

# Health Education 4

*Guide*

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## Health Education 4

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Prepared by the Department of Education and Early Childhood Development

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# Health Education 4

Draft, October 2015

**Note:** This document has not yet been reviewed and aligned in structure and formatting with the primary–3 documents. An updated version with appendices will follow in 2015.

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# Contents

**Note: This document has not yet been reviewed and aligned in structure and formatting with the primary-3 documents. An updated version with appendices will**

**follow later in 2015.**4.1.1 Students will be expected to describe the physical and emotional changes that take place during puberty

## Elaboration

A key concept within sexual health education is human development. Under this concept, topics such as sexual and reproductive anatomy and physiology, reproduction, puberty, body image, privacy and bodily integrity are addressed. Throughout grades Primary-3, there are many outcomes that address these key concepts including: male and female bodies are different and the same, being able to name the internal and external genitalia of boys and girls; the understanding that babies are formed when a human egg and sperm cell combine; that everyone can feel proud of their body and that each of us has a right to decide who can touch our body, where, and in what way (personal safety), that everybody's body deserves respect; and, that a woman's body undergoes changes during pregnancy. Before age 9, it is developmentally appropriate for young children to know that puberty is a time of physical and emotional change that happens as children grow and mature. It is important that as children get closer to age 8 that they know that puberty begins somewhere between the ages of 8 and 16.

In this outcome, students will expand their understanding of puberty and of the particular changes that occur during the time of puberty and that this occurs at different times for different people and has different effects on boys and girls. The single most important message you provide for your students when addressing this outcome is that the physical and emotional changes they experience as they move through puberty are normal. Plan for several lessons throughout the year that cover the topic of puberty and you will find that not only your own, but the comfort level of your students, will grow. Remember, it is common for young children, elementary school aged children, and youth to have questions about sexual development.

Lessons should be interactive and conversation based. Providing a safe and supportive learning environment where students are able to ask questions about what they are curious about is critical. Teachers are often a child's single source for accurate sexual health information.

## Enduring Understanding

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By the end of this outcome, students should understand that

- puberty signals changes in a person's reproductive capability
- young people experience a range of social, emotional, and physical changes during puberty
- as the body matures it is important to maintain good hygiene
- everyone goes through puberty at different rates

## Outcome Connections

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3.1 identify components of a healthy relationship

## Assessment, Teaching, and Learning

At the beginning of the year ensure that the students in your classroom have access to non-fiction books about puberty to read/view during independent reading time. You may wish to define the term puberty at the beginning of the school year and let students know that throughout the school year you will have interactive and conversation based lessons where you will introduce some of the physical and emotional changes of puberty. Puberty may be defined as the period of change and growth when boys and girls start to become adults and it can take several years.

It is recommended that teachers are mindful that learning within this outcome is strengthened (more effective, and more comfortable to teach) when it is more than a “one-time event”. In this way, a note home is not required, rather ensuring that the family of each child in your classroom be aware from the beginning of the year that you will make available non-fiction texts around the classroom for independent reading that cover the topic of puberty (approved by the Department of Education and Early Childhood), introduce the term puberty, and facilitate interactive and conversation-based lessons throughout the year – somewhere near the beginning, the middle, and the end of the year reassuring them that this provides and builds a safe, supportive space for their children and you to have conversations about the ways they will grow and change in the upcoming years. You may wish to recommend to books that families to read together at home and/or books that a parent/s can read that will assist them in having conversations about physical and emotional changes of puberty, if they have not already had them with their child. Remember, concerns that parents often bring to a teacher’s attention comes from an emotionally-based place (my child is growing up and is entering a time of many firsts, as I am as a parent) and/or that parents want to feel prepared when a child asks a question at home that arises from conversation in class and not be surprised. Use your September welcome newsletter and/or curriculum night to highlight this outcome and your plan to span conversations and lessons throughout the year.

There are many wonderful resources that include interactive lesson plans and key messages for the teachers, as well as non-fiction texts that you can use that will help you to respond to unexpected questions that may come up in class. One such resource that has been provided to teachers of grade 5-9 in your school (2009) is *Beyond the Basics: A Sourcebook for Sexual and Reproductive Health* (Canadian Federation for Sexual Health 2005). It was distributed to schools in French and in English. Having read aloud from a non-fiction book and having defined the term puberty early in the year, teachers may wish to facilitate a lesson from the puberty and reproductive section of this resource.

Resources outline the many physical and emotional changes of puberty. The following list outlines **some** of these changes and also includes considerations to manage the changes.

During puberty:

- It is important to maintain good hygiene
- Pubic hair begins to grow (boys grow hair on their upper lips and chest and at the base of their penis and girls grow hair around the vulva)
- Boys and girls gain weight and grow taller
- Girls and boys grow hair under their arms, on the arms, and on their legs
- Some boys and some girls get pimples on their face, chest, and backs
- Boys’ voices become deeper



- Girls' hips grow wider and their breasts grow larger
- Boys' testicles start to make sperm
- Girls' ovaries start to send out eggs
- Sleep remains important for emotional health that means going to bed at a time that they can get 10-12 hours of sleep
- Male hormones regulate the beginning of sperm production
- Females need access to and knowledge about the proper use sanitary pads and other menstrual aids
- Males may experience wet dreams and later in life
- Perspiration (sweating) increases, not just while physically active
- You may feel more strong emotions. Practice relaxation techniques more often, like being physically active, reading, doing art, being with friends
- Privacy about one's body becomes more important
- Communicating to your peers, parents, and teachers about menstruation is nothing to be ashamed of
- It is okay to be assertive about privacy. It is a way of refusing unwanted sexual attention.

It is natural that children may ask how babies are made or even "what is sex?" *It's So Amazing: A Book about Eggs, Sperm, Birth, Babies, and Families* (Harris 2002) answers this question and many others. It is recommended to use this book as a two page spread covers the answers to many questions students will ask. If you teach a grade 3 and 4 combined class, this book is developmentally appropriate for ages 7 and up. This book was provided to schools in 2011 as part of a Sexual Health School Collection for Grades Primary-6. It is available from the school book bureau through the authorized learning resource list. Turn to pages 10 through 17 to support learning within this outcome.

Use the opportunity within this outcome to reinforce with students the importance of knowing a safe and trusted adult they can share their feelings with, as well as the importance knowing the things that make them feel healthy – eating well, getting enough sleep, managing screen time as to do things that they enjoy (read, draw, be active, listening to music or playing an instrument, sports, spend time outdoors). *The Relaxation and Stress Reduction Workbook for Kids* (Shapiro and Sprague 2009) has many lessons that can be used.

Be mindful, that puberty signals a need for increased privacy. Key messages around personal safety (sexual victimization and exploitation) are critical to reinforce every year. Lesson 5 in the grade 4 supplement from *Kids in the Know: A Personal Safety Program* (The Canadian Centre for Child Protection 2011) is strongly recommended to facilitate as part of the introduction to puberty that takes place in grade 4.

An assessment piece for this outcome would take place at the end of year, having introduced the term puberty at the beginning of the year and facilitating a few lessons, along with reading aloud from a non-fiction text like *It's so Amazing* (Harris 2002). See *It's All One Curriculum Volume 2: Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (edited by Haberland and Rogow 2011 retrieved from [www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-](http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-)) activity 41 where students create books and songs that explain

physical and emotional changes that occur during puberty. It is available to download in English and in French. Teachers may wish to use the books and/or songs created for the upcoming school year and share them as a teaching tool with new students.

## Resources and Notes

Print

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- *It's so Amazing: A Book about Eggs, Sperm, Birth, Babies, and Families* (Harris 2002; NSSBB #: 18723)
- *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health* (Canadian Federation for Sexual and Reproductive Health Education 2005; NSSBB# 18447)
- *Kids in the Know: A Personal Safety Program, Grade 4* (The Canadian Centre for Child Protection 2011; NSSBB# 1000793)
- *The Girl's Body Book: Everything You Need to Know for Growing Up You* (Dunham 2008; NSSBB# 18651)
- *The Boy's Body Book: Everything You Need to Know for Growing Up You* (Dunham 2008; NSSBB# 18650)
- *The Relaxation and Stress Reduction Workbook for Kids* (Shapiro and Sprague 2009 NSSBB# 18996)

## Notes

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Sexual health education in Nova Scotia is evidence informed and follows the United Nations Education, Scientific and Cultural Organization (UNESCO) guidelines, *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers, and health educators* (UNESCO 2009). This resource comprises two volumes. The first volume, *The rationale for sexuality education*, provides information on evidence supporting sexual health education, characteristics of effective programs, and best practices in educational settings. Volume II outlines topics and learning objectives across four age ranges: 5–8 years, 9–12 years, 12–15 years, and 15–18 years of age. It is recommended that you read this document prior to the beginning of the new school. The UNESCO document can found at <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

Let's Talk about...Sexual Health Education (Province of Nova Scotia 2012) was designed and developed to provide families and teachers with key messages about sexual health education grades Primary-6. Review the messages in this document and remind parents that sexual health education concepts have already been covered, beginning in grade Primary, and this outcome related to puberty has been placed in sequence at grade 4 to reinforce what has come before, and prepare students for protective concepts to come in later grades.

It is important that teaches use correct terms for anatomy and physiology related to puberty and reproductive health. Penis, vagina, ejaculation, sperm, ovaries, eggs, testicles, masturbation, and erection are examples of correct terminology. Conversation pertaining to puberty is relevant to all genders. It is important to keep in mind that puberty may be a time when issues around sexual orientation and gender identity are acute. Young people are beginning to develop sexual and romantic feelings which can raise questions around sexual orientation. As well, a young person's developing body may or may not be in accordance with how they identify their gender, which is

relevant to gender identity. It is essential that teachers use inclusive language and not make assumptions around gender identity or sexual orientation to create safe classroom environments.

If you are teaching a 3/4 combined class, you may wish to speak with the parents of the grade 3 class at the beginning of the year to inquire if they would be pleased for their children to be included in the interactive lessons to address the outcome. Let the families of your grade 3 students know that puberty can begin anywhere from ages 8 through to 16 and that you will from time to time be reading from approved non-fiction texts intended for use by families and teachers to introduce the topic of puberty in a safe and supportive way that normalizes the physical and emotional changes that they and their friends/siblings will go through. You may find that most, if not all, parents are pleased that you will be covering this topic and that you feel comfortable and competent doing so.

#### 4.1.2 Students will be expected to differentiate between gender roles and gender identity

## Elaboration

Throughout our lives, each of us actively constructs our identities in a continually evolving understanding of ourselves and others. A child's healthy sense of self and emotional competence requires that they know and feel good about who they are and that they will be seen positively by others. In this way, understanding our personal and social identities open up the possibilities of building caring connections with others. Beginning in the early years, and throughout the school aged years, children need caring adults to help them construct a positive sense of self and a respectful understanding of others (Derman-Sparks, 2011). Identity formation extends well into adolescence and beyond.

Gender, the first core identity that gets young children's attention, develops by around the age of two when children begin to notice physical differences and begin to describe themselves as boys or girls. By the age of three, children have ideas about behaviours, activities, and toys that go with gender. By the age of four, children are often rigid in their insistence on limited and stereotypical gender role behaviours, and by the age of five have deeply incorporated a gender identity reflecting the gender expectations of their family and larger society (Klein et al, 2007).

When children are pressured to shape and limit their behaviours according to narrow gender scripts, they are vulnerable to harmful health outcomes. We want all children to fully become who they can be, and to be healthy as individuals, to have healthy relationships, and to contribute to the health of others, including their communities as they grow. The way we express our gender is an important part of who we are and it important to express our gender in the way that we feel it.

As with sexual orientation, everyone has a gender identity (intrinsic sense of maleness or femaleness or an identity between or outside these categories). Researchers suggest that a person's gender identity is set by the age of three (Ryan, 2009). The definition of gender identity differentiated from gender roles, norms, and behaviours is explored in Grade 4. At this time, discussions pertaining to gender identity extend to include dialogue that a person's gender identity can sometimes not be the same or in alignment with their physical body (Supporting Transgender and Transsexual Students in K-12 Schools: A Guide for Educators, Canadian Teacher's Federation, 2012). The difference between gender identity and sexual orientation (and assumptions how they two may be connected) is addressed within Healthy Living 7.

## Enduring Understanding

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By the end of this outcome, students should understand that

- social and cultural norms and religious beliefs are some of the factors that influence gender roles
- human rights promote the equality of men and women and boys and girls
- everyone has a responsibility to overcome gender inequality
- families, schools, friends, media are sources of learning about gender and gender stereotypes
- one's gender identity may not necessarily match their biological sex
- that hurtful comments around gender and biological sex is unacceptable and in violation of human rights
- using language which avoids the use of male/female dichotomy is inclusive of all gender

identities

## Outcome Connections

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2.1 identify components of a healthy relationship

3.2 demonstrate an awareness of the toy industry and how this may connect to consumer behaviour

## Assessment, Teaching, and Learning

When we speak of "gender roles" it is helpful to think of "gender norms". The Health Education 1 outcome has students explore the concept of gender. This outcome (in grade 1) asks students to think about the stereotypical gender roles (or norms) that are given to boys and girls (males/females/mums/dads). Age appropriate ones like boys play with trucks/girls play with dolls, girls wear dresses/boys wear pants, mothers stay home/dads go to work, girls are quiet/boys are loud - the list can be anything children identify that is relevant to their experience and what they see in the world in front of them. Now in grade 4, this outcome is positioned to go deeper given the stage of child development. The same conversation would be had around their perceptions of gender roles (again, gender norms is a helpful way to think of it) and the list students generate might be more complex given they have had more access to norms as presented by the social environment (boys are better hockey players than girls, boys don't cry/girls cry often, etc...) Gender roles/norms are most often defined by and through the social environment. Often, they are a construct of media culture which profits when boys/girls/men/women buy into roles/norms. In this way, this outcome is poised so that teachers can critically examine media culture that a grade 4 student experiences (video games, toy ads - strategically, there are outcomes which relate to media also in grade 4). This grade 4 outcome should ideally be introduced early in the year so there is ample opportunity to assess understanding authentically, for students to be encouraged to and teachers to model and have students practice using inclusive language.

Share read alouds that provide opportunities to deconstruct social norms around gender. William's Doll (Zolotow 1972) is one such story. It was previously distributed to schools and part of the Sexual Health Collection in 2011. *The Boy in the Dress* (Walliams 2008) is another. It is a charming, funny, and poignant novel that tells the story of David who lives with his Dad and his older brother after his mother leaves home and finds that things are just not the same, and of his growing interest in fashion, dresses and friendship with Lisa, and of to be brave and how healing within families can happen over time. *Morris Micklewhite and the Tangerine Dress* (Baldacchino 2014) is another picture book that can begin a conversation. Refer to *Anti-Bias Education for Young Children and Ourselves* (Derman-Sparks 2010). Chapter 7 explores learning about gender identity and fairness and includes vignettes and reflective questions that may be useful.

Having had a conversation about gender roles and gender norms, introduce the term gender identity and share a definition. Gender identity may be defined as a person's internal sense of being male or female or something in between or outside these categories which may or may not be the same as one's biological sex. Consider sharing the human rights legislation with grade 4 class and having a discussion. Remind students that in grade 3, they explored the UN Convention on the Rights of the Child and that human rights legislation is an extension of these rights. It has been adapted in Canada to include rights for transgendered people. Nova Scotia is one of the provinces in Canada that has added gender identity to our Human Rights Code.

The Public Health Agency of Canada guide has helpful information on gender identity in schools. Print copies are available at no cost. It is available in a PDF version at [http://orders.catie.ca/product\\_info.php?products\\_id=25670](http://orders.catie.ca/product_info.php?products_id=25670)

Discuss the challenges of trying to be something that one is not. Ask if anyone has had an experience they would like to share. You may wish to share one. *Arts Links, Grades Primary-6: A Teaching Resource* (Province of Nova Scotia 2013) uses the read aloud *How the Cougar Came to Be Called Ghost Cat* (Issac 2010) to highlight several arts experiences that align with this outcome. This title was distributed to schools in 2011 and also again in 2013 when Artslinks was distributed.

Explore with students how to create an inclusive classroom. As a class, create a definition of the term inclusiveness as it applies to the classroom (and school) setting. Refer to *Supporting Transgender and Transexual Students in K-12 Schools: A Guide for Educators* (Canadian Teacher's Federation 2012) for definitions of safe schools and inclusive language. You may also wish to connect this with human rights. As a class, create a classroom charter of rights and responsibilities. For a lesson, see *GEAR: Global Education Activity Resource* available to download at

## Resources and Notes

### Print

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- *It's so Amazing: A Book about Eggs, Sperm, Birth, Babies, and Families* (Harris 2002) NSSBB #: 18723)
- *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health* (Canadian Federation for Sexual and Reproductive Health Education 2005; 18447)
- *How the Cougar Came to Be Called the Ghost Cat* (Issac 2010; NSSBB# 1000435)
- *Morris Micklewhite and the Tangerine Dress* (Baldacchino 2014; NSSBB# Pending)
- *The Boy in the Dress* (Walliams 2008; NSSBB# 1002465)
- *William's Doll* (Zolotow 1972; NSSBB#: 1000137)

### Notes

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Let's Talk about...Sexual Health Education (Province of Nova Scotia 2012) was designed and developed to provide families and teachers with key messages about sexual health education grades Primary-6. Review the messages in this document and remind parents that sexual health education concepts have already been covered, beginning in grade Primary, and this outcome related to gender identity builds on outcomes in earlier grades (specifically grade 1) and has been placed in sequence at grade 4 to reinforce what has come before, and to prepare students for protective concepts to come in later grades.

If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.3.1. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.1.1 and outcome 5.3.

4.1.3 Students will be expected to demonstrate that values are an integral part in making healthy decisions and fostering healthy behaviours

## Elaboration

In grade 3, students are first introduced to the concepts of values through exploration of influences on food choices. In grade 4, students will begin to explore personal values.

Articulating our values is often difficult as we are seldom asked to reflect on or define them, and we may not even be aware of our values until something contradicts them. We learn values in subtle ways from our family, religion, school, media, friends, music, personal experiences, time period, culture and the world we live in. In addition, the strength of those influences will fluctuate with a person's age, for example, young children will be most influenced by their parents, adolescents perhaps by their peers.

Values are those qualities or ideas about which a person feels strongly (family, spirituality, happiness, health, etc.), and they act as a sort of moral compass that guides our decisions, goals and behaviour. Values help define who we are and help determine how we behave. For example, a person who values health may be more apt to eat healthfully, be physically active, and spend time outdoors. Values also influence a person's sense of right and wrong, or what "ought" to be, and they affect a person's attitude and behaviours. For example, a person who values equal rights may find it difficult to work for a company that pays immigrant workers a lower wage. This person may develop the attitude that the company is unfair, and may quit.

Values help people make decisions, especially when faced with a moral dilemma; however, being unclear about one's values may result in confusion and uncertainty, and will allow people to be more easily swayed by others. Also, there may be times when people find it hard to stand up for their values due to external pressures and circumstances. Nevertheless, when values are clear, decision making becomes easier.

Although identifying and articulating values is important, it is our actions that point to what we really value, and this point should be made clear. It is also important to recognize and respect the fact that others' values may be different from your own. Values are personal and are influenced by many factors; there is no right or wrong when it comes to values (although there are some values that are supported by Canadian laws, such as non-discrimination).

Defining and clarifying values is a life-long process.

Some things to consider:

- It is not necessary for students to have things all figured out now, in fact, some of their values will likely change with experience and over time.
- Support those who express values that are not reflected by the majority
- It is okay to disagree with others, but not to put them down; no teasing or laughing at someone for expressing their values
- Teacher should be aware of his/her own values and try not to unknowingly offer more support for values that are similar.



## Enduring Understanding

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By the end of this outcome, students should understand that

- values come from various sources
- values guide decisions about life and about relationships
- individuals, peers, families, and communities may have different values

## Outcome Connections

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1.5 identify personal motivation factors that lead to participation in regular physical activity and recognize the importance of balancing physical activity with quiet leisure activities

2.1 identify components of a healthy relationship

2.2 demonstrate an awareness of the link between positive self-identity and making healthy decisions that affect relationships and care of self

## Assessment, Teaching, and Learning

Introduce this outcome by asking students “what is a value?”. Values may be defined as something that really matters to someone; something you believe is right versus something you believe is wrong; a belief that guides decisions. Values are strong beliefs held by individuals, families, and communities about important issues. Values guide decisions about life and about relationships. Values can be thought of as guidelines – they don’t necessarily tell us where we are going, but tell us how we go.

Beyond the Basics: A Sourcebook for Sexual and Reproductive Health (The Canadian Federation for Sexual Health 2005) has a number of lessons that introduce the concept of values and invite students to identify personal values. Choose and adapt lessons that best suit the needs of your students.

Values Shuffle – invite students to stand. Read statements aloud that students can ponder against what they value as they move to corners of the classroom (or facilitate the learning experience in an open space, even outdoors) that are labelled agree, disagree, and unsure. Statements can relate to the health priorities—physical activity, healthy eating, sexual health, mental and emotional health, substance use, and injury prevention. Suggested statements (possibilities are limitless) include:

- Everyone should be kind to one another
- Only boys can play hockey
- Only girls should play with dolls
- Getting at least 9 hours of sleep at night is important
- When you find something, you should turn it in
  - If someone is being bullied, you should always tell
  - You should not litter

During this activity, once students have chosen a place to stand, invite students to share why they chose to stand where they have. Remind students that they do not need to share if they would rather not. If one person is standing alone, appreciate their willingness to stand alone.

*Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009) includes an activity related to the exploration of values and behaving assertively. Refer to activity 15 within this resource that was distributed to schools as part of the mental health grades Primary-6 school collection in February 2011.

Share read alouds that provide opportunities to deconstruct the kinds of things that individuals, families, and communities value and how this guides decision-making in a way that fosters health. *I Had a Favourite Dress* (Ashburn 2011) tells the story of a young girl who repurposes a favourite dress as she grows or it becomes torn. This is a lovely picture book that demonstrates both individual and family values. See if students can identify the value and action. *The Great Big Book of Families* (Hoffman 2010) is an amazing picture book that highlights many diverse aspects of families (how families travel, the types of homes they live in, how they source their food, and how they holiday). This book would be a great conversation on how family values shape many different kinds of daily decisions that affect health. *Mr. King's Castle* (Cote 2013) is simply scripted, yet a powerful story that illustrates the role that values play in making decisions.

Utilize one of your favourite read aloud novels for your grade level/s as an opportunity for students to analyze the perceived values of characters within the story.

Download Sustainable Happiness and Health Education Teacher's Guide for Nova Scotia (O'Brien 2010). Refer to the lesson "Values and Intentions" for grade 4. It includes two stories to be read aloud and discussed. This professional resource can be downloaded in PDF from [www.sustainablehappiness.ca](http://www.sustainablehappiness.ca) and includes other lessons that align with Health Education 4.

Having had opportunities to explore their own and perceived values of others, invite students to do a writing exercise where they create value mantras (mantras may be thought of as statements about how you want to be and/or how you want your life to look like). They often begin with "I am..." or "I will..." For example, a mantra may look like the following:

- I am kind to others
- I am able to admit when I am wrong
- I will value people over things
- I will stand up if someone is being hurt physically or emotionally
- I am a healthy person

## Resources and Notes

### Print

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- *Amazing Grace* (Hoffman 1991; NSSBB#: 17354)
- *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health* (Canadian Federation for Sexual and Reproductive Health Education 2005; NSSBB# 18447)
- *Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009; NSSBB# 1000430)
- *I Had a Favourite Dress* (Ashburn 2011; NSSBB# Pending)
- *Mr. King's Castle* (Cote 2013; NSSBB# Pending)
- *The Great Big Book of Families* (Hoffman 2010; 1001740)

### Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.3.2. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.2.2 and outcome 5.2.3.

4.1.4 Students will be expected to differentiate between anxious feelings that we all have and signs of anxiety that are more serious, and identify people that can help

## Elaboration

In grade 3, students are first introduced to the concepts of positive and negative stress through the core mental health resource in Nova Scotia *Healthy Mind, Healthy Body*. In grade 4, students explore the difference between feelings of stress and feelings of anxiety and learn to recognize the signs of each. As always, every opportunity throughout health education to highlight the importance of seeking help from a safe and trusted adult should be taken.

### Enduring Understanding

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By the end of this outcome, students should understand that

- there is a difference between feelings of stress and feelings of anxiety
- anxiety is a natural bodily response to danger
- breath and movement can help ease anxious feelings and symptoms
- a safe and trusted adult is someone who can help

### Outcome Connections

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[To come]

## Assessment, Teaching, and Learning

Define the term “stress” and invite students to identify situations that are stressful to them. They can share this aloud as a whole group, or in small groups. A worthwhile activity is to either set up chairs in a circle within an open space or sit in a circle in an open space (doing this outside is a wonderful option), and use the opportunity to “check in” on their past week. Tell students that to begin their time in health education today, you are going to ask them to think about, then share a time in the past week or so that they may have felt stress (their answers should be brief – for example, I felt stress this week when I had not finished my homework, rather than a lengthy story). It is important as the teacher to share include yourself in check ins – children benefit from knowing that adults feel a range of emotions and often feel emotions due to events or experiences similar to their own. Asking questions in the form of a “check in” is meaningful to students as it provides a safe and open space to share and often students come away realizing that others feel the same as they might. It can be a space to build new or different perspectives on themselves and others.

*Healthy Mind, Healthy Body, A Mental Health Curriculum Supplement: Grades 4 to 6: Did You Know Daddy, I Feel Sad Sometimes* (Lauria –Horner 2008) is the recommended resource for teachers to address this outcome with students. Follow the sequence of lessons designed for grade 4 to provide interactive learning opportunities for students. It will aptly address the enduring understandings of this outcome and prepare students for learning in Health Education 5 related to mental health.

Read *Butterflies in my Belly* (MacKay 2009) was distributed to schools in February 2011 as part of a mental health grades primary-6 school collection. Use this read aloud picture book to deconstruct the difference between stress and anxiety and to discuss safe and trusted adults who can help. *Kids in the Know: A Personal Safety Program, Grade 4* (The Canadian Centre for Child Protection 2011) lesson 2 focuses on identifying safe adults in their environment. Use this lesson to reinforce the concept.

Lesson 13 from *Second Step, Grade 4* (Committee for Children 2011) addresses ways to managing anxiety.

*The Boy in the Dress* (Walliams 2008), a recommended read aloud novel for outcome 4.1.2 also presents an opportunity to discuss stressful situations.

Use the opportunity within this outcome to reinforce with students the importance of knowing a safe and trusted adult they can share their feelings with, as well as the importance knowing the things that make them feel healthy – eating well, getting enough sleep, managing screen time as to do things that they enjoy (read, draw, be active, listening to music or playing an instrument, sports, spend time outdoors) and thus decrease feelings of and/or help them to manage the feelings associated with stress and anxiety. *The Relaxation and Stress Reduction Workbook for Kids* (Shapiro and Sprague 2009) has many lessons that can be used.

*Emily's Blue Period* (Daly 2014) is a read aloud that captures a middle school aged child response to feeling sad.

## Resources and Notes

### Print

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- *Butterflies in my Belly* (MacKay 2009; NSSBB# 1000305)
- *Emily's Blue Period* (Daly 2014; NSSBB#: Pending)
- *Healthy Mind, Healthy Body, A Mental Health Curriculum Supplement: Grades 4 to 6: Did You Know Daddy, I Feel Sad Sometimes* (Lauria-Horner 2008)
- *Second Step, Grade 4* (Committee for Children 2011; NSSBB# 13379)
- *The Boy in the Dress* (Walliams 2008; NSSBB# 1002465)
- *The Great Big Book of Feelings* (Hoffman 2013; NSSBB# 1001740)
- *The Relaxation and Stress Reduction Workbook for Kids* (Shapiro and Sprague 2009 NSSBB# 18996)

### Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.1.2. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.1.4.

4.1.5 Students will be expected to identify personal factors that motivate them to participate in physical activity and quiet leisure activities.

## Elaboration

Given children are not physically active enough and technology habits form easily at an early age, this Health Education outcome intends for students to contemplate their participation in both physical activity and quiet leisure activity. While there is a great concern for the lack of physical activity among children and youth, this outcome simultaneously recognizes the value of 'quiet' leisure experiences as a protective factor of mental health and substance use and gambling. At age nine, children have the ability to consider what motivates them to do or not do something. As unbridled active and creative play starts to diminish, this is a good time for children to become aware of what personally motivates them to do physical and quiet activities, in their time free from school and other responsibilities.

Physical activity is a daily health practice often influenced by other health behaviours, therefore learning extends beyond Physical Education. The opportunity here is to explore physical activity within the Life Skills Framework.

Although a large proportion of Grade 3 students (81%) in Nova Scotia achieve the recommended minimum of 60 minutes of moderate to vigorous physical activity most days of the week, the proportion meeting the standard declines sharply after Grade 3. Less than a third of boys (28%) and less than a fifth of girls (13%) in Grade 7 met the standard. Children in Nova Scotia are more sedentary with age, gaining an extra 88 minutes by Grade 7 (400 min) since Grade 3 (312 min). At some point between Grade 3 and 7, girls become much less active and significantly more sedentary than boys (Keeping Pace, 2012).. The Canadian Sedentary Behaviour Guideline says to limit extended sitting, time spent indoors and time with recreational screen time (Canadian Society for Exercise Physiology). Popular sedentary activities are with entertainment, information and communication technologies. The Keeping Pace study (2012) found 48% of girls and 72% of boys in Grade 3 exceed the Canadian guideline of a maximum of two hours of screen time per day (outside school education time); this increases with age. Before the mass sales of handheld devices, Keeping Pace (2005) found that youth in Grade 11 did more than five hours of screen time on weekdays and up to seven on weekend days.

National surveys demonstrate a significant difference of physical activity levels between children's measured averages and parents' perceptions. Many parents believe their children do at least 60 minutes of moderate to vigorous physical activity each day. These same parents would likely believe the statistics do not represent their children. Some believe children are active enough from participation in a recreation program and attending school. In Nova Scotia (as in Canada), children are most inactive in the after-school period and on weekends. Given many home environments are not supporting children enough to be more physically active outside school, this outcome can help raise the children's consciousness of what inspires them; this self-assessment skill becomes more important with maturity.

Both physical and quiet activities offer opportunities to develop important coping and self-management skills. In times of change and hurried family schedules, children benefit from quiet and creative play both indoors and outdoors such as: reading, drawing, painting, pretend play, rhyming, listening to music, preparing food and messy exploration of nature. Digital screen activities are not considered quiet leisure as addressed in this outcome, given the rate of screen time use is increasing and already surpasses the Canadian recommendation. The mostly prescriptive nature of digital screen activities may limit truly creative play and its habit-forming nature is one the strongest diversions from physical activity. There is great value in breaking from screens to ease eye strain and reduce exposure to unhealthy distractions, messages and images.

## Enduring Understanding

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By the end of this outcome, students should understand that

- Children and youth require to accumulate at least 60 minutes of moderate to vigorous physical activity per day and to limit periods of sitting and time using the television, computer, gaming unit, tablet and other digital devices.
- Engaging in quiet leisure activities (not screen time) contributes to mental health and help us cope with normal stress
- Physical activity and quiet leisure activity offer many personal benefits, including being a way to process thoughts and feelings in a constructive way
- Each person has their own reasons that motivate them to do different physical activities and quiet leisure activities, which may change over time.

## Outcome Connections

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[To come]

## Assessment, Teaching, and Learning

{TO BE WRITTEN}

# Resources and Notes

## Internet

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- **At My Best** (from Physical and Health Education Canada) is a free comprehensive curriculum toolkit for Grades P to 6 to promote physical activity, healthy eating and emotional well-being.  
[www.atmybest.ca](http://www.atmybest.ca)
- **Ready Set Go** (from Physical and Health Education Canada) is a resource for Grades 3 to 9 with educational activities for concepts of physical literacy, physical activity and its various levels of intensity, and the importance of the after-school period.  
<http://www.phecanada.ca/resources/ready-check-go>
- **Heart Healthy Lesson Plans** (from Heart and Stroke Foundation of Canada) is series that provides teachers of Grades P to 8 with educational activities that promote physical activity.  
[http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.8204997/k.CA21/Grade\\_8.htm](http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.8204997/k.CA21/Grade_8.htm)
- **Kids Run Club** is a successful program from Doctors Nova Scotia throughout schools in the province that teaches children to run for fun. Its *Healthy Living Challenge* is a 5-day challenge that encourages participants to be active, eat well and reduce screen time. Although the challenge can be used with learners of all ages, it most suitable for Grades 2 to 6.

## Print

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- *Healthy Mind, Healthy Body, A Mental Health Curriculum Supplement: Grades 4 to 6: Did You Know Daddy, I Feel Sad Sometimes* (Lauria-Horner 2008)
- *The Relaxation and Stress Reduction Workbook for Kids* (Shapiro and Sprague 2009 NSSBB# 18996)

## Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.1.4. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.1.6.



#### 4.2.1 Students will be expected to identify the components of a healthy relationship

## Elaboration

With a focus primarily on friendships and peer relations, this outcome has been designed to provide an opportunity for students to explore the components of healthy relationships (among friends and peers). Simply stated, students will explore what relationships look like, sound like, and feel like. Given the reality that students do, or soon will communicate and build relationships within an online environment, this outcome provides an opportunity to not only explore communication and interpersonal skills that happen in person, but also those that are conveyed within an online environment.

Humans are social beings; we live in groups and interact with others every day. Our health and well-being depend largely on our ability to form close and healthy relationships. The process of building relationships begins with our families from the moment we are born, grows to include the formation of friendships, and as we get older, widens to include teachers, co-workers, employers, and others. For most of us, there will also be several significant romantic relationships.

A relationship involves a bond or connection with another person; however, when students think about relationships, they will likely assume romantic relationships. It is important to point out the range of relationships we are involved in, and that all of these relationships help us to develop interpersonal skills, and provide opportunities for us to learn how to deal effectively with our emotions.

At this time in their lives, pre-teens will be most interested in friendships and peer groups, which are nevertheless built on the skills learned in earlier relationships. In only a few short years to come, adolescence will bring the onset of interest in romantic relationships. In order for teens to develop positive, healthy relationships they need to be able to identify when relationships are *unhealthy*.

Most relationships start out well, but if people do not have the skills to deal with conflict appropriately, the relationship may become unhealthy. Not all conflict is negative, and conflict may actually lead to beneficial change if handled well. Problems result when people try to resolve conflict using behaviours such as threats, coercion, aggression, humiliation, or when there is a lack of mutual respect and trust. Students should be able to recognize the value and importance of maintaining healthy relationships, as well as when it may be time to end a relationship because it is no longer healthy.

If students have not experienced healthy relationships in their homes, they may not be aware of these characteristics, and as a result of these discussions, some students may come to identify some of their own relationships as unhealthy. Consequently, this may be a sensitive topic for some students. Ensure that students know where to go for further information or if they need someone to talk to or for help.

In addition, teachers must also be aware of their legal responsibility to report any signs of mistreatment, neglect or abuse to the local child protection service. Teachers who are uncertain should speak to the school counsellor or the principal.

## Enduring Understanding

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By the end of this outcome, students should understand that

- friends communicate, act, and behave in ways that promote health
- active listening is an important part of a healthy relationship
- conflict in relationships is normal and if handled well, can often lead to beneficial change
- characteristics of healthy/unhealthy relationships
- people express love and friendship in different ways
- gender equality promotes healthier relationships

## Outcome Connections

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2.2 demonstrate an awareness of the link between positive self-identity and making healthy decisions that affect relationships and care of self

## Assessment, Teaching, and Learning

*Kids in the Know: A Personal Safety Program, Grade 4* (The Canadian Centre for Child Protection 2011) lesson 4 aligns well with this outcome and makes a great introductory lesson.

Define the term relationship. Create a working definition from the ideas of students that arises from the question “What is a relationship and who do we have relationships with?” Throughout the year as discussions about relationships naturally arise, refine the definition.

Invite a conversation about the term communication. Ask: what does it mean to communicate and then, what are the ways that people communicate. *Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009) includes many learning experiences that can be used to address this outcome. This resource that was distributed to schools as part of the mental health grades Primary-6 school collection in February 2011. As you work through discussions about and discovery in what healthy/unhealthy relationships look like, sound like, and feel like you will naturally begin to move towards communication, interpersonal, and coping skills that can enhance relationships or help to end them. Second Step, Grade 4 (Committee for Children 2011) has a number of lessons that highlight these skill sets.

As a classroom teacher you no doubt have many favourite and previously enjoyed read aloud novels that you share year after year with students. Select stories to share with your class that highlight relationships and use the opportunity when reflecting on chapters read and at the close of the story what the healthy/unhealthy relationship/s looked like, sounded like, and felt like. *Clementine, Friend of the Week* (Pennypacker 2010),

Trudy Ludwig has written a number of picture books perfect for this age group that explores the world of children’s social interactions. *Sorry!* (2006), *Just Kidding* (2006) *Trouble Talk* (2008) *Better than You* (2011)

are a few of the titles, some of which were distributed to schools. Role playing the plot of any of these stories would be a rich learning experience to support learning within this outcome.

Download Sustainable Happiness and Health Education Teacher's Guide for Nova Scotia (O'Brien 2010). Refer to the lesson "Mystery Friend" for grade 4. It suggests an activity where students choose someone in the class to be the recipient of random acts of kindness and highlights the importance. This professional resource can be downloaded in PDF from [www.sustainablehappiness.ca](http://www.sustainablehappiness.ca) and includes other lessons that align with Health Education 4.

Invite students to share in teacher conferences what healthy and unhealthy relationships looks like, sounds like, and feels like. Assessment of this outcome should be ongoing throughout the year as students are invited throughout the year through many learning experiences in health education and through English Language Arts to reflect on, read, and write about components of healthy relationships. Extend the learning by encouraging students to reflect on the qualities, values, and commitment they bring to foster and maintain healthy friend and peer relationships.

## Resources and Notes

Print

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- *Better Than You* (Ludwig 2011; NSSBB# 1001243)
- *Clementine, Friend of the Week* (Pennypacker 2010; NSSBB#: 1002443)
- *Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009; NSSBB#: 1001430)
- *Just Kidding* (Ludwig 2006; NSSBB#:1000044)
- *Second Step, Grade 4* (Committee for Children 2011; NSSBB#: 13379)
- *Sorry!* (Ludwig 2006; NSSBB# Pending)
- *Trouble Talk* (Ludwig 2008 NSSBB# 18752)

Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.2.2. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.2.2.

4.2.2 Students will be expected to demonstrate an awareness of the link between positive self-identity and making healthy decisions that affect relationships and care of self

## Elaboration

Throughout our lives, each of us actively constructs our identities in a continually evolving understanding of ourselves and others. A child's healthy sense of self and emotional competence requires that they know and feel good about who they are and that they will be seen positively by others. In this way, understanding our personal and social identities open up the possibilities of building caring connections with others. Beginning in the early years and continuing throughout school-aged years children need caring adults to help them construct a positive sense of self and a respectful understanding of others (Derman-Sparks, 2011). Identity formation extends well into adolescence and beyond. It is important to note that understanding who we are, what we value, and being able to see ourselves in a positive light is relational to the many decisions that we make which enhance the health of self and the health of relationships that surround us across all health areas (mental and emotional health, substance use and gambling, physical activity, healthy eating, sexual health, and injury and disease prevention). This outcome provides an opportunity for students to explore what they like about themselves across various realms – social, emotional, spiritual, mental, and physical. It is an opportunity to introduce the concept of body image, which will be further explored in grade 5 as students explore media's impact on how we see how ourselves.

Understanding our personal and social identities occurs within and is influenced by many social and cultural contexts. Each of us is subject to influence from the social conditions from which we live. We absorb messages that contain prejudice across a host of categories including race and ethnicity, economic status, sexual orientation, gender expression, belief systems, family structure, and abilities. We also absorb messages from consumer culture that who we is connected to what we have (or do not have). *Anti-Bias Education for Young Children and Ourselves* (Derman-Sparks, 2011) a core resource for teachers of health education, has devoted a chapter on children's identity development. Reading this chapter provides further elaboration that will be helpful to you.

The intention of this outcome goes deeper than the traditional "all about me" kinds of learning experiences that are often shared with students where we explore student's own and others personal identity (factors such as our name, family make up, age, place in family, personality, talents, and interests). This outcome provides the critical opportunity for teachers during the elementary school years to nurture exploration of personal identity and social identity together. In this way, we begin to provide children with the tools to resist negative messages about their identity. Individuals who do not see themselves positively are often more likely to be influenced by peer pressure, be vulnerable to unhealthy relationships, abuse substances, experience poor body image, become abusive, experience poor sexual health outcomes, and generally experience negative health outcomes over time.

Having a positive sense of self is an integral component of healthy development.

## Enduring Understanding

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By the end of this outcome, students should understand that

- we are each unique in body, mind, and spirit
- having a positive sense of self contributes to making healthy decisions related to our physical, mental, social, and emotional well-being

## Outcome Connections

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- 1.3 demonstrate an awareness that values are an integral part in making healthy decisions and fostering healthy behaviours
- 2.1 identify the components of a healthy relationship

## Assessment, Teaching, and Learning

*Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009) includes many learning experiences that can be used to address this outcome. This resource that was distributed to schools as part of the mental health grades Primary-6 school collection in February 2011. You may wish to use activities 4-6 as well as activity 14 as an introduction to learning within this outcome.

*Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education* (Canadian Federation for Sexual Health 2008) includes a unit in relation to self-esteem. Refer to the lessons titled “Your Identity: Many Parts Make You Strong, Inside-Outside Boxes, Who Will You Choose as Your Role Models?and Things I do Well.

*Suki’s Kimono* (Uegaki and Jorisch 2003) is a selection within *ArtsLinks, Grades Primary-6* (Province of Nova Scotia 2013) that aligns with this outcome. It demonstrates how culture can be an integral aspect of identity and invite discussion on ways we embrace diverse cultural beliefs, traditions, and values within families, school and the wider community.

*The Best Part of Me: Children Talk about their Bodies in Pictures and Words* (Ewald 2010) is a wonderful non-fiction book of photographs and reflections of children who share how they perceive aspects of the body and themselves. It would be a valuable exercise to replicate with students that would utilize photography with words.

Download *Sustainable Happiness and Health Education Teacher’s Guide for Nova Scotia* (O’Brien 2010). Refer to the lesson “Myself in the Future” for grade 4. It suggests an activity where students envision communicate the person they would like to be in the future as they reflect on the positive traits they currently have, while connecting this to those things they value. This professional resource can be downloaded in PDF from [www.sustainablehappiness.ca](http://www.sustainablehappiness.ca) and includes other lessons that align with Health Education 4.

Inevitably, an aspect of our identity relates to the community from which we live or come from. Select picture books such as *Up Home* (Grant 2008), *Something Beautiful* (Wyeth 1998), and *The Lost Teachings* (Issac 2013) as examples. Look for other books in your collection and invite students to share stories about places that shape who they are. Use art as a medium to convey meaning. Use as a vehicle for assessment by asking questions about how place can shape who we are, what we value, and health decisions we make. Environment is a theme within Social Studies 4. Use this opportunity to connect geography with identity.

## Resources and Notes

### Print

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- *Anti-bias Education for Young Children and Ourselves* (Derman-Sparks 2010; NSSBB# 1000243)
- *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health* (Canadian Federation for Sexual and Reproductive Health Education 2005; NSSBB# 18447)
- *Cool, Calm, and Confident: A Workbook to Help Kids Learn Assertiveness Skills* (Schab 2009; NSSBB#: 1001430)
- *Up Home* (Grant 2008; NSSBB#: 2000588)
- *Something Beautiful* (Wyeth 1998; NSSBB# 17369)
- *The Lost Teachings* (Issac 2013; NSSBB# 10002253)

### Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.2.2. If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.2.2.

4.3.1 Students will be expected to demonstrate an awareness of the various forms of gambling, and consider risks associated with gambling and gaming online

[Content to Follow]

## Elaboration

In today's world of hyper-connectivity and consumer culture, children and youth are being targeted by and exposed to more marketing messages than ever before. Marketing is on TV, movies, the internet, in magazines, on-billboards, and at family and sporting events. And marketing promotes a wide variety of products, including many that are associated with health harms, including processed food and sugar-sweetened beverages, alcohol, tobacco and gambling.

Whether through incidental exposure or direct targeting by corporations, young people's increasing exposure to marketing messages is linked to serious negative consequences for their physical, emotional and psychological health. Marketing can normalize unhealthy behaviour and encourage the consumption of unhealthy products. Marketing tactics can also negatively impact emotional health and well-being (e.g. creating pressure to fit in and using hypersexualized images that can affect body image). As well, marketing perpetuates consumerism which has implications for environmental sustainability. Children and youth are targeted by marketers because of their ability to influence household spending decisions and also in the interest of building lifelong brand loyalty.

Children and youth are particularly vulnerable to marketing and marketing tactics. Young children do not have the cognitive ability to discern between reality and marketing. Most children under 8 years old are unable to understand the persuasive intent of marketing and believe that marketing messages are truthful and intended to share information. Children 8 years old and older may have the ability to recognize persuasive intent, but the skill may not be consistently applied until later years. Teachers have an important role to play in assisting children with this skill development, which was started in Grade 3.

In addressing this outcome, there is an opportunity to link to several other health issues and outcomes:

- healthy eating (how does marketing influence our food choices?)
- physical activity/recreation (why do unhealthy foods and beverage companies often sponsor sport and recreation events? encouraging physical activity and outdoor play helps counter the harms associated with marketing and encourages time away from screens where much marketing takes place)
- self-identity/mental health (how does marketing affect the way we feel about ourselves? Does marketing contribute to people feeling pressured? Stressed? Like they do or don't belong?)
- gender roles/healthy relationships (is there different marketing based on gender? Why? What messages about relationships can we find in marketing?)
- Gambling (how are children exposed to marketing that promotes gambling and gaming?)
- Values & Decision-making: what values are present in marketing? Does marketing shape our values?



In Grade 3, children became aware of the marketing around us and began understanding persuasive intent and the difference between health messages and marketing messages. In Grade 4, students focus on the health harms associated with marketing and further apply their critical analysis skills in understanding persuasive intent.

## Enduring Understanding

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By the end of this outcome, students should understand that

- tactics are used by industry to get us to buy things
- marketing is designed to appeal to children and youth
- many products are not designed with health in mind
- there are negative health impacts associated with marketing products

## Outcome Connections

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# Assessment, Teaching, and Learning

Visit [www.mediasmarts.ca](http://www.mediasmarts.ca) for helpful information and lessons available to download for free that you may wish to use. The following link includes a lesson on food advertising.

[http://mediasmarts.ca/sites/default/files/pdfs/lesson-plan/Lesson\\_Looking\\_Food\\_Advertising.pdf](http://mediasmarts.ca/sites/default/files/pdfs/lesson-plan/Lesson_Looking_Food_Advertising.pdf)

MediaSmarts actually has several lesson plans on food marketing: <http://mediasmarts.ca/tags/59> and also more broadly on marketing and consumerism (including alcohol, gender, etc): <http://mediasmarts.ca/tags/64>

Discuss the marketing that happens around holidays. Why does this happen? Why are there products, commercials and promotions for holidays long before the holiday occurs (e.g. Christmas promotions in October or Halloween displays in the summer, etc). maybe you could also discuss whether this marketing creates pressure or stress (e.g. for families who can't afford to purchase all the products promoted or for people who don't celebrate those holidays) – there could be a link to mental health and inclusiveness here. There is also an exercise on Buy-Nothing Day in the MediaSmarts lesson plans that could be adapted: <http://mediasmarts.ca/lessonplan/buy-nothing-day>

Brainstorm how marketing is targeted based on gender. Is there different marketing for males/females (e.g. toys that are advertised, different packaging for products [even for foods such as prepared pasta], camps for children). Why does this happen? What happens to children who want a product or service that is marketed to another gender? How are they treated?

Invite students to look online during class time for advertisements that persuade. What methods do they use to persuade you to like a product (colour, emotion, character, celebrity). Have students look at the colours in ads and on packaging, what qualities are those colours associated with? Does the product being marketed have those qualities? Why is that particular colour used? Also, can have students bring in ads from magazines and discuss what symbols are used? What qualities do they associate with the product based on the colour/symbol/words/characters used? (e.g.

cartoon characters to appeal to children, the colour green and images of leaves and trees to create associations with nature)

Invite students to create (art activity) an ad to promote a health related issue (such as healthy eating, mental health awareness, healthy relationships, helmet use, physical activity, environmental awareness, outdoor play, etc). What techniques would they use to persuade? Who would they try to target for their ad? Where would they place the ad to get the most attention? This could also be combined with a healthy eating activity where they do some collaborative cooking and create a healthy product and plan on how they would market it within their school (e.g. create a poster, think about placement, design packaging).(not for money, just for the experience)

Invite students to bring in examples of character branding from home. Likewise, visit a grocery store and take pictures of examples of items that use familiar characters (cereal, clothing, band aids, toys, cookies, hygiene products, linen products). You could also invite students to take pictures of them when/if they are shopping with their families. Invite students to email these photos to you. You could also invite them to take photos of marketing at family events, such as parades and festivals. There is lots of marketing there including for products that are not appropriate for children – such as alcohol or gambling.

Invite students to focus on on-line marketing – discuss what types of devices (MP3, cell phones and smart phones, tablets and computers) children use to go on-line, what they do when they're on-line (e.g. playing games, using apps) and how marketing appears on-line (e.g. product branded children's games, side bar advertising, pop-ups), why marketing appears on children's websites and child-focused apps, why companies might create an on-line game for children, what types of products are marketed? Are they healthy? etc. Could have students track the time they are on-line (links with physical activity/outdoor environment outcome in this grade) and what marketing they see there. Could also revisit the on-line safety outcome from Gr. 2 re. sharing personal information and how marketers collect information in order to better market to people.

Celebrate Buy Nothing Day in November (e.g. go for a walk/celebrate outdoor environment) or Screen Free-Week (May) in the classroom: <http://www.screenfree.org/>

Reflect on how you feel when you're outside in nature vs. how you feel when you're in a city/at a mall. What things contribute to the differences in the way you feel. One of the things that is interesting to note is that there isn't any marketing in a natural setting (except for whatever humans bring into the setting). Mental health connection here too.

Have students collect examples (newspapers, magazines, product packaging) of marketing that is promoting a cause or health issue (e.g. "\$2 from every purchase goes towards issue Y" or a soft drink company sponsoring a physical activity event). Much of this marketing is corporate social responsibility or "cause marketing". These are initiatives designed to demonstrate concern about a health issue, the welfare of society or the environment. These campaigns create positive associations with a brand or product. While they may be associated with good causes, the underlying purpose of this marketing is to enhance profitability for the company. Ask students: what is the cause being promoted? What is the product that is tied to the cause? Outside of the marketing, is there a connection between the product and the cause? Is this marketing really about the cause? Why wouldn't the company just give the money to the cause? Why do you have to buy the product to donate to the cause?

Write a class letter to an advertising regulator (e.g. CRTC for TV advertising or a municipal council for transit advertising, etc) to provide critical feedback about any ad that you believe promotes unhealthy consumption or behaviour (refers back to Gr 2 outcomes related to laws in communities to protect health).

Draw/develop an ad that actually tells the truth about a product's impact on health (e.g. to market a sugary cereal). Would this product sell? Why or why not?

## Resources and Notes

Print

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- *Kids in the Know: A Personal Safety Program, Grade 4* (The Canadian Centre for Child Protection 2011; NSSBB#:

Notes

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Definition of Marketing: Marketing involves the use of a variety of strategies (product features and packaging, placement, price, promotion/advertising) to stimulate consumer demand, promote frequency of purchases, build brand awareness and brand loyalty and encourage potential or existing customers to try new products. Advertising is the most visible form of marketing. (Institute of Medicine of the National Academies. 2006. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington: the National Academies Press.)

If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.3.3 If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.3.3.

4.3.3 Students will be expected to design active transportation routes through a creative process and promote ways to safely engage in walking or wheeling in their communities

## Elaboration

With the physical inactivity issue and overweight/obesity epidemic, people need to eat healthier, reduce sedentary time and increase bouts of physical activity throughout the day. Active transportation presents an excellent opportunity to improve physical activity and health from childhood to older adulthood as it can be integrated in everyday life. The base knowledge about active transportation is established in Grade 3. It continues to be explored within broader physical activity outcomes in Grade 5 and 6; and in Grade 7 presents as a leadership opportunity.

Active transportation includes any human powered method of getting from one place to another. Active transportation is most common on foot or by bike. Increasing purchase trends for skateboard, push-scooter and inline skates may predict a shift in these modes from mostly a contained leisure activity to also be a transportation mode for the younger population. Nova Scotia requires many infrastructure improvements so depending on the community, active transport may happen on trails, pathways, sidewalks or road shoulders. In a province where no one is far from a body of water it is worthy to recognize active transport on water, such as by canoe, kayak or rowboat.

Active transportation benefits the individual similar to other light- to vigorous-paced physical activity. It can be done in bouts throughout the day which is good for the heart, lungs and muscles. It can be nice way to spend time with family and friends. It is time outdoors, possibly affording interactions with nature which improves moods and reduces stress. Studies have found that when children use active transport modes there is a connection to feelings of happiness. Active transportation benefits communities with less traffic, improved public safety, social and community cohesion; and benefits the world with reduced pollution.

Our society is ripe with the message to travel by a motorized vehicle. Adults mostly decide how children commute to and from school and other destinations (e.g. school policies; parental choices); children get little say. It is clear why a child of these physical and social environments may not view walking and cycling as a feasible mode of transport. Several studies say children prefer active modes. Adults need to normalize active modes of travel; this curriculum is one contribution. This outcome will have children consider how to safely navigate their community on foot or bike (or other wheels) via natural spaces, paths, trails, sidewalks, crosswalks and road shoulders. It asks them to consider how they experience their community differently at 5 to 10 km/hour rather than 50-100 km/hour. It helps them to appreciate the proximity of destinations and understand distance and time. Creative mapping activities help the students critically assess a community to identify convenient, appropriate and safe routes. It provides them with a feeling of independence, while offering the knowledge to keep them safe and aware.

Many schools, municipalities and organizations in Nova Scotia are working to improve conditions and infrastructure for active transportation. Learning personal practices to keep oneself be comfortable and safe, as well as identifying appropriate routes, are as foundational as mastering physical skills of specific active modes. Children under the age of 14 are at the highest risk for pedestrian related injuries, which is the leading cause of death (IWK Child Safety Link 2014). Students need to learn a variety of safety aspects—locating the safest route, infrastructure that aids safety (e.g. sidewalks, crosswalks, crossing-guards), how people do and do not abide by rules on the road and other spaces (e.g. train tracks), crossing in the path of a vehicle, using all our senses, being visible to vehicles, notifying a caring adult of the route and destination, moving through a parking lot, understanding signage and dressing appropriately for weather.

Teachers are encouraged to become familiar Dr. Catherine O'Brien's work in the area of sustainable happiness. You can learn more about sustainable happiness at [www.sustainablehappiness.ca](http://www.sustainablehappiness.ca) and utilize her teaching resource and online resources to create meaningful learning experiences for your students. It is a perfect fit to integrate learning in Health Education 4 with Social Studies 4 and Science 4.

## Enduring Understanding

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By the end of this outcome, students should understand that

- active transportation has physical, social, mental, and emotional health benefits for people, and environmental benefits for the world
- active transport modes are feasible ways for people to move from one place to another
- there are ways to stay safe while participating and enjoying active transportation

## Outcome Connections

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3.4 promote environmental awareness within the school community that demonstrates an awareness of the connection between environment and health

## Assessment, Teaching, and Learning

Read *In Lucia's Neighbourhood* (Schechuk 2013) and invite discussion on what aspects of communities enhance social, physical, and mental health. Create an asset map of their community, school, neighbourhood focusing on the places they play and visit frequently. Invite students to generate a list of elements that make a community healthy (open spaces, parks, libraries, cultural centres, playgrounds, community gardens, schools, markets, art centres, sports fields, lakes, etc.).

Define the term active transportation. As both a teacher resource (so you can become familiar with public space planning) and a resource to share select, relevant pages to read aloud to your students use *Watch This Space: Designing, Defending and Sharing Public Spaces* (Dyer and Ngui 2010) to provide considerations for students as they design through a creative process active transportation routes within their school, neighbourhood, or wider community.

Using a project-based approach, have small groups of students work together to create a community model through an arts based medium (including the use of technology) that includes infrastructure design of routes that allow for safe, active transportation to the places that students live, learn, and play. Ideas are endless; ideally as part of a project-based approach students would plan, design, and create a model of a (their) community which includes enhanced infrastructure that promotes walking and wheeling. If you have access to a community planner from your municipality who may come in to work with and/or speak to your class about the design and development process for roads, sidewalks, and other infrastructure, it would be a wonderful way to begin the project. [Ecology Action Centre](#)

offers links to a curriculum-based resource, *Blazing Trails Through the Urban Jungle*. This activity supports the recognizing and mapping of safe walking and biking routes through school neighbourhoods.

When the projects are complete and after having shared and celebrated each design, involve students in a discussion around injury prevention. Ask students to identify safe people and places in their community along these active transportation routes if one were to encounter trouble. Work with the physical education teacher in your school to co-plan learning experiences around active transportation. PHE Canada has a resource filled with lessons on cycling, some of which are applicable to learning in the classroom. The resource is titled “Guide to Ride: Routes to Fun and Safe Cycling” (PHE Canada 2013) and is downloadable for free from their website. It contains relevant lessons about protecting the brain (an outcome within Health Education 3) and riding for fun, health, and the environment. Visit [www.phecanada.ca](http://www.phecanada.ca) to find information on how to download this free teaching resource. Likewise, Making Tracks is a resource available through the Ecology Action Centre which includes modules on pedestrian safety and other modes of transportation. These resources all covers route planning. Check with municipal recreation leaders through health promoting school teams at your board for partners who will come in to your classroom to speak on the benefits of active transportation and possibly facilitate aspects of the Making Tracks program. For more information about Making Tracks and to download teaching resources visit <http://saferoutesns.ca/programs/making-tracks>

## Resources and Notes

### Internet

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- *Blazing Trails Through an Urban Jungle*. Mapping project for safe walking and biking routes for students <http://saferoutesns.ca/images/uploads/BlazingTrailsCurrLinks-07.pdf>  
<http://saferoutesns.ca/images/uploads/English%20Teachers%20Guide%202.pdf>
- Information about bicycle and pedestrian laws and safe practices in Nova Scotia, including a children’s bicycle workbook <http://www.novascotia.ca/snsmr/access/drivers/be-a-safe-bicyclist.asp>
- Physical and Health Education Canada’s *Guide to Ride* is a free resource with lesson plans for Grade 4 to promote safe cycling, for use in a classroom setting regardless of whether students have bicycles readily available or not. <http://www.phecanada.ca/resources/guide-to-ride>
  - Information, and learning exercise sheets and activities on concussions and helmets from Parachute—a national, charitable organization dedicated to preventing injury and saving lives at [www.parachutecanada.org](http://www.parachutecanada.org).

- Information about helmet laws, concussions, and selecting and fitting helmets at [www.childsafetylink.ca](http://www.childsafetylink.ca)
- **Pedestrian Safer Journey and Bicycle Safer Journey** An online educator's resource library about [cycling](#) and [pedestrian](#) safety for age groups five to nine, 10 to 14 and 15 to 18. A video for each age group is accompanied by a quiz, discussion questions and an can be used as an introduction to bicycle safety skills [www.pedbikeinfo.org/pedsaferjourney](http://www.pedbikeinfo.org/pedsaferjourney)  
[www.pedbikeinfo.org/bicyclesaferjourney](http://www.pedbikeinfo.org/bicyclesaferjourney)

## Print

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- *Watch this Space: Designing, Defending, and Sharing Public Spaces* (Dyer and Ngui 2010; NSSBB# 2000227)
- *In Lucia's Neighborhood* (Shewchuk 2013; NSSBB# Pending)
- *Why Should I Walk More Often* (Knight 2009; NSSBB#: 1000110)
- *Sustainable Happiness and Health Education Teacher's Guide for Nova Scotia* (O'Brien 2010)
- *Making Tracks: Cycling, Walking Safety, Skateboarding, In-line skating and Scootering.* A series of manuals and passports for participants ages 8 to 13, available for those youth or adults trained by the Ecology Action Centre. <http://saferoutesns.ca/programs/making-tracks>

## Notes

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Active Healthy Kids Canada is a national charitable organization with a mission to inspire the country to engage all children and youth in physical activity. Each year it collects data and shares a 'report card' as a source of knowledge, insight, and understanding that influence thinking and advocate for change. The 2013 report card took an indepth look at active transportation as its focus. You can find a copy of this report card at <http://dvqdas9jty7g6.cloudfront.net/reportcard2013/AHKC-Summary-2013.pdf>

If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.3.5 If you are teaching a 4/5 combined classroom this outcome aligns well with outcome 5.1.6 as you invite students to participate in active transportation experiences as a means to increase personal levels of physical activity outside of school time.

4.3.4 Students will be expected to describe ways they can prevent injuries from falls

## Elaboration

Although falls may be perceived as a normal part of childhood, some falls result in serious injuries that require hospitalization and can lead to lifelong disabilities. Injuries to the brain and spine are of special concern because of their permanence. Unintentional falls are the leading cause of injury related hospitalization for children and youth in Nova Scotia. Between April 1, 2001 and March 31, 2005 Nova Scotia hospitals reported almost 1600 fall hospitalizations among children. Thousands more were seen in emergency departments. The majority of hospitalizations were for those age 5-9 years (Province of Nova Scotia, 2009). The type of fall and cause of the fall varies by age group and developmental stage. In an Atlantic study, 28% of children aged 5-9 hospitalized for a fall fell from a bed or a chair however the majority of falls from this age group take place on a playground (ACIP & SKC, 2009). Other serious types of falls that can take place in the home include falls out of windows and falls down stairs (Child Safety Link). Roughly half of all hospitalizations due to falls among children are because of an injury to the upper extremity. Between the ages of 5 and 14, the majority of fall hospitalizations are due to injuries to an upper extremity followed by lower extremity, traumatic brain injury, other head and neck injury, torso, and vertebral column injury (Province of Nova Scotia, 2009). While children should not be discouraged from playing, exploring and being physically active, there is a need to prevent injuries that have lifelong negative consequences on a child's health and wellbeing. Children should understand that injuries, including falls, are preventable and that there are steps they can take to keep from being seriously hurt.

### Enduring Understanding

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By the end of this outcome, students should understand that

- falls are common for children in their age group
- falls can happen in multiple settings – home, school, and in the community
- there are ways they can prevent injury from falls

### Outcome Connections

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## Assessment, Teaching, and Learning

TO BE WRITTEN:

## Resources and Notes

### Print

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Child Safety Link. (2009). A parent's guide to playground safety. Retrieved from [http://www.childsafetylink.ca/user\\_uploads/English\\_KKS\\_Playground\\_August\\_2009\\_Web.pdf](http://www.childsafetylink.ca/user_uploads/English_KKS_Playground_August_2009_Web.pdf)

Province of Nova Scotia. (2009). Child and youth injuries in Nova Scotia: 1995-2004. A report. Halifax, NS: Author.

## Internet

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Parachute Canada. There a number of resources on this site under "Injury Topics" addressing playground falls, falls in the home, etc. [www.parachutecanada.org](http://www.parachutecanada.org)

*Concussions 101, a Primer for Kids and Parents*, a 6 minute illustrated video [www.evanshealthlab.com](http://www.evanshealthlab.com)

## Notes

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If you are teaching a 3/4 combined class, this outcome can be combined with outcome 3.3.5. There is not a rich outcome connection for Health Education



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