health,” “wellness,” “well-being,” “health eating and children or youth,” “physical activity and children or youth,” “mental health and children or youth,” “sex education,” “determinants of health,” and “health or wellness curriculum.” The search period was limited to the years 1997–2007 in order to focus on the most current research findings; however, seminal references from before 1997 deemed relevant to the objectives of the literature review were also included.
- Key informant interviews. Experts in the fields of curriculum design, school health programming, nutrition, physical education, physical activity or active living and mental health were interviewed to gain information and clarity related to wellness definitions; health, physical education and wellness curricula; and innovative approaches for implementing health, wellness or physical activity curriculum.

## D. BACKGROUND

### 1. Health of Children and Youth

Childhood and adolescence are generally viewed as periods of vibrant good health and optimism for the future. However, this is changing. Recent reports have documented the growing prevalence of overweight and obesity in Canadian children and youth and the predictions of pandemic levels of lifestyle-related chronic disease in the coming years. At the same time, there is growing recognition that sizeable numbers of young people struggle with mental health issues ranging from anxiety and depression to eating disorders. These realizations have led experts to predict that for the first time in recorded history today’s generation will experience a life expectancy that is shorter than that of their parents.

### **a. Overweight and Obesity**

Failing to maintain a healthy body weight during childhood and adolescence has serious consequences. Overweight and obesity in children and youth is positively correlated with the development of dyslipidemias, hypertension, impaired glucose tolerance, diabetes, asthma, orthopedic injuries and obstructive sleep apnea.<sup>13,14,15,16</sup>

Recent reports suggest a growing trend towards overweight and obesity in Canadian children and youth, with the prevalence escalating dramatically over the past two decades.<sup>10</sup> Nationally representative studies of Canadian children indicate that, since 1981, Body Mass Index (BMI) values have increased at a rate of nearly 0.1 kg/m<sup>2</sup> per year for both genders at most ages.<sup>10</sup> BMI is an index that correlates body weight to height to health risk. Tremblay and Willms found that the prevalence of overweight, defined as a BMI greater than the 85<sup>th</sup> percentile for age and gender, among boys increased from 15.0% in 1981 to 35.4% in 1996 and among girls from 15.0% to 29.2%.<sup>10</sup> The prevalence of obesity, defined as a BMI greater than the 95<sup>th</sup> age and gender specific percentile, in children more than tripled during this same period, from 5.0% in 1981 to 16.6% for boys and 14.6% for girls in 1996.<sup>10</sup>

The relative seriousness of the trend toward unhealthy body weights in children cannot be overstated. Overweight and obesity are risk factors for type 2 diabetes, an incurable chronic disease that was at one time considered to primarily affect overweight, older adults. This is no longer true. The prevalence of type 2 diabetes is increasing in the United States, particularly among Aboriginal youth.<sup>17</sup> A similar prevalence has been observed in Canadian children and youth where the prevalence of type 2 diabetes in Canadian Aboriginal children 5 to 18 years of age has been documented to be as high as 1% with the highest prevalence in the Plains Cree people of Central Canada.<sup>18</sup>

The impact of type 2 diabetes on health is significant. Type 2 diabetes increases the risk for renal/kidney failure, cardiovascular disease, blindness and amputations.<sup>19</sup> In addition, individuals with type 2 diabetes are three times more likely to die at a young age than those who are not affected by this disease.<sup>20</sup>

The development of type 2 diabetes is mediated by multiple physiological mechanisms. High levels of body fat negatively influence the body's ability to use insulin, the hormone that regulates carbohydrate metabolism, creating a condition known as insulin resistance.<sup>21</sup> Increased body fat levels are strongly associated with both insulin resistance and the risk of developing type 2 diabetes.<sup>22,23,24</sup> Data from the Quebec Family Study support these findings. The same survey indicates that insulin resistance syndrome, a condition believed to be a precursor to type 2 diabetes, is prevalent in Canadian children as young as age 9 due, in part, to overweight and obesity.<sup>21</sup>

### **b. Health Consequences of Physical Inactivity**

Inactive lifestyles and poor eating habits are considered to be key drivers of unhealthy body weights in young people. Data from the Canadian Fitness and Lifestyle Research Institute indicate that three out of five Canadian children and youth, aged 5–17 years, are not active enough for optimal growth and development.<sup>25</sup> Similarly, the findings of the Institute's 2007 "Objective Measures of Physical Activity

Levels of Alberta Children and Youth Study” suggest that 86% of Alberta children do not meet the criteria of accumulating the 16 500 steps daily that are associated with meeting Canadian guidelines for physical activity for children and youth.<sup>26</sup>

The health consequences of physical inactivity to children and youth are severe. Physical activity patterns of children and youth have been linked to the development of obesity, particularly in the Canadian context.<sup>27</sup> Recent work by Janssen colleagues suggests that physical inactivity and sedentary behaviours such as television viewing are strongly related to obesity in Canadian adolescents.<sup>27</sup> Other data indicate that children who report relatively low levels of physical activity are significantly more likely to be overweight or obese than more active children of similar age and gender.<sup>28,29</sup>

The negative effects of low levels of physical activity in young people extend beyond the heightened risk for overweight and obesity. Inactive children and youth also suffer from an increased risk for cardiovascular disease, type 2 diabetes and osteoporosis as compared to their more active counterparts.<sup>30,31,32</sup>

### ***c. Nutrition, Dietary Patterns and Health***

The eating habits of Canadian children and youth are worthy of concern. For example, data from the Canadian Community Health Survey (2004) show that one-quarter of Canadian children report eating at least some fast food on a daily basis.<sup>33</sup> Research focused on Alberta youth further highlights the broad scope of relatively poor eating habits.<sup>34</sup> Results from an online survey of 5000 Alberta junior high school students found that a majority of girls did not meet Canada’s Food Guide recommendations for all four food groups, while boys failed to meet the recommendations for vegetables, fruits and milk products.<sup>34</sup> Similar findings have been observed in Alberta high school students in grades 9 and 10, and this underscores the startling reality that children and youth can struggle with overweight and obesity yet, at the same time, be malnourished.<sup>34</sup>

### ***d. Mental Health***

In addition to the more obvious physical health issues facing children and youth, there is evidence to suggest that young people are dealing with significant challenges to their mental health. Data compiled by the University of British Columbia’s Mental Health Evaluation and Community Consultation Unit found that 15% or around 150 000 children and youth “experience mental disorders causing significant distress and impairing their functioning at home, at school, with peers or in the community” with anxiety, conduct, attention deficit and depressive disorders being the most common issues.<sup>35</sup> Despite the immediate and long-term implications of poor mental health, the evidence indicates that for the most part, these issues are not being adequately addressed.<sup>35</sup> For example, an estimated 15% of Canadian children and youth need mental health support and would benefit from some level of treatment.<sup>35</sup> However, only 1% of those in need are ever connected to the mental health system.<sup>35</sup>

## 2. Economic Burden of Sub-Optimal Health in Children and Youth

If left unchecked, the physical and mental health challenges facing children and youth are potentially catastrophic, on both a societal and individual level. The costs associated with the predicted obesity pandemic alone have the potential to financially cripple Canada's publicly funded health care system.<sup>36</sup> Recent estimates place the combined direct and indirect costs of obesity at \$4.3 billion per annum or 2.2% of the total health care costs in Canada.<sup>36</sup> These costs are expected to increase substantially over the next two decades, paralleling the increasing prevalence of overweight and obesity.<sup>36</sup> The costs associated with managing mental health issues are similarly large.<sup>37</sup> According to the Canadian Alliance on Mental Illness and Mental Health, the direct and indirect cost of mental illness totals \$14.4 billion annually.<sup>38</sup>

The burden of financial cost applied at the societal level is tremendous. However, the impacts of sub-optimal health on individual children and youth are equally large. The evidence suggests that sub-optimal physical and mental health during the childhood and adolescence appear to foreshadow a future where these concerns are magnified and quality of life is degraded. Tracking is the term used by epidemiologists to describe the transference of specific behaviours within a specific group over time. Although research data are limited, there is evidence that supports the notion that the health behaviours formed in childhood track in adulthood. Significant low to moderate correlations have been observed between health behaviours such as physical activity levels and eating habits observed in childhood and adolescence and those observed later in life.<sup>39,40,41,42</sup> These findings suggest that behaviours established early in life are important for laying the foundation for health in the future.

## 3. Promoting Health and Wellness in Children and Youth: The Impact of School Curricula and Health Promotion Initiatives

Providing children and youth with the knowledge, skills and attitudes needed to support health is one logical approach to combating the serious threats to their physical and mental well-being. Characteristics of the school environment make it particularly well-suited to promoting health and well-being in children and youth.

- Children spend significant amounts of time in the school environment.<sup>43</sup>
- Schools serve the majority of children and youth. Schools are a strategic venue for population health initiatives because they are an environment that allows large numbers of young people to be targeted with information and support.
- Teachers, coaches and other school staff exert considerable influence on the knowledge, skills, attitudes and beliefs of young people.<sup>43,44</sup>
- Schools offer access to facilities and equipment that support physical activity, healthy eating and social interaction.

These factors and others have led to the implementation of school-based health, physical education and wellness curricula and other health promotion initiatives in Canada and around the world.

Promotion of health and wellness in schools occurs on a continuum ranging from implementation of health and physical education curricula to the initiation of elaborate, multi-faceted comprehensive or coordinated school health programs, which include both curricular and extra-curricular components. The impact of specific educational curricula and health outcomes in children and youth has not been well studied. However, the data that have been collected support the belief that health, physical education and wellness curricula promote health in young people.

### **a. Obesity Risk Reduction**

Nutrition and physical education in schools is associated with a reduced risk of obesity in young people.<sup>45</sup> These associations have been especially well established for physical education and active living interventions, which hold great promise in terms of stemming the trend toward unhealthy weights in children and youth.<sup>46,47</sup>

The influence of schools on physical activity and obesity risk reduction in children and youth is significant. Data from the *Canadian Fitness and Lifestyle Research Institute's 2006 Capacity Study* indicate that schools provide both knowledge about physical activity and the opportunity to learn and develop the skills that lay the foundation for an active lifestyle.<sup>48</sup> Significant challenges face schools in delivering physical education programs of study and active living initiatives. Financial and human resources to optimize this part of the curriculum are considered by experts to be inadequate in many cases.<sup>48</sup> However, these challenges do not negate the evidence that shows that by providing facilities, role models, skill-building opportunities and knowledge, schools play a pivotal role in helping children and youth to be active, which thereby reduces their risk for obesity.

### **b. Cardiovascular Disease Risk Reduction**

Cardiovascular disease (CVD) is the leading cause of death for Canadians.<sup>49</sup> Typically, the clinical symptoms of heart disease do not appear until middle age; however, evidence of atherosclerotic disease and organ changes related to high blood pressure can be observed in childhood and adolescence and predict, in part, risk for CVD later in life.<sup>50</sup>

Health education in schools has been shown to exert positive influences in terms of reducing the risk for CVD. By providing children and youth with the knowledge and skills needed to make “heart healthy” choices, schools influence personal health practices and coping skills related to CVD prevention.

The American Heart Association’s (AHA) Council on Cardiovascular Disease in the Young (CVDY) has offered strong support for the need for both high-risk and population-based approaches to cardiovascular health promotion and risk reduction beginning in early childhood.<sup>51</sup> To this end, the AHA has proposed the following recommendations.<sup>51</sup>

- School curricula should include general content about the major risk factors for CVD and content specific to the sociodemographic, ethnic and cultural characteristics of the school and community.

- School curricula should include research-based content about the effective methods of changing CVD-related health behaviours.
- Schools should provide the behavioural skill training necessary for students to achieve the regular practice of healthy behaviours.
- Physical education classes should be required at least three times per week from Kindergarten to Grade 12, with an emphasis on increasing the participation of all students in age appropriate moderate to vigorous physical activity. The AHA advocates 150 minutes of physical education during each school week for elementary school students and at least 225 minutes per week for middle school students.
- Meals provided in schools should be conducive to cardiovascular health and conform to current recommendations for macronutrient and micronutrient content.
- School buildings and surrounding environments should be designated tobacco-free settings.

These wide-ranging recommendations are based on multiple studies beginning as early as the 1970s that demonstrate the ability of schools and school health curricula, in particular, to alter behaviours related to CVD risk.

### **c. Psycho-Social Health**

Childhood and adolescence are critical periods for developing self-esteem, resiliency and coping skills. Health education appears to enhance interpersonal development in these key areas by providing children and youth with knowledge and behavioural strategies.

School health curricula and interventions have been shown to impact self-esteem and subsequent risk for eating disorders and weight disturbances in adolescents.<sup>52</sup> A review of 21 school-based health education strategies for the improvement of body image and prevention of eating problems by O'Dea (2005) found that 17 reported at least one significant improvement in knowledge, beliefs, attitudes or behaviours.<sup>53</sup> Of note is the recognition that the most effective programs were interactive, involved parents, built self-esteem and provided media literacy.<sup>53</sup>

The psycho-social benefits of health education in schools extend into multiple domains. For example, health education has been shown to be an effective means to reducing substance abuse behaviours in adolescents.<sup>54</sup> In a series of meta-analyses, Tobler et al (2000) found that school-based substance use prevention programs can have positive short-term effects on youth substance use.<sup>54</sup> The same analysis found that programs with *content*, focused on social, influences' knowledge, drug refusal skills and generic competency skills and those with *delivery*; i.e., instructional approach that emphasized participatory teaching strategies, were particularly effective in curbing substance abuse in young people.<sup>54</sup>

Physical education in schools confers psycho-social benefits to children and youth in addition to the obvious physical benefits.<sup>55</sup> A recent meta-analysis by Ekeland and colleagues suggests that exercise has positive short-term effects on self-esteem in children and young people.<sup>55</sup> Other research demonstrates that active adolescents are significantly less likely to initiate risky behaviours such as smoking and drug use and are significantly more likely to express confidence in their health.<sup>55</sup>

#### ***d. Enhanced Academic Performance***

Strong academic performance is the central outcome all schools strive for. School health and physical education help to foster this outcome by indirectly supporting academic achievement. In fact, data collected over the course of the past two decades indicate that health and physical education programs and initiatives exert positive influences on academic performance in children and youth.<sup>56,57,58,59</sup>

Mathematics and reading scores are common measures used to assess the impact of health education and comprehensive school health initiatives on academic performance. Work by Schoener, Guerrero, and Whitney (1988) found that reading and mathematics scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive this kind of in-school programming.<sup>60</sup> The effect of health education on academic performance is especially profound for at-risk youth.<sup>60</sup> Comprehensive health education and social skills programs for this population of students has been shown to improve overall academic and test performance.<sup>60</sup> Moreover, this benefit has been shown to be sustainable over time based on longitudinal studies.<sup>60</sup>

Physical education and physical activity initiatives, independent of any other health, nutrition or wellness curricula, has been linked to benefits that extend to academic performance. Data from randomized, controlled trials are lacking. However, correlational studies document relationships between physical activity and enhanced academic performance.<sup>61</sup> For example, a 2001 study of almost 8000 children between the ages of 7 and 15 years observed significant positive correlations between self-reported physical activity and results of standardized fitness tests with academic performance.<sup>61</sup> Similarly, results from the California Physical Fitness Test (2002) reveal strong positive relationships between physical fitness and academic achievement.<sup>62</sup> The evidence counters the notion that physical education curricula or physical activity initiatives detract from academic pursuits. A systematic review of coordinated or comprehensive school health programs by Murray et al (2007) found that strong evidence exists for a lack of negative effects of physical education programs on academic outcomes.<sup>63</sup> Evidence dating back to the late 1970s shows that physical education supports rather than detracts from academic success.<sup>63</sup> For example, a randomized trial of physical education programs incorporating fitness or skill training for 75 minutes per day, compared to the programs offered for 30 minutes three times per week demonstrated no significant decrement in test scores compared to controls.<sup>63</sup> This work suggests that implementation of a rigorous physical education curriculum does not impair academic achievement on standardized tests.<sup>63</sup>



Like nutrition and physical education, curricula focused on developing social skills and relationship building enhances rather than detracts from academics. Elias et al found at a six-year follow-up evaluation that Grade 9 to Grade 11 students who had received social skills training in grades 4 and 5 showed significantly improved school attendance and higher general scores on the standardized achievement test compared with controls.<sup>64</sup> Further, those among the group receiving the highest level of training exceeded controls for standardized language arts and mathematics scores.<sup>64</sup> Similar findings have been observed in other studies. Eggert et al (1994) explored the impact of a personal growth course on students in grades 9 to 12 who were deemed at-risk for academic failure.<sup>65</sup> Ten months after completing a 20-week personal growth course the students showed significant increases in grade point average, school bonding and perception of their own school performance compared with controls.<sup>65</sup>

#### **4. Promising Practices – School Health Curricula and Health Promotion**

In 2006, the World Health Organization (WHO) commissioned a meta-analysis of existing reviews of the relevant literature to answer the questions, “What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?”<sup>6</sup> This work reflects a robust analysis of other systematic reviews of the impact of a variety of approaches to school-based health promotion on measures of health in children and youth.<sup>6</sup> In total, this meta-analysis considered systematic reviews focused on the following areas:<sup>6</sup>

- mental health<sup>a</sup> (n=5 reviews; encompassing 312 individual studies)
- substance abuse (n=3 reviews; encompassing 345 individual studies)
- healthy eating and physical activity (n=2 reviews; encompassing 22 healthy eating studies; 7 physical activity studies; and 14 studies, which explored programs that involved both healthy eating and physical activity)
- eating disorders (n=1 review; encompassing 29 studies)
- injury prevention (n=1 review; encompassing 3 studies)
- peer-led health initiatives (n=2 reviews; encompassing 25 studies).

The conclusions of the WHO meta-analysis highlight some key findings related to promising practices in school-based health and wellness programming.<sup>6</sup> These findings indicate the following:

- In general, across all areas of focus, programs that are of long duration, high intensity and involve the whole school are more likely to impact health than those that are more limited in nature.

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<sup>a</sup> Includes programs targeted at preventing violence and aggression.

- Mental health promotion programs<sup>a</sup> rank among the most effective type of programs for promoting health in the school environment. Of note is the conclusion that programs not employing a comprehensive school health or healthy schools approach can still offer meaningful benefits provided the focus is on mental health promotion versus prevention of mental illness and they are delivered continuously for more than one year.
- Healthy eating and physical activity programs are generally effective in promoting healthy behaviours in children and youth. The greatest benefits stem from approaches that are multifactorial or target knowledge acquisition and behaviour change in a variety of different ways across the entire school. Programs shown to be most effective have adopted whole school approaches such as providing healthy food in school canteens, cafeterias or school stores; e.g., tuck shops and delivering extensive physical activity initiatives.
- In keeping with the findings of other investigators, programs centred on substance abuse prevention are relatively ineffective. The authors' note that based on the available evidence, substance abuse prevention programs, including well-recognized programs like DARE, at best achieve a short-term delay in drug, alcohol and tobacco use and a short-term reduction in the amount consumed.
- Programs to prevent eating disorders have produced mixed results and the benefits of this type of instruction and intervention are not well established. Universal prevention programs, which address the entire population of students with messages aimed at preventing eating disorders, have been shown to affect knowledge primarily; influencing behaviour only slightly. Targeted programs, which focus on subsets of the total student population deemed to be at risk, have been found to be more effective in terms of supporting behaviour change.
- Peer-led programs are at least as effective as those led by adults.

Curriculum developers can benefit from the findings of the WHO with respect to the types of strategies that are most likely to positively influence the health of children and youth. The findings of the WHO meta-analysis provide evidence-based insights into the characteristics of school-based programs that facilitate health knowledge acquisition and behaviour change.<sup>6</sup> From this perspective, this work can serve as a guide to inform curriculum development and a comparative standard for assessing school-based health initiatives and programs of study.

## **5. Recommendations Relating to the Development of Health, Physical Education and Wellness Curricula**

### ***a. Recommendation No. 1***

If Alberta Education decides to initiate the development of wellness-related curriculum, the key findings of the WHO meta-analysis relating to promising practices in school health promotion should be considered. These findings offer valuable insights into the types of strategies that are most likely to produce measurable outcomes in knowledge, skills, attitudes and behaviours of children and youth as they relate to healthy, active lifestyles.

## E. DEFINING WELLNESS

Wellness is a commonly used term that is employed by health practitioners, health educators and the general public. Despite this reality, use of the term “wellness” and associated terms such as “well-being” vary significantly from context to context and there is no universally agreed upon definition of what “wellness” describes or how it is attained.

Historically, “wellness” conceptually arose from the “mind-cure movement” in the United States in the late 19<sup>th</sup> century.<sup>66</sup> Wellness at that point in time was primarily viewed from the perspective that physical health was a product of one’s mental and spiritual state of being.

Over time, the definition of what it means to be “well” has expanded and now has variable meanings that are contextually specific. For example, in Europe, the term “wellness” has traditionally been associated with feelings of pleasure, and the therapeutic benefits of spa-type and alternative health treatments.<sup>66</sup> In the North American context, “wellness” is more likely to be associated with health and strategies to promote health such as active living, healthy eating, stress reduction and spiritual fulfillment.<sup>66</sup> The Lalonde Report (1981) initiated a Canadian focus on wellness promotion that builds on this North American usage of the term by noting that

complete well-being for all may be beyond our grasp, given the human condition, but much more can be done to increase freedom from disease and disability, as well as to promote a state of well-being sufficient to perform at adequate levels of physical, mental and social activity, taking age into account.<sup>67</sup>

The lack of consensus about what constitutes wellness has led to a level of discordance that has implications for health curriculum development and school health program planning. The absence of a clear definition for wellness has allowed for diverse interpretation of the subject areas that should and should not be included in wellness curriculum. Some have interpreted the concept of wellness as being highly related to physical and mental health which, in turn, has produced wellness curriculum that is limited to subjects such as nutrition, physical activity or physical education, and mental health promotion. In contrast, others have viewed wellness in its broadest context and, as a result, some wellness curricula encompass learning objectives that include a sizeable list of topics such as nutrition, physical education or activity, anti-bullying messages, suicide prevention, eating disorder prevention, self-esteem, relationship building, career planning, personal financial management and human sexuality. Given that instructional time in most school jurisdictions is fixed and that the time allocated to health and/or physical education is typically low, the implications of a lack of consensus about the meaning of wellness is profound. For example, taken in its broadest sense, wellness curriculum could attempt to cover a large number of topics. Unless considerable time was available this approach would significantly limit the duration and intensity of instruction, thereby weakening the potential effects.

### 1. Review of Existing Wellness Definitions

Wellness definitions have been developed by governments, health agencies, school boards and individual schools, and non-governmental organizations worldwide. A summary of these definitions, with emphasis on those used in or developed by schools are presented in Appendix 1.

A single, universal definition of the elements that contribute to wellness does not exist. However, common themes can be seen across the range of definitions. These common themes include the following.

- Recognition that wellness extends beyond the absence of disease. Wellness is considered by the overwhelming majority to be a state of being wherein physical health is one, rather than the only, element. The relationship between wellness and health varies between the available definitions. In some cases, wellness is viewed as the product of “good” health in several areas; e.g., physical, mental and social. Other definitions view wellness as a sub-component of health, implying that to be truly healthy one must first enjoy wellness.
- An understanding that wellness is a state that is multidimensional in nature. While there is disagreement about the ultimate number of dimensions or elements that define wellness, there is general consensus that wellness involves an interplay between a number of dimensions. For example, the definitions identified for this review, with very few exceptions, consider wellness to result from interactions between at least three elements.
- General agreement that an individual’s level of wellness is influenced by physical, mental, spiritual and social health. While many of the definitions include other elements such as intellectual and vocational well-being, these are not universally identified as elements that contribute to wellness. Instead, wellness appears to primarily be the outcome of the interplay between the physical, mental, spiritual and social dimensions of life.
- A belief that wellness results from intentional behaviours and life choices. Many of the existing definitions suggest, directly or in an abstract sense, that wellness is an outcome that results from choices made by the individual.
- A belief that the processes leading to wellness are active or dynamic. More than half of the definitions speak of the attainment of wellness in terms of it being linked to active processes, functioning or decision making.
- Awareness that attaining wellness promotes overall personal growth and allows the individual to maximize quality of life.

Although several organizations have formally proposed or recognized definitions for wellness, it is important to consider the fact that a long list of key influencers in the areas of health, health promotion and education have no working definition of wellness at all. In Canada, for example, many organizations, agencies and all levels and/or branches of government lack a formal definition of what they consider the term “wellness” to mean. At the same time, these same organizations may employ the word “wellness” in documents, reports and plans, which some experts believe fuels consumer confusion and detracts from research and evaluation.

## 2. Recommendations Relating to a Definition of Wellness

### a. Recommendation No. 1

Clearly defining “wellness” should be among the first steps towards the development of effective wellness curriculum. Determining the topics or areas of study to include or exclude from curricula targeting wellness could be extremely challenging in the absence of a clear definition. Moreover, outcome evaluation would be virtually impossible unless the end goal, e.g., wellness, was articulated with clarity.

The common themes observed in existing definitions of wellness provide a framework for developing a definition of wellness that could underpin curriculum development in Alberta. However, Alberta Education may also wish to consider adopting a definition that has already been developed by another government department or organization.

### b. Recommendation No. 2

It is recommended that Alberta Education consider adopting the following definition of wellness developed by Alberta Health and Wellness in support of the *Healthy Kids Alberta Strategy—Framework and Action Plan*:

Wellness can be defined as a measure of an individual's physical, mental and social health. It is the state of optimum health and well-being achieved through the active pursuit of good health and the removal of barriers, both personal and societal, to healthy living. Wellness is more than the absence of disease; it is the ability of people and communities to reach their best potential in the broadest sense.

This definition encompasses all of the common themes identified in the review of wellness definitions undertaken as part of this literature review. Given that this definition results from collaboration of several Government of Alberta ministries, its integration into Alberta curricula would promote consistency in messaging for all stakeholders including students, parents, teachers and Albertans.

### c. Recommendation No. 3

Should Alberta Education wish to develop its own definition, the common themes observed in existing definitions of wellness (Appendix 1) should be considered. These themes, by virtue of the frequency with which they appear in the definitions of wellness created by other governments and organizations, appear to be highly related to the general understanding of what wellness “is” and “is not.” Drawing upon these themes would allow for the development of a wellness definition that could underpin curriculum development in Alberta in a way that aligns Alberta Education with other governments and organizations interested in this area.

## F. WELLNESS-RELATED CURRICULUM: AN OVERVIEW

Promoting the health of children and youth has historically been part of school programming at all levels across jurisdictions. While the degree to which schools engage in education and skill development that promotes health varies, all school systems in Canada and most in the western world provide some modicum of education linked to wellness.

The lack of a uniform definition of “wellness” presents challenges with respect to reviewing wellness curriculum. Generally, curricula in Canada and abroad do not bear the title of wellness program of studies. Instead, the elements that are considered to contribute to wellness such as physical, mental, spiritual and social health are entrenched in related areas of study such as physical education, health education and life skills and career curriculum.

### 1. Canada

A countrywide overview of curricula with content related to elements of wellness is found in Appendix 2. This overview provides a brief description of related curricula offered in each province or territory by grade level, and a brief description of the curriculum’s wellness-related elements. In addition, it indicates whether the curriculum is mandatory or optional and provides information on the recommended or required instructional time<sup>b</sup>.

#### *a. Physical Education and Physical Activity*

Physical education is defined as a school subject designed to help children and youth develop the skills, knowledge and attitudes necessary for participating in active, healthy living.<sup>7</sup> Although closely related, physical education differs from physical activity, which is defined as a movement of the body that expends energy such as participation in sports, dance and exercise.<sup>7</sup> Physical activity is used in physical education programs as a medium for teaching curriculum content and providing fun opportunities through which to practise and improve learned skills.<sup>7</sup>

Physical education is a component of curriculum in all Canadian provinces and territories for some portion of a student’s academic life. In a majority of provinces, physical education is mandatory until the first year of high school, at which time the requirement to register in physical education ends. Graduation requirements related to physical education are addressed elsewhere in this review.<sup>b</sup>

The instructional time recommended for physical education is generally quite low, e.g., ≤10% of total instructional time, and a majority of provinces fall below the 150 minutes/week or 30 minutes per day of physical education, identified as the minimum standard set by the Canadian Association for Health, Physical Education, Exercise and Dance.<sup>68</sup>

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<sup>b</sup> It is important to recognize that the terms “recommended” and “required” have different meanings and significance with respect to the implementation of curricula in schools. When instructional time is described as being “recommended” schools are not accountable for rigorously meeting the recommended standard. In contrast, the use of the term “required” in relation to instructional time implies that a higher level of accountability is being sought and that the time standard must be met.

Physical education and health curricula are combined or share recommended instructional time in many provinces. This is most likely to be true at the early elementary grade levels of Kindergarten to Grade 6, where these subjects exist as separate programs of study but are discussed in tandem in terms of instructional time. Between Grade 7 and Grade 9, recommendations for instructional time for physical education and health, if offered, are more likely to be delineated separately.

Physical education is a diverse subject area focused on building skills, knowledge and an appreciation for physical activity. The content of physical education curriculum in most Canadian provinces typically includes learning outcomes that are most likely to be achieved through participation in games, sports, dance and outdoor pursuits, as well those that lend themselves to participation in lifestyle activities such as walking, strength training and yoga.

Across Canadian curricula, active living concepts appear to be considered foundational in nature and are largely the focus of primary physical education. As the student ages, abilities and goals in terms of physical activity and physical education increase and sport-oriented content is integrated to a higher level. Active living remains part of the physical education curriculum at the secondary grade levels in most provinces. However, its relative importance appears to decrease in favour of more sport-focused programming in grades 7 to 12.

Two provinces, Alberta and Ontario, currently mandate that students must be provided with 30 minutes of daily physical activity (DPA). In both cases, these requirements exist under specialized initiatives rather than the formal program of studies for physical education. However, linkages between the physical activity initiatives and physical education curriculum in both provinces are evident.

Alberta's DPA Initiative was implemented in September 2005 and is mandatory for all students in grades 1 to 9.<sup>4,c</sup> Schools have some flexibility with respect to how they achieve the requirements of DPA. Both instructional and non-instructional time may be used. For example, physical education classes are considered a means to providing the 30 minutes of daily activity.

In October 2005, the Ontario Ministry of Education issued a Policy/Program Memorandum that requires schools boards to provide students in grades 1 to 8 with 20 minutes of sustained moderate to vigorous physical activity each day during instructional time.<sup>69</sup> Although there is no requirement for the 20 minutes to be part of the physical education curriculum, this is an option that schools may draw upon to achieve the goal of this Initiative.

A number of provinces beyond Alberta and Ontario are poised to implement mandatory DPA Initiatives. Effective September 2008, all students in British Columbia will participate in DPA, which may consist of either instructional or non-instructional activities.<sup>70</sup> In Kindergarten, British Columbia schools will offer 15 minutes of DPA as part of the students' educational program. The time allocated for DPA in British Columbia increases as students move to Grade 1.<sup>70</sup> Students in grades 1 to 9 will be offered 30 minutes of DPA as part of their educational program.

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<sup>c</sup> The DPA allows principals to grant exemptions from DPA, based on religious beliefs and medical reasons.

British Columbia will also be implementing DPA in high schools.<sup>70</sup> Students in grades 10 to 12 must document and report a minimum of 150 minutes per week of physical activity, at a moderate to vigorous intensity, as part of their Graduation Transitions Program. The Department of Education in New Brunswick is also moving toward implementation of a DPA program. New Brunswick's "*When Kids Come First*" will see the provincial government implement a pedometer initiative in the coming years.<sup>71</sup> The New Brunswick government has also committed to developing a *Physical Education and Activity Action Plan* designed to meet the target of providing 150 minutes of quality physical education and activity each week.<sup>71</sup>

In addition to mandated physical education and provincial physical activity initiatives, many other non-mandated projects, programs and interventions, designed to increase the physical activity levels of children and youth, are offered in schools across the country.

An overview of these non-mandated supports to enhance physical activity is described in Appendix 3. It is important to recognize that because these are non-mandated by the governments in which they operate there is no requirement for schools to offer or be accountable for their implementation.

In general, physical education programs at all grade levels are not aligned with the factors identified by the WHO meta-analysis describing correlates of successful health promotion in schools. The WHO analysis clearly identified the impact of duration and intensity of programming on the subsequent outcomes. In the case of physical education in Canadian schools, the mandated time allocated to this area of study is very limited. Based on the available evidence, this is likely to decrease the long-term impact of this program of studies and detract from the goal of laying a foundation for a lifetime of active living. Allocating and mandating more time towards the formal program of studies in physical education would help to remedy this situation.

## **b. Health Education**

Health education, under a variety of different names, is a mandatory curricular requirement in all Canadian provinces. As is the case with physical education, the health education requirement, in general, extends until Grade 10, when study in this area becomes optional.

The recommended instructional time for health education across Canada averages about 5% of total instructional time. Based on an approximate yearly total instructional time of a minimum of 950 hours, this equates to 47.5 hours of health education per year or about 4 minutes per instructional day.

The specific content of programs of study in health education varies significantly by province and grade level. Common themes include subjects such as nutrition or healthy eating; human sexuality and sex education; body image and self-esteem; personal safety and injury prevention; drug awareness and substance abuse prevention; and healthy relationships. In addition, health education, particularly at secondary grade levels of Grade 9 and beyond, often includes information on career planning, financial management and consumer skills or media awareness.



For the most part, health education is not a mandated program of studies at the secondary or high school level and opportunities for students to expand their knowledge in this area is limited. However, there are a few notable exceptions. Ontario, Nova Scotia and Newfoundland-Labrador provide optional coursework in health education beyond Grade 10. Particularly novel are the programs in Ontario and Newfoundland and Labrador, which offer advanced level health education, courses in a modular format. In Ontario, students at the Grade 11 or Grade 12 levels can register in a module known as “*Health for Life*” in the health and physical education program of studies. “*Health for Life*” has learning objectives related to basic tenants of public health promotion such as the determinants of health and would serve as a tremendous learning experience for those interested in careers in population health. Newfoundland and Labrador offer high school nutrition courses that explore practical issues such as menu and meal planning and social issues such as food security.

In addition to the formal programs of study for health offered in each province, mandated, health-related initiatives are ongoing or poised for implementation in a number of jurisdictions. Key among these initiatives are school food and nutrition policies or guidelines, and comprehensive school health projects.

In April 2007, the US Institute of Medicine released “Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth.”<sup>72</sup> These standards propose a model that governments, school boards and individual schools can use to promote healthy eating and limit or eliminate “competitive foods.”<sup>d</sup>

All provinces in Canada have established or are in the process of establishing school nutrition criteria or guidelines.<sup>e</sup> These guidelines vary between provinces in their scope and in the requirement for school compliance. In some jurisdictions, compliance with school nutrition guidelines is mandatory while in others it is voluntary. None currently meet all of the US Institute of Medicine standards. However, recent evaluation of Canadian school nutrition guidelines by the Centre for Science in the Public Interest suggest that British Columbia and Alberta’s guidelines have the potential, if followed and enforced, to help improve the diets of Canadian children and youth in schools.<sup>73</sup>

British Columbia instituted its *Guidelines for Food and Beverage Sales in BC Schools* in 2005.<sup>74</sup> The *Guidelines* have recently been revised and now reflect a much stricter stance with respect to the types of foods deemed appropriate for sales in schools. The *Revised Guidelines for Food and Beverage Sales in BC Schools* prohibit the sale of specific foods and beverages in schools including French fries, highly salted, sweetened and processed products, chips, energy bars, pastries, wieners and beef jerky.<sup>74</sup> The *Revised Guidelines* were implemented January 2008 in elementary

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<sup>d</sup> Competitive foods are foods, deemed to be of minimal nutritional value to children or youth, offered to students on the school campus during the school day. Competitive foods have the potential to compete with a child’s desire to choose nutritious foods and beverages. Examples of competitive foods include doughnuts, soft drinks, e.g., pop, fruit beverages and sport drinks, potato chips and other salty snack foods, chocolate and candy.

<sup>e</sup> Nunavut, Northwest Territories and Yukon currently have no school nutrition policies or guidelines in place or poised for implementation. However, regional school boards in parts of these jurisdictions have, in some case, instituted their own guidelines.

schools and will be implemented in September 2008 for middle and secondary schools.<sup>74</sup>

Like British Columbia, Alberta is in the process of implementing guidelines designed to positively influence the food choices of children and youth in schools and other settings. The *Draft Alberta Nutrition Guidelines for Children and Youth* are a set of voluntary recommendations for the types of foods and beverages that should be available to young people in schools, day care centres, and recreation facilities or special events such as festivals and community celebrations.<sup>75</sup> In addition, the *Draft Guidelines* provided detailed information on the types of foods and beverages that need to be limited to support health in children and youth.<sup>75</sup> It is important to recognize that in contrast to the situation in British Columbia, compliance with *Alberta's Nutrition Draft Guidelines* is voluntary.<sup>75</sup> Schools are not required to follow the *Draft Guidelines* and are not accountable for achieving any specific outcomes related to them.<sup>75</sup> The *Draft Guidelines* are currently undergoing public consultation and are expected to be formally released in 2008.<sup>75</sup>

Comprehensive school health (CSH) programs have been implemented across Canada. Most provincial government departments of education offer philosophical support for CSH in health and physical education curriculum documents. In some provinces, this philosophical support is extended to include funding programs and other resources. For example, the BC Healthy Schools Network is a consortium of schools using a CSH approach to take action on issues ranging from academics to social and emotional concerns.<sup>76</sup> The Network is funded, in part, by the government of British Columbia.

It is important to separate CSH programs from the mandated program of studies in health that all provinces currently offer. As is the case with several other physical activity and health programs in schools, CSH is not part of the mandated program of studies and, therefore, schools are not accountable for program implementation.

Like physical education in schools, the outcomes associated with health education are limited by the amount of mandated time allocated by governments. The WHO meta-analysis describes promising practices indicating that time is a key determinant of the outcomes that are gleaned by school-based health and wellness programming. Based on this evidence, increasing the time allocated for health education would be expected to increase the knowledge and skills of students.

### **c. Life Skills and Career Education**

Schools contribute to the development of practical life skills for children and youth in a multitude of ways. While simply being in the school environment undoubtedly helps to enhance a student's decision making, relationship building and general coping skills, specific curricula are in place in all provinces that provide formal learning experiences in these and other related areas.

Schools play a key role in helping student's transition into the workplace upon graduation. Challenges associated with this very significant life transition are addressed in both general and specific ways depending on the age of the student and provincial programs of study.

In most Canadian provinces, life skill and career education begins early on in a student's academic life and increases in depth and specificity over time. At the elementary school level, instruction related to life skill development and career planning is generally integrated into health, physical education or both. The content at this level of study is often not directly linked to career planning or life planning in any tangible way. However, as students reach junior and senior high school, more targeted curriculum focused on helping students make the transition into post-secondary education or the workplace is offered. The mandatory and non-mandatory curricula offered in British Columbia, Alberta, Saskatchewan, Ontario and Newfoundland-Labrador exemplify this approach.

The subject areas addressed as part of life skills and career education curriculum vary between provinces. Common content themes include personal financial management, decision-making and critical thinking, career planning and development, and graduation requirements. Novel content areas focus on subjects such as the value of volunteerism, lifelong learning, parenting, life roles, time management and independent living.

The requirement to complete coursework focused on life skill and career education beyond that offered as part of the health curriculum varies by province. British Columbia's Planning 10 is a mandatory course that is designed to help students plan for high school graduation and life in the work world or post-secondary education. The course also provides information on critical thinking and health decisions, and financial literacy. Students in Alberta are required to complete Career and Life Management (CALM), which is similar in terms of content and learning objectives to Planning 10. CALM is also a required course. In addition to British Columbia and Alberta, career and/or life skills education is also required at some level in Ontario, Nova Scotia and Newfoundland-Labrador. In other provinces, such as Saskatchewan, courses focusing specifically on life skills and career education are offered. However, they are optional courses that students are not required to complete in order to graduate.

Data relating to best or promising practices in career and life skills education in schools is limited, especially in the Canadian context. In the United States, the Centre for Workforce Development has, based on the review of American school-based career education programs, identified 10 essential principles for successful school-to-work strategies (STW).<sup>77</sup> Of particular relevance are the following six principles that relate to improving the school experience.<sup>77</sup>

1. STW promote high standards of academic learning and performance for all young people.
2. STW incorporates industry-valued standards that help inform curricula and lead to respected and portable credentials.
3. STW provides opportunities for contextual learning.
4. STW helps to create smaller, more effective learning communities.
5. STW expands opportunities for all young people and exposes them to a broad array of career opportunities.

6. STW provides program continuity between Kindergarten to Grade 12 and post-secondary education and training.

These principles may be useful in informing curriculum development related to career development.

## 2. International

Wellness education or programs of study that relate to wellness are offered in schools worldwide. Some jurisdictions are known to have physical education, health and life skills, and career development programming that is novel or especially comprehensive. In addition, some jurisdictions have education systems that are generally comparable to Alberta's, which allow for ready comparison of wellness-related education. Appendix 4 describes the health, physical education and life skills and/or career development-related curricula in place in these key jurisdictions including:

- Australia
- New Zealand
- Norway
- Hong Kong
- United Kingdom (England and Scotland)
- United States (Indiana, Kentucky, Tennessee and Massachusetts).

### **a. Physical Education and Health Curricula**

Physical education and health curricula are standard program offerings in all of the international jurisdictions explored as part of this review, except for Hong Kong. In Hong Kong, there is no specific program of health education except for the minor references made as part of the physical education curriculum. In the remaining jurisdictions, half offer health and physical education as a combined program of studies from Kindergarten to approximately Grade 10, and half offer them as separate curricula.

The duration and intensity of physical education and health curricula across all jurisdictions is, in keeping with the situation in Canada, generally quite limited. In most cases less than 100 minutes per week in total are allocated for health and physical education, irrespective of whether they are combined courses or not. This is substantially less time for physical education than recommended by organizations such as the Canadian Association of Health, Physical Education Recreation and Dance (CAHPERD).<sup>68</sup> CAHPERD and other groups who promote Quality Daily Physical Education (QDPE) advocate for a minimum of 150 minutes of separate physical education each week.<sup>68</sup> It is also inconsistent with the WHO promising practices for promoting health in schools.<sup>68</sup>

Internally, there are some notable exceptions to the general trend towards offering relatively small time allocations for physical education and health. For example, the State of Indiana allocates a comparatively large amount of time to health education—100 minutes per week—at the middle school level that is independent from physical education. However, even within this jurisdiction, the time allocation for physical education across grade levels is inconsistent and for the most part would be considered inadequate compared to the standard that defines QDPE.

There is general agreement between the subject area knowledge covered in all international curricula and Canadian curricula related to physical education and health. These areas of subject agreement include:

- Physical Education
  - Movement concepts and motor skill development—generally achieved through participating in games, sport, dance, gymnastics, outdoor pursuits and fitness activities
  - Personal responsibility—fair play, cooperation, safety of self and others during activity
  - The relationship between physical activity and health, fitness and wellness.
- Health Education
  - Mental health and wellness—stress management, self-concept, self-esteem, anti-bullying
  - Human sexuality
  - Nutrition education
  - Self-care and personal safety
  - Substance abuse prevention
  - Decision-making—goal setting, critical thinking, media awareness
  - Relationships—family, peers, workplace.

In addition to these areas of agreement, the international curricula reviewed here offer instruction on a number of subjects that are either completely absent from Canadian curricula or are offered at a much more substantive level.

The New South Wales Personal Development, Health, and Physical Education (PDHPE) for Year 11 and Year 12 explores a wide variety of topics related to enhancing personal health and wellness. This optional curriculum is notable in that it extends well beyond these preliminary concepts to address issues related to public health at a depth that mimics university-level health promotion course work in Canada. This curriculum also has a strong focus on issues related to sport performance and coaching that are not seen elsewhere.

In addition to PDHPE, New South Wales also offers the Sport, Lifestyle and Recreation to students in Year 11 and Year 12. This modular course has a strong sport and recreation administration focus. The syllabus suggests a content level, which roughly approximates that of an introductory course in physical education, recreation and leisure studies in Canada.

In some jurisdictions, nutrition courses separate from curricula related to health or physical education are offered. For example, in Australia's Northern Territory, students interested in nutrition can take Nutrition 12, a senior level course that includes issues ranging from the fundamentals of human nutrition to global nutrition

and ecological sustainability of the food supply, topics generally only covered in at the university level in Canada. New Zealand’s health and physical education curriculum combines health, physical education and home economics. Under this model, students are expected to “have had opportunities to learn practical cooking skills by the end of Year 8.”<sup>78</sup>

The influence of culture and ethnicity are uniquely integrated into the health and physical education curricula in some jurisdictions. New Zealand’s health and physical education curriculum is underpinned by four concepts that support the framework for learning in health education and physical education. The four concepts are well-being (or hauora), health promotion, the socio-ecological perspective and the importance of attitudes and values that promote hauora. Hauora is the Māori<sup>f</sup> philosophy of health, which describes four interrelated dimensions of wellness that influence and support one another. The dimensions are illustrated in the table below.

Dimension	Definition or Meaning
Taha tinana (physical well-being)	The physical body, its growth, development and ability to move, and ways of caring for it.
Taha hinengaro (mental and emotional well-being)	Coherent thinking processes, acknowledging and expressing thoughts and feelings, and responding constructively.
Taha whānau (social well-being)	Family relationships, friendships, and other interpersonal relationships; feelings of belonging, compassion and caring; and social support.
Taha wairua (spiritual well-being)	The values and beliefs that determine the way people live, the search for meaning and purpose in life, and personal identify and self-awareness. (For some individuals and communities, spiritual well-being is linked to a particular religion, for others it is not.)

Source: Government of New Zealand, Ministry of Education. “Health and Physical Education in the New Zealand Curriculum.” [Online]. Available from: [www.tki.org.nz/r/health/curriculum/statement/hpe\\_statement.pdf](http://www.tki.org.nz/r/health/curriculum/statement/hpe_statement.pdf).

The philosophy of Hauora is woven into all of the major strands and key areas of learning in New Zealand’s countrywide health and physical education curriculum. For example, students studying sex education, considered to fall into the dimension of taha tinana or physical well-being only, are asked to consider how the mental and emotional (taha hinengaro), and the spiritual dimensions (taha wairua) of sexuality influence also their well-being. They are also asked to reflect on the social and cultural influences that shape the ways people learn about and express their sexuality (taha whānau).

Interestingly, Indigineous people have used the Medicine Wheel, a similar, culturally specific framework for describing wellness, for centuries.

<sup>f</sup> Māori refers to the indigenous Polynesian peoples of New Zealand.

## **b. Career Development and Life Skills Education**

All of the international jurisdictions express a general commitment to providing career development and life skills education in curriculum support documents or web-based information. However, this commitment is realized in a variety of ways, some more meaningful than others.

With some exceptions, career development or career education is rarely offered as a stand-alone curriculum or course. Instead, learning objectives related to career development tend to be integrated into other curricular areas, infused across the overall program of studies, or left to guidance counsellors to address with students on an individual basis. In Tennessee, for example, students achieve the academic standards related to “School Counselling and Career Guidance: Grades 9–12,” through their studies in general. Suggestions for integrating the learning expectations linked to these standards into core curriculum, such as mathematics or American history are offered to help support this approach. A similar approach is used in Massachusetts, where integrating career development education into the mainstream curriculum is a “means of promoting student success.” In Hong Kong, “Career Teams” are established in each secondary school to “facilitate the career development and meet the needs of students.”

While integration is the preferred approach in a majority of jurisdictions, some have established or are in the process of establishing curriculum addressing career development or career education. The Department of Education, Science and Training in Australia has initiated a national strategy to strengthen career development in and out of schools in all of Australia’s provinces. Pilot tests of a variety of approaches are ongoing in order to refine models for career education for years 7 to 12 in Australian schools. In Kentucky, state legislation requires school districts to create at least one high school Career and Technical Program of Study. Students are not required to participate in these courses; however, school districts are legally obligated to offer them.

Life skills education is universally provided under health and physical education curricula in the international jurisdictions described in this review. In some instances, specific learning objectives or core content areas relating to life skills such as consumer health or developing relationships are clearly identified. In others, curriculum support documents imply that these learnings are related.

## **3. Wellness Curricula: High School Programs**

High school is a time of great transition, as students move from the familiarity of home and school to post-secondary education or the workplace. Wellness curricula in the form of health, physical education, career development and life skills programming has the potential to provide adolescents with the knowledge, coping skills and resiliency needed to navigate these changes and move forward to adult life.

### **a. *Place Within the High School Program***

Curricula focused on the central elements of wellness; i.e., physical education, health education and career development and life skills, are not well supported at the high school level compared to the experience in primary and middle school. In general, both in Canada and in the international jurisdictions reviewed here, the mandatory requirements for these curricula often cease abruptly at the end of the middle school years, approximately Grade 9, or early on in the high school program.

Achieving the requirements mandated for graduation is a major focus of high school education. As a result, students, educators, administrators and parents devote significant energy toward achieving these standards. The framework and timetables used to schedule courses in high school allow students to take the required graduation courses, plus a finite number of electives. This approach, by its design, creates competition between courses and curricula, and enrolment in some programs of study invariably drops off as a result.

Wellness-related curricula are not a significant contributor to graduation requirements in any jurisdiction reviewed here. No Canadian province requires students to complete more than one physical education course in high school, and the vast majority have no graduation requirements whatsoever related to health education (Appendix 5). Half of the provinces in Canada require students to enrol in curricula that address career development or life skills. However, the total instructional time dedicated to these programs is meagre.

Enhancing participation in physical education and other wellness-related curricula in high school could be facilitated by subtle changes to provincial graduation requirements. By reallocating the credits reserved for program electives to health, physical education, career development or life skills, curriculum developers and government could effectively entice students to continue their studies in these areas.

### **b. *Innovative Approaches and Promising Practices: Wellness-Related Curricula***

A variety of creative approaches are being employed to keep high school level wellness-related curricula accessible, meaningful and enjoyable. Both in Canada and internationally, curriculum developers have created novel programs for health, physical education, career development and life skills education that offer many potential benefits.

Modular curriculum designs are a new and interesting approach to offering wellness-related courses at the high school level. These designs divide the desired learning outcomes and content themes into a series of independent modules. To complete the program of studies, a student is required to complete a specified number of modules. Schools may offer all or only a portion of the modules depending on the curriculum requirements and resources that are available. Modular curriculum designs afford both students and schools with a level of flexibility that traditional curriculum frameworks inhibit. Students are permitted to choose the modules containing the content that most interests them. At the same time, schools and individual instructors can assess the resources available to them and then determine which modules they have the capacity to offer to students.



Several provinces in Canada have moved to modular curriculum designs for their health and physical education programs. In Ontario, for example, high school students have a choice between four distinct health and physical education modules: Healthy Active Living, Health for Life, Exercise Science, and Recreation & Fitness Leadership. To enhance accessibility, two of the four courses (Healthy Active Living and Health for Life) have no prerequisites beyond the health and physical education requirements for middle school. The remaining two courses (Exercise Science and Recreation & Fitness Leadership) are designed to meet the needs of students who are interested in careers in physical education, sport sciences or recreation administration and, as a result, contain more advanced content themes. To prepare, students must possess previous course work in the area; e.g., must have completed the Healthy Active Living and Health for Life modules.

In addition to Ontario, New Brunswick and Newfoundland-Labrador also structure their high school health and physical education curricula as modules. The same approach is also seen in New Zealand, parts of Australia and Tennessee.

The overall range and depth of content of health, physical education, career development and life skills in a few jurisdictions is tremendous. As previously noted, courses offered in some provinces in Canada and in other parts of the world at the high school level rival those offered at community colleges and universities. Modular structuring, in part, allows the depth of courses to be extended because it becomes possible to target the content of courses to match the needs of specific students. In addition, modular structuring allows curriculum designers to put prerequisites in place that effectively limit access to higher-level modules.

The health education curriculum for Year 11 and Year 12 offered by the Queensland Studies Authority in Australia is an excellent example of the level of depth at which health education is being offered in some jurisdictions. This optional course involves a total of five modules offered over two years. Students first complete an introductory module that defines key terms related to health and health promotion, and outlines the processes and inquiry methods that will be employed throughout the course. They then work through four other modules that move them from a starting point of personal health practices to a more global view of health promotion. Students become familiar with seminal literature such as the Ottawa Charter for Health Promotion (1986) and gain practical experience in community settings. This level of depth in the content of health education programs at the high school level is largely unheard of in Canada. In fact, the content of this course bears a striking resemblance to that of two graduate level courses offered by the Centre for Health Promotion Studies at the University of Alberta. Health Education for Year 11 and Year 12 is an inspiring and innovative program that demonstrates the advanced level of study that can be implemented in high school given the appropriate structure for curriculum design.

### **c. Future Directions**

Opportunities exist for Alberta to expand and enhance the delivery of wellness-related curricula at the high school level. Even slight increases to the graduation requirements for credit in health, physical education, career development and life skills programs would motivate students to participate longer. This increase in duration would be expected to yield an increase in knowledge and skills related to wellness behaviours.

Restructuring the way in which these programs are offered could also prove beneficial in terms of expanding the lifetime reach and benefits on health and wellness. The modular framework employed in other provinces and jurisdictions would allow for the provision of a broader range of wellness-related courses that could be targeted toward specific types of students. Students would benefit from this approach by having more opportunity to satisfy their learning needs. At the same time, a modular framework would allow Alberta Education, school boards and individual schools a great deal of flexibility in terms of the exact number and types of modules offered.

The needs of students interested in careers or advanced study in health, wellness and physical education could be strengthened by offering higher-level content in these curricular areas. Labour market estimates and recent experience suggest that Alberta will experience a profound shortage of health and physical education practitioners over the course of the next two decades unless action is taken. Providing students in high school with opportunities to glean high level knowledge and personal experiences in areas related to wellness could help to stimulate growth in these professions.

## **G. ENHANCING THE IMPLEMENTATION OF WELLNESS CURRICULA: EMERGING AND PROMISING PRACTICES**

The effectiveness of any curricula is predicated, in part, by its ability to be implemented in schools and individual classrooms. Many different strategies can be employed to enhance implementation, some expensive and difficult, others more straightforward in nature. Of particular interest are the emerging and promising practices related to teacher training and development.

### **1. Professional Learning Communities**

Professional Learning Communities (PLCs) are created when a group of educators come together to create a supportive environment which is heavily focused on learning, problem solving and collaboration.<sup>79</sup> The composition of the community can be based on grade level, school, school district or beyond. For example, within a school, a PLC could form to explore how to implement the physical education curriculum across all grades. Alternatively, in a large school, a within-grade PLC might consider the ways that the same curriculum could be implemented so that the student experience was uniform for all classes. Highly effective PLCs are built on professional respect, collegiality and a commitment to collaboration. Once established, these working groups can serve as a tool that schools can use to solve problems, generate innovation and increase capacity.

Established PLCs already exist in Alberta and many have successfully addressed issues related to implementation of curricula. Recognizing this, identifying and collaborating with PLCs across the province offers potential benefits with respect to the implementation of wellness curricula in the future. Providing these communities with the information and authority to identify the best ways to implement this kind of program in their area of influence would provide Alberta Education with the opportunity to connect with teachers and school administrators in a very positive way. Engaging educators and charging them with identifying “home-grown” solutions for implementing curriculum in their environment would likely enhance the process and promote novel solutions to problems realized in other schools or school districts.

## 2. Web-Based Knowledge Transfer

Development of novel Internet-based support for curriculum implementation represents a relatively simple way to transfer knowledge and provide solutions to shared concerns. Data collected from teachers in British Columbia suggest that the Internet is a key tool used to identify teaching resources.<sup>80</sup> In fact, over 60% of the respondents indicated that they use the Internet to find learning resources. Respondents also asked that more resources be provided.<sup>80</sup>

The World Wide Web affords an easy means through which experienced teachers can share their knowledge and teaching strategies with others. As one teacher interviewed as part of the British Columbia Physical Education Curriculum Review Report noted, “We need resources written by physical education people that have actually seen their ideas work.”<sup>80</sup>

Connecting experienced physical education specialist teachers with their non-specialist colleagues is a strategy that has the potential to impact the degree to which the curriculum is ultimately implemented. Physical education and health education instruction in Alberta schools does not have to be led by a specialist teacher. As a result, particularly at the elementary school level, non-specialist teachers often instruct these programs.<sup>81</sup> Of concern is the fact that Alberta-based research suggests that non-specialist teachers feel significantly less prepared to teach physical education classes than their physical education specialist counterparts. Connecting specialist and non-specialist teachers via an online forum represents one simple strategy to remedy this situation and provide enhanced supports to those teachers who lack extensive training in the delivery of physical education or health programs.

Online instruction and program delivery has challenged the notion that a classroom must have four tangible walls. The growing use of online learning and conferencing platforms has created a situation where professional development for teachers can now take place outside of traditional structures such as workshops or professional development days. This novel use of the Internet offers tremendous potential both in terms of supporting curriculum implementation and in the actual delivery of courses including physical education, online.

Alberta Education, as well as all other provincial education ministries and departments, currently offers curriculum information online. In general, this information is limited to the curriculum itself, as well as a list of authorized or approved teaching resources. While this information is of value to teachers and other stakeholders, opportunities exist to build on these existing resources in ways that could significantly enhance the implementation of a program of studies focused on health, physical education or wellness.

### **a. Online Knowledge Portals**

New Zealand's Te Kete Ipurangi (CTKI): The Online Learning Centre or TKI exemplifies the potential for Web-based knowledge transfer.<sup>78</sup> TKI is a bilingual, English and Māori, portal-plus web community that provides educational material for teachers, school managers and the wider education community. It is a funded initiative of the New Zealand Ministry of Education aimed at:

- improving learning outcomes for students by using information and communication technology (ICT) to support the aims and objectives of the New Zealand curriculum
- providing ICT professional development for teachers and principals
- providing New Zealand schools with a cost-effective electronic platform to communicate curriculum and administrative materials, enhance teaching and learning, raise student achievement and advance professional development for school management and teaching staff.

TKI has established a multidimensional, online learning environment that encourages interaction between users. The site, targeted at all stakeholders in public education (e.g., students, parents, teachers, administrators and researchers) houses the Ministry of Education Curriculum Frameworks for all programs of study including health, physical education and home economics. It also serves as a portal for almost 30 online communities with interests ranging from governing and managing in New Zealand schools to health and physical education. These communities and other elements of the site offer practical information related to curriculum implementation in a format that teachers could access quickly. Users are encouraged to shape and reshape the site via their feedback. One particularly interesting feature of TKI is the resource page dedicated solely to sharing strategies that address very specific issues related to the implementation of the health and physical education curriculum. Teachers working in the area have generated all of the strategies offered on this page. Finally, TKI offers comprehensive, online user support to help troubleshoot problems and direct users to resources on the site.

New Zealand is not unique in its use of online curriculum support. Other jurisdictions are also using online knowledge portals to support the implementation of their health and physical education curricula.

Education Queensland's (Australia) "The Learning Place," provides a link, like TKI, to an extensive online portal that supports school staff; i.e., teachers and administrators, in implementing the Queensland Curriculum Framework.<sup>82</sup> "The Learning Place" is described as Education Queensland's e-learning environment featuring four areas: online learning, online communication, communities, professional community Web sites, collaborative online projects, and curriculum exchange. "The Learning Place" identifies itself as "a future driven e-learning environment creating a fully networked learning community to achieve high quality outcomes." "The Learning Place" is unique in its use of the Blackboard Learning System or WebCT, a platform that is increasingly being used to deliver online coursework of all types at all grade levels from Kindergarten to post-secondary. "The Learning Place" currently offers three online health and physical education learning modules for students in grades 4 to 6, and middle school, plus an additional 45 professional development modules or courses on a variety of topics for teachers.

Great Britain has recently adopted an online knowledge transfer site similar to those found in Queensland and New Zealand.<sup>83</sup> The National Curriculum Online Web site provides, for every subject taught from Kindergarten to secondary school:

- an outline of the formal program of studies as well as any related non-statutory guidelines
- attainment or outcome targets by subject and grade level
- notes and links to online teaching resources.

The site also offers information on general teaching requirements that apply across areas such as Great Britain's minority inclusion statement, use of language statement, and health and safety guidelines.

In keeping with the trend toward online curriculum support observed in Australia, New Zealand and Great Britain, many Canadian provinces have also recently moved to web-based methods of knowledge transfer in support of their health and physical education programs of study.

Ontario has taken a lead role in constructing Internet-based supports for knowledge transfer relative to health and physical education in schools in the Canadian context. The Ontario Physical and Health Education Association (OPHEA) is a not-for-profit organization dedicated to supporting healthy school communities through advocacy, quality programs and services, and partnership building.<sup>84</sup> OPHEA is funded by the Ontario Ministry of Children and Youth Services to manage the Curriculum and School-Based Health resource centre. The resource centre works to support the:

- effective development and implementation of the health and physical education curriculum and other school health programs across Ontario
- work of key stakeholders in the delivery of effective curriculum and school-based programming with respect to a wide spectrum of health promotion issues.

Through its Health and Physical Education Curriculum Implementation Supports Program, OPHEA offers outreach and education, resource development and dissemination, training and support, and networking and partnership building opportunities. Specific examples of the supports offered by OPHEA include the distribution of health and physical education teaching binders or kits, and workshops and consultations for teachers. The binders and teachings kits include lesson plans, activity ideas and blackline masters that help to decrease preparation time for teachers. In addition to providing tested teaching materials, OPHEA offers a variety of workshops designed to support new and non-specialist teachers, elementary and secondary health and physical education specialist teachers, school administrators, school boards and other stakeholders. Finally, OPHEA provides direct and “just-in-time” support for teachers via their telephone and e-mail service. Teachers looking for a resource or those who have a question related to the curriculum can call or e-mail their concerns to the trained specialists at OPHEA for a response.

British Columbia is also using the Internet as a platform to transfer knowledge and instructional information; e.g., teaching resource information, related to health and physical education to teachers and other stakeholders.<sup>85</sup> The British Columbia Ministry of Education sets the standards of learning for Kindergarten to Grade 12. These standards of learning are outlined in the Integrated Resource Packages (IRPs), which constitute the provincial curriculum. IRPs contain standard-based learning outcomes and achievement indicators for each subject area. They also provide teachers with specific information on the provincially approved resource collection for the subject and grade level of interest. Teachers are not required to draw resources only from the collections described in the IRP. However, these resources have been reviewed, vetted and matched to the curriculum learning objectives.

Saskatchewan’s evergreen curriculum guides and resources provide teachers with a comprehensive overview of the different curricula, including Health, Physical Education, Wellness, and Career Guidance.<sup>86</sup> The evergreen guides extend beyond providing the curriculum standards and offer practical advice on learning activities, teaching style and resources.

#### **b. BlackBoard Learning Systems/WebCT**

BlackBoard Learning Systems, or WebCT—Web Course Tools, is a software program that supports Web-based or Web-enhanced courses. The use of WebCT to deliver training and coursework at all levels of study has grown exponentially and shows no signs of stopping in the near future.

The nature of the BlackBoard Learning Systems/WebCT has made it the choice of a growing number of school districts and divisions in North America for teacher professional development. WebCT allows for the development of highly interactive, yet easy-to-use online courses that may include the following multiple components or features.

- *Online Discussions*  
Threaded, searchable discussions involving asynchronous communication among all course participants.

- *Chat Tool*  
Multiple chat rooms provide both group and private chat sessions for real-time communication among course participants.
- *Quizzes and Survey*  
Using the quiz and survey feature, students can complete a quiz or survey, submit a quiz for grading and view their quiz results.
- *WebCT Grade Book/My Grades Tool*  
Instructors can maintain a complete record of student grades, either alphanumeric or pass/fail, online within a WebCT course and can optionally allow each student to view his or her own grades and statistics summarizing peer performance.
- *E-mail Tool*  
A WebCT-contained e-mail tool allows message transfer among course participants.
- *Student Progress Tracking Tool*  
Progress tracking pages allow the instructor to monitor student progress in the course content areas or modules. Monitoring can include total number of accesses and duration of visits.
- *Calendar Tool*  
A course calendar is available to advertise important dates and announcements.
- *Elluminate*  
Elumuniate is a powerful web collaboration system that allows for instruction within a real-time virtual environment. It can be implemented on its own or be added to live discussions and dynamic interactions within a Blackboard/WebCT course. Elluminate allows instructors and students to text chat, talk over the Internet, deliver by PowerPoint presentations in real-time and share software applications and whiteboards. Elluminate closely replicates the classroom experience for students. It enables instructors to have real-time discussions with students supported by PowerPoint slides, Web sites, whiteboard mark-up capability and shared applications. Other unique features of Elluminate include:
  - a whiteboard with mark-up tools for visuals and presentations
  - text messaging capability
  - voice-over-Internet capability for audio discussion
  - breakout rooms for small group discussions
  - sessions that can be recorded and played back later
  - real-time video through webcams
  - polling, surveys and basic assessments.

Blackboard Learning Systems/WebCT is currently being used in a number of school districts in the United States as a vehicle for online instruction to students and for professional development with teachers. The most prominent school-based user, Broward County Public Schools in Florida, uses this online learning platform to provide teachers and administrators with highly flexible professional development services.<sup>87</sup> Broward County has developed more than 40 online professional development courses.<sup>87</sup> The courses, which are taught by practicing classroom teachers to their peers, focus on a diverse number of subjects including physical education. Since adopting the Blackboard Learning System in early 2003, Broward County has provided more than 8000 teachers with professional development courses online.

Blackboard Learning Systems/WebCT and other online learning platforms are also being used to deliver health, physical education and wellness curricula to students. The Calgary Board of Education offers junior high school physical education, as well as Career and Life Management, and Physical Education 10, 20 and 30 online using D2L software and Elluminate.<sup>88</sup> Students enrolled in these courses earn credit through online quizzes and examinations. In addition, they are required to keep logs of their participation in physical activities. Similarly, the New Brunswick Department of Education offers its Nutrition for Healthy Living/Family Studies course to students online. Nova Scotia has also been exploring online course delivery.<sup>89</sup> Since 2003, the Nova Scotia Department of Education has funded the development of the Chignecto-Central Virtual High School.<sup>90</sup> Currently a total of 23 courses are offered through the Virtual High School.<sup>90</sup> No physical education or health education courses have been released thus far. However, students are able to enroll in courses related to career exploration and work experience.

#### **a. ListSers**

A ListServ is an electronic, Internet-based means of communicating, which connects people with common interests via e-mail. E-mail software enables members of a ListServ to send messages to the group without typing a series of addresses into the message header. Usually members of the group in the ListServ have to subscribe to the mailing list.

Research suggests that ListSers are a popular way for teachers to share information and communicate with colleagues. Jacobs and DiMauro (1995) found teachers view ListSers as a valuable way to obtain resources.<sup>91</sup> The respondents in this study reported that they used the information they gleaned to identify lesson and project ideas.<sup>91</sup> The teachers reported that they shared the information and materials with colleague and reported making modifications to their curricula as a result of the new resources they obtained.<sup>91</sup>

ListSers also appear to function as an emotional support to reduce feelings of isolation among teachers. Spitzer and Wedding (1995), in their study of teacher use of the LabNetwork ListServe found that, in addition to obtaining lesson and curricular ideas, the mathematics and science teachers also used the network because it provided them virtually instant access to a community of support.<sup>92</sup>

Teacher-centred ListSers focused on health and physical education have merit in terms of acting as a vehicle for professional education. Pennington and Graham studied the impact on teachers of participating in two relatively large ListSers, PE Talk or USPE-L. They found that the ListServ was reported to be a valued resource leading subscribers to new teaching activities, curricular materials, and reduced feelings of isolation. The authors concluded that “the potential for listsers to assist teachers in overcoming at least some of the challenges to professional development is promising.”<sup>93</sup>



### 3. Theory-driven Teacher Training

Research suggests that the degree to which a teacher is successful in implementing curriculum in the classroom is influenced by his or her attitudinal, normative and self-efficacy beliefs. For example, if a teacher perceives the value of a given program of studies to student achievement to be low, implementation of that program of studies in his or her classroom is likely to be sub-optimal. Similarly, if a teacher lacks a strong sense of self-efficacy to teach a particular program of studies, implementation will likely be inadequate.

Social cognitive approaches and theory have the potential to act on and influence the interpersonal factors within teachers that may inhibit their ability to effectively implement curriculum. Research by Wiefferink et al (2005),<sup>94</sup> Doyle et al (1977)<sup>95</sup> and Clark et al (1986)<sup>96</sup> suggests that the use of systematically designed strategies based on Bandura's Social Cognitive Theory or Ajzen and Fishbein's Theory of Planned Behaviour can help to mediate these factors and enhance curriculum implementation.<sup>97</sup>

### 4. Special Area Groups (SAGs)

SAGs are networks of specialist teachers that offer support, advice and professional development to the broader community of teachers. These networks tend to engage those teachers who are most passionate about their area of specialization and who are also interested in sharing their knowledge and skills. The Health and Physical Education Council of the Alberta Teachers' Association in Alberta is an example of a SAGs.<sup>98</sup>

SAG members have the ability to provide leadership with respect to curriculum implementation and are generally involved in the process from the early stages. Supporting the efforts of SAGs in providing other non-specialist teachers with practical advice on how to implement wellness curricula offers obvious benefits.

## H. CONCLUSION

The health and longevity of children and youth in Alberta is threatened by chronic disease, and the poor eating habits and sedentary behaviours that promote these conditions.

Helping young people acquire the knowledge and skills needed to practice positive health behaviours is critical to reversing the escalating trend towards the development of overweight and obesity and type 2 diabetes in younger Albertans.

Schools and, more specifically, programs of study related to health, physical education, career development and life skills have the potential to drive students towards wellness and enhanced health. Increasing the time and intensity dedicated to teaching these programs of study, and drawing upon novel strategies for curriculum design and implementation developed in Alberta and around the world will provide schools with the opportunity to impact the health of students in profound and long-lasting ways.

## APPENDIX 1: WELLNESS DEFINITIONS

### Summary of Wellness Definitions

#### A. Canada

Organization	Wellness Definition	Notes
Health Canada	No formal definition of wellness.	
Alberta Health and Wellness	Wellness can be defined as a measure of an individual's physical, mental and social health. It is the state of optimum health and well-being achieved through the active pursuit of good health and the removal of barriers, both personal and societal, to healthy living. Wellness is more than the absence of disease; it is the ability of people and communities to reach their best potential in the broadest sense.	Developed in June 2007 in support of the <i>Healthy Kids Alberta Strategy - Framework and Action Plan</i> ; a 10-year cross-ministry strategy to enhance the well-being of children and youth.
Alberta Education	Well-being: Personal growth to maximize our potential physically, mentally, emotionally and socially; being able to function and enjoy life, and having a personal zest for living.	Contained in <i>Physical Education Guide to Implementation (K–12)</i> .
Alberta Centre for Well-Being	The concept of well-being or optimal health involves a delicate balance among physical, emotional, spiritual, intellectual and societal health. Wellness is an integrated and dynamic level of functioning oriented toward maximizing potential, and is dependent upon personal choice and self-responsibility. In order to reach a state of well-being, an individual or group must be able to identify and realize aspirations, satisfy needs, and change or cope with their environment	In 2001, the Alberta Centre for Well-Being became known as the Alberta Centre for Active Living.
Manitoba Education	Wellness is not the same as health. Health generally refers only to the physical well-being of the individual, where as wellness refers to the multidimensional interrelationship between the physical, emotional, spiritual, intellectual, interpersonal or social, and environmental aspects of life.	Contained in <i>Bio 30S Curriculum</i> <a href="http://www.edu.gov.mb.ca/k12/cur/science/found/bio30s/unit1.pdf">http://www.edu.gov.mb.ca/k12/cur/science/found/bio30s/unit1.pdf</a> .

Organization	Wellness Definition	Notes
Saskatchewan Learning	<p>Wellness is a concept that broadens, extends and reaches beyond the traditional ideas of fitness and health. It is a way of doing – a way of being – that not only adds years to our lives but also improves the quality of our lives. Wellness is:</p> <ul style="list-style-type: none"> <li>• The quality of life we enjoy when the physical, psychological, social, and spiritual dimensions of our lives are in balance – when no dimension is being neglected or overemphasized.</li> <li>• Those little favours we have done for ourselves this week multiplied 10 000 times over the next 30, 40, or 50 years. The stretch breaks during the day, eating a healthy breakfast, the five-minute break to watch the sunset, walking or cycling to school/work, and other activities.</li> <li>• The quality of life we enjoy when we adopt and maintain “wellness-enhancing” behaviours and avoid “wellness-risking” behaviours.</li> </ul>	Contained in <i>Wellness 10: A Curriculum Guide for the Secondary Level</i> .
University of Manitoba	Wellness is making choices that bring quality, health and joy to your life and provide you with the vitality to have energy for daily living.	
Government of Ontario	No formal definition of wellness.	
Government of Quebec	No formal definition of wellness.	
Government of New Brunswick	Wellness is a state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their personal potential in their communities.	
Get Wellness Soon (Government of New Brunswick Health Initiative)	An ongoing process to enhance emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their personal potential and contribution to their communities.	
Government of Nova Scotia	No formal definition of wellness.	
Government of Prince Edward Island	No formal definition of wellness.	
Government of Newfoundland and Labrador – Health and Community Services	Wellness is a state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their optimal level of health.	

## B. International

Organization	Wellness Definition	Notes
World Health Organization	Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings.	
Indiana State Board of Education	Wellness is an interactive process of becoming aware of and practicing healthy choices to create a more successful and balanced lifestyle.	
Yorktown School—NY State	Wellness is "functioning to the best of your ability in any current life situation."	
Ruth S. Ammon School of Education – Adelphi University—NJ	The School of Education accepts a definition of wellness that integrates the physical, mental, social, emotional and spiritual components of health into a meaningful whole.	
Kentucky Department of Education	Wellness is maximum health or total health. Personal Wellness is a combination of physical, mental, emotional, spiritual and social well-being. It involves making choices and decisions each day that promote an individual's physical well-being, the prevention of illness and diseases and the ability to remain, physically, mentally, spiritually, socially and emotional healthy.	
Brockton Public Schools—Massachusetts	Wellness is an active process of becoming aware of and making choices towards achieving a more successful existence. Personal wellness occurs when one commits to a continuous, lifelong process of developing a lifestyle based on healthy attitudes and actions. Wellness extends the definition of health to encompass a process of awareness, education and growth.	

Organization	Wellness Definition	Notes
University of Minnesota	Wellness refers to the active, lifelong process of becoming aware of choices and making decisions to achieve optimal health and a more successful and balanced existence.	
National Wellness Institute	<p>Wellness is an active process through which people become aware of, and make choices towards, a more successful existence. Wellness is a conscious, self-directed and evolving process of achieving full potential.</p> <ul style="list-style-type: none"> <li>• Wellness is a multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.</li> <li>• Wellness is positive and affirming.</li> </ul>	
Reading Public Schools— Massachusetts	Wellness encompasses six dimensions, each one equally vital to the pursuit of optimum health. Striking a balance between all six dimensions is a careful art, but necessary to achieve a sense of overall well-being. The dimensions of wellness are intellectual, social, spiritual, emotional, physical and occupational.	
Prince George County Schools— Maryland	Wellness is an intentional choice of lifestyle characterized by personal responsibility, balance and maximum personal enhancement, which leads to attaining the state of complete physical, mental, social, intellectual and spiritual well-being. It is a process of being aware of and altering unhealthy behaviours to those that will bring about a more healthful existence. Wellness is not just the absence of disease.	
Arizona State University Wellness Program	Wellness is an active, lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life. Wellness involves choices about our lives and priorities that determine our lifestyles.	

Organization	Wellness Definition	Notes
Rackham Graduate School—University of Michigan	Rackham's definition of wellness includes more than just physical health; there are the psychological, spiritual, vocational, intellectual and cultural parts of your life, too. Balance within and among these is essential to your success in graduate school and throughout your professional career.	
Morgan Park Academy—Illinois	Wellness is an active process of becoming aware of and making choices toward a more successful existence.	
New Zealand—Ministry of Education	<p>The concept of well-being encompasses the physical, mental and emotional, social, and spiritual dimensions of health. Hauora is a Māori philosophy of health unique to New Zealand. It comprises taha tinana, taha hinengaro, taha whanau, and taha wairua.</p> <ul style="list-style-type: none"> <li>• Taha tinana—Physical well-being: the physical body, its growth, development, and ability to move, and ways of caring for it.</li> <li>• Taha hinengaro—Mental and emotional well-being: coherent thinking processes, acknowledging and expressing thoughts and feelings, and responding constructively.</li> <li>• Taha whanau—Social well-being: family relationships, friendships, and other interpersonal relationships; feelings of belonging, compassion, and caring; and social support.</li> <li>• Taha wairua—Spiritual well-being: the values and beliefs that determine the way people live, the search for meaning and purpose in life, and personal identity and self-awareness. For some individuals and communities, spiritual well-being is linked to a particular religion; for others, it is not.</li> </ul> <p>Each of these four dimensions of hauora influences and supports the others.</p>	Contained in the Health and Physical Education in the New Zealand Curriculum.

### C. Health Promotion Literature, Government Reports, Dictionaries and Relevant Historical Publications

Source	Wellness Definition	Notes
Merriam-Webster's Collegiate Dictionary	The quality of state of being in good health especially as an actively sought goal.	
Cambridge Dictionary	The state of being healthy.	
Microsoft Encarta Dictionary	Physical well-being, especially when maintained or achieved through good diet and regular exercise.	
The American Heritage Dictionary	The condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits.	
The Oxford English Dictionary	The state of being well or in good health.	
Corbin, C.B. and R.P. Pangrazi. "Toward a uniform definition of wellness." <i>Research Digest</i> . 2001; Series 3(15):1.	Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.	
Dunn, H. "High-level wellness for man and society." <i>American Journal of Public Health</i> . 1959; 49(6): 786–792.	An integrated method of functioning which is oriented to maximizing the potential of which an individual is capable, within the environment where he is functioning.	Dr. Halbert L. Dunn, MD is considered to be the author of the first modern-day definition of wellness.
Ardell, D. B. "The history and future of wellness." <i>Health Values</i> . 1985; 9(6): 37–56.	Wellness is first and foremost a choice to assume responsibility for the quality of your life. It begins with a conscious decision to shape a healthy lifestyle. Wellness is a mind set, a predisposition to adopt a series of key principles in varied life areas that lead to high levels of well-being and life satisfaction.	
Allardt, E. (1989). An updated indicator system: Having, loving, being. Working Papers 48. Helsinki: Department of Sociology, University of Helsinki, 1989.	Well-being consists of four key components of: "having", i.e., school conditions such as surroundings and services; "loving", i.e., social relationships such as group dynamics and teacher student relationship); "being", i.e., means for self-fulfillment such as value of student's work and increase self-esteem and finally, "health", i.e., health status such as the presence or absence of illnesses and psychosomatic symptoms.	

Source	Wellness Definition	Notes
Coulter, I.D. "A wellness system: the challenge for health professionals." <i>Journal of the Canadian Chiropractic Association</i> . 1993; 37(2): 97–103.	Wellness is more than a concept. It is a way of life, an integrated enjoyable approach to living that emphasizes the importance of achieving harmony in all parts of the person: mind, body, spirit. It is a lifestyle that creates the greatest potential for personal well being. More than an absence of illness, it is balance among all of the aspects of the person.	
Hatfield, T., and S.R. Hatfield. "As if your life depended on it: Promoting cognitive development to promote wellness." <i>Journal of Counseling and Development</i> . 1992; 71: 164–167.	The conscious and deliberate process by which people are actively involved in enhancing their overall well-being: intellectual, physical, social, emotional, occupational, spiritual.	
Gatterman, M.I. and J. Brimhall. "CCE adopts health promotion and wellness competencies." <i>Dynamic Chiropractic</i> . 2006; 24(9).	Well: A process of optimal functioning and creative adaptation involving all aspects of life. Health is a state of optimal well-being and functioning; wellness is an active process employing a set of values and behaviours that promotes health and enhances life.	CCE = Council on Chiropractic Education (US).
Travis, J.W. and R.S. Ryan. "Wellness Workbook." Berkely, CA: Ten Speed Press, 2004.	Wellness is the right and privilege of everyone. There is no prerequisite other than your free choice. Wellness is never static. You don't just get well and stay well and there are many degrees or levels of wellness. Well is not simply the absence of disease. Wellness extends the definition of health to encompass a process of integration characterized by awareness, education and growth.	John W. Travis, MD, MPH is considered one of the founders of the preventative health movement in North America.
Lalonde, M. "A new perspective on the health of Canadians: A working document." Ottawa, ON: Minister of Supply and Services Canada, 1981.	Complete well-being for all may be beyond our grasp, given the human condition, but much more can be done to increase freedom from disease and disability, as well as to promote a state of well-being sufficient to perform at adequate levels of physical, mental, and social activity, taking age into account.	



## APPENDIX 2: WELLNESS-RELATED CURRICULA (CANADA)

### Provincial Curriculum Overview: Health, Physical Education and Life Skills

<b>British Columbia</b> <a href="http://www.bced.gov.bc.ca/irp/irp.htm">http://www.bced.gov.bc.ca/irp/irp.htm</a>					
Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–7	Health and Career Education (2006)	<ul style="list-style-type: none"> <li>To provide students with the knowledge, skills and attitudes that will assist them in making informed decisions related to their health, their personal goals, and their future education and careers.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Planning</b> (goal setting, critical thinking, decision-making)</li> <li><b>Career Development</b> (identifying interests, types of work, skills)</li> <li><b>Healthy Living</b> (nutrition, physical activity, emotional health, disease prevention, sex education)</li> <li><b>Healthy Relationships</b> (anti-bullying, discrimination, friendships)</li> <li><b>Safety and Injury Prevention</b> (abuse prevention, risk identification, responding to emergencies)</li> <li><b>Substance Misuse Prevention</b> (unsafe substances, consequence of substance misuse, risk prevention)</li> </ul>	Yes	Kindergarten: 20–25 hours /year (recommended) Grades 1–7: 45–50 hours/year (5% of total instructional time) (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
	Physical Education (1995)	<ul style="list-style-type: none"> <li>To provide opportunities for all students to develop knowledge, movement skills, and positive attitudes and behaviours that contribute to a healthy, active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement:</b> (dance, games, gymnastics, alternative environments, individual and dual activities)</li> <li><b>Active Living</b> (functional fitness, wellness, nutrition, body image, goal setting, daily participation)</li> <li><b>Personal and Social Responsibility</b> (safety, communication, leadership, teamwork, fair play)</li> </ul>	Yes	Kindergarten to Grade 7: 10% of total instructional time. This provides a range of 140 (Grade 7) to 148 Grades 1–6) min/week (recommended)
8–9	Health and Career Education (2005)	<ul style="list-style-type: none"> <li>To provide students with the knowledge, skills and attitudes that will assist them in making informed decisions related to their health, their education and their future careers.</li> <li>To provide a foundation of learning for Planning 10, the required Graduation Program course.</li> </ul>	<ul style="list-style-type: none"> <li><b>Healthy Living</b> (healthy decision making, healthy lifestyle habits, nutrition, sex education)</li> <li><b>Healthy Relationships</b> (strategies for forming healthy relationships, support for individuals in unhealthy relationships)</li> <li><b>Safety and Injury Prevention</b> (risk prevention, identifying hazards, safe use of communications technology)</li> <li><b>Substance Misuse Prevention</b> (strategies to promote healthy choices)</li> </ul>	Yes	<p>Grades 8–9 (general): 5% of total instructional time (recommended).</p> <p>Grade 8: 7 hours – education and careers + 38 hours health (recommended)</p> <p>Grade 9: 9 hours – education and careers + 36 hours health (recommended)</p>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
8–10	Physical Education (1995)	<ul style="list-style-type: none"> <li>To enable all students to enhance their quality of life through active living.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement:</b> (dance, games, gymnastics, alternative environments, individual and dual activities)</li> <li><b>Active Living:</b> (functional fitness, wellness, nutrition, body image, goal setting, daily participation)</li> <li><b>Personal and Social Responsibility</b> (safety, communication, leadership, teamwork, fair play, careers in physical activity)</li> </ul>	Yes	<p>Grades 8–10: 10% of total instructional time. (recommended). No less than 15% of instructional time should be spent on any one movement category (recommended).</p> <p>Most students get 75 minutes/day every day in a semestered school year</p>
10	Planning 10 (2007)	<ul style="list-style-type: none"> <li>To provide students with foundational skills and knowledge required to make decisions in their present and future lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Graduation Requirements</b></li> <li><b>Education and Careers</b> (personal interests and career planning; job seeking and keeping, transition planning)</li> <li><b>Health</b> (healthy living, health information, healthy relationships, sexual decision-making, safety, substance abuse)</li> <li><b>Finances</b> (financial literacy)</li> </ul>	Yes	120 hrs estimated (4 credits)
11–12	Physical Education (1998)	<ul style="list-style-type: none"> <li>To enable all students to enhance their quality of life through active living.</li> <li>To promote healthy attitudes and regular physical activity as important parts of each student's lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement:</b> (games, alternative environments, individual and dual activities)</li> <li><b>Active Living</b> (planning for lifelong health, functional fitness, nutrition, stress management, well-being, self concept, daily participation)</li> <li><b>Personal and Social Responsibility</b> (personal behaviour and safety practices, leadership and community involvement)</li> </ul>	Optional	120 hrs estimated (4 credits)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
12	Graduation Transitions	<ul style="list-style-type: none"> <li>To prepare students for a successful transition to life after secondary school.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Health</b> (daily physical activity, well-being)</li> <li><b>Community Connections</b> (employability skills)</li> <li><b>Career and Life</b> (personal and career goal setting, transition planning)</li> </ul>	Yes	Variable: Students are required to demonstrate that they have met specific learning indicators. This demonstration can take multiple forms.

**Noteworthy:**

- All British Columbia secondary school students who are enrolled in Grade 10, Grade 11 or Grade 12 as of September 1, 2007 and beyond, must demonstrate they have met the following Graduation Transitions requirements.
  - Personal Health—maintain a personal health plan and participate in at least 80 hours of moderate to vigorous physical activity, in addition to Physical Education 10. Students are expected to develop a personal healthy living plan that includes their regular exercise routines. Schools and educators are expected to develop processes to ensure that students have met this expectation.
  - Community Connections—participate in at least 30 hours of work experience and/or community service and describe what was learned.
  - Career and Life—complete a transition plan and present significant accomplishments.
- The Graduation Transitions requirement is generally not a timetabled course and requires considerable tracking/tracking systems by schools and teachers.
- The Physical Education 8–10 (1995) curriculum is currently being revised. Public consultations on the draft revisions to this curriculum are currently underway.
- The Planning 10 Integrated Resource Package has been modified slightly to reflect the change. Students begin working on Graduation Transitions in Planning 10. Students are responsible for planning and preparing their education, career and life goals through Graduation Transitions. Teachers are responsible for assessing and providing feedback to learners. Schools are responsible for ensuring that students have opportunities to meet the learning outcomes described.
- Please note that the September 2008 Daily Physical Activity Initiative that will come into place for Grades 10–12 will change the personal health component of these Graduation Transitions.
- Optional implementation of the revised Kindergarten to Grade 7 Physical Education curriculum began September 2007 and full implementation will take place for September 2009. The revision process for the grades 8 to 10 and grades 11 to 12 Physical Education curricula will begin May 2008.
- In Grade 10, health is addressed as part of the Planning 10 curriculum and in Grade 11 and in Grade 12 Health is included in the Graduation Transitions requirements.
- Yukon uses British Columbia's Physical Education curriculum. However, any Yukon schools that are registered with the *Active Yukon School (AYS)* program follow the Alberta curriculum as AYS is based on the *Ever Active* program. Ever Active Schools is an Alberta-based, non-mandated program to promote physical activity in schools. Ever Active Schools recognizes and rewards schools that focus on physical activity and well-being in their school communities. Ever Active Schools also provides resources to help schools critically reflect and measure current practices, policies and environments.

**Alberta**

<http://education.alberta.ca/teachers/core/health/programs.aspx>

<http://education.alberta.ca/teachers/core/pe/programs.aspx>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Health and Life Skills Kindergarten to Grade 9 (2002)	<ul style="list-style-type: none"> <li>To enable students to make well-informed, healthy choices and to develop behaviours that contribute to the well-being of self and others.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Planning</b> (goal setting, critical thinking, decision-making)</li> <li><b>Healthy Living</b> (nutrition, physical activity, emotional health, disease prevention, sex education)</li> <li><b>Healthy Relationships</b> (anti-bullying, discrimination, friendships)</li> <li><b>Safety and Injury Prevention</b></li> <li><b>Substance Misuse Prevention</b></li> </ul>	Yes	<p>Instructional hours for Health and Life Skills and Physical Education are combined for these subjects at the elementary level.</p> <p>Grades 1–6: 10% of instructional time (recommended)</p>
	Physical Education Kindergarten to Grade 12 (2000)	<ul style="list-style-type: none"> <li>To enable individuals to develop the knowledge, skills and attitudes necessary to lead an active, healthy lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (dance, games, gymnastics, individual activities, activities in alternative environments)</li> <li><b>Active Living</b> (functional fitness, wellness, nutrition, body image, goal setting, daily participation)</li> <li><b>Safety, Cooperation and Leadership</b> (safety, communication, leadership, teamwork, fair play)</li> </ul>	Yes	<p>Instructional hours for Health and Life Skills and Physical Education are combined for these subjects at the elementary level.</p> <p>Grades 1–6: 10% of instructional time (recommended)</p>
7–9	Health and Life Skills Kindergarten to Grade 9 (2002)	<ul style="list-style-type: none"> <li>To enable students to make well informed, healthy choices and to develop behaviours that contribute to the well-being of self and others.</li> </ul>	<ul style="list-style-type: none"> <li>Same as those for the Kindergarten to Grade 6 program</li> </ul>	Yes	150 hours over the three years (50 hours/year) (recommended)
7–9	Physical Education Kindergarten to Grade 12 (2000)	<ul style="list-style-type: none"> <li>To enable individuals to develop the knowledge, skills and attitudes necessary to lead an active, healthy lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li>Same as those for the K–6 program</li> </ul>	Yes	75 hours/year (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10–12	Career and Life Management (2002)	<ul style="list-style-type: none"> <li>To enable students to make well-informed, considered decisions and choices in all aspects of their lives and to develop behaviours and attitudes that contribute to the well-being and respect of self and others, now and in the future.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Choices</b> (nutrition, physical activity and other dimensions of health and well-being, sex education)</li> <li><b>Resource Choices</b> (financial literacy and decision-making)</li> <li><b>Career and Life Choices</b> (develop and apply processes for managing personal and career development)</li> </ul>	Yes - This course must be taken at some point during the three secondary years	75 hours total instructional time (required)
10–12	Physical Education Kindergarten to Grade 12 (2000)	<ul style="list-style-type: none"> <li>To enable individuals to develop the knowledge, skills and attitudes necessary to lead an active, healthy lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (dance, games, gymnastics, individual activities, activities in alternative environments)</li> <li><b>Active Living</b> (functional fitness, wellness, nutrition, body image, goal setting, daily participation)</li> <li><b>Safety, Cooperation and Leadership</b> (safety, communication, leadership, team work, fair play)</li> </ul>	Grade 10 – required Grade 11 – Grade 12 optional	Grade 10 – 75 hours

**Noteworthy:**

- Most courses at the high school level in Alberta are semester-based and run for half a school year. Therefore, estimated weekly time allocations would typically be doubled for the semestered-system.
- The Northwest Territories and Nunavut uses Alberta's Physical Education curriculum for Kindergarten to Grade 12.

**Saskatchewan**

<http://www.sasked.gov.sk.ca/branches/curr/evergreen/index.shtml>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
1–5	Health Education (1998)	<ul style="list-style-type: none"> <li>• To enable students to apply health knowledge in daily life in order to increase health-enhancing behaviours and decrease health risk behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Healthy Body</b> (nutrition, growth and development, active living, appearance, disease and health, sex education)</li> <li>• <b>Social Relationships</b> (friendships, family relationships, community and school connections)</li> <li>• <b>Safety</b> (assertiveness, injury prevention, risk assessment)</li> <li>• <b>Self-esteem</b> (personal identify, self-knowledge)</li> </ul>	Yes	80 minutes/week (recommended)
	Physical Education (1999)	<ul style="list-style-type: none"> <li>• To allow all students to acquire knowledge, skills and attitudes that will enhance their quality of life through active living.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Active Living</b> (nutrition, regular physical activity, safety, physical activity in a natural setting)</li> <li>• <b>Movement</b> (sports, games, dance, gymnastics)</li> <li>• <b>Personal–Social–Cultural Perspective</b> (respect for others, self-direction, cooperation, caring, leisure and work connections)</li> </ul>	Yes	150 minutes/week (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
6–9	Health Education (1998)	<ul style="list-style-type: none"> <li>To enable students to apply health knowledge in daily life in order to increase health-enhancing behaviours and decrease health risk behaviours.</li> </ul>	<ul style="list-style-type: none"> <li><b>Healthy Body</b> (nutrition, hygiene, chronic illness, health promotion, first aid)</li> <li><b>Health Decision-Making Process</b> (substance abuse prevention, gambling, personal standards)</li> <li><b>Self-Esteem</b> (assertiveness, eating disorders, suicide)</li> <li><b>Healthy Relationships</b> (dating, peer pressure, divorce, domestic violence)</li> </ul>	Yes	Grade 6: 80 minutes/week Grade 7: 100 minutes/week Grade 8: 100 minutes/week Grade 9: 100 minutes/week  (All time allocations are recommended)
	Physical Education (1995)	<ul style="list-style-type: none"> <li>To promote lifelong participation in physical activity.</li> </ul>	<ul style="list-style-type: none"> <li><b>Activity/Movement</b> (aquatics, games and sports, gymnastics, outdoor pursuits, dance)</li> <li><b>Personal-Cultural Perspective</b> (emotional control, well-being, leadership, independence, extending culture into activity and sport)</li> </ul>	Yes	150 minutes/week (recommended)
	Career Guidance (1995)	<ul style="list-style-type: none"> <li>To empower students to acquire the knowledge, skills, information, and attitudes to understand and positively enhance their own life career development.</li> </ul>	<ul style="list-style-type: none"> <li><b>Self-Awareness</b> (self-concept, life career concept, cooperation with others)</li> <li><b>Life Career Management Skills</b> (decision making skills, life transitions, work and study habits)</li> <li><b>Education Planning</b> (relationship between work and learning, academic transitions,)</li> <li><b>Career Awareness, Exploration and Planning</b> (life roles, career planning, gender roles)</li> </ul>	Optional	50 minutes/week from Grade 6 to Grade 9 (recommended)



Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10	Wellness 10 (2004)	<ul style="list-style-type: none"> <li>To enable students to apply health knowledge in daily life, in order to increase health-enhancing behaviours and decrease health risk behaviours.</li> </ul>	<ul style="list-style-type: none"> <li><b>Wellness</b> (physical activity and fitness, stress management, leisure, nutrition, relationships)</li> <li><b>Challenges for Wellness</b> (HIV/AIDS education)</li> <li><b>Supports for Wellness</b> (injury prevention and safety)</li> <li><b>Supports for Local and Global Wellness</b> (volunteerism)</li> </ul>	Optional	<p>100 hours/week (recommended)</p> <p>Wellness 10 integrates health education and physical education into one course.</p>
11–12	Life Transitions 20–30 (1996)	<ul style="list-style-type: none"> <li>To enable students to acquire and refine the knowledge, skills and abilities to plan and enhance their personal health, family life, community life, and career development in order to effectively manage the change encountered in the transitions they will face throughout life.</li> </ul>	<ul style="list-style-type: none"> <li><b>Self-Awareness, Health and Life Skills</b> (self-knowledge, self-care for health, sex education, relationships, parenting, life balance)</li> <li><b>Life Career Management Skills</b> (decision-making skills, life transitions, work and study habits, time management, financial literacy)</li> <li><b>Career Awareness, Exploration and Planning</b> (life roles, career planning, gender roles, job search)</li> </ul>	Optional	<p>200 hours in total for the 20-level (Grade 11) credit (recommended)</p> <p>100 hours in total for the 30-level (Grade 12) credit (recommended)</p>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
11–12	Physical Education 20 and 30 (1994)	<ul style="list-style-type: none"> <li>To promote lifelong participation in physical activity.</li> </ul>	<ul style="list-style-type: none"> <li><b>Activity/Movement</b> (aquatics, games and sports, gymnastics, outdoor pursuits, dance)</li> <li><b>Personal–Cultural–Perspective</b> (emotional control, well-being, leadership, independence, extending culture into activity and sport, volunteerism)</li> </ul>	Optional	100 hours (recommended)  Specific recommended time allotments for each activity or movement area have been established (aquatics – 5%; games and sports – 25%; gymnastics – 10%; fitness – 10%; outdoor pursuits – 15%; dance – 10%; flexible dimension – 25%)
<p><b>Noteworthy:</b></p> <ul style="list-style-type: none"> <li>Students are required to take one of Wellness 10, Physical Education 20 or Physical Education 30 to meet requirements for graduation.</li> </ul>					

**Manitoba**

[http://www.edu.gov.mb.ca/k12/cur/physhlth/c\\_overview.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/c_overview.html)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Physical Education/Health Education (2000)	<ul style="list-style-type: none"> <li>To provide students with planned and balanced programming to develop the knowledge, skills and attitudes for physically active and healthy lifestyles.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (dance/arts, sport/games, alternative pursuits/environments, gymnastics)</li> <li><b>Fitness Management</b> (personal fitness planning)</li> <li><b>Safety</b> (risk prevention and management, injury prevention in physical activity)</li> <li><b>Personal and Social Management</b> (health decision-making, cooperation, building positive relationships)</li> <li><b>Healthy Lifestyle Practices</b> (nutrition, active living, substance abuse prevention, sex education)</li> </ul>	Yes	11% of instructional time (recommended)  75% spent on physical education related learning outcomes and 25% spent on health education learning outcomes
7–8	Physical Education/Health Education (2000)			Yes	9% of instructional time (recommended) 75% of time spent on physical education related learning outcomes and 25% spent on health education learning outcomes
9 (Senior 1)	Health Education/Physical Education (2000)			Yes	110 hours (required) 50% of time spent on physical education related learning outcomes and 25% spent on health education outcomes
10 (Senior 2)	Health Education/Physical Education (2000)			Yes	110 hours (required): 50% of time spent on physical education related learning outcomes and 25% spent on health education outcomes

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
11–12 (Senior 3 & 4)	Health Education/Physical Education (2007)	<ul style="list-style-type: none"> <li>To provide students with planned and balanced programming to develop the knowledge, skills and attitudes for physically active and healthy lifestyles.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (dance/arts, sport/games, alternative pursuits/environments, gymnastics)</li> <li><b>Fitness Management</b> (personal fitness planning)</li> <li><b>Safety</b> (risk prevention and management, injury prevention in physical activity)</li> <li><b>Personal and Social Management</b> (health decision-making, cooperation, building positive relationships)</li> <li><b>Healthy Lifestyle Practices</b> (nutrition, active living, substance abuse prevention, sex education)</li> </ul>	Yes	<p>110 hours/per year in 2007 (required)</p> <p>Manitoba has increased the number of credits in Senior Health Education/Physical Education required for graduation:</p> <p>2007–2008: two credits required (220 hours)</p> <p>2008–2009: three credits required (330 hours)</p> <p>2009–2010: four credits required (440 hours)</p>

**Noteworthy:**

- Manitoba's Grade 11 and Grade 12 Physical Education (PE)/Health Education (HE) curriculum is currently under development.
- Information relating to the specific learning outcomes at these grade levels is currently unavailable. The expected release date is spring 2008
- Grades 11–12 (Senior 3 & 4) HE/PE: The curriculum learning outcomes are aligned with Manitoba's K–12 HE/PE Framework and are designed to focus on developing active, healthy lifestyles that are achievable through an In-Class and Out-of-Class Implementation Model.
- A minimum of 25% of In-Class time (approximately 30 hours) must be spent on HE and Personal Planning Outcomes. This class time is timetabled as part of the instructional day and students are required to attend.
- A minimum of 50% of time is spent on physical education outcomes. This may be achieved through In, Out or a combination of In and Out time through a Physical Activity Practicum. The Physical Activity Practicum contains prescribed learning outcomes that focus on participation in physical activity. Each student must develop and implement a personal physical activity plan. The plan must provide for a minimum of 55 hours of participation at a moderate to vigorous intensity level. The student must also develop appropriate risk management/safety considerations in planning.
- All or a portion of the Practicum and its related outcomes may be achieved during Out-of-Class time.
- There are two categories for Out-of-Class activities: School-based activities; e.g., teams, intramurals, clubs and non-school-based activities; e.g., community teams, dance, community-based fitness activities.
- Out-of-Class achievement of a learning outcome(s) must be evaluated by the teacher and formally signed off by the student's parent(s)/guardian.
- Up to 25% of time may be spent on selected areas of interest through an increase in In-Class time; e.g., groups or Out-of-Class time; e.g., individual students.
- As part of earning a credit, students will be required to submit a personal fitness portfolio containing elements such as a fitness plan, physical activity log or journal entry.
- Students will be graded on completion of the Grades 11–12 (Senior 3 & 4) HE/PE course with a complete or incomplete designation. The complete/incomplete will not affect a student's grade point average.

**Ontario**

<http://www.edu.gov.on.ca/eng/curriculum/elementary/grade8.html>

<http://www.edu.gov.on.ca/eng/curriculum/secondary/health.html>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
1–8	Health and Physical Education (2005)	<ul style="list-style-type: none"> <li>• Development of: 1) an understanding of the importance of physical fitness, health and well-being and the factors that contribute to them; 2) a personal commitment to daily vigorous physical activity and positive health behaviours; 3) the basic movement skills required to participate in physical activities throughout life.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Healthy Living</b> (healthy eating, growth and development, sex education, personal safety and injury prevention, substance use and abuse)</li> <li>• <b>Movement</b> (fundamental movement skills, games, gymnastics, dance, outdoor pursuits, individual and group activities)</li> <li>• <b>Active Participation</b> (physical activity, physical fitness, living skills, i.e., decision-making; goal-setting; communication, conflict resolution – safety)</li> </ul>	Yes	<p>In Ontario, Health Education is integrated with Physical Education from Kindergarten to Grade 10</p> <p>Recommended instructional time for Health Education/Physical Education (combined) is 165 minutes/week (20 minutes/day)</p>
9–10	Healthy Active Living Education (1999)	<ul style="list-style-type: none"> <li>• Development of : 1) an understanding of the importance of physical fitness, health and well-being and the factors that contribute to them; 2) a personal commitment to daily vigorous physical activity and positive health behaviours; 3) the basic movement skills required to participate in physical activities throughout life.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Healthy Living</b> (healthy eating, growth and development, sex education, personal safety and injury prevention, substance use and abuse)</li> <li>• <b>Movement</b> (fundamental movement skills, games, gymnastics, dance, outdoor pursuits, individual and group activities)</li> <li>• <b>Active Participation</b> (physical activity, physical fitness, living skills, i.e., decision-making; goal setting; communication, conflict resolution – safety)</li> </ul>	Yes	110 hours (recommended)

Grade level	Curriculum or Program Name (Year Implemented)		Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
11	Health and Physical Education (2000)	Healthy Active Living Strand	<ul style="list-style-type: none"> <li>To develop a healthy lifestyle and participation in a variety of enjoyable physical activities that have the potential to engage students' interest throughout their lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Physical Activity</b> (Movement, sports and recreation, games, outdoor pursuits)</li> <li><b>Active Living</b> (active participation, safety for self and other)</li> <li><b>Healthy Living</b> (nutrition, sex education, relationship skills, domestic violence, injury prevention, mental health, suicide, substance abuse prevention)</li> <li><b>Living Skills</b> (goal setting, stress management, social skill development)</li> </ul>	Optional	110 hours (recommended)  The learning objectives for active living indicated that the student must participate in vigorous physical activity for sustained periods of time; e.g., a minimum of two 10-minute time periods or one 20-minute time period four times per week
11	Health and Physical Education (2000)	Health for Life Strand	<ul style="list-style-type: none"> <li>To develop the skills necessary to take charge of and improve their own health, as well as to encourage others to lead healthy lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Determinants of Health</b> (interrelationships of physical, social and mental health to personal health, developing personal plans for health)</li> <li><b>Community Health</b> (consumer health influences, environmental factors and health)</li> <li><b>Vitality</b> (vitality concept – healthy eating, active living, positive self-concept)</li> </ul>	Optional	110 hours (recommended)

Grade level	Curriculum or Program Name (Year Implemented)		Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
12	Health and Physical Education (2000)	Healthy Active Living Strand	<ul style="list-style-type: none"> <li>To develop a personalized approach to healthy active living through participation in a variety of sports and recreational activities that have the potential to engage students' interest throughout their lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Physical Activity</b> (movement, sports and recreation, games, outdoor pursuits)</li> <li><b>Active Living</b> (active participation, safety for self and other)</li> <li><b>Healthy Living</b> (nutrition, sex education, relationship skills, domestic violence, injury prevention, mental health, suicide, substance abuse prevention)</li> <li><b>Living Skills</b> (goal setting, stress management, social skill development)</li> </ul>	Optional	110 hours (recommended)
12	Health and Physical Education (2000)	Exercise Science Strand (University Preparation)	<ul style="list-style-type: none"> <li>To build knowledge related to human movement and of systems, factors and principles involved in human development. Students learn about the effects of physical activity on health and performance, the evolution of physical activity and sports, and the factors that influence an individual's participation in physical activity.</li> </ul>	<ul style="list-style-type: none"> <li><b>Biological Basis of Movement</b> (anatomy and physiology, biomechanics, human performance)</li> <li><b>Motor Development</b> (growth and development, motor learning)</li> <li><b>Physical Activity and Sports in Society</b> (physical activity and sports issues, society culture and sport)</li> </ul>	Optional	110 hours (recommended)

Grade level	Curriculum or Program Name (Year Implemented)		Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
12	Health and Physical Education (2000)	Recreation and Fitness Leadership Strand (College Preparation)	<ul style="list-style-type: none"> <li>To build knowledge and skills related to leadership and coordination skills for recreational activities. Students learn how to promote the value of physical activity, personal well-being and personal safety to others through mentoring.</li> </ul>	<ul style="list-style-type: none"> <li><b>Leadership</b> (leadership styles, group development, teamwork skills, leadership skills)</li> <li><b>Facilitation of Recreation and Leisure</b> (needs assessment, promotion of participation, plan coordination)</li> <li><b>Physical Fitness and Well-Being</b> (health-related fitness and fitness appraisal, mentoring, injury prevention and first aid, nutrition and well-being)</li> </ul>	Optional	110 hours (recommended)



Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10	Career Studies (2006)	<ul style="list-style-type: none"> <li>To enable students to understand concepts related to lifelong learning, interpersonal relationships and career planning; develop learning skills, social skills, a sense of social responsibility, and the ability to formulate and pursue educational and career goals; apply this learning to their lives and work in school and the community.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Management</b> (self-assessment, time management, portfolio building, interpersonal communications)</li> <li><b>Exploration of Opportunities</b> (accessing career information, identifying workplace trends and opportunities, identifying personal options)</li> <li><b>Preparation for Transitions and Change</b> (career planning, searching for work, managing change)</li> </ul>	Yes	Students require 0.5 credits (55 hours) in total to meet graduation requirements (recommended)

**Noteworthy:**

- Students must obtain a total of one credit (110 hours/credit) in health and physical education between Grade 9 and Grade 12 to meet Ontario's graduation requirements.
- All Health and Physical Education curriculum (Grade 1 to Grade 12) is currently under review. The new curriculum for the elementary level is to be in place for the 2010 school year and the secondary curriculum for the 2011 school year. They are looking closely at the work being done in the United Kingdom at the elementary level, specifically the physical literacy initiative.
- The Guidance and Career Education Program consists of four courses: Learning Strategies 1 (Grade 9), Career Studies (Grade 10), and Discovering the Workplace (Grade 10). However, only Career Studies is compulsory and timetabled.

**Quebec**

[http://www.mels.gouv.qc.ca/DGFJ/dp/programme\\_de\\_formation/primaire/educprg2001h.htm](http://www.mels.gouv.qc.ca/DGFJ/dp/programme_de_formation/primaire/educprg2001h.htm)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Physical Education and Health (2001)	<ul style="list-style-type: none"> <li>To help students increase their motor efficiency through regular physical activity; to develop psycho-social skills and acquire the knowledge, strategies, attitudes and safe and ethical behaviours required to properly manage their health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li><b>Performs Movement Skills in Different Physical Activity Settings</b> (dance, games and sport, individual and dual activities, alternative environments)</li> <li><b>Adopts a Healthy Active Lifestyle</b> (nutrition and other lifestyle habits, anatomy, physiology, acceptance of differences, safety during sport, minor elements of sex education, effects of a sedentary lifestyle).</li> <li><b>Interacts with Others in Different Physical Activity Settings</b> (cooperation, fair play, social skills)</li> </ul>	Yes	120 minutes/week (recommended)
Secondary School Cycle One (Grade 7–9)	Physical Education and Health (2004)	<ul style="list-style-type: none"> <li>To help students increase their motor efficiency through regular physical activity; to develop psycho-social skills and acquire the knowledge, strategies, attitudes and safe and ethical behaviours required to properly manage their health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li><b>Performs Movement Skills in Different Physical Activity Settings</b> (dance, games and sport, individual and dual activities, alternative environments)</li> <li><b>Adopts a Healthy Active Lifestyle</b> (nutrition and other lifestyle habits, anatomy, physiology, acceptance of differences, safety during sport, minor elements of sex education)</li> <li><b>Interacts with Others in Different Physical Activity Settings</b> (cooperation, fair play, social skills, ethical judgment, safety)</li> </ul>	Yes	Information not available

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
Secondary School Cycle Two (10–11)	Physical Education and Health (2004)	<ul style="list-style-type: none"> <li>To help students increase their motor efficiency through regular physical activity; to develop psycho-social skills and acquire the knowledge, strategies, attitudes and safe and ethical behaviours required to properly manage their health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li><b>Performs Movement Skills in Different Physical Activity Settings</b> (dance, games and sport, individual and dual activities, alternative environments)</li> <li><b>Adopts a Healthy Active Lifestyle</b> (nutrition and other lifestyle habits, anatomy, physiology, acceptance of differences, safety during sport)</li> <li><b>Interacts with Others in Different Physical Activity Settings</b> (cooperation, fair play, social skills, ethical judgment, safety)</li> </ul>	No	Information not available
<p><b>Noteworthy:</b></p> <ul style="list-style-type: none"> <li>In Quebec, physical education and health are grouped with three other subjects in a subject area called Personal Development. The other subjects are Catholic Religious and Moral Instruction, Protestant and Moral and Religious Education, and Moral Education.</li> </ul>					

**New Brunswick**

<http://www.gnb.ca/0000/anglophone-e.asp#cd>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–5	Health Education (2001)	<ul style="list-style-type: none"> <li>• Students will leave public education both understanding and practising wellness, by making wise lifestyle choices, which contribute to both a healthy, caring individual and the community.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Protecting Yourself, Your family and Your Community</b> (personal hygiene, abuse prevention, disease prevention)</li> <li>• <b>Personal Wellness</b> (nutrition, dental health, self-concept, smoking and health, sex education)</li> <li>• <b>Growth and Development</b> (physiology, personal hygiene)</li> <li>• <b>Use, Misuse and Abuse of Materials</b> (medications, legal drugs, allergies, media awareness)</li> </ul>	Yes	<p>K–2 Health Education and <i>You and Your World</i> are combined for an approximate total of 130 minutes/week (10% of total instructional time). Two 65-minute blocks (recommended)</p> <p>All health outcomes for K–2 are covered in the <i>You and Your World Curriculum</i></p> <p>Health Education for grades 3–5 is offered for 45 minutes/week</p>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–2	You and Your World (2005)	<ul style="list-style-type: none"> <li>An integrative approach to supporting literacy at the primary level.</li> <li>Supports the development of literacy, numerical skills, physical education and the arts.</li> <li><i>You and Your World</i> incorporates outcomes from health, personal development and career planning, science, and social studies.</li> </ul>	<ul style="list-style-type: none"> <li><b>Healthy Lifestyles</b> (nutrition, physical activity, personal hygiene, health behaviours)</li> <li>Community (belongingness, culture)</li> <li><b>Safety</b> (personal safety)</li> <li><b>Environment</b> (caring for the environment)</li> <li><b>Work</b> (economic decision-making in families, nature of work)</li> </ul>	Yes	
K–5	Physical Education (2000)	<ul style="list-style-type: none"> <li>To attain healthy levels of physical activity and fitness for all students; to encourage the acquisition of motor skills; to develop knowledge and attitudes supportive of continuing active living habits throughout life; and to develop specific objectives designed to meet the physical growth and developmental needs of all children and youth.</li> </ul>	<ul style="list-style-type: none"> <li><b>Doing/Movement</b> (dance, games and sport, gymnastics, alternative environments, individual and dual activities)</li> <li><b>Knowing/Active Living</b> (frequent participation, nutrition, rest/relaxation, well-being, body systems and functions, factors affecting performance, safety of self and others, skills for safety)</li> <li><b>Valuing</b> (fair play, positive self-image, cooperative learning skills, nurturing behaviours, leadership skills)</li> </ul>	Yes	100 minutes/weeks (minimum) (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
6–8	Health Education (2005)	<ul style="list-style-type: none"> <li>Students will leave public education both understanding and practising wellness, by making wise lifestyle choices, which contribute to both a healthy, caring individual and the community.</li> </ul>	<ul style="list-style-type: none"> <li><b>Protecting Yourself, Your family and Your community</b> (personal hygiene, abuse prevention, disease prevention, safety and injury prevention)</li> <li><b>Personal Wellness</b> (nutrition, dental health, self-concept, smoking and health, sex education)</li> <li><b>Growth and Development</b> (physiology, personal hygiene)</li> <li><b>Use, Misuse and Abuse of Materials</b> (medications, legal drugs, allergies, media awareness, addiction)</li> </ul>	Yes	45 minutes/week (approximately 2.75% of instructional time) (recommended)
6–8	Physical Education (2002)	<ul style="list-style-type: none"> <li>To attain healthy levels of physical activity and fitness for all students; to encourage the acquisition of motor skills; to develop knowledge and attitudes supportive of continuing active living habits throughout life; and to develop specific objectives designed to meet the physical growth and developmental needs of all children and youth.</li> </ul>	<ul style="list-style-type: none"> <li><b>Doing/Movement</b> (dance, games and sport, gymnastics, alternative environments individual and dual activities)</li> <li><b>Knowing/Active Living</b> (frequent participation, nutrition, rest/relaxation, well-being, body systems and functions, factors affecting performance, safety of self and others, skills for safety)</li> <li><b>Valuing</b> (fair play, positive self-image, cooperative learning skills, nurturing behaviours, leadership skills)</li> </ul>	Yes	150 minutes/week (three times/week is recommended)
9–10	Physical Education and Health Education (under review)	<ul style="list-style-type: none"> <li>Information not available</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum under review and currently being piloted.</li> <li>Published information on the proposed outcomes or curricular elements is not available.</li> </ul>	Yes – to Grade 9 and optional in Grade 10	45–135 hours health education and physical education combined (recommended)

Grade level	Curriculum or Program Name (Year Implemented)		Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
11–12	Physical Education (2002)	Leadership	<ul style="list-style-type: none"> <li>Information not available</li> </ul>	<ul style="list-style-type: none"> <li><b>Fitness Leadership</b> (planning, mentoring, coaching)</li> <li><b>Outdoor Pursuits</b> (development of outdoor recreation skills based on environmental ethics)</li> </ul>	Optional	90 hours/semester
		Outdoor Pursuits				90 hours/semester
10–12	Nutrition for Healthy Living 120 (2005)		<ul style="list-style-type: none"> <li>To make students aware of preventative strategies to contribute to overall wellness, make healthy food choices and maintain a balance between eating habits and physical activity. Current issues relating to chronic diseases, lifestyles and food technologies will be discussed. Students will be encouraged to use reliable information to examine their eating habits and lifestyle choices.</li> </ul>	<ul style="list-style-type: none"> <li><b>Health and Wellness</b> (define wellness, influences on health and wellness, guidelines to promote wellness)</li> <li><b>Nutrients and Their Functions</b> (basic nutritional biochemistry plus personal diet analysis)</li> <li><b>Health Trends and Issues</b> (chronic disease and diet, Glycemic Index, sport nutrition, trans fatty acids, fad diet, body mass index, eating disorders)</li> <li><b>Consumer Issues</b> (advertising and labelling)</li> <li><b>Careers Relating to Nutrition</b></li> </ul>	Optional	90 hours in total/ 18-week semester
6–12	Personal Development and Career Planning (2000)		<ul style="list-style-type: none"> <li>To provide all students at all levels with knowledge of normal growth and development; to promote their positive mental health, and to assist them in acquiring and using life skills.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Development</b> (personality traits, personal responsibility, self-esteem, effective interactions with others)</li> <li><b>Lifelong Learning</b> (learning styles, time management, self-motivation)</li> <li><b>Career Exploration and Planning</b> (career planning, goal setting, problem-solving)</li> </ul>	Yes	Elementary: 35–45% Middle: 25–35% High School: 15–25%  (All times are recommended)
<p><b>Noteworthy:</b></p> <ul style="list-style-type: none"> <li>Approximately 50% of the schools in the province have applied for and received permission to offer a more pure physical education course in grades 11 to 12. The curriculum for these courses are developed and administered locally.</li> <li>Revisions to the Grades 9/10 Health and Physical Education curriculum were to have been completed by November 2007. The curriculum is currently being piloted in preparation for implementation.</li> </ul>						

**Nova Scotia**

<https://sapps.ednet.ns.ca/Cart/items.php?CA=14&UID=2007112614130868.150.213.91>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–3	Health Education (2003)	<ul style="list-style-type: none"> <li>Information not available.</li> </ul>	<ul style="list-style-type: none"> <li><b>The Body: Growth and Development</b> (five senses, age-related changes in physiology, body as a support for movement)</li> <li><b>Strategies for Healthy Living</b> (nutrition, active living, hygiene, safety)</li> <li><b>Values and Practices for Healthy Living</b> (family values, personal responsibility, determinants of health, supports for health)</li> <li><b>Strategies for Positive Personal Development and Healthy Relationships</b></li> </ul>	Yes	Kindergarten to Grade 3: 4.4% of total instructional hours or 50 minutes/week (recommended)  Grades 7–9: Currently no formal recommendations. In general, the goal is two 60-minute periods/week (recommended)
4–6	Health Education (2003)	<ul style="list-style-type: none"> <li>To provide learning opportunities in which students acquire the knowledge, skills and attitudes required to enhance their quality of life through active, healthy living.</li> </ul>	<ul style="list-style-type: none"> <li><b>The Body: Growth and Development</b> (age-related changes in physiology, body as a support for movement, sex education)</li> <li><b>Strategies for Healthy Living</b> (nutrition, active living, hygiene, safety, health-related fitness, substance abuse prevention)</li> <li><b>Values and Practices for Healthy Living</b> (family values and dynamics, roles, societal values, diversity)</li> <li><b>Strategies for Positive Personal Development and Healthy Relationships</b> (self-management, healthy relationships, volunteerism, responsible decision-making, occupations and gender roles)</li> </ul>	Yes	Grades 4–6: 4.2% of total instructional hours or 60 minutes/week (recommended)



Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10–12	Health Education (2000)	<ul style="list-style-type: none"> <li>To provide learning opportunities in which students acquire the knowledge, skills and attitudes required to enhance their quality of life through active, healthy living.</li> </ul>	<ul style="list-style-type: none"> <li><b>The Body: Growth and Development</b> (age-related changes in physiology, body as a support for movement, sex education)</li> <li><b>Strategies for Healthy Living</b> (nutrition, active living, hygiene, safety, health-related fitness, substance abuse prevention, well-being)</li> <li><b>Values and Practices for Healthy Living</b> (family values and dynamics, roles, societal values, diversity)</li> <li><b>Strategies for Positive Personal Development and Healthy Relationships</b> (self-management, healthy relationships, volunteerism, responsible decision-making, occupations and gender roles)</li> </ul>	No	None
K–6	Physical Education (1998)	<ul style="list-style-type: none"> <li>To offer students the opportunity to participate in a variety of learning experiences aimed at maintaining a physically active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Knowing</b> (well-being, nutrition, safety during physical activity)</li> <li><b>Doing</b> (movement – games and sport, gymnastics, dance, alternative environments, individual and dual activities)</li> <li><b>Valuing</b> (social relationships, rules, cooperation, fair play)</li> </ul>	Yes	Instructional time for physical education is 100–150 minutes/week (Recommended)
7–9	Physical Education (1999)	<ul style="list-style-type: none"> <li>To offer students the opportunity to participate in a variety of learning experiences aimed at maintaining a physically active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Knowing</b> (well-being, nutrition, safety during physical activity, concepts that support human movement)</li> <li><b>Doing</b> (movement – games and sport, gymnastics, dance, alternative environments, individual and dual activities)</li> <li><b>Valuing</b> (social relationships, rules, cooperation, fair play)</li> </ul>	Yes	No specific recommended time allocations for physical education are offered for grades 7 to 9 or beyond.

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10–12	Physical Education (1999)	<ul style="list-style-type: none"> <li>To offer students the opportunity to participate in a variety of learning experiences aimed at maintaining a physically active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Knowing</b> (well-being, nutrition, safety during physical activity, concepts that support human movement)</li> <li><b>Doing</b> (movement – games and sport, gymnastics, dance, alternative environments, individual and dual activities)</li> <li><b>Valuing</b> (social relationships, rules, cooperation, fair play)</li> </ul>	Physical education in grades 10 to 12 is currently optional.  In September 2008 Physical Education 10 will be required	No specific recommended time allocations for physical education are offered for grades 7 to 9 or beyond.
11	Physically Active Lifestyles (1999)	<ul style="list-style-type: none"> <li>To offer students the opportunity to participate in a variety of learning experiences aimed at maintaining a physically active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Knowing</b> (well-being, nutrition, safety during physical activity, concepts that support human movement)</li> <li><b>Doing</b> (movement – games and sport, gymnastics, dance, alternative environments, individual and dual activities)</li> <li><b>Valuing</b> (social relationships, rules, cooperation, fair play)</li> </ul>	Yes	Must complete Physically Active Lifestyles 11 – 0.5 credits (55 hours) to meet graduation requirement
11	Career Life Management (CALM)	<ul style="list-style-type: none"> <li>Information is not available.</li> </ul>	<ul style="list-style-type: none"> <li><b>Career planning</b></li> <li><b>Finances</b></li> <li><b>Decision-Making</b> (self-management, goal setting)</li> </ul>	Yes	Must complete 55 hours to meet graduation requirement

**Newfoundland and Labrador**  
<http://www.ed.gov.nl.ca/edu/sp/pos.htm>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Health (2007–08)	<ul style="list-style-type: none"> <li>• To develop a basic understanding of the components of health; to develop a positive self-concept; 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 promote behaviours for health and injury prevention; to promote and reinforce positive attitudes towards health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mental Health</b> (self-recognition, decision-making and self-efficacy)</li> <li>• <b>Relationships</b> (influences of family and friends, peers, stereotyping, respect)</li> <li>• <b>Nutrition</b> (types and amounts of foods for health)</li> <li>• <b>Physical Growth and Development</b> (sex education)</li> <li>• <b>Self-Care</b> (disease prevention, hygiene)</li> <li>• <b>Dental Health</b></li> <li>• <b>Active Living</b></li> <li>• <b>Injury Prevention and Safety</b></li> <li>• <b>Drug Education</b></li> <li>• <b>Consumer Health</b> (media awareness)</li> <li>• <b>Environmental Health</b></li> </ul>	Yes	<p>Kindergarten to Grade 3: Health shares a recommended 40% of instructional time with social studies, religious education, physical education, art and music</p> <p>There are no definitive time allocations for health instruction for grades 1 to 3.</p> <p>Grades 4–6: 6% of instructional time (recommended)</p>
7–9	Health and Personal Development (2007)	<ul style="list-style-type: none"> <li>• To foster awareness of self and others; to promote the integration of health concepts into personal living practices; to foster the idea of self-responsibility and capability for wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Emotional and Social Well-Being</b> (self-esteem, self-concept, decision-making)</li> <li>• <b>Human Sexuality</b> (reproduction, STD prevention, sexual assault and abuse)</li> <li>• <b>Relationships</b> (friendships, role of family, influence of peers)</li> <li>• <b>Drugs: Smoking, Alcohol and Drugs</b> (consequences of use, abuse prevention)</li> <li>• <b>Active Living</b></li> <li>• <b>Nutrition</b></li> <li>• <b>Safety and Environmental Health</b> (safety practices)</li> </ul>	Yes	5% of instructional time; the lowest allocation of all subjects (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Physical Education (2007–08)	<ul style="list-style-type: none"> <li>The students will [develop an] understanding and apply physical education experiences to give students understanding of movement and its place in their personal quest for wellness through an active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (games, dance/rhythmic activities, gymnastics, fitness, sports)</li> </ul>	Yes	<p>Kindergarten to Grade 3: Physical Education shares a recommended 40% of instructional time with social studies, religious education, health, art and music</p> <p>This generally equates to approximately 6% of instructional time being devoted to physical education (recommended)</p> <p>Grades 4–6: 6% of instructional time (recommended)</p>
7–9	Physical Education (2004)	<ul style="list-style-type: none"> <li>Physical education fosters personal and community wellness by empowering students to attain healthy lifelong attitudes and behaviours through physical activity as part of the total educational experience.</li> </ul>	<ul style="list-style-type: none"> <li><b>Alternative Activities</b> (archery, rock climbing, swimming, self-defence)</li> <li><b>Court and Field Activities</b> (badminton, baseball, basketball)</li> <li><b>Fitness Activities</b> (circuit training, aerobics, pilates, yoga)</li> <li><b>Leadership/Cooperative Activities</b> (cooperative games, problem-solving, risk management, trust)</li> <li><b>Outdoor Activities</b> (running, camping, hiking, cycling)</li> <li><b>Rhythmic Activities</b> (dance, aerobics, cheerleading)</li> </ul>	Yes	6% of instructional time (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
11–12	Physical Education 2100/2101  Physical Education 3100/3101	<ul style="list-style-type: none"> <li>Students develop skills in a variety of physical activities that have appeal as worthwhile, physical recreation and sport pursuits.</li> <li>Students gain appreciation of the value of sport and physical activity in healthful living.</li> </ul>	<ul style="list-style-type: none"> <li>Information not available</li> </ul>	Optional  Optional	110 hours (55 hours/semester) (recommended)
10	Healthy Living 1200	<ul style="list-style-type: none"> <li>Provides opportunities for students to examine and reflect on issues that affect their health and well-being.</li> <li>They examine health indicators and health practices, apply research skills to the investigation of relevant health topics, consider the determinants of health, and explore activities that improve life skills and enhance capability to positively affect health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li><b>Active Lifestyles</b> (impact of activity on health, identify challenges in leading an active lifestyle, develop a personal plan for action)</li> <li><b>Healthy Eating</b> (impact of food choices on well-being, develop a personal eating plan)</li> <li><b>Controlling Substances</b> (substance misuse and prevention)</li> <li><b>Personal Dynamics</b> (relationships, decision-making, stress management, career planning, financial management)</li> </ul>	Optional*	110 hours (55 hours/semester) (recommended)  (30–45% of time is physical activity)
11	Nutrition 2102	<ul style="list-style-type: none"> <li>A culture of wellness embodies the key concepts of eating healthy, being active and staying smoke free. Nutrition 2102 engages students in a course of study that enables them to acquire and apply nutritional knowledge and skills both in the classroom and in their own day-to-day living.</li> </ul>	<ul style="list-style-type: none"> <li><b>Food Choices and Nutritional Needs</b> (basic knowledge of nutrients, Canada's Food Guide)</li> <li><b>Food Selection, Preparation and Storage</b> (nutrition labels, safe food preparation methods)</li> <li><b>Menu and Meal Planning</b> (food preparation with variable resources, nutrition and food career options)</li> </ul>	Optional	Designed as three modules. Each module is 15 to 20 hours in length (recommended)

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
12	Nutrition 3102	<ul style="list-style-type: none"> <li>Nutrition 3102 engages students in a course of study that enables them to acquire and apply nutritional knowledge and skills both in the classroom and in their own day-to-day living.</li> </ul>	<ul style="list-style-type: none"> <li><b>Food, Nutrition and Health</b> (nutrition and disease prevention)</li> <li><b>Food Technology and Production</b> (issues affecting Canada's food supply)</li> <li><b>Food Security</b> (the security of the food supply locally, nationally and internationally)</li> </ul>	Optional	Designed as three modules. Each module is 15 to 25 hours in length (recommended)
11	Career Development 2201	<ul style="list-style-type: none"> <li>To assist students with understanding the value and transferability of their learning, knowledge and skills to their personal and career development.</li> </ul>	<ul style="list-style-type: none"> <li><b>Personal Management</b> (self-awareness and change)</li> <li><b>Career Exploration, Learning and Work Exploration</b> (lifelong learning, relationship of work-to-society and the economy, job seeking)</li> <li><b>Career Preparation</b> (life/work building—life and work roles, career planning, decision-making)</li> </ul>	Yes	Students must complete two credits (110 hours)

**Noteworthy:**

- Newfoundland-Labrador Department of Education is exploring options to review the recommended time allotments for the physical education and health curriculum.
- Revised curriculum for Nutrition 2102 and 3102 was implemented in September 2007.

**Prince Edward Island**

<http://www.gov.pe.ca/educ/index.php3?number=74904&lang=E>

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
K–6	Health and Family Life (2006)	<ul style="list-style-type: none"> <li>To enhance personal and family living by providing accurate information, cultivating positive attitudes, encouraging healthful living skills, and providing a structure for informed decision-making.</li> </ul>	<ul style="list-style-type: none"> <li><b>Wellness Choices</b> (active living, positive health habits, growth and change, body image, nutrition, substance awareness, and abuse awareness, sex education)</li> <li><b>Relationship Choices</b> (characteristics of healthy relationships, listening, expressing needs and emotions, and providing feedback)</li> <li><b>Life Learning Choices</b> (life roles and career opportunities and challenges)</li> </ul>	Yes	4% of the 300-minute instructional week (recommended)
1–6	Physical Education (2006)	<p>To assist the individual in:</p> <ul style="list-style-type: none"> <li>developing efficient and effective motor skills and applying these skills to a wide variety of physical activities</li> <li>developing knowledge and understanding of factors involved in attaining competence in and appreciation of physical activity</li> <li>developing and maintaining positive personal attributes and interpersonal relationships including a positive attitude towards continued participation in physical activity.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (gymnastics, games, dance, outdoor pursuits, track and field)</li> <li><b>Active Living</b> (fitness activities)</li> </ul>	Yes	5% of the 300-minute instructional week

Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
7–9	Health and Family Life (2002)	<ul style="list-style-type: none"> <li>To enhance personal and family living by providing accurate information, cultivating positive attitudes, encouraging healthful living skills, and providing a structure for informed decision-making.</li> </ul>	<ul style="list-style-type: none"> <li><b>Wellness Choices</b> (active living, positive health habits, growth and change, body image, nutrition, substance awareness, abuse awareness, mental health, sex education)</li> <li><b>Relationship Choices</b> (characteristics of healthy relationships, listening, expressing needs and emotions, and providing feedback)</li> <li><b>Life Learning Choices</b> (motivation, work, life roles and career opportunities and challenges)</li> </ul>	Yes	4 to 6% of instructional time
7–9	Physical Education (2007–08)	<p>The physical education program should assist the students to:</p> <ul style="list-style-type: none"> <li>develop motor skills that are effective, efficient, and applicable to a wide variety of physical activities.</li> <li>develop, monitor and maintain an appropriate fitness level</li> <li>understand concepts basic to physical movement and to apply these understandings to develop positive personal attributes</li> <li>develop positive interpersonal skills transferable to other areas of their lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Movement</b> (gymnastics, games, dance, outdoor pursuits and track and field)</li> <li><b>Active Living</b> (fitness activities)</li> </ul>	Yes	4 to 6% of instructional time



Grade level	Curriculum or Program Name (Year Implemented)	Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
10–12	Family Life Education (1997)	<ul style="list-style-type: none"> <li>To help students know and appreciate themselves—their values, interests and abilities—develop a variety of skills, attitudes, and behaviours that promote successful relationships, assume responsibility for personal health and well-being, and to enhance the central roles played by work and family in daily life.</li> </ul>	<ul style="list-style-type: none"> <li><b>Relationships</b></li> <li><b>Human Sexuality</b></li> <li><b>Healthful Living</b> (nutrition, stress management, active living)</li> </ul>	Optional	110 hours
10–12	Physical Education (1991)	<p><b>Physical Education – PED401A</b></p> <ul style="list-style-type: none"> <li>Lifetime fitness, physical activity and well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Designed to provide students with an appreciation for lifetime fitness, physical activity, and well-being.</li> </ul>	Optional	110 hours
			<ul style="list-style-type: none"> <li><b>Active Living</b> (incorporating fitness into everyday lifestyle choices)</li> <li><b>Movement</b> (activities that will provide the student with skills to remain active upon graduating; e.g., cross-country skiing, aerobics, racquet sports, curling, golf, fitness training, archery, touch football, rugby, and dance)</li> </ul>		

Grade level	Curriculum or Program Name (Year Implemented)		Curriculum or Program Goal or Aim	Curriculum Elements	Required	Instructional Hours (Required or Recommended)
		<b>Physical Education – PED801A</b> <ul style="list-style-type: none"> <li>• Active healthy lifestyles.</li> <li>• Understanding and practise of sound fitness concepts.</li> <li>• Recreational skill development.</li> </ul>	<ul style="list-style-type: none"> <li>• Intended to further develop an appreciation for an active healthy lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Active Living</b> (incorporating fitness into everyday lifestyle choices)</li> <li>• <b>Fitness Concepts</b> (understanding and practise of sound fitness concepts)</li> <li>• <b>Movement</b> (activities that will provide the student with skills to remain active upon graduating; e.g., cross-country skiing, aerobics, racquet sports, curling, golf, fitness training, archery, touch football, rugby, and dance)</li> </ul>	Optional	110 hours
10–12	Physical Education (1991)	<b>Physical Education PED621A</b> <ul style="list-style-type: none"> <li>• Leadership.</li> </ul>	<ul style="list-style-type: none"> <li>• To support students that have a prospective interest in community recreation, fitness, physical education, coaching, and/or personal appreciation, as a participant or volunteer, for the various leadership roles in society.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Leadership</b></li> <li>• <b>Event Management</b></li> <li>• <b>Sport History</b></li> <li>• <b>Coaching Certification</b></li> <li>• <b>Fitness Appreciation</b></li> <li>• <b>Sports Medicine</b></li> <li>• <b>Sports Appreciation.</b></li> </ul>	Optional	110 hours
<p><b>Noteworthy:</b></p> <ul style="list-style-type: none"> <li>• Health curriculum for grades 4 to 6 is currently under review.</li> </ul>						

## APPENDIX 3: NON-MANDATED SUPPORTS FOR HEALTH AND PHYSICAL EDUCATION IN SCHOOLS

### Extra-Curricular, Non-Mandated Supports for School Health and Physical Education – by Province<sup>9</sup>

<b>British Columbia (BC)</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
<p>Action Schools! BC  <a href="http://www.actionschoolsbc.ca/content/home.asp">http://www.actionschoolsbc.ca/content/home.asp</a></p>	<ul style="list-style-type: none"> <li>Action Schools! BC is designed to support schools in meeting the Ministry of Health's goals to increase, by 20%, British Columbia's population who are physically active, and to increase, by 20%, British Columbia's population who eat the recommended daily servings of vegetables and fruit.</li> <li>Action Schools! BC targets six areas: 1) school environment; 2) scheduled physical education; 3) classroom action (provides creative, alternative classroom physical activity and healthy eating activities); 4) family and community support; 5) extracurricular opportunities to be active and eat well; 6) building school spirit.</li> </ul>	<p>Target: Elementary</p>
<p>BC School Fruit and Vegetable Snack Program (SFVSP)  <a href="http://www.aitc.ca/bc/snacks/">http://www.aitc.ca/bc/snacks/</a></p>	<ul style="list-style-type: none"> <li>The SFVSP began in September 2006 with just 10 pilot schools and expanded to 51 schools in January 2007.</li> <li>The program is a joint initiative under BC ActNow with partners from the Ministries of Education, Health and Agriculture and Lands. The program is administered by BC Agriculture in the Classroom Foundation.</li> <li>Fruit and veggie snacks are provided at no cost in classrooms of participating schools on a bi-weekly basis for about 18 weeks of each school year.</li> </ul>	<p>Target: Elementary</p>
<p>Kick the Nic  <a href="http://www.tobaccofacts.org/teacher/kick.html">http://www.tobaccofacts.org/teacher/kick.html</a></p>	<ul style="list-style-type: none"> <li>Kick the Nic provides teachers with classroom-ready resources targeted at tobacco reduction.</li> <li>The resources are designed to help teachers support our young people into staying tobacco free.</li> </ul>	<p>Target: All Grades</p>

<sup>9</sup> The information presented in this Appendix reflects programs, initiatives and interventions with a province-wide focus. It does not include smaller projects targeting select school divisions or individual schools.

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Way to Go! <a href="http://www.waytogo.icbc.bc.ca/">http://www.waytogo.icbc.bc.ca/</a>	<ul style="list-style-type: none"> <li>• Way to Go! promotes safe, healthy travel alternatives for elementary and middle school students.</li> <li>• Provides a resource manual and program materials for teachers and parents to use.</li> <li>• Promotes walking and biking.</li> </ul>	Target: Elementary and Middle
Making it Happen: Healthy Eating in Schools <a href="http://www.knowledgenetwork.ca/makingithappen/">http://www.knowledgenetwork.ca/makingithappen/</a>	<ul style="list-style-type: none"> <li>• Provides schools with resources and ideas to help foster healthy eating habits in students.</li> </ul>	Targets: All Grades
DASH BC! <a href="http://www.dashbc.org/">http://www.dashbc.org/</a>	<ul style="list-style-type: none"> <li>• The Directorate of Agencies for School Health (DASH) was established in 1983.</li> <li>• DASH BC! is a cooperative interagency network representing a broad range of local regional and provincial organizations.</li> <li>• DASH BC! promotes and supports Comprehensive School Health.</li> </ul>	Target: All Grades

### **Alberta**

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
EverActive Schools <a href="http://www.everactive.org/">http://www.everactive.org/</a>	<ul style="list-style-type: none"> <li>• Ever Active Schools recognizes and rewards schools that focus on physical activity and well-being in their school communities. Ever Active Schools also provides resources to critically reflect and measure current practices, policies and environments.</li> <li>• It supports and enhances the physical education and health curricula, which ensure that each student has equal opportunity to understand and experience the value of a healthy active lifestyle.</li> <li>• It currently involves over 150 schools.</li> </ul>	Target: All Grades
Schools Come Alive <a href="http://www.schoolscomealive.org/">http://www.schoolscomealive.org/</a>	<ul style="list-style-type: none"> <li>• Schools Come Alive provides leadership for teachers and administrators through workshops, resource development and collaborative partnerships which focus on increasing physical activity opportunities and promoting healthy active lifestyles in Alberta schools.</li> </ul>	Target: All Grades
Alberta Coalition for Healthy School Communities <a href="http://www.achsc.org/">http://www.achsc.org/</a>	<ul style="list-style-type: none"> <li>• The Alberta Coalition for Healthy School Communities is a network of individuals and organizations committed to promoting and fostering healthy school communities through comprehensive school health approaches.</li> <li>• Offers practitioner-oriented information, resources and supports for funding to promote school health initiatives.</li> </ul>	Target: All Grades

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Safe, Healthy, Active People Everywhere (SHAPE) <a href="http://www.shapeab.com/">http://www.shapeab.com/</a>	<ul style="list-style-type: none"> <li>• SHAPE is an Alberta-based non-profit, multi-agency collaboration working together to get children more active, eliminate safety obstacles in and around schools, keep the environment clean by teaching children active and healthy lifestyles, and involve all members of the community.</li> <li>• Promotes walking to school, walking to the school bus and other activity-based initiatives.</li> </ul>	Target: All Grades
Alberta Nutrition Guidelines for Children and Youth (Draft) <a href="http://www.healthyalberta.com/584.htm">http://www.healthyalberta.com/584.htm</a> (Accessed December 2007)	<ul style="list-style-type: none"> <li>• The goal of the draft <i>Alberta Nutrition Guidelines for Children and Youth</i> is to equip facilities and organizations with the tools they need to provide children and youth with healthy food choices in child care settings, schools, recreation centres, and the community-at-large, and at special events.</li> <li>• Voluntary</li> <li>• Currently in draft form and undergoing public consultation. Expected to be released in 2008.</li> </ul>	Target: All Grades

### **Saskatchewan**

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Saskatchewan In Motion <a href="http://www.saskatchewaninmotion.ca/">http://www.saskatchewaninmotion.ca/</a>	<ul style="list-style-type: none"> <li>• The goal of Saskatchewan in Motion is to increase physical activity levels in people of all ages.</li> <li>• Promotes Quality Daily Physical Education (QDPE) in schools.</li> <li>• Provides resources and promising practices to schools.</li> </ul>	Target: All Grades

### **Manitoba**

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Agencies for School Health <a href="http://www.edu.gov.mb.ca/k12/cur/physhlth/ash.html">http://www.edu.gov.mb.ca/k12/cur/physhlth/ash.html</a>	<ul style="list-style-type: none"> <li>• Develops interagency awareness and cooperation in the area of child/youth health education.</li> <li>• Provides educational opportunities for teachers and other professionals in the school system in health education.</li> </ul>	Target: All Grades

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Healthy Schools <a href="http://www.gov.mb.ca/healthyschools/index.html">http://www.gov.mb.ca/healthyschools/index.html</a>	<ul style="list-style-type: none"> <li>• Healthy Schools is Manitoba's School Health Initiative.</li> <li>• The mission is to create school environments that enhance the healthy development of children and their families by working in partnership with community service providers and resources.</li> <li>• It attempts to reach students by promoting health within and beyond the classroom.</li> <li>• Per capita funding is provided by government through Healthy Schools to support implementation of Healthy Schools activities.</li> </ul>	Target: All Grades
Manitoba School Nutrition Handbook: Getting Started with Guidelines and Policies <a href="http://www.gov.mb.ca/healthyschools/foodinschools/documents/handbook.pdf">http://www.gov.mb.ca/healthyschools/foodinschools/documents/handbook.pdf</a>	<ul style="list-style-type: none"> <li>• Voluntary program to help school communities promote healthy eating that is consistent with what is taught in the school curriculum, make the healthy choice the easy choice, and support students in establishing healthy eating habits for a lifetime.</li> </ul>	Target: All Grades

### **Ontario**

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Active Schools <a href="http://www.ophea.net/ActiveSchools.cfm">http://www.ophea.net/ActiveSchools.cfm</a>	<ul style="list-style-type: none"> <li>• A program for Kindergarten to Grade 8, designed to motivate and recognize school communities for getting up, moving and making the commitment to leading active, healthy lives.</li> <li>• Supported by the Ministry of Health Promotion.</li> </ul>	Target: Elementary and Middle Schools
Ontario Healthy Schools Coalition <a href="http://www.opha.on.ca/ohsc/">www.opha.on.ca/ohsc/</a>	<ul style="list-style-type: none"> <li>• Consists of many groups across Ontario that are working toward developing healthier children.</li> <li>• This coalition promotes policy development and practices to encourage health in school environments, including increased physical activity.</li> <li>• Involves representatives from public health, education, principals association, guidance counsellors, mental health, social service agencies and police.</li> </ul>	Target: All Grades

<b>Quebec</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Kino–Québec <a href="http://msss.gouv.qc.ca/en/sujets/santepub/physical_activity.html">http://msss.gouv.qc.ca/en/sujets/santepub/physical_activity.html</a>	<ul style="list-style-type: none"> <li>• Kino–Québec encourages its partners, the Secrétariat au loisir et au sport of the Ministère des Affaires municipales, du Sport et du Loisir, the Ministère de la Santé et des Services sociaux and the regional health and social services boards, to offer physical and social activities that promote participation in safe physical activity.</li> <li>• Includes support for physical education and health curricula in schools and community-based activities.</li> </ul>	Target: All Grades

<b>New Brunswick</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
School Communities in ACTION <a href="http://www.gnb.ca/0131/community-e.asp">http://www.gnb.ca/0131/community-e.asp</a>	<ul style="list-style-type: none"> <li>• Designed to assist schools in adopting, implementing and maintaining a variety of physical activity opportunities.</li> <li>• Intended to support (not replace) the physical education classes</li> </ul>	Target: All Grades
Tobacco–Free Schools <a href="http://www.nbatc.ca/dfschools.shtml">http://www.nbatc.ca/dfschools.shtml</a>	<ul style="list-style-type: none"> <li>• A grant program aimed at supporting high school efforts to implement comprehensive tobacco reduction action plans and support compliance with the <i>Smoke-free Places Act</i>.</li> </ul>	Target: High School
School Vegetable and Fruit Grants <a href="http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=17696&amp;ReportType1=All">http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=17696&amp;ReportType1=All</a>	<ul style="list-style-type: none"> <li>• This grant program provides support for school-based activities that raise awareness of the importance of eating vegetables and fruits for good health and provide opportunities for the consumption of vegetables and fruits.</li> </ul>	Target: Middle School
The Link Program <a href="http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=17716&amp;ReportType1=All">http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=17716&amp;ReportType1=All</a>	<ul style="list-style-type: none"> <li>• The goal of program is to give youth an opportunity to access a service through a resource person who can help.</li> <li>• Provides all teenagers with the opportunity to find a solution to their difficulties before they lead to more severe ones, as well as helping them acquire new coping skills and build resiliency.</li> </ul>	Target: Middle and High School
Student Wellness Survey <a href="http://www.unbf.ca/education/herg/sante/index_en.html">http://www.unbf.ca/education/herg/sante/index_en.html</a>	<ul style="list-style-type: none"> <li>• Joint effort to encourage and support school and community participation in the development of wellness activities.</li> <li>• Key partners are Health Canada, Healthy NB en Sante, and the University of New Brunswick.</li> <li>• The Student Wellness Survey associated with this project has been implemented in middle and high schools across both anglophone and Francophone districts.</li> </ul>	Target: Middle and High School

<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Get Wellness Soon <a href="http://www.getwellnesssoon.ca/EN/">http://www.getwellnesssoon.ca/EN/</a>	<ul style="list-style-type: none"> <li>• The “Get Wellness Soon” campaign promotes the adoption of healthy lifestyles.</li> <li>• Primary target is parents through schools.</li> <li>• Secondary target is children and schools.</li> </ul>	Target: Parents of School-Age Children
Healthy Learners in School <a href="http://www.gnb.ca/0053/programs/healthylearners-e.asp">http://www.gnb.ca/0053/programs/healthylearners-e.asp</a>	<ul style="list-style-type: none"> <li>• Aims to improve the health, wellness and learning potential of students by promoting healthy behaviours that will be carried into adulthood. The program goals are that the school-community will acquire knowledge, attitudes and skills to achieve wellness; create healthy and safe learning environments; and have access to services and support.</li> <li>• The program encourages coordinated health promotion and disease/injury prevention activities in schools, districts, homes and communities using a comprehensive school health framework.</li> </ul>	Target: All Grades
Ado Sante (French Only) <a href="http://www.adosante.org/">http://www.adosante.org/</a>	<ul style="list-style-type: none"> <li>• Francophone healthy eating, active living, tobacco and substance abuse prevention, mental health and sex education initiative.</li> </ul>	Target: Middle School

<b>Nova Scotia</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Active Kids, Healthy Kids <a href="http://www.gov.ns.ca/ohp/physicalActivity/activeKidsHealthyKids.asp">http://www.gov.ns.ca/ohp/physicalActivity/activeKidsHealthyKids.asp</a>	<ul style="list-style-type: none"> <li>• Provides grant funding to schools in Nova Scotia that promote healthy living, including physical activity (Healthy Promoting Schools program).</li> </ul>	Target: All Grades
Activekidsns.ca <a href="http://www.activekidsns.ca/index.cfm">http://www.activekidsns.ca/index.cfm</a>	<ul style="list-style-type: none"> <li>• Provides support to those that promote physical activity, to stimulate program ideas, to share resources, and to provide networking opportunities to motivate and increase the capacity of children and youth to be active and healthy.</li> <li>• Web site contains a searchable database of school health projects, programs and interventions, and a comprehensive list of evidence-based school health interventions.</li> </ul>	Target: All Grades



<b>Prince Edward Island</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
PEI Active Living Alliance <a href="http://www.peiactiveliving.com/site/index.aspx">http://www.peiactiveliving.com/site/index.aspx</a>	<ul style="list-style-type: none"> <li>The PEI Active Living Alliance is a collective of organizations that believes in active living and a commitment to increasing the level of physical activity in Prince Edward Island, including schools.</li> <li>Provides resources for classroom teachers.</li> </ul>	Target: All Grades
Prince Edward Island Healthy Eating Alliance <a href="http://www.gov.pe.ca/peihea/">www.gov.pe.ca/peihea/</a>	<ul style="list-style-type: none"> <li>The PEI Healthy Eating Alliance is a group of approximately 40 organizations, both government and non-government, and individuals dedicated to the improvement of eating habits and reducing obesity among children and youth in the province.</li> <li>Offers nutrition information, recipes, activities and games.</li> </ul>	Target: All Grades

<b>Newfoundland and Labrador</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Kids Eat Smart Foundation of Newfoundland and Labrador <a href="http://www.kidseatsmart.ca/">http://www.kidseatsmart.ca/</a>	<ul style="list-style-type: none"> <li>A charitable organization that supports the education, health and well-being of school children through support for nutrition programs.</li> <li>Offers financial support, e.g., start-up, sustaining and matching grants, program support, e.g., best practices training, nutrition education, menu planning, organizational structure, volunteer support, e.g., volunteer recognition items, and other supports to programs.</li> </ul>	Target: Elementary School
Active Schools Initiatives	<ul style="list-style-type: none"> <li>In-school physical activity promotion program that involves classroom teachers providing 20 minutes of physical activity to students during the regular classroom time. This time is provided on days when the students do not have physical education classes.</li> </ul>	Target: All Grades

<b>Northwest Territories</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
NWT Active Living Strategy <a href="http://www.hlthss.gov.nt.ca/Features/Initiatives/active_living/default.asp">http://www.hlthss.gov.nt.ca/Features/Initiatives/active_living/default.asp</a>	<ul style="list-style-type: none"> <li>• Territorial active living strategy focused on all settings including schools.</li> <li>• Goal for schools is to provide opportunities and supportive environments within NWT schools to create positive values and attitudes towards healthy active lifestyles.</li> </ul>	Target: All Grades

<b>Nunavut</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Move to the Beat, Share the Rhythm	<ul style="list-style-type: none"> <li>• An active living campaign for schools and communities that includes a <i>Physical Activity Guide</i> that educates and promotes physical activity in classrooms, at recreation centers, and throughout communities; Active Living Prescription Pads that suggest activities to integrate traditional cultural activities, sports, volunteering, and family activities to help students and families become more active.</li> </ul>	Target: Elementary
Miyupimaatisiuwin Wellness Curriculum <a href="http://www.niichro.com/mental%20health/men_6.html#anchor555055">http://www.niichro.com/mental%20health/men_6.html#anchor555055</a>	<ul style="list-style-type: none"> <li>• A comprehensive school-based approach to health promotion and suicide prevention.</li> <li>• Provides a comprehensive teaching resource, including ready-to-use lessons and preparatory material.</li> </ul>	Target: Elementary to Middle School

<b>Yukon</b>		
<b>Program Name</b>	<b>Mission or Objectives</b>	<b>Target</b>
Active Yukon Schools <a href="http://www.rpay.org">www.rpay.org</a>	<ul style="list-style-type: none"> <li>• A school-based initiative that furthers the integration of daily physical activity and healthy living.</li> <li>• Twenty-four schools across the Yukon are currently registered with the initiative.</li> <li>• Provides curriculum-linked resources that promote daily participation, cooperation, and inclusion; provide support for organized regular and special events and toward integrating activity as a part of daily school routines; and offer information and program planning ideas.</li> </ul>	Target: All Grades

Program Name	Mission or Objectives	Target
Drop the Pop <a href="http://www.hss.gov.yk.ca/programs/health_promotion/drop_pop/">http://www.hss.gov.yk.ca/programs/health_promotion/drop_pop/</a>	<ul style="list-style-type: none"> <li>• School initiative to decrease soft drink intake in children.</li> <li>• Supported by comprehensive teaching kits.</li> </ul>	Target: Elementary to Middle School
Smoke Screen <a href="http://www.hss.gov.yk.ca/news/id_82/">http://www.hss.gov.yk.ca/news/id_82/</a>	<ul style="list-style-type: none"> <li>• Tobacco reduction initiative.</li> <li>• Students review the top 12 tobacco video education ads from around the world and select the one they feel is the most successful in sending an anti-smoking message.</li> </ul>	Target: Middle to High School

## APPENDIX 4: WELLNESS-RELATED CURRICULA (INTERNATIONAL)

### Health and Physical Education Curricula (International)

Australia				
New South Wales				
<a href="http://k6.boardofstudies.nsw.edu.au/go/personal-development-health-and-physical-education">http://k6.boardofstudies.nsw.edu.au/go/personal-development-health-and-physical-education</a>				
Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>h</sup>
K–6	Personal Development, Health and Physical Education (1999) <ul style="list-style-type: none"> <li>To develop in each student the knowledge and understanding, skills and values and attitudes needed to lead healthy, active and fulfilling lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Active Lifestyle</b> (activity patterns that promote their well-being)</li> <li><b>Movement</b> (games and sports, dance, gymnastics, outdoor pursuits)</li> <li><b>Growth and Development</b> (sex education)</li> <li><b>Safe Living</b></li> <li><b>Personal Health Choices</b> (making decisions, nutrition, health services and products, drug use, environmental health, preventive measures)</li> </ul>	Yes	The Board of Studies does not prescribe time allocation to primary curricula  Curriculum guide acknowledges that children should be active for 30 minutes/day and that schools should make a significant contribution towards this goal
7–10	Personal Development, Health and Physical Education (1999) <ul style="list-style-type: none"> <li>Personal Development, Health and Physical Education (PDHPE) contributes significantly to the cognitive, social, emotional, physical and spiritual development of students. It provides opportunities for students to learn about, and practise ways of adopting and maintaining a healthy, productive and active life. It also involves students learning through movement experiences that are both challenging and enjoyable, and improving their capacity to move with skill and confidence in a variety of contexts. It promotes the value of physical activity in their lives.</li> </ul>	<ul style="list-style-type: none"> <li><b>Self and Relationships</b> (sense of self, sources of personal support, the nature of positive, caring relationships)</li> <li><b>Movement Skill and Performance</b> (games and sports, dance, gymnastics, outdoor pursuits)</li> <li><b>Individual and Community Health</b> (mental health, healthy food habits, sexual health, drug use, road safety, personal safety)</li> <li><b>Lifelong Physical Activity</b> (lifestyle balance, participate successfully in a wide range of activities, and adopt roles that promote a more active community)</li> </ul>	Yes	300 hours over three years

<sup>h</sup> In some cases information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements		Required	Instructional hours <sup>1</sup>
11–12	<p>Personal Development, Health and Physical Education (2001)</p> <ul style="list-style-type: none"> <li>Personal Development, Health and Physical Education (PDHPE) is an integrated area of study that provides for the intellectual, social, emotional, physical and spiritual development of students. It involves students learning about and practising ways of maintaining active, healthy lifestyles and improving their health status. It is also concerned with social and scientific understandings about movement, which lead to enhanced movement potential and appreciation of movement in their lives.</li> </ul>	<p><b>Preliminary Course (PC)</b></p>	<p><b>High School Certificate Course HSCC</b></p>	Optional	<p>Two 120-hour courses</p> <p>There are two streams of PDHPE for Year 11 and Year 12</p> <p>Stage 6 PDHPE consists of the PC and HSCC courses</p> <p>Special education students register in PDHPE Generic Life Skills Course as part of a broader Life Skill Diploma Program</p> <p>All others register in Stage 6 PDHPE for Year 11 and Year 12</p>
<p><b>Core Strands (70% total)</b></p> <ul style="list-style-type: none"> <li>Meanings of Health and Physical Activity (10%)</li> <li>Better Health for Individuals (35%)</li> <li>The Body in Motion (25%)</li> </ul>	<p><b>Core Strands (60% total)</b></p> <ul style="list-style-type: none"> <li>Health Priorities in Australia (30%)</li> <li>Factors Affecting Performance (30%)</li> </ul>				
<p><b>Options (30% total)</b></p> <p>Select two of the following options:</p> <ul style="list-style-type: none"> <li>First Aid (15%)</li> <li>Composition and Performance (15%)</li> <li>Fitness Choices (15%)</li> <li>Outdoor Recreation (15%)</li> </ul>	<p><b>Options (40% total)</b></p> <p>Select two of the following options:</p> <ul style="list-style-type: none"> <li>The Health of Young People (20%)</li> <li>Sport and Physical Activity in Australian Society (20%)</li> <li>Sports Medicine (20%)</li> <li>Improving Performance (20%)</li> <li>Equity and Health (20%)</li> </ul>				

<sup>1</sup> In some cases information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>j</sup>
11–12	<p>Sport, Lifestyle and Recreation (2000)</p> <ul style="list-style-type: none"> <li>• Sport, Lifestyle and Recreation enables Stage 6 students to build upon their learning in Years K–10 Personal Development, Health and Physical Education. Specifically, it focuses on those aspects of the learning area that relate most closely to participation in sport and physical activity. Sport, Lifestyle and Recreation makes a positive contribution to the total well-being of students.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Movement</b> (dance, games, sports, gymnastics, outdoor recreation)</li> <li>• <b>Active Living</b> (fitness, healthy lifestyles, resistance training, social perspectives of games and sports)</li> <li>• <b>First Aid and Sport Injury Prevention</b></li> <li>• <b>Coaching</b> (coaching, training, sport administration)</li> </ul>	Optional	<p>15 Optional modules (20–40 hours each)</p> <p>Can be taken in addition to PDHPE or on its own</p> <p>Senior level course consisting of 15 optional modules (20–40 hours each)</p> <p>Teachers can opt to choose a selection of the modules</p>

**Noteworthy:**

- The content of Stage 6 (Grades 11–12) PDHPE in both courses is wide-ranging and focuses primarily on health promotion.

PC Core Content Summary:

- Meanings of Health and Physical Activity (dimensions of health—physical, social, mental, emotional, spiritual; factors that influence health and physical activity)
- Better Health for Individuals (nutrition, physical activity, drug use, healthy relationships, sex education)
- The Body in Motion (anatomy and physiology, fitness, biomechanics and efficient human movement)

HSCC Core Content Summary:

- Health Priorities in Australia (the roles that health promotion and health services play in achieving better health for all Australians; approaches to health promotion, modifying personal behaviours for health)
- Factors Affecting Performance (physical and psychological bases of performance, nutrition, psychology)
- The Content of Stage 6 (Grades 11–12) Sport, Lifestyle and Recreation focuses primarily on movement and actual participation in movement.

<sup>j</sup> In some cases information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

**Australia**

**Queensland**

<http://education.qld.gov.au/curriculum/>

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>k</sup>
K–10	<p>Health and Physical Education</p> <ul style="list-style-type: none"> <li>• The Student Health and Well-Being curriculum highlights the links between health issues and student health and well-being through the development of a common set of personal and interpersonal skills, including decision-making, communication, assertiveness and self-esteem, that underpin health behaviours in a range of contexts.</li> </ul>	<p>The curriculum addresses the a variety of health-related issues using methods that increase:</p> <ul style="list-style-type: none"> <li>• knowledge</li> <li>• skills</li> <li>• attitudes and values.</li> </ul> <p>Issues addressed include:</p> <ul style="list-style-type: none"> <li>• decision-making, goal setting, nutrition, lifestyle choices and health, sex education, healthy relationships, peer pressure, personal safety, movement (cooperative and competitive group and individual physical activities/ pursuits)</li> </ul>	Yes	<p>Years 1–3: 180 hours across three years (recommended)</p> <p>Years 4–6: 240 hours across four years (recommended)</p> <p>Years 8–10: 180 hours across three years (recommended)</p>

<sup>k</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>1</sup>
11–12	<p>Health Education (2004)</p> <p>Through a course of study in Health Education, students should develop:</p> <ul style="list-style-type: none"> <li>• a commitment to creating and maintaining a society that promotes health</li> <li>• an understanding of the influences of diverse values, attitudes and beliefs on personal and group decisions and behaviour related to health</li> <li>• an understanding of and a commitment to equity, a respect for difference, and a critical awareness of the need for supportive physical and social environments in promoting health</li> <li>• a belief that they can achieve better health outcomes for themselves and others</li> <li>• knowledge, skills and capacity for social response, which can facilitate informed decisions and actions to promote their own health and the health of individuals, groups and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Introductory Module</b> (social view of health, dimensions of health, determinants of health, health injustice)</li> <li>• <b>Personal Health</b> (personal health and well-being, nutrition, stress management, sun safety, active living)</li> <li>• <b>Peer and Family Health</b> (substance use/abuse, sex education, bullying, mental health, relationships)</li> <li>• <b>Community and Environmental Health</b> (sexually transmitted diseases, immunization, workplace health, waste management, road safety, pollution)</li> <li>• <b>Health of Specific Populations</b> (Indigenous health, men's health, health of the elderly, health of marginalized peoples)</li> </ul>	Optional	<p>55 hours/semester (recommended)</p> <p>This is a two-year developmental course comprised of a 5–6 week introductory module and then four modular units (the content is largely founded on the Ottawa Charter for Health Promotion 1986)</p> <p>Almost always taught as a four-semester block and therefore a total of 220 hours of study over four semesters</p>
11–12	<p>Physical Education (2004)</p> <ul style="list-style-type: none"> <li>• To allow students to become <i>physically educated</i> by focusing on the study of physical activity in its varying contexts in Australian society. Through engagement with and in physical activity students become self-directed, interdependent and independent learners.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Learning Physical Skills</b> (games, sports or organized physical activities undertaken for pleasure, competition and exercise)</li> <li>• <b>Processes and Effects of Training and Exercise</b> (physiology of exercise, training and program development)</li> <li>• <b>Sport, Physical Activity and Exercise in the Context of Australian Society</b> (sociocultural understandings of sport, physical activity and exercise)</li> </ul>	Optional	<p>55 hours/semester (recommended)</p> <p>50% of this time is to be spent performing physical activity</p> <p>Almost always taught as a four-semester block and therefore a total of 220 hours of study over four semesters</p>

<sup>1</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.



## Australia

### Northern Territory/Southern Territory

<http://www.ssabsa.sa.edu.au/hpd/subjects.htm>

[http://www.deet.nt.gov.au/education/teaching\\_and\\_learning/curriculum/ntcf/index.shtml](http://www.deet.nt.gov.au/education/teaching_and_learning/curriculum/ntcf/index.shtml)

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>m</sup>
K–10	<p>Health and Physical Education</p> <ul style="list-style-type: none"> <li>The Health and Physical Education area focuses on the multiple dimensions of health and how these influence an individual's development.</li> </ul>	<ul style="list-style-type: none"> <li><b>Promoting Individual and Community Health</b> (physical, social, emotional, mental and spiritual dimensions of health and well-being, promotion of health and well-being, disease prevention, nutrition)</li> <li><b>Enhancing Personal development and Relationships</b> (sex education, values, healthy relationships, self-concept)</li> <li><b>Participation in Physical Activity and Movement</b> (games, sports, gymnastics, aquatics, outdoor activities, recreation)</li> </ul>	Yes	Curriculum elements remain the same from Transition (Kindergarten) to Year 10, however, the depth of instruction on each element gradually progresses over time
11–12	<p>Health Education Stage 1 (Grade 11) (2008)</p> <ul style="list-style-type: none"> <li>The health of the individual is a balanced combination of economic, physical, political, sociocultural and spiritual factors that produce satisfaction and well-being. An increased awareness of health and lifestyle issues enables people to improve their health status and their quality of life.</li> </ul>	<ul style="list-style-type: none"> <li><b>Vocational Studies and Applications of Health</b> (occupational health, safety, and welfare in the workplace)</li> <li><b>Personal and Social Health</b> (nature and perception of health, alcohol and drug use, determinants of health, nutrition, health services)</li> <li><b>Health of Individuals and Populations</b> (health priorities in Australia, trends in health status, issues that affect health status)</li> </ul>	Optional	50 to 60 hours for one unit (recommended)

<sup>m</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>n</sup>
	Health Education Stage 2 (2008) <ul style="list-style-type: none"> <li>The health of the individual is a balanced combination of economic, physical, political, sociocultural and spiritual factors that produce satisfaction and well-being. An increased awareness of health and lifestyle issues enables people to improve their health status and their quality of life.</li> </ul>	<ul style="list-style-type: none"> <li><b>Determinants of Health</b> (health promotion theory)</li> <li><b>Health Priorities in Australia</b> (health trends and major initiatives in health promotion in Australia)</li> <li><b>Challenge, Risk and Safety</b> (alcohol and other drugs, skin protection, sexual health, mental health, communicable infections and diseases, relationships)</li> <li><b>Sexuality and Relationships</b>(diversity of sexual relationships, sexual safety, development of sexual identify)</li> </ul>	Optional	100 to 120 hours for two units (recommended)
	Home Economics Stage 1 (Grade 11) (2008) <ul style="list-style-type: none"> <li>Gives students opportunities to analyze economic, environmental, legal, political, sociocultural and technological influences as these shape and impact the well-being of individuals and families within their communities.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to general home economics concepts, this curriculum examines the factors that influence food choices and the health implications of these choices.</li> </ul>	Optional	50–60 hours for one unit (recommended)
	Home Economics Stage 2 (Grade 12) (2008) <ul style="list-style-type: none"> <li>Gives students opportunities to analyze economic, environmental, legal, political, sociocultural and technological influences as these shape and impact the well-being of individuals and families within their communities.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to general home economics concepts, this curriculum focuses on the impact of food on the health of individuals, families and communities (understanding how to make informed food choices to maximize the well-being of individuals and families)</li> </ul>	Optional	100–120 hours for two units (recommended)

<sup>n</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>o</sup>
	Physical Education Stage 1 (Grade 11) and Stage 2 (Grade 12)  <ul style="list-style-type: none"> <li>Involves students in physical activity in a way that promotes immediate as well as long-term benefits to the participant.</li> </ul>	<ul style="list-style-type: none"> <li><b>Practical Skills and Applications</b> (individual, fitness, team, group, adventure, racket, aquatic, outdoor, recreational activities)</li> <li><b>Principles and Issues</b> (the nature of physical activity, issues analysis, i.e., current issues in physical activity, exercise physiology and physical activity, biomechanics of movement)</li> </ul>	Yes	50–60 hours for one unit  100–120 hours for two units
	Nutrition Stage 2 (Grade 12) (2008)  <ul style="list-style-type: none"> <li>Students of Stage 2 Nutrition are presented with up-to-date information on the role of nutrients in the body as well as on sociological issues in nutrition. They have the opportunity to relate knowledge about food to health and disease, and to use that knowledge to change their eating habits and improve their health.</li> </ul>	<ul style="list-style-type: none"> <li><b>The Fundamentals of Human Nutrition</b> (nutrition and metabolism)</li> <li><b>Diet, Lifestyle, and Health</b> (nutrition and chronic disease)</li> <li><b>Food Selection and Dietary Evaluation</b> (influence of food choices on nutritional status)</li> <li><b>Food, Nutrition, and the Consumer</b> (food labelling, preparation, media awareness)</li> <li><b>Global Nutrition and Ecological Sustainability</b> (world food production and the environment)</li> <li><b>Global Hunger</b> (famine and food shortages)</li> </ul>	Optional	50–60 hours for one unit  100–120 hours for two units
	Outdoor and Environmental Education Stage 1 and 2 (Grade 11 and Grade 12) (2005)  <ul style="list-style-type: none"> <li>Outdoor activities are used as a way of achieving good health and personal development, as part of a process in which students reflect critically on environmental practices and as an introduction to employment options in outdoor and environmental activities.</li> </ul>	<ul style="list-style-type: none"> <li><b>Environment and Conservation</b> (value of the history and culture of natural environments)</li> <li><b>Planning and Management</b> (planning and implementing outdoor activities)</li> <li><b>Outdoor Activities</b> (participate safely and effectively in outdoor activities)</li> <li><b>Outdoor Journey</b> (undertake a practical activity combined with a three-day human-powered outdoor journey)</li> </ul>	Optional	

The Northern Territory Certificate of Education (Grade 12 completion) is based on the South Australian Certification of Education (SACE), which is administered by the Senior Secondary Assessment Board of South Australia. Therefore the information in the above table represents the curriculum used in both the Northern Territory and Southern Territory in Australia.

<sup>o</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

## New Zealand

[http://nzcurriculum.tki.org.nz/the\\_new\\_zealand\\_curriculum](http://nzcurriculum.tki.org.nz/the_new_zealand_curriculum)

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>P</sup>
K–10	<p>Health and Physical Education in New Zealand (1999)*</p> <ul style="list-style-type: none"> <li>• Through learning in health and physical education, students will develop the knowledge, skills, attitudes and motivation to make informed decisions and to act in ways that contribute to their personal well-being, the well-being of other people and that of society as a whole.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Personal Health and Physical Development</b> (personal growth and development, regular physical activity, safety and risk management, sex education, nutrition, personal identity and self-worth)</li> <li>• <b>Movement Concepts and Motor Skills</b> (spontaneous play, informal games, cultural activities, creative movement, dance, sport, other forms of activity)</li> <li>• <b>Relationships with Other People</b> (relationships, identify, sensitivity and respect, interpersonal skills)</li> <li>• <b>Healthy Communities and Environments</b> (societal views of health, rights, people and the environment)</li> </ul>	Yes	<p>Health and physical education are considered to encompass the three different but related subject areas of health education, physical education and home economics. Students gain experience in all three subject areas within this curriculum.</p>

\* New Zealand has a national curriculum in place.

<sup>P</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

## Norway

<http://www.regjeringen.no/en/dep/kd/Selected-topics/andre/Knowledge-Promotion/New-elements-in-the-subject-syllabuses-.html?id=426334&epslanguage=EN-GB>

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>q</sup>
K–7	Physical Education (1997)	<ul style="list-style-type: none"> <li>• Sports</li> <li>• Dance</li> <li>• Outdoor Activities</li> <li>• Relationship of physical activity to health and fitness</li> </ul>	Yes	The school owner (municipality or county authority) is responsible for the distribution of teaching hours at each level
8–10	Physical Education (1997)	<ul style="list-style-type: none"> <li>• Physical activity and health (Grade 10):</li> <li>• Sports</li> <li>• Dance</li> <li>• Outdoor adventure activities</li> </ul>	Yes	
K–10	Home Economics (1997)	General aims are <i>for pupils to gain an understanding of the connections between diet, lifestyle and health, and to give them a foundation on which to base the choice of a healthy lifestyle</i>	Yes	
K–12	Health Education	<ul style="list-style-type: none"> <li>• Health education is offered in Norway at all grade levels through a variety of different courses</li> <li>• At the primary level and lower secondary levels (up to Grade 10) students study food and health</li> <li>• At the higher secondary level (grades 10 to 12, approximately) students may take coursework in health and social care, as well as sports and physical education</li> </ul>	Yes	Health education is required at the primary and lower secondary levels after which it becomes optional
11–12	Sports and Physical Education	<ul style="list-style-type: none"> <li>• Sports and physical education is an optional program of study offered at the secondary level</li> <li>• Content expands on the Grades 8–10 physical education curriculum</li> </ul>	Optional	

<sup>q</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

<b>Hong Kong</b> <a href="http://www.edb.gov.hk/index.aspx?langno=1&amp;nodeID=2909">http://www.edb.gov.hk/index.aspx?langno=1&amp;nodeID=2909</a>				
Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>†</sup>
Primary 1–6	Physical Education (1995)	<ul style="list-style-type: none"> <li>• <b>Movement</b> (games, sports, martial arts, outdoor pursuits)</li> </ul>	Yes	
S4–S6 (senior secondary)	Physical Education (2007)	<p><b>10 parts to be taught over 3 years:</b></p> <ul style="list-style-type: none"> <li>• <b>Physical education, sport, recreation, leisure and wellness:</b> history and recent developments</li> <li>• <b>Human Body</b></li> <li>• <b>Movement Analysis</b></li> <li>• <b>Fitness and Nutrition for Health and Performance</b></li> <li>• <b>Physical Activities</b> (games, sports, martial arts, outdoor pursuits)</li> <li>• <b>Physiological basis for exercise and sports training</b></li> <li>• <b>Sports injuries, treatment and precautions</b></li> <li>• <b>Psychological skills for physical education, sport and recreation</b></li> <li>• <b>Social Aspects of PE sport and recreation</b></li> <li>• <b>Sport and recreations management practicum</b></li> </ul>	Optional	S4 – 95 hours S5 – 95 hours S6 – 85 hours

<sup>†</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

**United Kingdom - England**  
[http://www.nc.uk.net/nc\\_resources/html/about\\_NC.shtml](http://www.nc.uk.net/nc_resources/html/about_NC.shtml)

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>s</sup>
Key area 1 (5–7 yrs) Key area 2 (7–11yrs) Key area 3 (11–14 yrs) Key area 4 (14–16yrs)	Physical Education (2004) <ul style="list-style-type: none"> <li>• During key stage 1, students build on their natural enthusiasm for movement, using it to explore and learn about their world.</li> <li>• During key stage 2, students enjoy being active and using their creativity and imagination in physical activity.</li> <li>• During key stage 3, students become more expert in their skills and techniques, and how to apply them in different activities.</li> <li>• During key stage 4, students tackle complex and demanding activities applying their knowledge of skills, techniques and effective performance. They decide whether to get involved in physical activity that is mainly focused on competing or performing, promoting health and well-being or developing personal fitness</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Knowledge and Understanding of Fitness and Health</b></li> <li>• <b>Acquiring and Developing Skills</b></li> <li>• <b>Evaluating and Improving Performance</b></li> </ul> <p>Students should be taught the knowledge, skills and understanding through dance, game and gymnastic activities</p>	Yes	Two hours of activity/week including Physical Education curriculum and extracurricular activities (recommended)
Key area 1 (5–7 yrs)	Personal, Social and Health Education (2004) <ul style="list-style-type: none"> <li>• Students learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Developing Confidence and Responsibility and Making the Most of Their Abilities</b> (fairness, right versus wrong, goal setting, self-reliance)</li> <li>• <b>Preparing to Play an Active Role as Citizens</b> (finances, rules and responsibilities, environmental respect)</li> <li>• <b>Developing a Healthy, Safer Lifestyle</b> (personal hygiene, disease prevention, nutrition, rest, active living, anatomy, safety)</li> <li>• <b>Developing Good Relationships and Respecting the Differences Between People</b> (respect, communication, bullying)</li> </ul>	Optional	

<sup>s</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours
Key area 2 (7–11yrs)	Personal, Social and Health Education (2004) <ul style="list-style-type: none"> <li>• Students learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Developing Confidence and Responsibility and Making the Most of Their Abilities</b> (finances, personal limitations, responsible choices, goal-setting)</li> <li>• <b>Preparing to Play an Active Role as Citizens</b> (spiritual, moral, social, and cultural issues, finances, rules and responsibilities, environmental respect)</li> <li>• <b>Developing a Healthy, Safer Lifestyle</b> (personal hygiene, disease prevention, nutrition, rest, active living, sex education, safety)</li> <li>• <b>Developing Good Relationships and Respecting the Differences Between People</b> (respect, communication, bullying)</li> </ul>	Optional	
Key area 3 (11–14 yrs)	Personal, Social and Health Education (2004) <ul style="list-style-type: none"> <li>• Students learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Developing Confidence and Responsibility and Making the Most of Their Abilities</b> (strengths in relation to personality, work and leisure, finances, dealing with death, self-reliance)</li> <li>• <b>Preparing to Play an Active Role as Citizens</b> (finances, rules and responsibilities, environmental respect)</li> <li>• <b>Developing a Healthy, Safer Lifestyle</b> (personal hygiene, disease prevention, nutrition, rest, active living, sex education, drug/alcohol use, safety)</li> <li>• <b>Developing Good Relationships and Respecting the Differences Between People</b> (respect, communication, bullying)</li> </ul>	Optional	



Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours
Key area 4 (14–16 yrs)	Personal, Social and Health Education (2004) <ul style="list-style-type: none"> <li>• Students learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Developing Confidence and Responsibility and Making the Most of Their Abilities</b> (strengths in relation to personality, work and leisure, finances, dealing with death, self-reliance)</li> <li>• <b>Preparing to Play an Active Role as Citizens</b> (finances, rules and responsibilities, environmental respect)</li> <li>• <b>Developing a Healthy, Safer Lifestyle</b> (personal hygiene, disease prevention, nutrition, rest, active living, sex education, drug/alcohol use, safety)</li> <li>• <b>Developing Good Relationships and Respecting the Differences Between People</b> (respect, communication, bullying)</li> </ul>	Optional	

### United Kingdom - Scotland

<http://www.curriculumforexcellencescotland.gov.uk/index.asp>

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>†</sup>
Primary to Lower Secondary	<p>Health Education (1999)</p> <ul style="list-style-type: none"> <li>Health education aims to provide opportunities for young people to value themselves, gain in confidence and develop skills and knowledge to take responsibility for their own health at an individual level and as participating citizens.</li> </ul>	<ul style="list-style-type: none"> <li><b>Physical Health</b> (explores physical factors in relation to our health and looking after ourselves; i.e., nutrition, rest, personal hygiene, sex education, active living, substance abuse)</li> <li><b>Emotional Health</b> (emotions, feelings, relationships and how they affect our mental well-being)</li> <li><b>Social Health</b> (explores the interaction of individual, community and environment in relation to health and safety; e.g., sunscreen use, road safety, environmental stewardship)</li> </ul>	Yes	
Primary to Lower Secondary	<p>Physical Education (1999)</p> <ul style="list-style-type: none"> <li>Engaging in physical activities enables students to develop creative responses, critical appreciation and interpersonal skills. They also experience and gain knowledge and understanding of the role of exercise in good health; and develop a positive attitude toward an active lifestyle and a concern for physical well-being.</li> </ul>	<ul style="list-style-type: none"> <li><b>Investigating and Developing Fitness</b> (Maintain and extend personal exercise habits; show awareness of the relationship between exercise and physical well-being)</li> <li><b>Using the Body</b> (games, sports, gymnastics, aquatics, outdoor pursuits, dance)</li> <li><b>Applying Skills</b> (games, sports, gymnastics, aquatics, outdoor pursuits, dance)</li> <li><b>Creating and Designing</b> (Use repertoire of movement skills to create personal and group responses)</li> <li><b>Co-operating, Sharing, Communicating and Competing</b> (fair play, cooperation, independence, tolerance, self-esteem)</li> </ul>	Yes	

<sup>†</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

United States				
Indiana <sup>u</sup> <a href="http://www.doe.state.in.us/standards/welcome.html">http://www.doe.state.in.us/standards/welcome.html</a>				
Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>v</sup>
K–12	Health	The Indiana Academic Standards require study in the areas of: <ul style="list-style-type: none"> <li>• <b>Growth and Development</b></li> <li>• <b>Mental and Emotional Health</b></li> <li>• <b>Community and Environmental Health</b></li> <li>• <b>Nutrition</b></li> <li>• <b>Family Life Education</b></li> <li>• <b>Consumer Health</b></li> <li>• <b>Personal Health</b></li> <li>• <b>Alcohol and Other Drugs</b></li> <li>• <b>Intentional and Unintentional Injury</b></li> <li>• <b>Health Promotion and Disease Prevention</b></li> </ul>	Yes	Grades 1–3: 105 minutes/week <sup>w</sup>  Grades 4–6: 75 minutes/week
	Physical Education	The Indiana Academic Standards require study that fosters: <ul style="list-style-type: none"> <li>• competency in many movement forms and proficiency in a few movement forms</li> <li>• movement concepts and development of motor skills</li> <li>• exhibits a physically active lifestyle</li> <li>• achievement and maintenance of a health-enhancing level of physical fitness</li> <li>• demonstration of responsible personal and social behavior in physical activity settings</li> <li>• demonstration of an understanding and respect for differences among people in physical activity settings</li> <li>• understands that physical activity provides opportunities for enjoyment, challenge, self-expression, and social interaction</li> </ul>	Yes	Grades 1–3: 105 minutes/week <sup>w</sup>  Grades 4–6: 75 minutes/week

<sup>u</sup> The state of Indiana establishes academic standards for various area of study, but not actual curricula. Instead, the academic standards support schools and the local community in the process of curriculum planning. Curriculum development is a local school corporation responsibility, and the curricula within Indiana school corporations may differ from corporation to corporation while the standards remain the same for all corporations. It is this process that enables school corporations to write curricula that reflects the resources and values of the local community, while still staying within the Indiana Standards framework.

<sup>v</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

<sup>w</sup> The *Indiana Standards for Physical Education (2000)* indicate that at the Grades 1–3 levels 105 minutes/week is the total combined time for “motor skills development and health education.”

## Kentucky

<http://www.education.ky.gov/KDE/Instructional+Resources/Curriculum+Documents+and+Resources/Program+of+Studies/default.htm>

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours <sup>x</sup>
Primary (K–3)	Practical Living (2006)	<ul style="list-style-type: none"> <li>• <b>Personal Wellness</b> (personal and physical health, social, mental and emotional health, family and community health, communicable, non-communicable chronic disease prevention, alcohol, tobacco and other drugs, nutrition, safety)</li> <li>• <b>Psychomotor Skills</b> (games, sport, dance, fitness activities, outdoor pursuits)</li> <li>• <b>Lifetime Physical Wellness</b> (games, sport, dance, fitness activities, outdoor pursuits)</li> </ul> <p>The curriculum elements for practical Living (2006) remain the same throughout the grades, but the knowledge expectations change through the grades.</p>	Yes	
Intermediate (4–5)			Yes	
Middle Level (6–8)			Yes	
High School (9–12)			Optional	

<sup>x</sup> In some cases, information concerning curriculum content and/or instructional hours could not be found. In these cases, these portions of the table have been left incomplete.

## Massachusetts

<http://www.doe.mass.edu/frameworks/>

Grade level	Curriculum/Program Name (year)/Aim	Curriculum Elements	Required	Instructional hours
K–12	Comprehensive Health (1999) <ul style="list-style-type: none"> <li>• Through health literacy, healthy self-management skills, and health promotion, Comprehensive Health teaches fundamental health concepts; promotes habits and conduct that enhance health and wellness; and guides efforts to build healthy families, relationships, schools and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Physical Health</b> (growth and development; physical activity and fitness, e.g., team sports, aquatics, individual/dual sports, outdoor pursuits, self-defense, dance, and gymnastics; nutrition, reproduction/sexuality)</li> <li>• <b>Social and Emotional Health</b> (mental health, family life, interpersonal relationships)</li> <li>• <b>Safety and Prevention</b> (disease prevention and control, safety and injury prevention, tobacco, alcohol, substance use/abuse prevention, violence prevention)</li> <li>• <b>Personal and Community Health</b> (consumer health and resource management, ecological health, community and public health)</li> </ul>	Yes	

## Tennessee

<http://www.tennessee.gov/education/ci/curriculum.shtml>

Grade level	Curriculum/Program Name (year)	Core Curriculum Elements	Required	Instructional hours
K–8	Healthful Living	<ul style="list-style-type: none"> <li>• <b>Personal Health and Wellness</b> (personal hygiene, physical activity such as games, sports, gymnastics, dance, active living)</li> <li>• <b>Nutrition</b> (USDA Food Guide Pyramid)</li> <li>• <b>Family Life</b> (family structure and relationships, sex education, goal setting)</li> <li>• <b>Emotional, Social and Mental Health</b> (self-concept and self-esteem, bullying, fairness and fair play, relationships with peers)</li> <li>• <b>Disease Prevention and Control</b> (attitudes and behaviours for preventing and controlling disease)</li> <li>• <b>Injury Prevention and Safety</b> (road safety, first aid, childhood injuries, self-protection)</li> </ul>	Yes	No specific recommended or required hours

Grade level	Curriculum/Program Name (year)	Core Curriculum Elements	Required	Instructional hours
		<ul style="list-style-type: none"> <li>• <b>Substance Use and Abuse Protection</b> (tobacco, alcohol, drugs)</li> <li>• <b>Environmental and Community Health</b> (environmental protection, recycling, community health services)</li> <li>• <b>Consumer Health</b> (how culture, media, and technology impact consumer decisions about healthful living)</li> </ul>		
K–8	Physical Education	<ul style="list-style-type: none"> <li>• <b>Movement Forms</b> (games, sports, rhythmic dance or gymnastics, active play)</li> <li>• <b>Movement Concepts and Principles</b> (games, sports, rhythmic dance or gymnastics, active play)</li> <li>• <b>Personal and Social Responsibility</b> (fair play, adherence to rules, safety of self and others during activity, cooperation)</li> <li>• <b>Fitness</b> (participation in a variety of activities that are low, moderate and vigorous in intensity, heart rate monitoring)</li> <li>• <b>Understanding Physical Activity</b> (benefits, enjoyment)</li> </ul> <p>Similar content is taught at all grade levels; however, the depth of instruction increases over time.</p>	Yes	Each local education agency must integrate a minimum of 90 minutes of physical activity per week into the instructional school day for elementary and secondary school students. Opportunities to engage in physical activity may include walking, jumping rope, playing volleyball, or other forms of physical activities that promote fitness and well-being.

Grade level	Curriculum/Program Name (year)	Core Curriculum Elements	Required	Instructional hours
9–12	Physical Education <ul style="list-style-type: none"> <li>• Physical education is a planned, sequential Pre–K–12 curriculum program that follows national standards in providing developmentally appropriate, cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual and Dual Sports</b> (angling, archery, badminton, bowling, fencing, golf, handball, horseshoes, pickle ball, rock climbing, self-defense, shuffle board, skating (in-line, roller, ice), skate boarding, skeet shooting, table tennis, tennis, track and field, wrestling)</li> <li>• <b>Team Sports</b> (baseball, basketball, field hockey, flag football, soccer, softball, team handball, and volleyball)</li> <li>• <b>Fitness and Conditioning</b> (flexibility, cardiovascular endurance, muscular strength, muscular endurance and body composition, set goals and design a personal fitness plan)</li> <li>• <b>Rhythmic Activities</b> (dance)</li> <li>• <b>Educational Gymnastics</b> (educational gymnastic activities)</li> <li>• <b>Outdoor Education</b> (backpacking, small craft boating, camping, cycling, fishing, group initiative activities, hiking, orienteering, firearm safety, rock climbing, and ropes course)</li> <li>• <b>Aquatics</b></li> </ul>		Each local education agency must integrate a minimum of 90 minutes of physical activity per week into the instructional school day for elementary and secondary school students. Opportunities to engage in physical activity may include walking, jumping rope, playing volleyball, or other forms of physical activities that promote fitness and well-being.

Grade level	Curriculum/Program Name (year)	Core Curriculum Elements	Required	Instructional hours
9–12	Lifetime Wellness <ul style="list-style-type: none"> <li>• Students acquire knowledge and skills necessary to make informed decisions regarding their health and well-being throughout their lifetime.</li> </ul>	The content of the course includes seven standards: <ul style="list-style-type: none"> <li>• <b>Disease Prevention and Control</b></li> <li>• <b>Nutrition</b></li> <li>• <b>Substance Use and Abuse, Mental/Emotional/Social Health</b></li> <li>• <b>Sexuality and Family Life</b></li> <li>• <b>Safety and First Aid</b></li> <li>• <b>Personal Fitness</b> (aerobic and anaerobic activities needed for successful participation in lifetime activities; e.g., aerobic walking, circuit training, cycling, dance aerobics, racquet activities, rhythmic movement, rock climbing, rope jumping, rowing, running, skating, snow skiing, step aerobics, strength training, swimming, water aerobics)</li> </ul> Each content area is addressed in a classroom and/or physical activity setting. Personal fitness and nutrition should be emphasized and integrated throughout the course. Students are provided with opportunities to explore how content areas are interrelated.		There are 20 total credits required for high school graduation. Students must complete one unit of Lifetime Wellness to graduate.



## APPENDIX 5: GRADUATION REQUIREMENTS – WELLNESS-RELATED CURRICULA

### Minimum Graduation Requirements – Health, Physical Education, Career Development and Life Skills–by Province

Province	Health	Physical Education (PE)	Career Development and Life Skills (CALM)	Number of Credits/ Instructional Hours	Total Number of hours (Health, PE or CALM)
British Columbia	None	Physical Education 10 – four credits	<ul style="list-style-type: none"> <li>• Personal Planning 10 – 4 credits</li> <li>• Graduation Transitions – 4 credits</li> </ul>	1 credit = 25 hours	300 hours
Alberta	None	Physical Education 10 – three credits	<ul style="list-style-type: none"> <li>• Career and Life Management (CALM) – 3 credits</li> </ul>	1 credit = 25 hours	150 hours
Saskatchewan	Health and Physical Education Combined – 1 credit from either Wellness 10 OR Physical Education 20 or 30		<ul style="list-style-type: none"> <li>• None</li> </ul>	1 credit = 100 hours	100 hours
Manitoba	Health and Physical Education Combined – 2 credits		<ul style="list-style-type: none"> <li>• None</li> </ul>	1 credit = 110 hours	220 hours <sup>y</sup>
Ontario	Health and Physical Education Combined – 1 credit		<ul style="list-style-type: none"> <li>• Career studies – 0.5 credits</li> </ul>	1 credit = 110 hours	110 hours
Quebec	None	None	<ul style="list-style-type: none"> <li>• None</li> </ul>		No requirement
New Brunswick	None <sup>z</sup>		<ul style="list-style-type: none"> <li>• None</li> </ul>		No requirement
Nova Scotia	None	Must complete Physically Active Lifestyles – 0.5 credits	<ul style="list-style-type: none"> <li>• Career Life Management (CALM) 11 – 0.5 credits</li> </ul>	1 credit = 110 hours	110 hours
Prince Edward Island	None	None	<ul style="list-style-type: none"> <li>• None</li> </ul>	1 credit = 110 hours	No requirement
Newfoundland and Labrador	None	Must obtain 2 credits from one of: Healthy Living 1200, Physical Education 2100/2101, or Physical Education 3100/3101	<ul style="list-style-type: none"> <li>• Career Education – 2 credits</li> </ul>	1 credit = 55 hours	220 hours

<sup>y</sup> Manitoba is in the process of implementing new requirements regarding health and physical education requirements for graduation. Over the next two years, the number of credits required for graduation in these curricular areas will increase:

2007–2008: 2 credits required (220 hours)

2008–2009: 3 credits required (330 hours)

2009–2010: 4 credits required (440 hours)

<sup>z</sup> New Brunswick requires students to gain at least 1 credit in the area of fine arts/life role development. Health and Physical Education 10 is one of several choices in this curricular grouping that could be used to attain this 1 credit.



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