

## Introduction

The Lung Association of Saskatchewan, in partnership with the Saskatchewan Ministry of Health and with guidance from the Saskatchewan Ministry of Education, developed this health education resource guide, specific to tobacco. This guide was developed to support the grades six to eight Health Education Curricula.

To access this document electronically, please go to the *Got Lungs?* website and follow the **KNOW TOBACCO** link.

[www.gotlungs.ca/knowtobacco](http://www.gotlungs.ca/knowtobacco)

This **KNOW TOBACCO** resource guide has been developed with financial support from the Ministry of Health, Government of Saskatchewan.

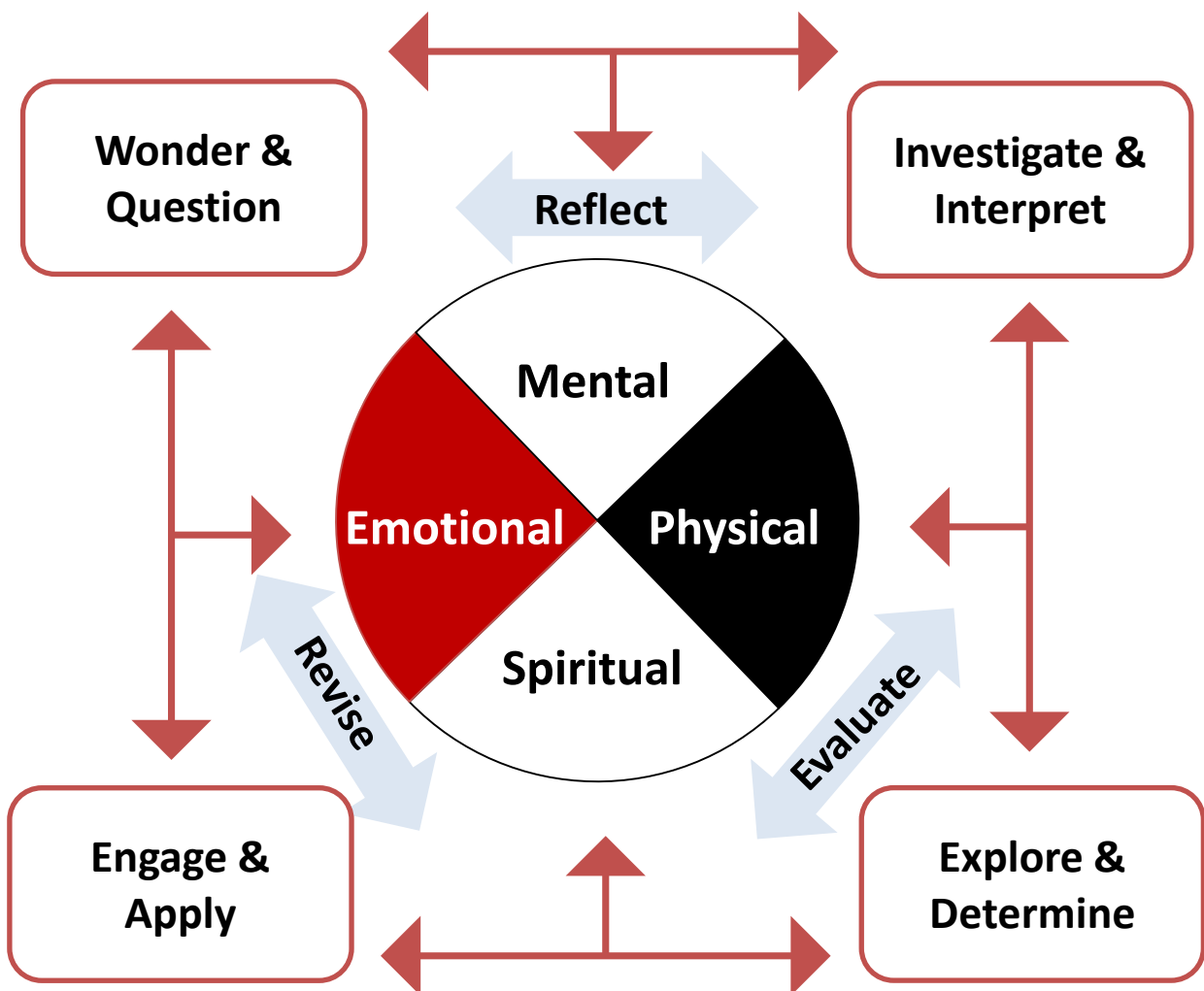
*A special thank you to our team members and partners for contributing their expertise and guidance towards content development!*

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- **Saskatchewan Ministry of Education**
- **The Engaging Youth Working Team of the Provincial Tobacco Reduction Strategy, 2011.**

## Inquiry for Healthy Decision Making

### Why Inquiry for Healthy Decision Making?

Inquiry learning provides students with the opportunity to build knowledge, abilities, and inquiring habits of mind that lead to deeper understanding of their world and human experience.



Information and diagram provided by the Saskatchewan Ministry of Education

## Why Tobacco Education for Grades 6-8?

Tobacco remains to be the primary cause of preventable disease and death in Canada (Health Canada, 2010). Saskatchewan continues to have some of the highest smoking rates in the country (Canadian Tobacco Use Monitoring Survey, 2010). We have made some progressive legislative and societal strides in tobacco control in Canada throughout the past decade, but we are still seeing tobacco rates that are far too high.

We want children and youth to be empowered to make healthy choices and to do that, we need to engage learners through creative and critical thinking strategies. Because of our high rates of tobacco use, all partners have recognized the importance of having health education activities specific to tobacco while engaging the importance of a healthy mind, body and spirit.

“In order for students to grow up to be able to take on responsibility for their own health, they need basic knowledge, values, skills, attitudes, and beliefs to undertake lifelong, positive personal health practices...”

- Public Health Agency of Canada, 2003

For more information on tobacco-related health concerns, see the following links:

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/index-eng.php>

[http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc\\_2009-eng.php](http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2009-eng.php)

## K-12 Aim and Goals

### Saskatchewan Health Education Curricula

The K-12 **Aim** of the Health Education Curricula is to develop confident and competent students who understand, appreciate and apply health knowledge, skills and strategies throughout life.

The three K-12 **Goals** of Saskatchewan's Health Education Curricula are broad statements identifying what students are expected to know and be able to do upon completion of study in health education. The three goals are:

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

**Goal #2:** Make informed decisions based on health-related knowledge (DM).

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

Each activity will identify how it is connected to the Goals, Outcomes and Indicators within the Health Education Curricula.

For more information on the 2010 Saskatchewan Health Education Curricula, see the following link:

<http://www.education.gov.sk.ca/Default.aspx?DN=009f8df1-406a-47d8-a44b-cfc25544852b>

"The ultimate goal of all education at every level is to engage the mind so as to strengthen the learner's disposition to go on learning."

- Lilian Katz, 1997

## The Saskatchewan Health Education Curricula Outcomes and Indicators

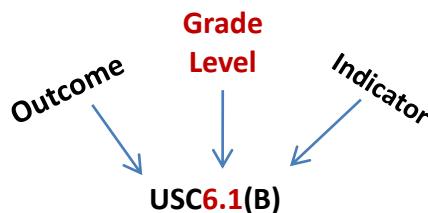
**Outcomes** define what a student is expected to know, understand, and be able to do at the end of each grade. Therefore, all curriculum outcomes are required. Indicators clarify the breadth and depth of each outcome (adapted from Friesen, Clifford, and Jardine, 2006, p.22).

**Indicators** are examples of ways that students might be asked to demonstrate achievement of an outcome. They serve as examples of the type of evidence that teachers would accept to determine the extent to which students have achieved the desired learning results. The depth and breadth of each outcome is non-negotiable but teachers may develop additional indicators.

**Outcomes Legend:**  
Understanding, Skills and Confidences (USC)  
Decision Making (DM)  
Action Planning (AP)

Each activity has been tied to outcomes and indicators from the Saskatchewan Health Education Curricula. They are represented according to the legend above. The number beside the outcome represents the grade level. The indicators are represented by letters in parenthesis.

E.g., USC6.1(B) = Outcome: Understanding, Skills and Confidences (USC) for grade six. The indicator for this activity is (B). The outcomes and indicators are addressed and identified at the beginning of each activity.



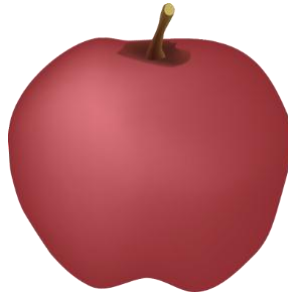
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**KNOW TOBACCO...**

*Think. Learn. Live.*

**Grades  
6-8**

**Grades 6-8 Perspectives**



**Grade 6**

“Affirming Personal Standards”

**Grade 7**

“Committing Self”

**Grade 8**

“Supporting Others”

## Comprehensive School Community Health (CSCH)

The term “Comprehensive School Community Health” is used in Saskatchewan. This approach may also be known as “Comprehensive School Health”, “Health Promoting Schools”, or “Coordinated School Health” and its four integrated components may be expressed in different ways. The underlying concepts are the same as they are all based on the World Health Organization's Ottawa Charter for Health Promotion (1986).

The purposes of the comprehensive school approach are to collaboratively:

- promote health;
- prevent specific diseases;
- intervene to assist children and youth who are in-need or at-risk;
- support children and youth who are already experiencing poor health.

The four components of CSCH are:

1. Healthy Physical Environment;
2. Supportive Social Environment;
3. High-Quality Teaching and Learning;
4. Community Engagement and Partnerships.



## Comprehensive School Community Health (CSCH)

In schools, interconnecting the four components can create an environment that supports the physical, mental, emotional, and spiritual health of students. A school using the CSCH approach provides high quality teaching and learning while offering opportunities for students to practice what is learned; environments where all are cared for; and where student leadership and engagement is valued.

CSCH welcomes parents, community members and others into the life of the school and shifts the focus from individual behaviours to the environments that shape them.



**Mrs.  
Woods**

For more information on CSCH, see the following links:

- The Saskatchewan Ministry of Education  
<http://www.education.gov.sk.ca/comprehensive-school-community-health>
- The Saskatchewan Ministry of Health  
<http://www.health.gov.sk.ca/children-youth>
- The Joint Consortium for School Health  
[http://www.jcshcces.ca/index.php?option=com\\_content&view=article&id=40&Itemid=62](http://www.jcshcces.ca/index.php?option=com_content&view=article&id=40&Itemid=62)